

ADULT PEI PROGRAMS: SYSTEMWIDE SUMMARY

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

FISCAL YEAR 2021-22 ANNUAL REPORT

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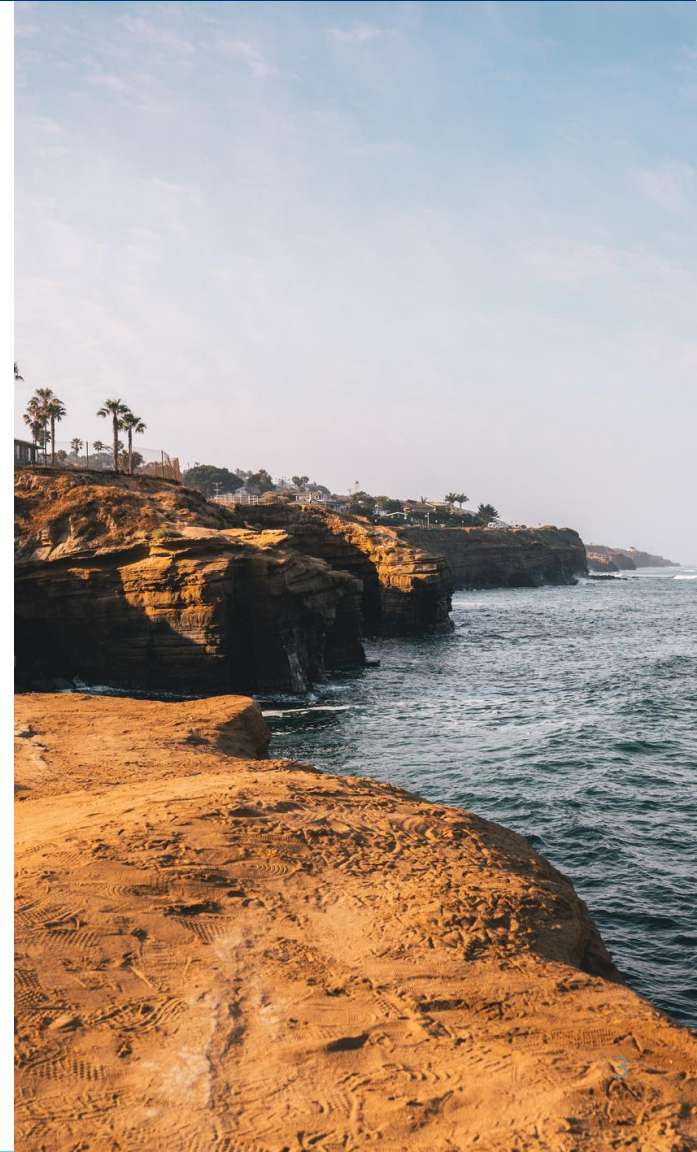
ADULT PEI PROGRAMS: BACKGROUND

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.

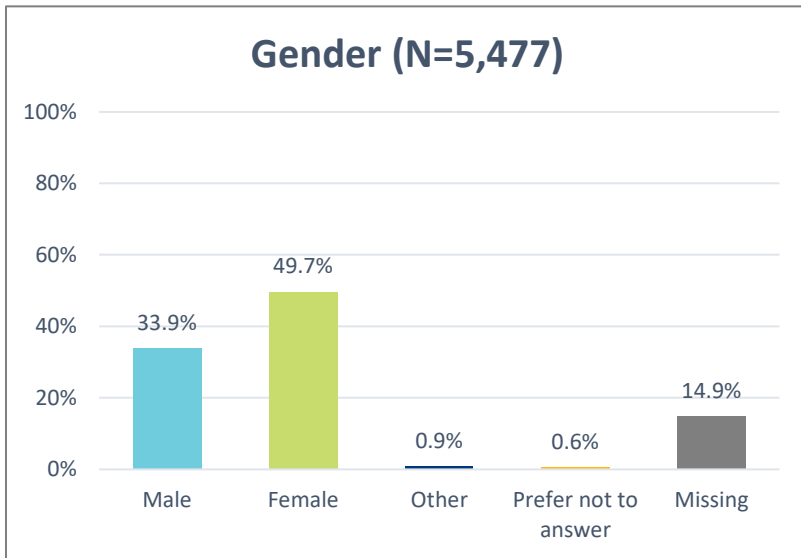
DATA: Adult PEI Programs

REPORT PERIOD: 7/1/2021-6/30/2022

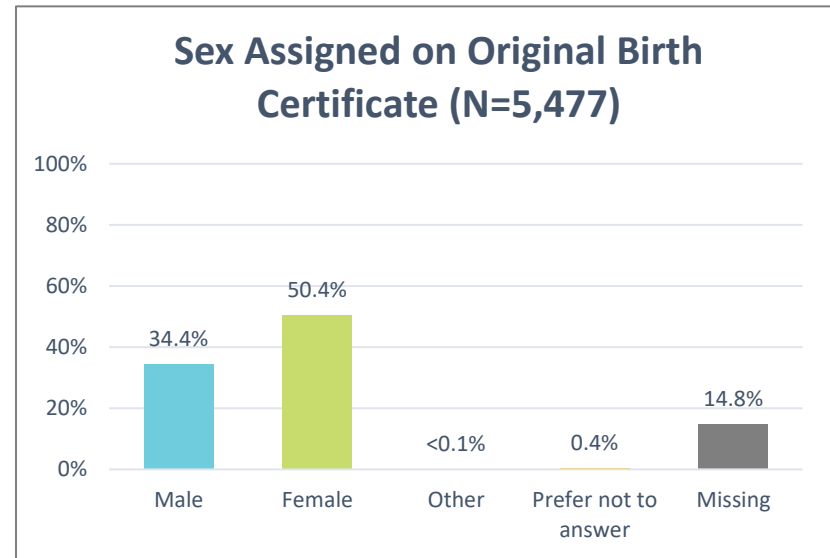
NUMBER OF PARTICIPANTS WITH DATA IN FY 2021-22: 5,477 Unduplicated



PARTICIPANT DEMOGRAPHICS



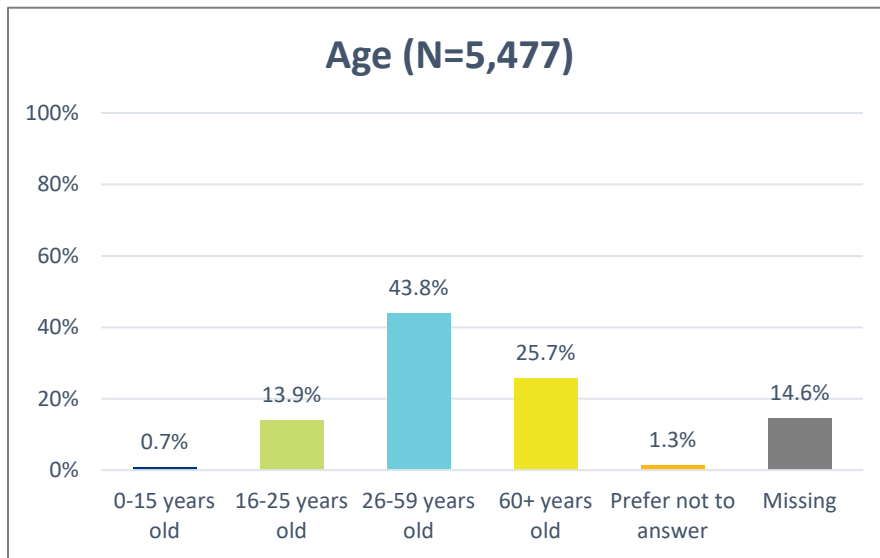
Almost 50% of participants identified as female. Nearly 1% of participants endorsed some other gender identity. Fewer than 1% of participants preferred not to answer this question.



Approximately 50% of participants reported that the sex they were assigned on their original birth certificate was female.

PARTICIPANT DEMOGRAPHICS

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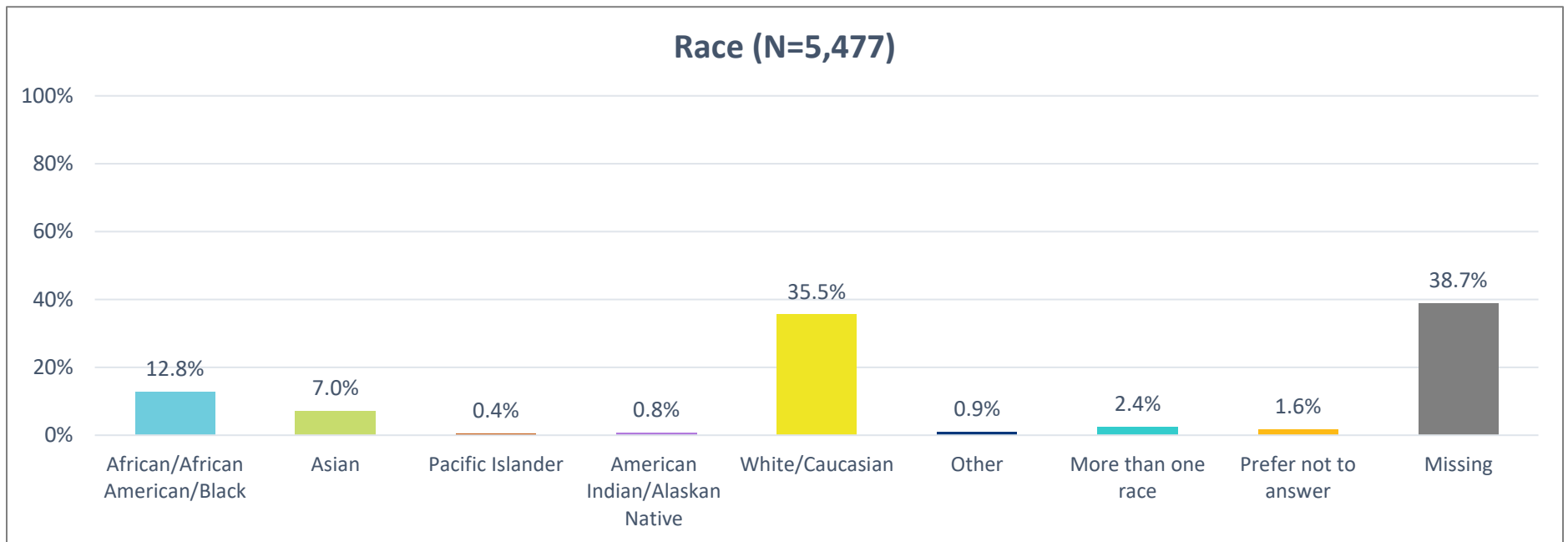
The greatest proportion (44%) of participants were 26-59 years old.

Primary Language (N=5,477)	Count	%
Arabic	124	2.3%
English	3,286	60.0%
Farsi	9	0.2%
Spanish	509	9.3%
Tagalog	58	1.1%
Vietnamese	15	0.3%
Other	670	12.2%
Prefer not to answer	23	0.4%
Missing	783	14.3%

Approximately 9% of participants identified their primary language as Spanish. Sixty percent of participants identified their primary language as English.

PARTICIPANT DEMOGRAPHICS

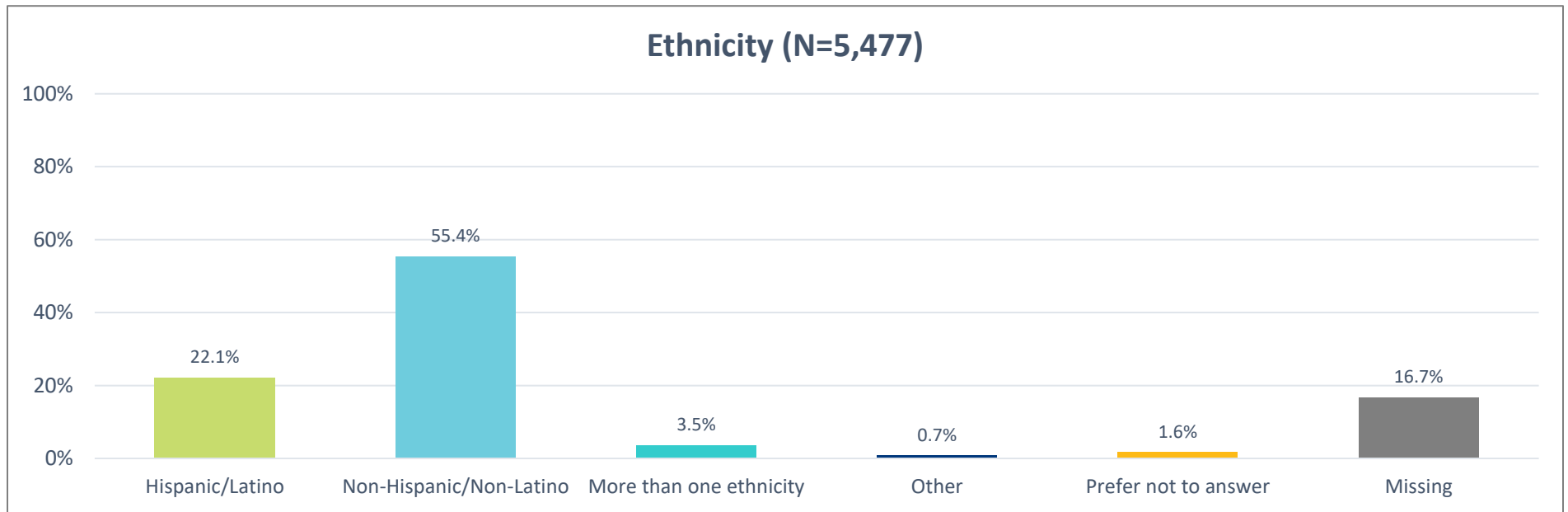
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Nearly 36% of participants identified their race as White/Caucasian. Nearly 13% identified as African, African American or Black and 7% identified as Asian. The missing category includes participants who only endorsed being Hispanic/Latino and did not indicate a race. Data on ethnicity are presented in a separate table.

PARTICIPANT DEMOGRAPHICS

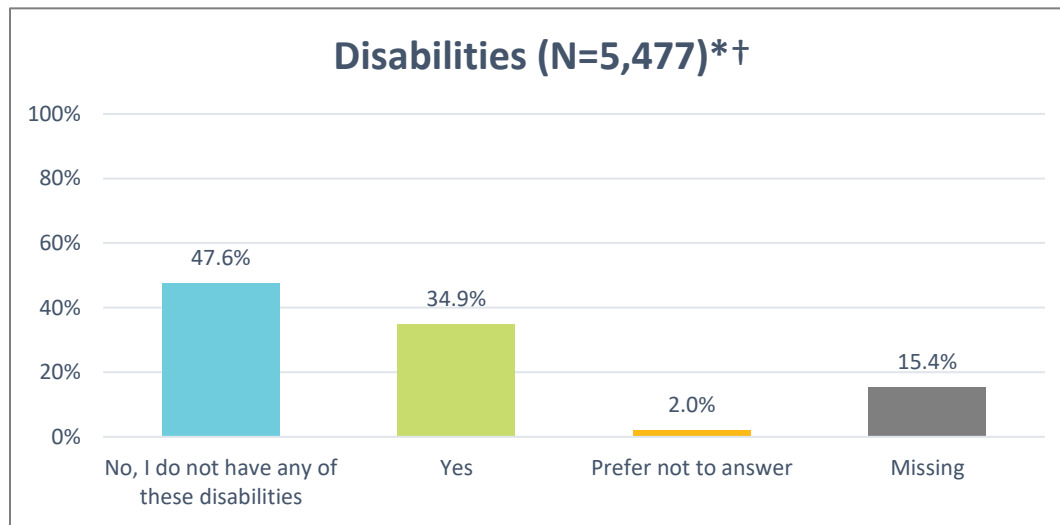
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Twenty-two percent of participants identified their ethnicity as Hispanic/Latino. Nearly 4% of participants identified as more than one ethnicity.

PARTICIPANT DEMOGRAPHICS

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Nearly 35% of participants reported having a disability. Twenty-two percent of participants indicated that they had a chronic health condition or chronic pain. Two percent of participants preferred not to answer this question.

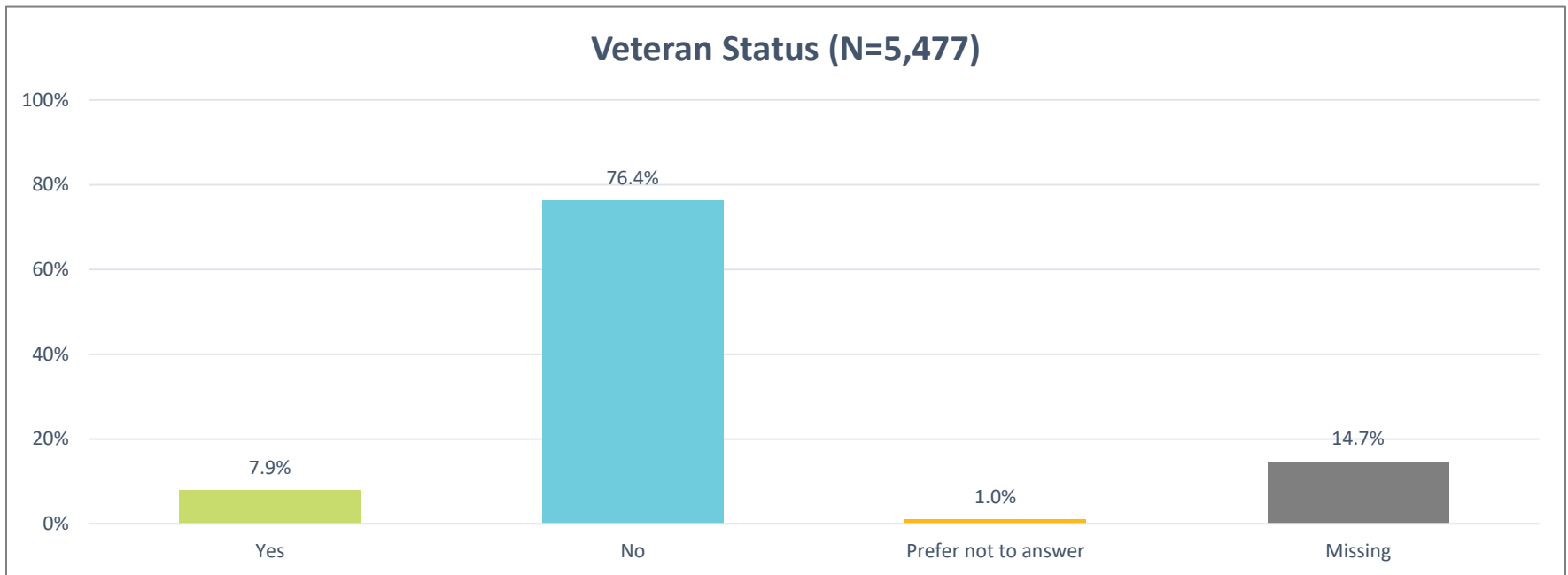
Disabilities (N=5,477)*†	Count	%
Difficulty seeing	185	3.4%
Difficulty hearing or having speech understood	92	1.7%
Other communication disability	12	0.2%
Mental disability not including a mental illness	249	4.5%
Learning disability	105	1.9%
Developmental disability	47	0.9%
Dementia	18	0.3%
Other mental disability not related to mental illness	79	1.4%
Physical/mobility disability	493	9.0%
Chronic health condition/chronic pain	1,200	21.9%
Other	289	5.3%
Prefer not to answer	111	2.0%
Missing	845	15.4%

*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.

PARTICIPANT DEMOGRAPHICS

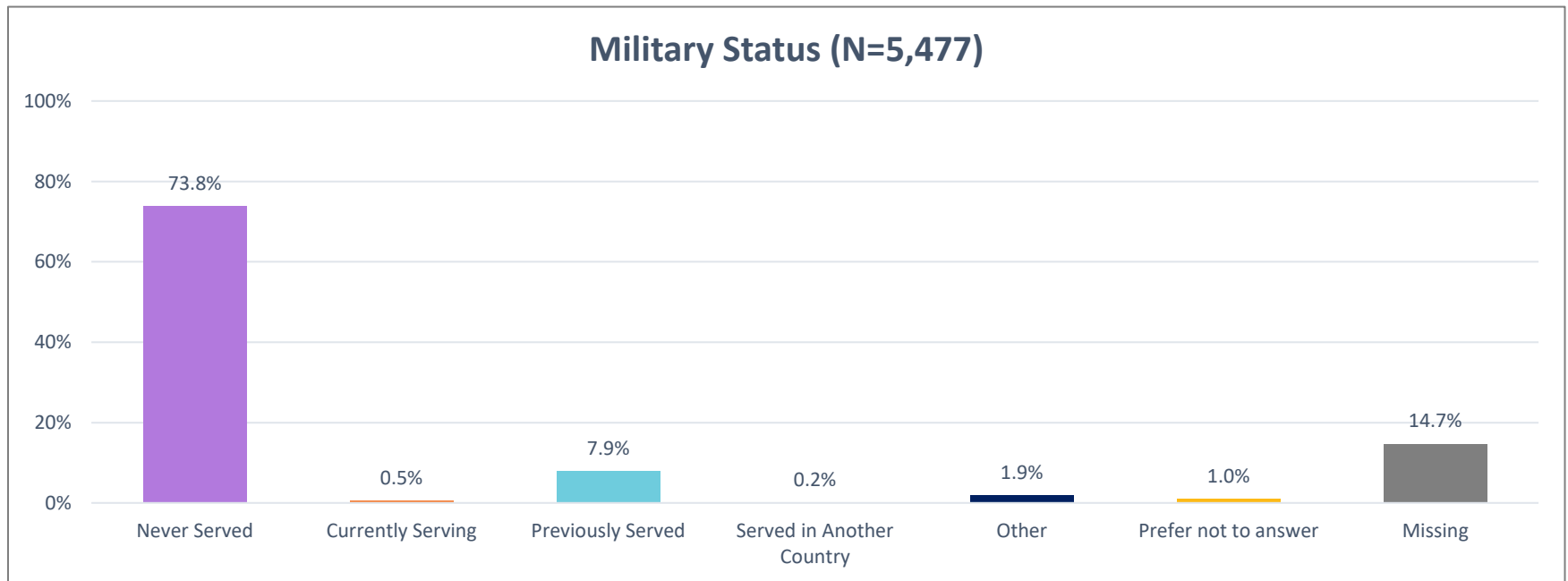
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Nearly 8% of participants had served in the military. Additionally, 0.5% of participants reported currently serving in the military (data not shown).

PARTICIPANT DEMOGRAPHICS

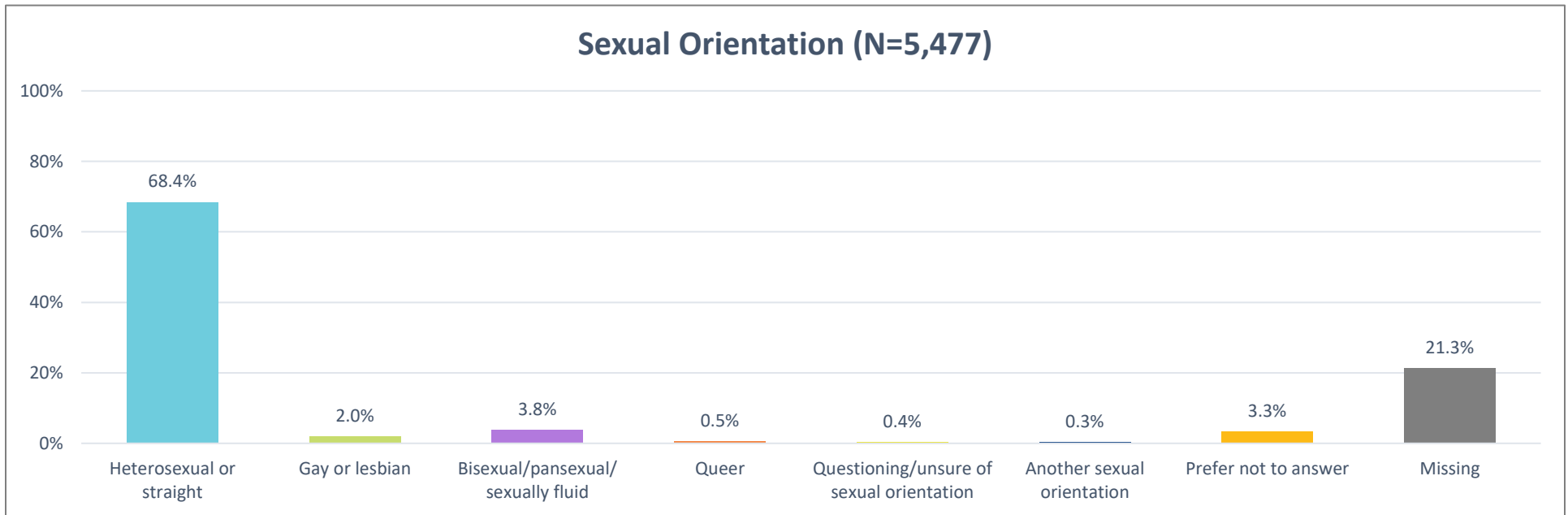
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Nearly 74% percent of participants had never served in the military. About 0.5% of participants were currently serving in the military and nearly 8% reported that they had previously served in the military.

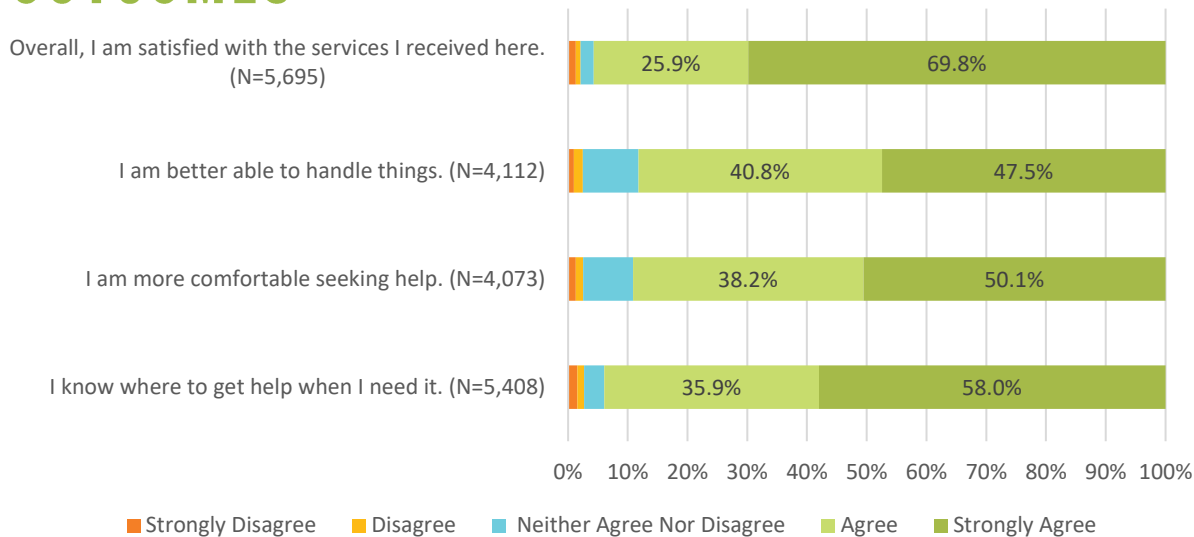
PARTICIPANT DEMOGRAPHICS

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Approximately 68% of participants identified their sexual orientation as heterosexual or straight. Nearly 4% of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Approximately 3% 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. Approximately 88% of participants agreed or strongly agreed that they were better able to handle things and solve problems as a result of the program. Approximately 88% 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 2021-22, a total of 976 participants received a mental health referral, and 240 of these participants received a mental health service as a result of the referral (Linkage Rate = 24.6%)
- A total of 877 participants received a substance use referral, and 393 of these participants received a substance use service as a result of the referral (Linkage Rate = 44.8%)
- The average time between referral and linkage to services was five 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.

