

CHILD & ADULT PEI PROGRAMS: SYSTEMWIDE SUMMARY

COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES PREVENTION AND EARLY
INTERVENTION PROGRAMS

FISCAL YEAR 2022-23 ANNUAL REPORT



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CHILD & ADULT PEI PROGRAMS: BACKGROUND

The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. With this funding source, the County of San Diego contracted with providers for PEI programs for adults and older adults, youth and transition age youth (TAY), and their families. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing youth suicide. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided for both active and outreach participants. Active participants include people who are enrolled in a PEI program and/or are receiving services at a PEI program. Outreach participants include people who are touched by the program via outreach efforts, including but not limited to: presentations, community events, and fairs.

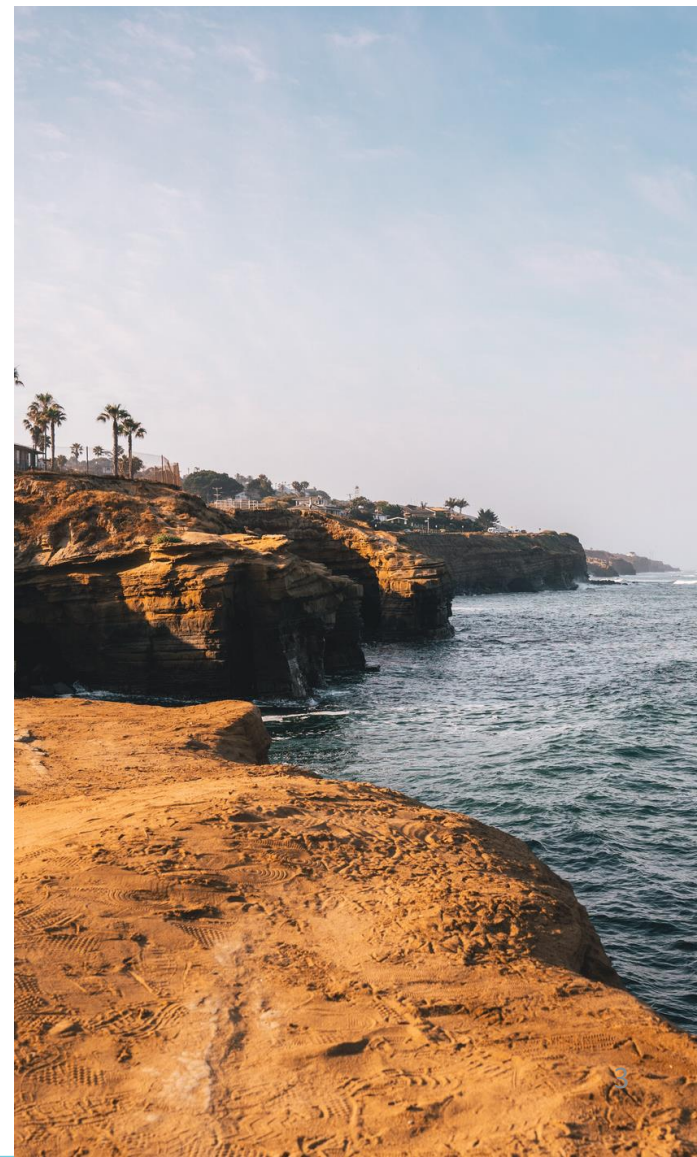
DATA: Child and Adult PEI Programs

REPORT PERIOD: 7/1/2022-6/30/2023

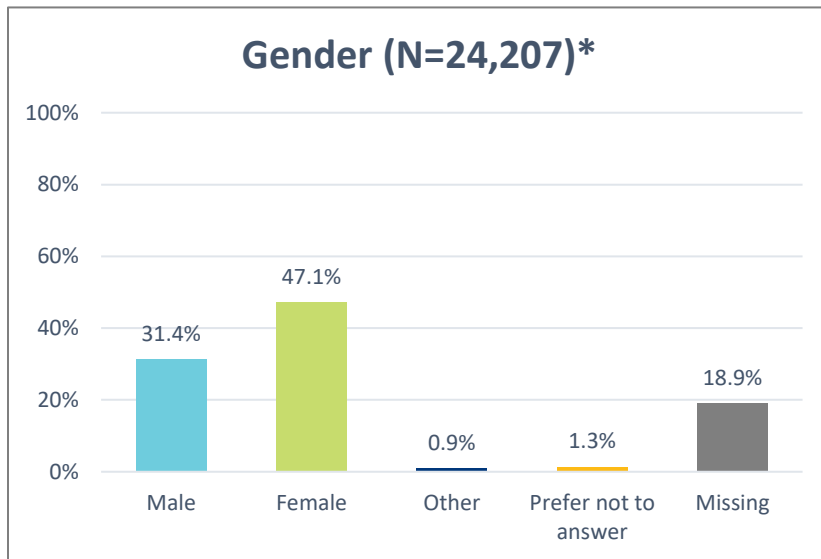
NUMBER OF PARTICIPANTS WITH DATA IN FY 2022-23: 24,207 Unduplicated*

**Data collection requirements vary by program type. Not all programs are required to collect data for every indicator, which accounts for the two different denominators referenced in this report (N=24,207 vs. N=12,768).*

**All known duplicates are excluded from this count; however, unduplicated status cannot be verified among programs that do not issue client identification numbers.*



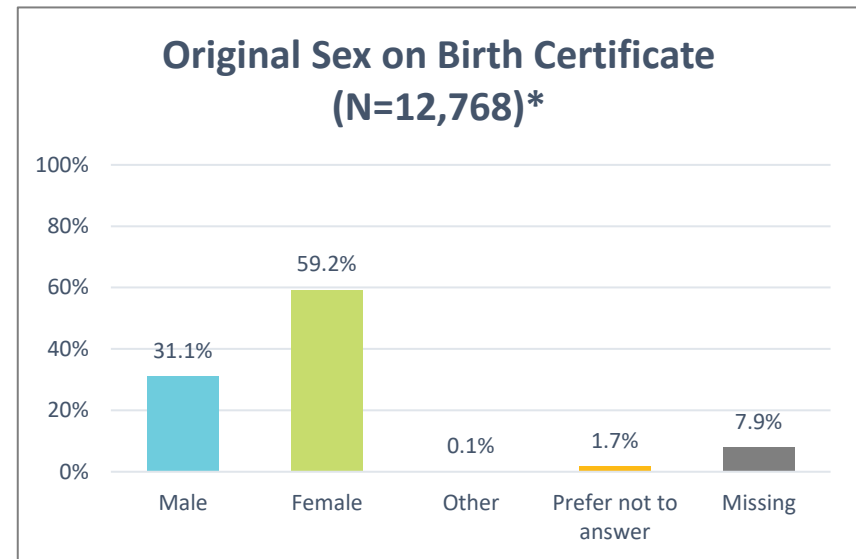
SYSTEMWIDE DEMOGRAPHICS



Forty-seven percent of participants identified as female. Nearly 1% of participants endorsed some other gender identity. Approximately 1% of participants preferred not to answer this question.

**Gender identity is not collected for Child & Family PEI participants younger than 12; these data are reported as "Missing."*

Note: Percentages may not add up to 100% due to rounding.

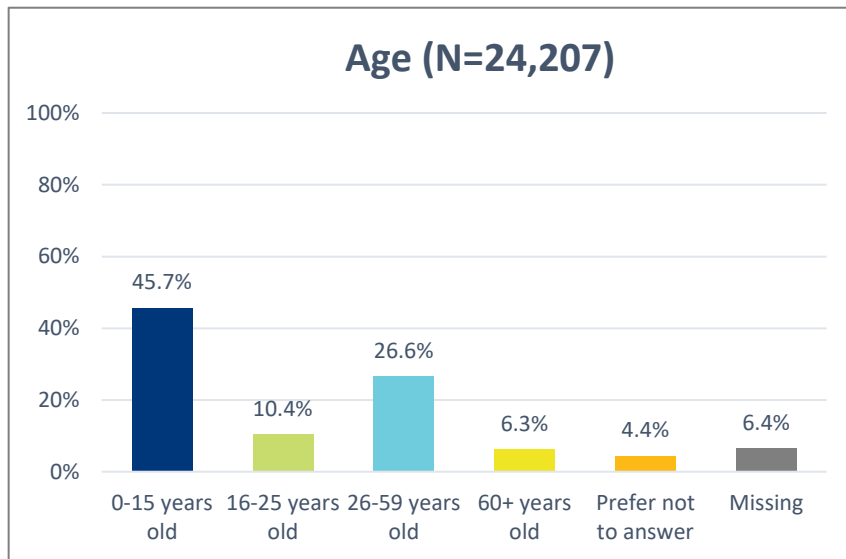


Approximately 59% of participants reported that the sex they were assigned on their original birth certificate was female.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=12,768 vs. N=24,207). Note: Percentages may not add up to 100% due to rounding.*

SYSTEMWIDE DEMOGRAPHICS

continued



Forty-six percent of participants were 15 or younger. Approximately 27% of participants were between the ages of 26 and 59.

Note: Percentages may not add up to 100% due to rounding.

Primary Language (N=12,768)*	Count	%
Arabic	346	2.7%
English	6,333	49.6%
Farsi	72	0.6%
Spanish	3,824	29.9%
Tagalog	45	0.4%
Vietnamese	37	0.3%
Other	657	5.1%
Prefer not to answer	108	0.8%
Missing	1,096	8.6%

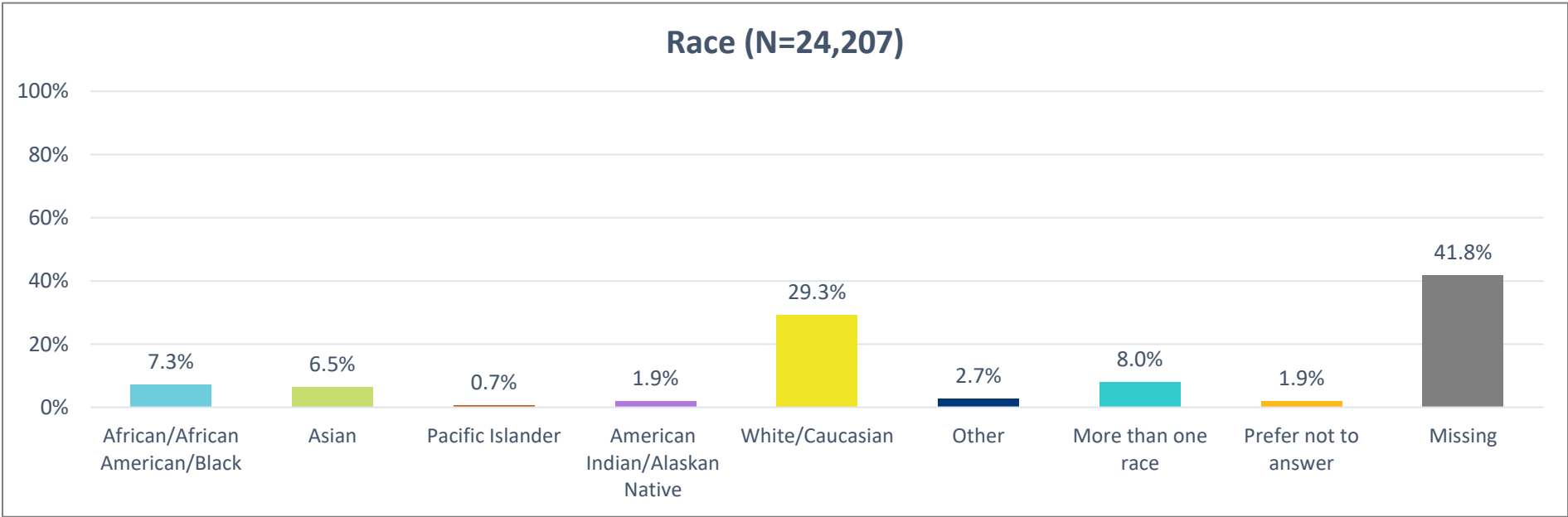
Thirty percent of participants identified their primary language as Spanish. Fifty percent of participants identified their primary language as English.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =12,768 vs. N=24,207).*

Note: Percentages may not add up to 100% due to rounding.

SYSTEMWIDE DEMOGRAPHICS

continued

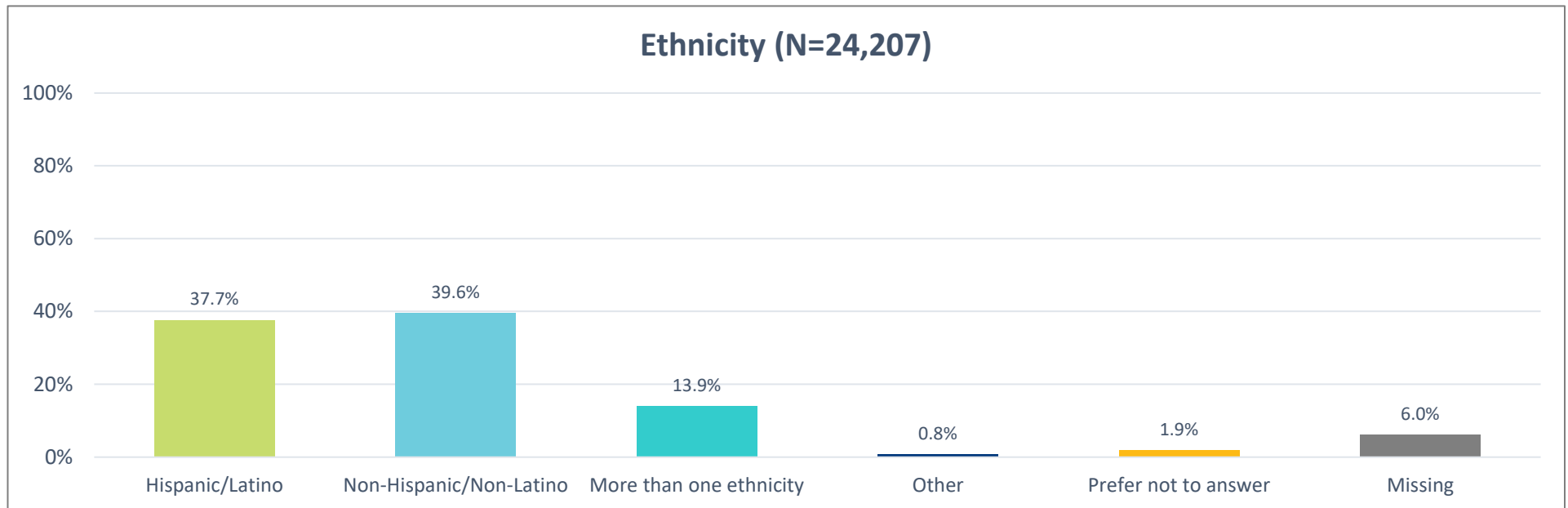


Just over 29% of participants identified their race as White/Caucasian. About 7% identified as African, African American or Black and approximately 7% identified as Asian. The missing category includes participants who only endorsed being Hispanic/Latino and did not indicate a race. Data on ethnicity are presented in a separate table.

Note: Percentages may not add up to 100% due to rounding.

SYSTEMWIDE DEMOGRAPHICS

continued

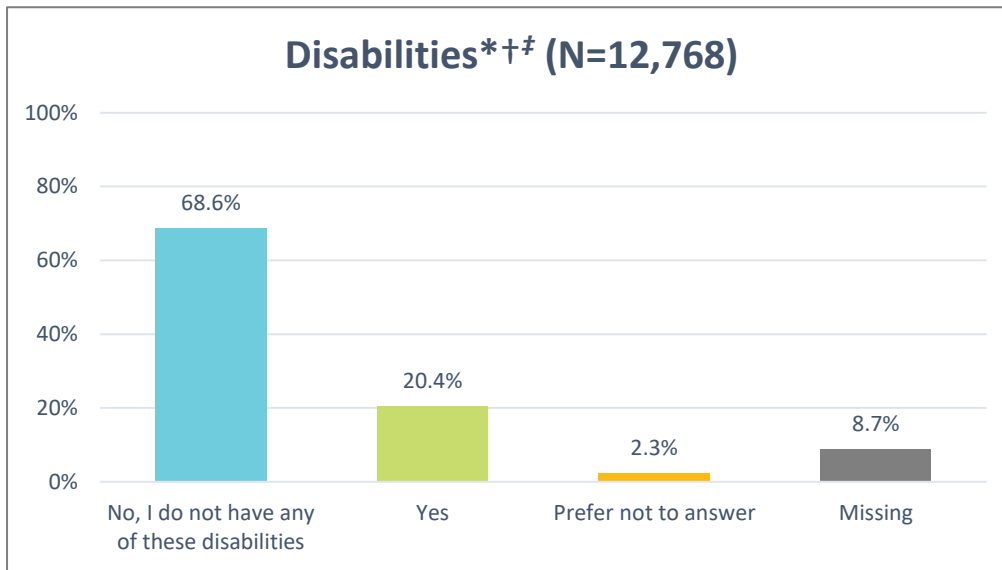


Approximately 38% of participants identified their ethnicity as Hispanic/Latino. Approximately 14% of participants identified as more than one ethnicity.

Note: Percentages may not add up to 100% due to rounding.

SYSTEMWIDE DEMOGRAPHICS

continued



Approximately 20% of participants reported having a disability. Approximately 9% of participants indicated that they had a chronic health condition or chronic pain. About 2% of participants preferred not to answer this question.

Disabilities*†‡ (N=12,768)	Count	%
Difficulty seeing	383	3.0%
Difficulty hearing or having speech understood	187	1.5%
Other communication disability	66	0.5%
Mental disability not including a mental illness	440	3.4%
Learning disability	204	1.6%
Developmental disability	76	0.6%
Dementia	13	0.1%
Other mental disability not related to mental illness	147	1.2%
Physical/mobility disability	529	4.1%
Chronic health condition/chronic pain	1,191	9.3%
Other	505	4.0%
Prefer not to answer	295	2.3%
Missing	1,112	8.7%

*A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.

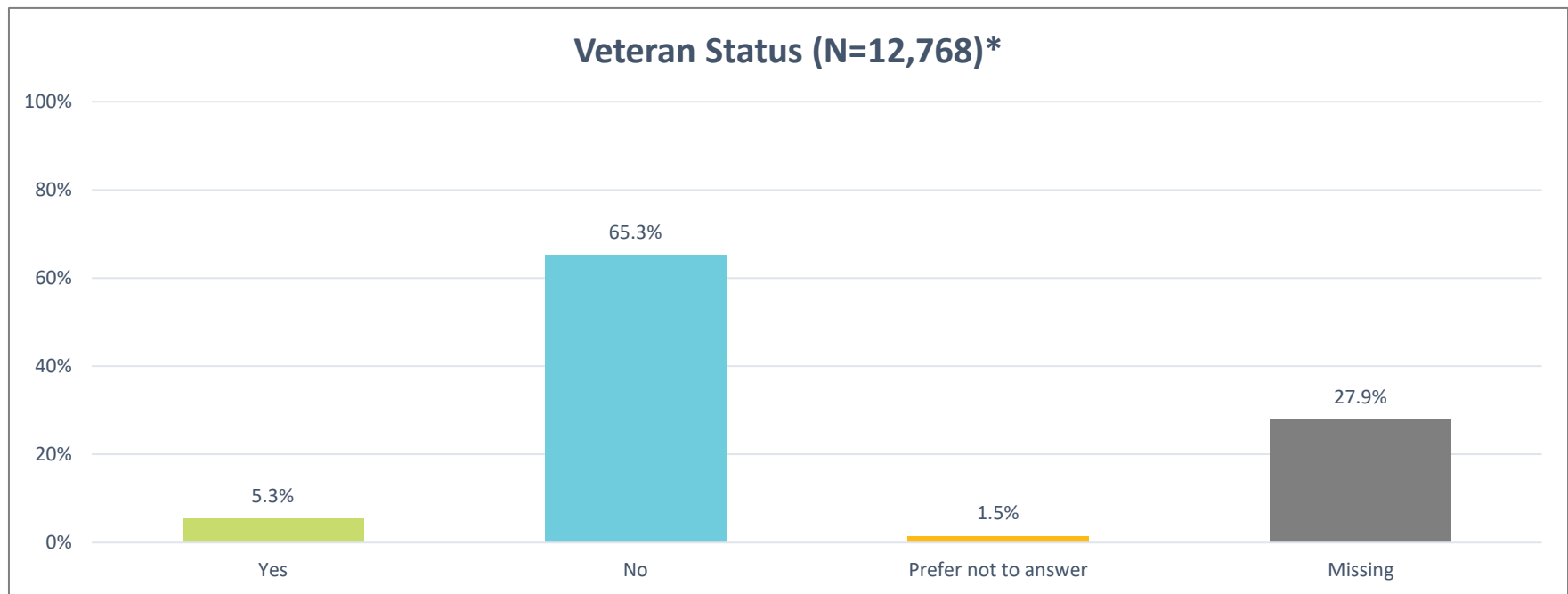
† The sum of the percentages may exceed 100% because participants can select more than one type of disability.

‡ Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =12,768 vs. N=24,207).

Note: Percentages may not add up to 100% due to rounding.

SYSTEMWIDE DEMOGRAPHICS

continued



Information on veteran status indicated that about 5% of participants had served in the military. Less than 1% of participants reported that they are currently serving in the military (data not shown).

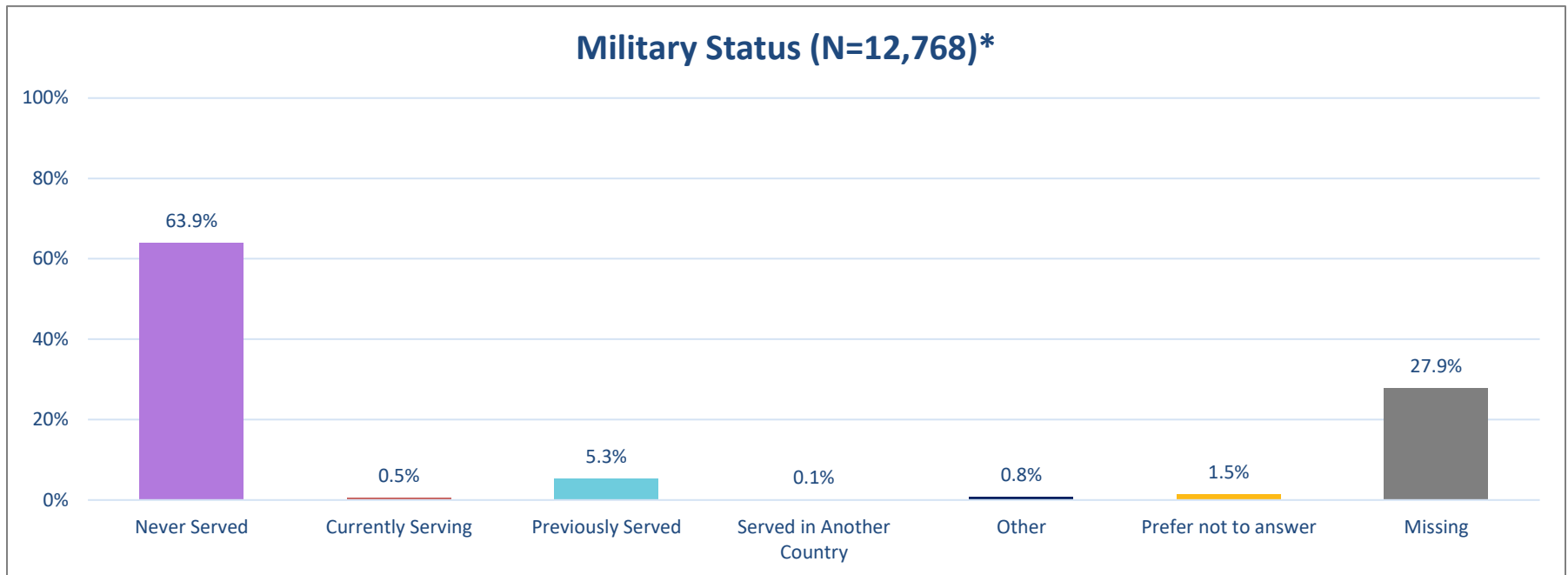
**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =12,768 vs. N=24,207).*

† Veteran status is not collected for Child & Family PEI participants younger than 18; these data are reported as "Missing."

Note: Percentages may not add up to 100% due to rounding.

SYSTEMWIDE DEMOGRAPHICS

continued



Nearly 64% of participants had never served in the military. Less than 1% of participants indicated that they are currently serving in the military and approximately 5% indicated that they had previously served in the military.

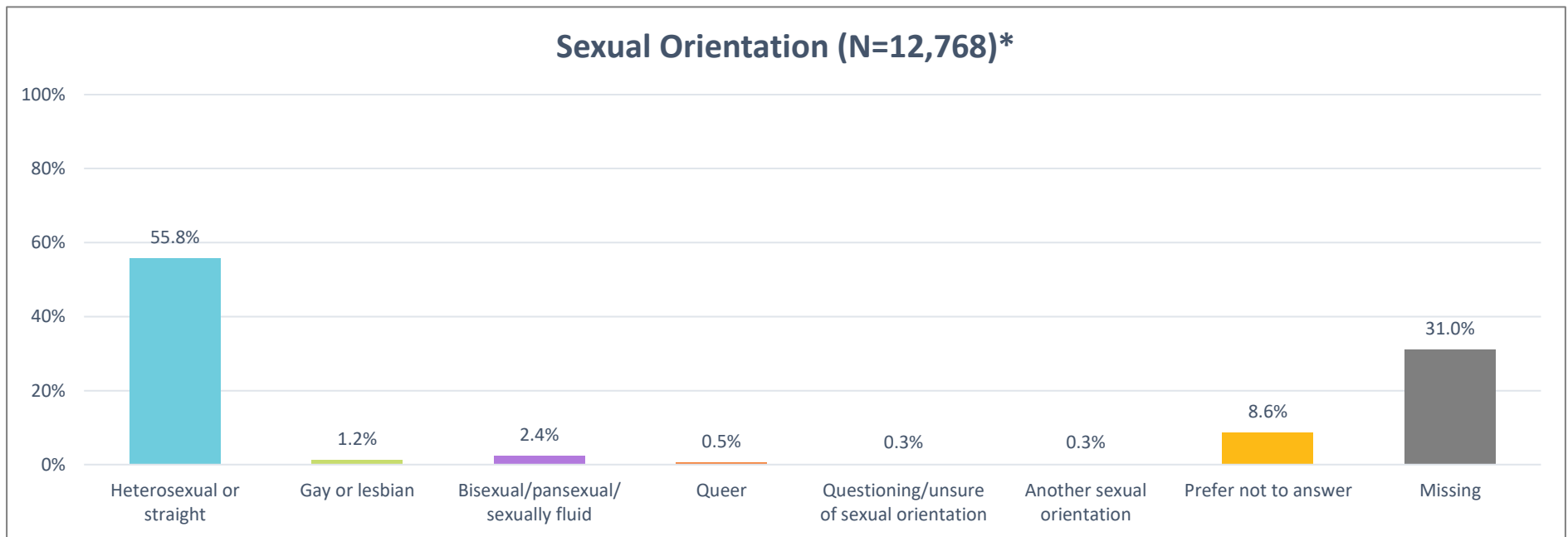
**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =12,768 vs. N=24,207).*

†Military status is not collected for Child & Family PEI participants younger than 18; these data are reported as "Missing."

Note: Percentages may not add up to 100% due to rounding.

SYSTEMWIDE DEMOGRAPHICS

continued

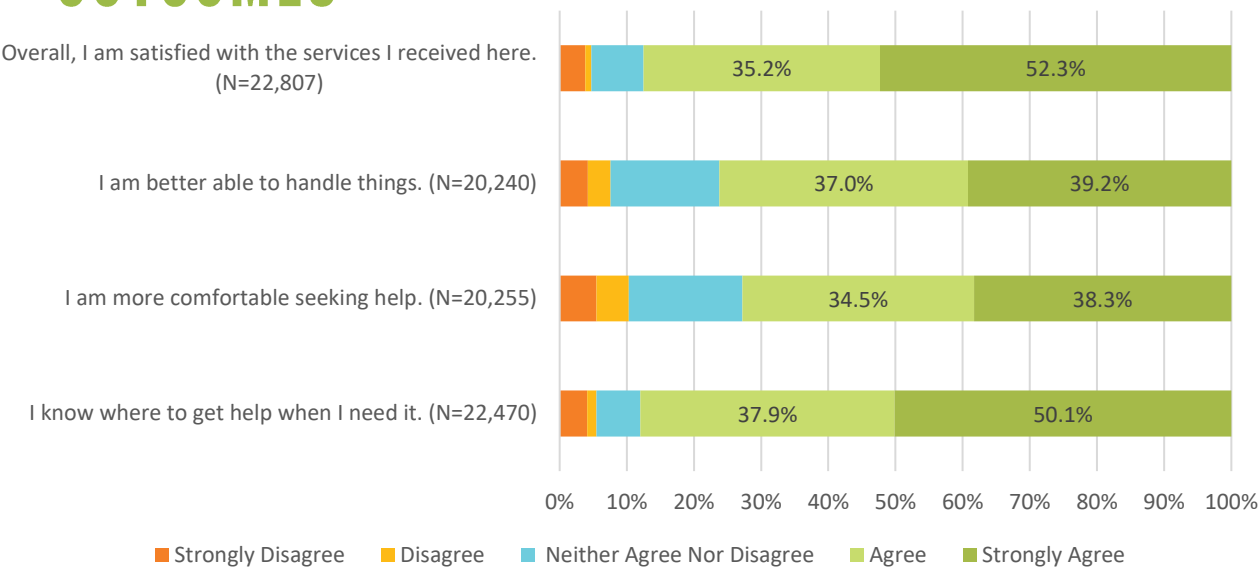


Nearly 56% of participants identified their sexual orientation as heterosexual or straight. Approximately 2% of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Approximately 9% of participants preferred not to answer this question.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =12,768 vs. N=24,207).
† Sexual orientation is not collected for Child & Family PEI participants younger than 12; these data are reported as "Missing."
Note: Percentages may not add up to 100% due to rounding.*

SYSTEMWIDE SATISFACTION AND OUTCOMES* †

Nearly 88% of participants agreed or strongly agreed that they were satisfied with the services they received and 88% of participants agreed or strongly agreed that they knew where to get needed help as a result of the program. Seventy-six percent of participants agreed or strongly agreed that they were better able to handle things and solve problems as a result of the program. Nearly 73% of participants agreed or strongly agreed that they were more comfortable seeking help as a result of the program.



*Satisfaction and outcome data are not available for all participants.
 † Satisfaction data may include duplicate participants.

SYSTEMWIDE REFERRAL TRACKING SUMMARY*

- In FY 2017-18, County of San Diego Behavioral Health Services implemented a referral tracking procedure in order to collect data on referrals to mental health or substance use services and links to those services.
- In FY 2022-23, a total of 612 participants received a mental health referral, and 297 of these participants received a mental health service as a result of the referral (Linkage Rate = 48.5%)
- A total of 482 participants received a substance use referral, and 325 of these participants received a substance use service as a result of the referral (Linkage Rate = 67.4%)
- The average time between referral and linkage to services was six days.

*Not all PEI programs make referrals.



HEALTH SERVICES RESEARCH CENTER

The Health Services Research Center (HSRC) at the University of California, San Diego is a non-profit research organization within the Herbert Wertheim School of Public Health and Human Longevity Science. HSRC works in collaboration with the Quality Improvement Unit of the County of San Diego Behavioral Health Services to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection, and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Andrew Sarkin, PhD at 858-622-1771.



CHILD AND ADOLESCENT SERVICES RESEARCH CENTER

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including Rady Children's Hospital, University of California San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.