ADULT PEI PROGRAMS: SYSTEMWIDE SUMMARY

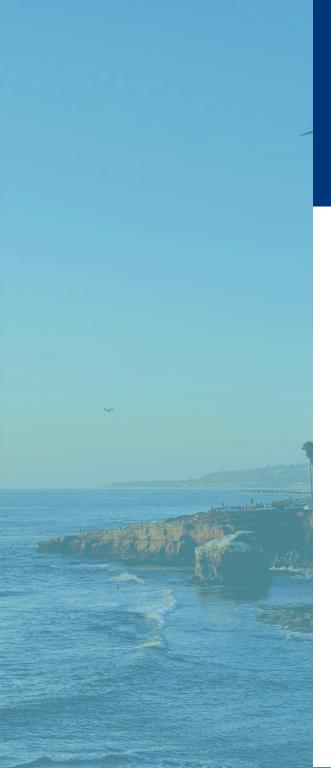
COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY BEHAVIORAL HEALTH SERVICES PREVENTION AND EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2020-21 ANNUAL REPORT









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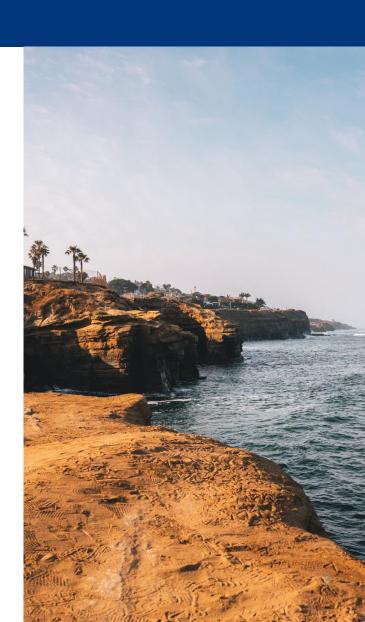
ADULT PEI PROGRAMS: BACKGROUND

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. The County of San Diego has funded contractors to provide PEI for adults. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer's disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided. PEI data collection and reporting may have been impacted starting March 2020 due to COVID-19.

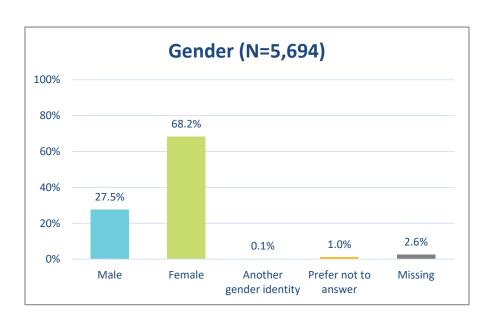
DATA: Adult PEI Programs

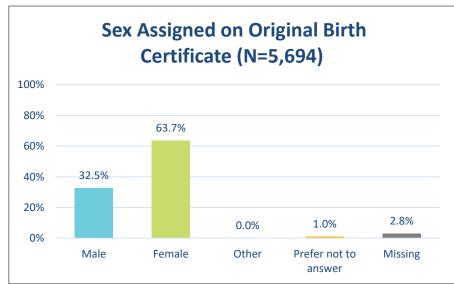
REPORT PERIOD: 7/1/2020-6/30/2021

NUMBER OF PARTICIPANTS WITH DATA IN FY 2020-21: 5,694 Unduplicated

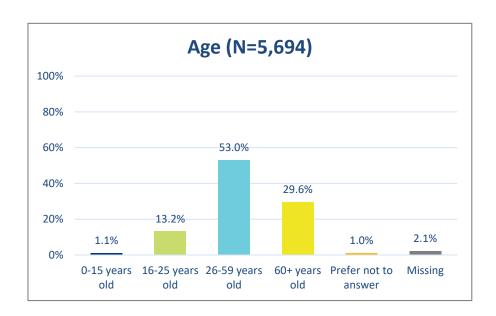


PARTICIPANT DEMOGRAPHICS





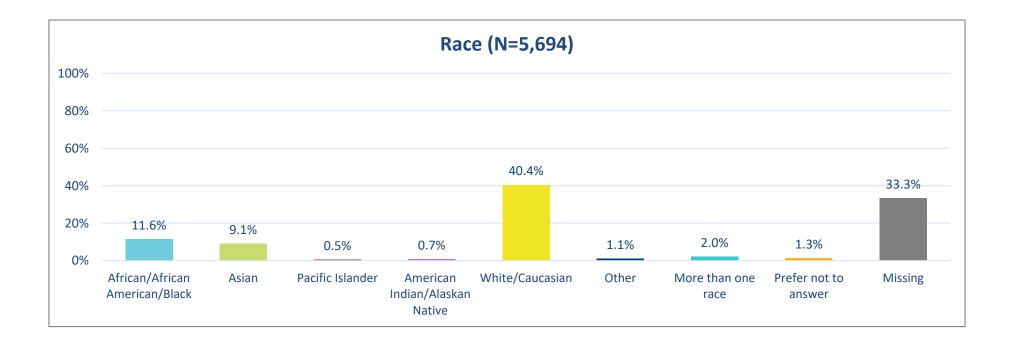
Sixty-eight percent of participants identified as female. About 0.1% of participants identified as another gender identity. One percent of participants preferred not to answer this question. Almost 64% of participants reported that the sex they were assigned on their original birth certificate was female.



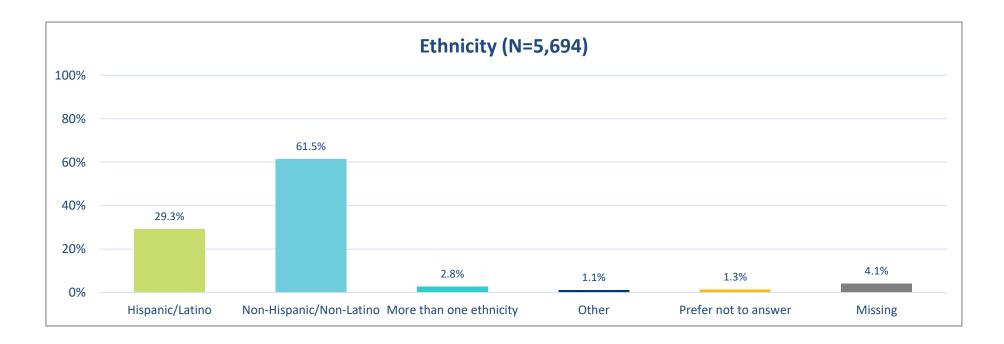
Primary Language (N=5,694)	Count	%
Arabic	132	2.3%
English	3,752	65.9%
Farsi	12	0.2%
Spanish	779	13.7%
Tagalog	136	2.4%
Vietnamese	21	0.4%
Prefer not to answer	28	0.5%
Missing	136	2.4%

The majority (53%) of participants were 26-59 years old.

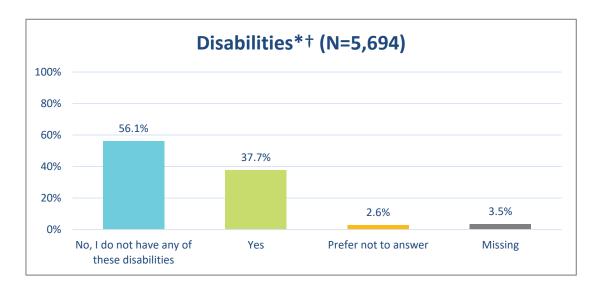
Almost 14% of participants identified their primary language as Spanish. About 66% of participants identified their primary language as English. See



Forty percent of participants identified their race as White/Caucasian. Nearly 12% identified as African, African American or Black and 9% 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.



Twenty-nine percent of participants identified their ethnicity as Hispanic/Latino, and nearly 62% of participants identified their ethnicity as non-Hispanic/non-Latino.

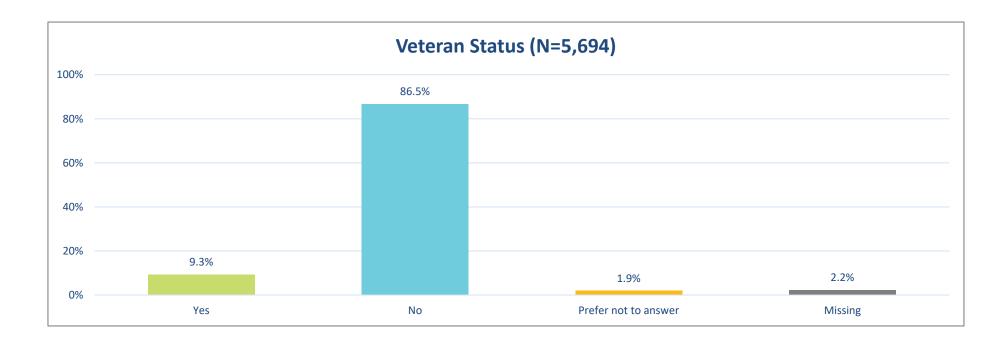


Fifty-six percent of participants indicated no disability, while nearly 38% reported having a disability. Twenty-four percent of participants indicated that they had a chronic health condition or chronic pain. Approximately 3% preferred not to answer this question.

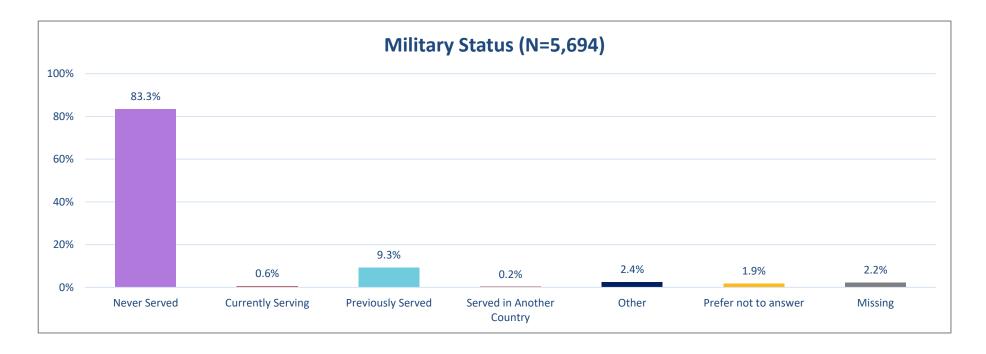
Disabilities*† (N=5,694)	Count	%
Difficulty seeing	338	5.9%
Difficulty hearing or having		
speech understood	124	2.2%
Other communication disability	10	0.2%
Mental disability not including a		
mental illness	302	5.3%
Learning disability	132	2.3%
Developmental disability	35	0.6%
Dementia	22	0.4%
Other mental disability not		
related to mental illness	113	2.0%
Physical/mobility disability	528	9.3%
Chronic health condition/chronic		
pain	1,379	24.2%
Other	330	5.8%
Prefer not to answer	150	2.6%
Missing	200	3.5%

^{*}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.

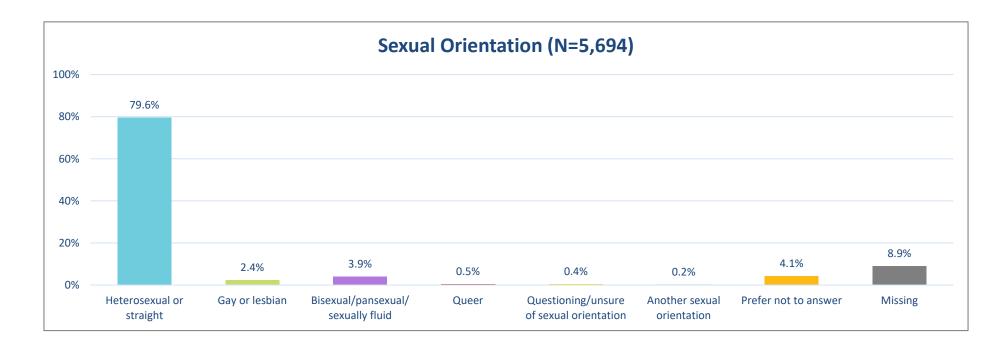
[†] The sum of the percentages may exceed 100% because participants can select more than one type of disability.



Information on veteran status indicated that 9% of participants had served in the military. Additionally, 0.6% of participants reported that they are currently serving in the military (data not shown).

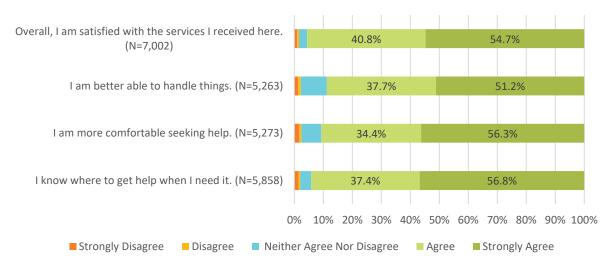


Eighty-three percent of participants had never served in the military. About 0.6% of participants indicated that they are currently serving in the military and 9% indicated that they had previously served in the military.



Almost 80% of participants identified their sexual orientation as heterosexual or straight. Nearly 4% of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Four percent of participants preferred not to answer this question.

PARTICIPANT SATISFACTION AND OUTCOMES*



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

Almost 96% of participants agreed or strongly agreed that they were satisfied with the services they received. Nearly 89% of participants agreed or strongly agreed that they were better able to handle things and solve problems as a result of the program. Approximately 91% of participants agreed or strongly agreed that they were more comfortable seeking help as a result of the program. Ninety-four percent of the participants agreed or strongly agreed that they knew where to get needed help as a result of the program.

REFERRAL TRACKING SUMMARY*

- In FY 2017-18, the 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 339 participants received a mental health referral, and 111 of these participants received a mental health service as a result of the referral (Linkage Rate = 32.7%)
- A total of 218 participants received a substance use referral, and 119 of these participants received a substance use service as a result of the referral (Linkage Rate = 54.6%)
- The average time between referral and linkage to services was eleven days.

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.



