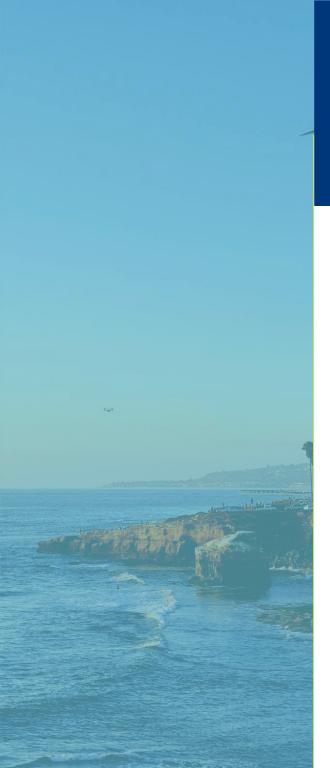
#### ADULT PEI PROGRAMS: SYSTEMWIDE SUMMARY

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

FISCAL YEAR 2023-24 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.

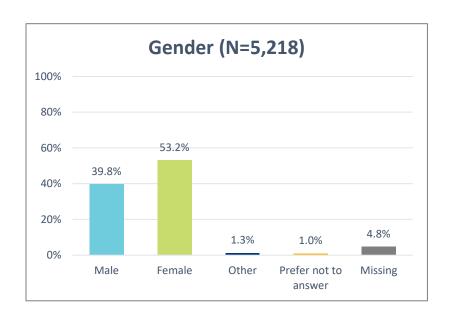
**DATA: Adult PEI Programs** 

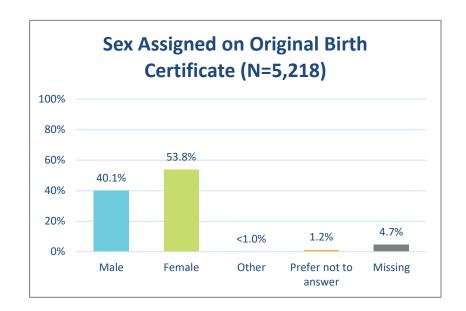
REPORT PERIOD: 7/1/2023 - 6/30/2024

NUMBER OF PARTICIPANTS WITH DATA IN FY 2023-24: 5,218 Unduplicated



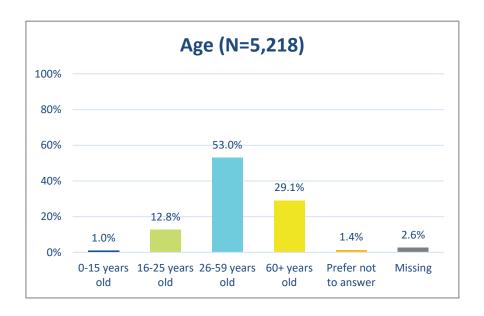
#### **PARTICIPANT DEMOGRAPHICS**





Fifty-three percent of participants identified as female. One percent of participants endorsed another gender identity. One percent of participants preferred not to answer this question.

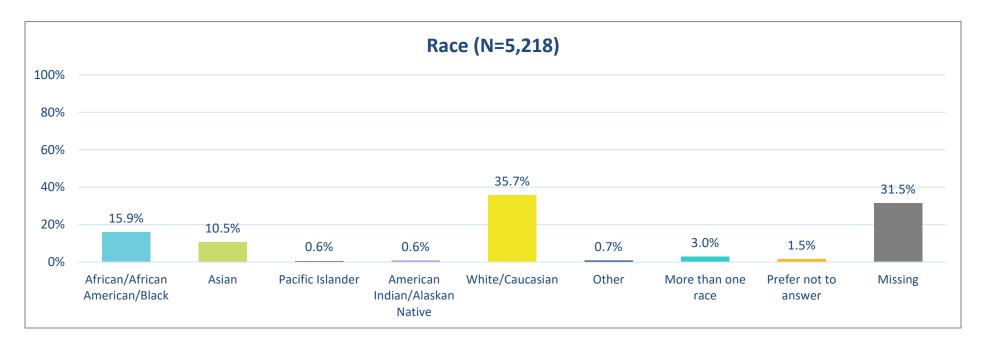
Fifty-four percent of participants reported that the sex they were assigned on their original birth certificate was female.



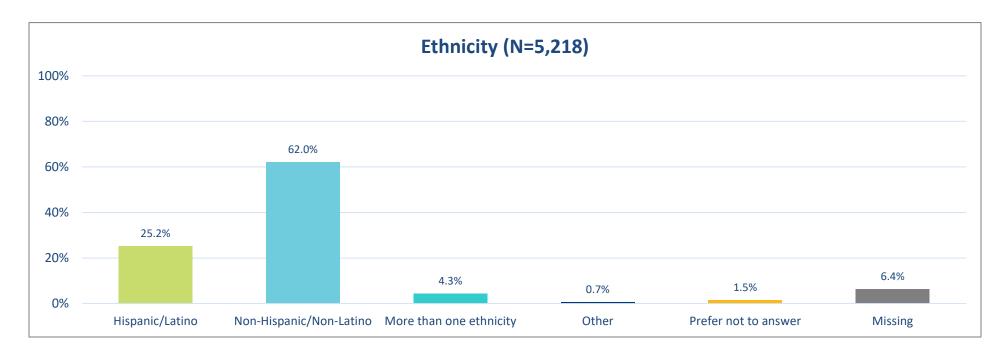
Primary Language (N=5,218)	Count	%
Arabic	134	2.6%
English	3,436	65.8%
Farsi	13	0.2%
Spanish	455	8.7%
Tagalog	183	3.5%
Vietnamese	15	0.3%
Other	716	13.7%
Prefer not to answer	41	0.8%
Missing	225	4.3%

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

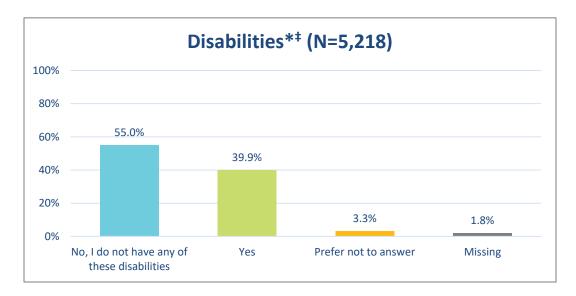
Nine percent of participants identified their primary language as Spanish. Sixty-six percent of participants identified their primary language as English.



Thirty-six percent of participants identified their race as White/Caucasian. Sixteen percent of participants identified as African, African American or Black and 11% identified as Asian. The missing category includes participants who endorsed being Hispanic/Latino and did not indicate a race. Data on ethnicity are presented in a separate table.



Twenty-five percent of participants identified their ethnicity as Hispanic/Latino. Four percent of participants identified as more than one ethnicity.



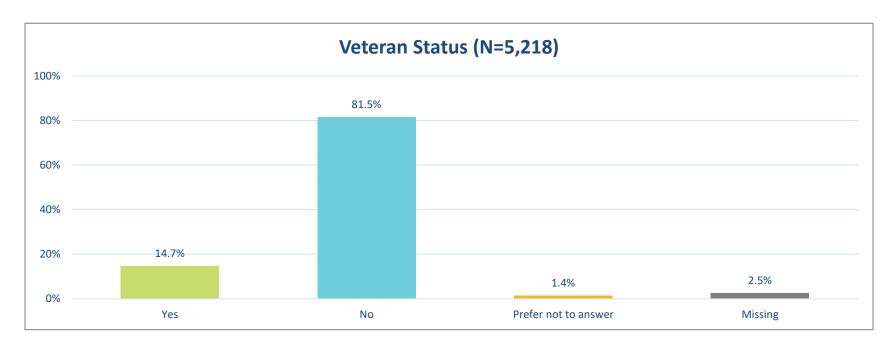
Forty percent of participants reported having a disability. Twenty-five percent of participants indicated that they had a chronic health condition or chronic pain. Three percent of participants preferred not to answer this question.

Disabilities*† (N=5,218)	Count	%
Difficulty seeing	188	3.6%
Difficulty hearing or having		
speech understood	81	1.6%
Other communication disability	<5	<1.0%
Mental disability not including a		
mental illness	286	5.5%
Learning disability	109	2.1%
Developmental disability	40	0.8%
Dementia	8	0.2%
Other mental disability not		
related to mental illness	129	2.5%
Physical/mobility disability	338	6.5%
Chronic health condition/chronic		
pain	1,282	24.6%
Other	309	5.9%
Prefer not to answer	170	3.3%
Missing	96	1.8%

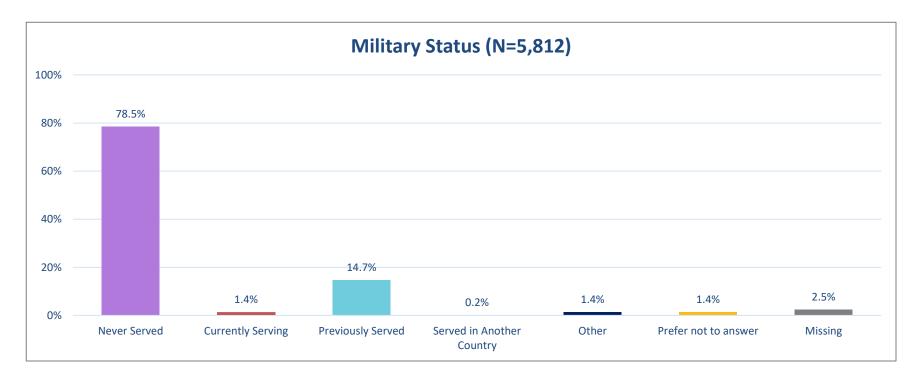
<sup>\*</sup>A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.

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

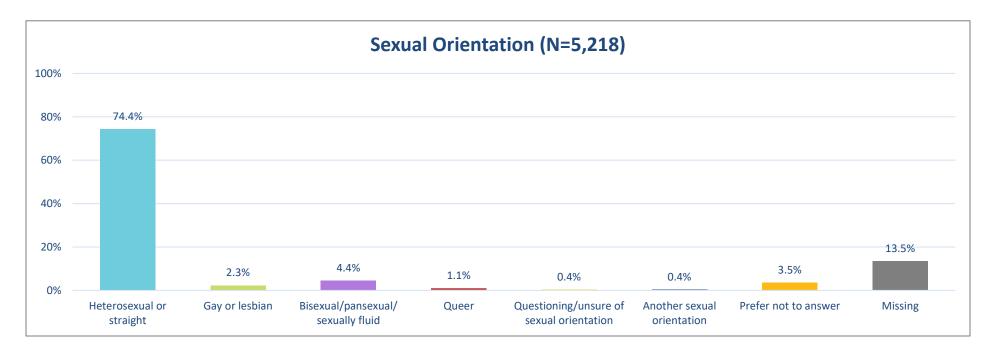
<sup>&</sup>lt;sup>‡</sup> Percentages may not add up to 100% due to rounding.



Fifteen percent of participants had served in the military. Additionally, 1.4% of participants reported currently serving in the military (data not shown).

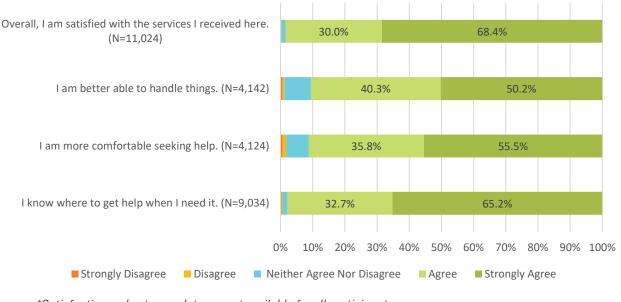


Seventy-nine percent of participants had never served in the military. One percent of participants were currently serving in the military and 15% reported that they had previously served in the military.



Seventy-four percent of participants identified their sexual orientation as heterosexual or straight. Four percent 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\*



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

\*Satisfaction and outcome data are not available for all participants. Note: Satisfaction data may include duplicate participants.

#### 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 2023-24, a total of 326 participants received a mental health referral, and 51 of these participants received a
  mental health service as a result of the referral (Linkage Rate = 15.6%)
- A total of 397 participants received a substance use referral, and 113 of these participants received a substance use service as a result of the referral (Linkage Rate = 28.4%)
- The average time between referral and linkage to services was seven 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.



