CHILD & ADULT PEI PROGRAMS: SYSTEMWIDE SUMMARY

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

FISCAL YEAR 2020-21 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. PEI data collection and reporting may have been impacted starting March 2020 due to COVID-19.

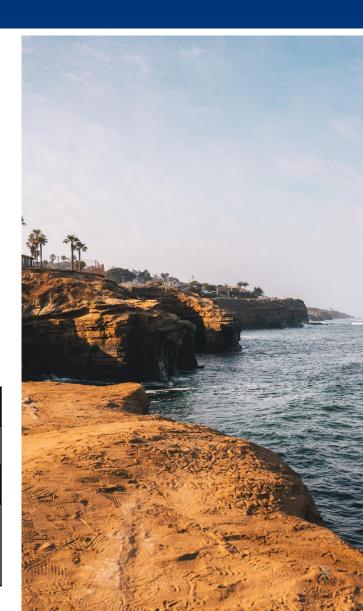
DATA: Child and Adult PEI Programs

REPORT PERIOD: 7/1/2020-6/30/2021

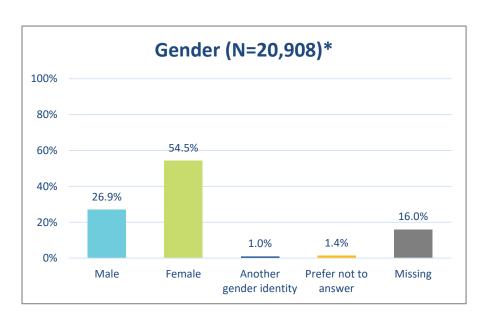
NUMBER OF PARTICIPANTS WITH DATA IN FY 2020-21: 20,908 Unduplicated*†

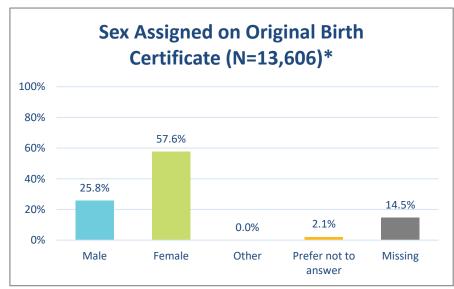
*Data collection requirements vary by program type. Not all programs are required to collect data for every indicator, which accounts for the two different denominators referenced in this report (N=20,908 vs. N=13,606).

[†]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

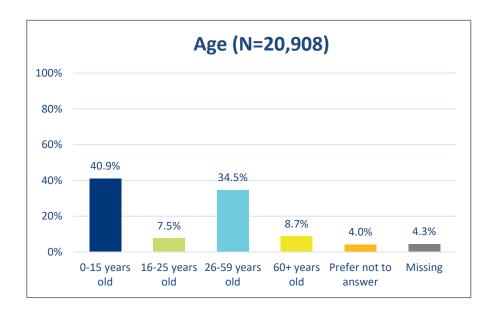




Almost 55% of participants identified as female. One percent of participants identified as another gender identity. One percent of participants preferred not to answer this question.

*Gender identity is not collected for Child & Family PEI participants younger than 12; these data are reported as "Missing." Almost 58% of participants reported that the sex they were assigned on their original birth certificate was female.

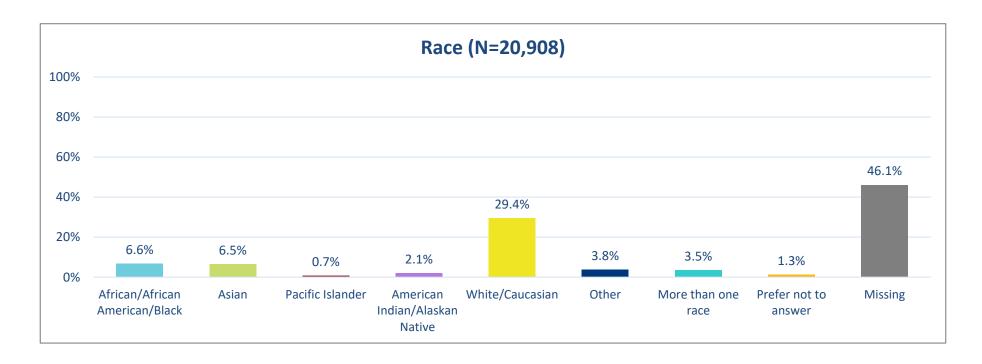
*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N = 13,606 vs. N = 20,908).



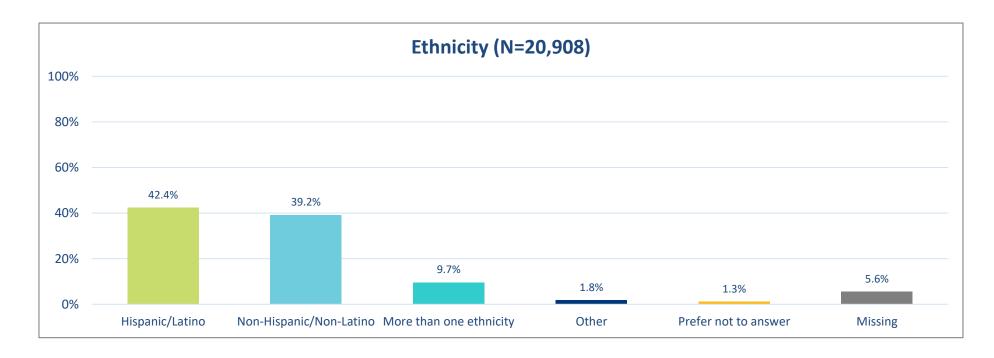
Primary Language (N=13,606)*	Count	%
Arabic	368	2.7%
English	6,345	46.6%
Farsi	53	0.4%
Spanish	3774	27.7%
Tagalog	148	1.1%
Vietnamese	31	0.2%
Prefer not to answer	125	0.9%
Missing	1,896	13.9%

Nearly 41% of participants were 15 or younger. Approximately 35% of participants were between the ages of 26 and 59. Almost 28% of participants identified their primary language as Spanish. About 47% of participants identified their primary language as English.

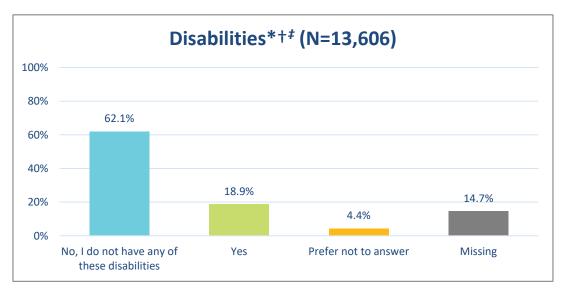
*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=13,606 vs N=20,908).



Twenty-nine percent of participants identified their race as White/Caucasian. Nearly 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.



Forty-two percent of participants identified their ethnicity as Hispanic/Latino, and 39% of participants identified their ethnicity as non-Hispanic/non-Latino.



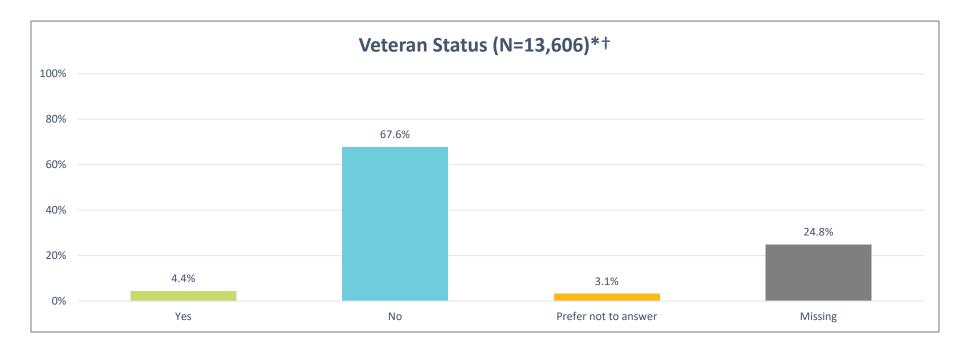
Sixty-two percent of participants indicated no disability. Nearly 19% of participants reported having a disability, with approximately one in ten reporting a chronic health condition or chronic pain. Four percent preferred not to answer this question.

Disabilities*†‡ (N=13,606)	Count	%
Difficulty seeing	419	3.1%
Difficulty hearing or having speech		0.2/0
understood	183	1.3%
Other communication disability	37	0.3%
Mental disability not including a		
mental illness	449	3.3%
Learning disability	229	1.7%
Developmental disability	64	0.5%
Dementia	29	0.2%
Other mental disability not related		
to mental illness	127	0.9%
Physical/mobility disability	572	4.2%
Chronic health condition/chronic		
pain	1,417	10.4%
Other	443	3.3%
Prefer not to answer	595	4.4%
Missing	1,997	14.7%

^{*}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.

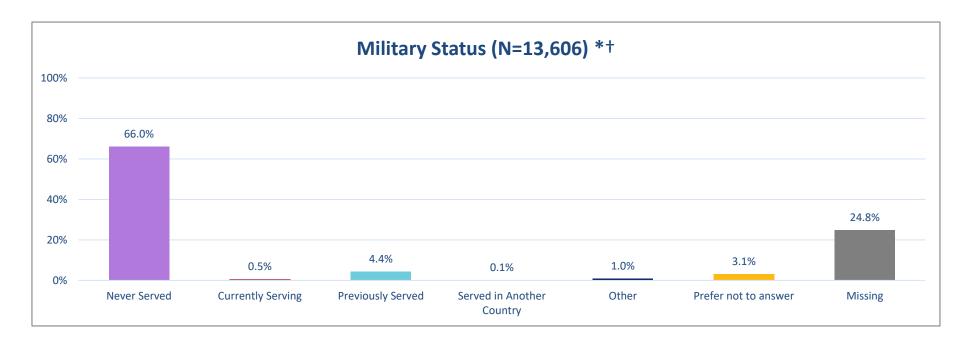
[†]The sum of the percentages may exceed 100% because participants can select more than one type of disability.

[‡]Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=13,606 vs N=20,908).



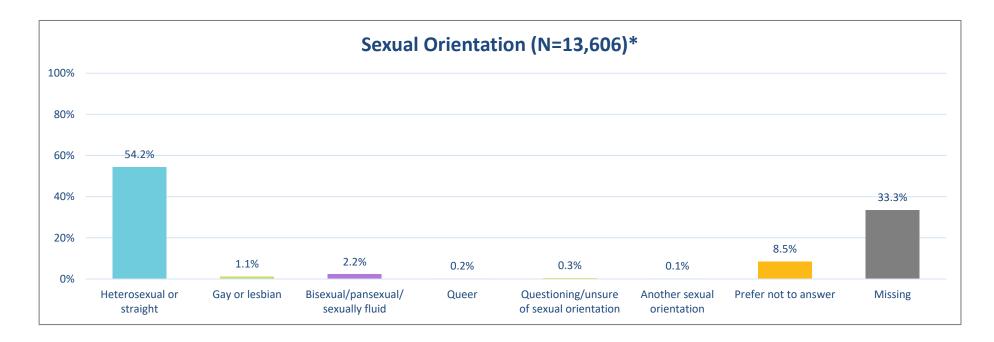
Information on veteran status indicated that about 4% of participants had served in the military. Additionally, 0.5% of participants reported that they are currently serving in the military (data not shown).

*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=13,606 vs N=20,908). † Veteran status is not collected for Child & Family PEI participants younger than 18; these data are reported as "Missing."



Sixty-six percent of participants had never served in the military. One half of one percent of participants indicated that they are currently serving in the military and 4% 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=13,606 vs N=20,908). †Military status is not collected for Child & Family PEI participants younger than 18; these data are reported as "Missing."

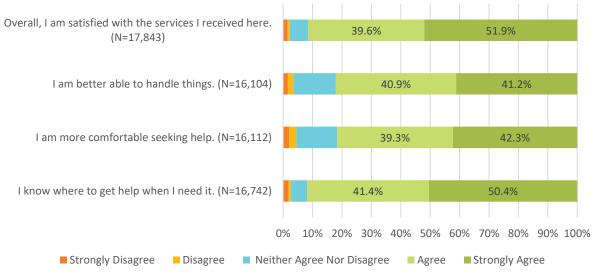


Fifty-four percent of the participants identified their sexual orientation as heterosexual or straight. Two percent of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Almost 9% of participants preferred not to answer this question.

^{*}Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=13,606 vs N=20,908).

†Sexual orientation is not collected for Child & Family PEI participants younger than 12; these data are reported as "Missing."

SYSTEMWIDE SATISFACTION AND OUTCOMES* +



Nearly 92% of participants agreed or strongly agreed that they were satisfied with the services they received and that they knew where to get needed help as a result of the program. Eighty-two 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 82% of participants agreed or strongly agreed that they were more comfortable seeking help as a result of the program.

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 2020-21, a total of 533 participants received a mental health referral, and 218 of these participants received a mental health service as a result of the referral (Linkage Rate = 40.9%)
- A total of 233 participants received a substance use referral, and 133 of these participants received a substance use service as a result of the referral (Linkage Rate = 57.1%)
- The average time between referral and linkage to services was eleven days.

^{*}Satisfaction and outcome data are not available for all participants.

[†] Satisfaction data may include duplicate participants.





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.