

CHILD & FAMILY 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



REPORT CONTENTS

03 Background

04 Participant Demographics

11 Participant Outcomes and Referrals

12 About the Child and Adolescent Services Research Center

CHILD & FAMILY 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 programs for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children 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 a PEI program via outreach efforts, including but not limited to: presentations, community events, and fairs.

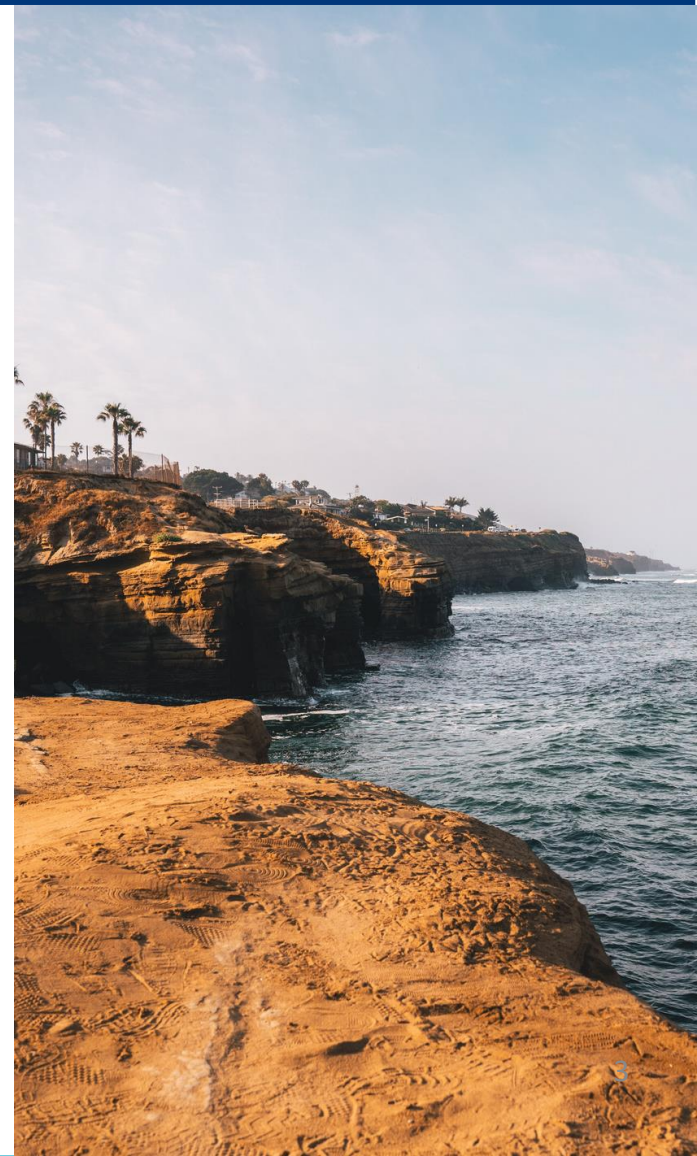
DATA: Child and Adolescent PEI Programs

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

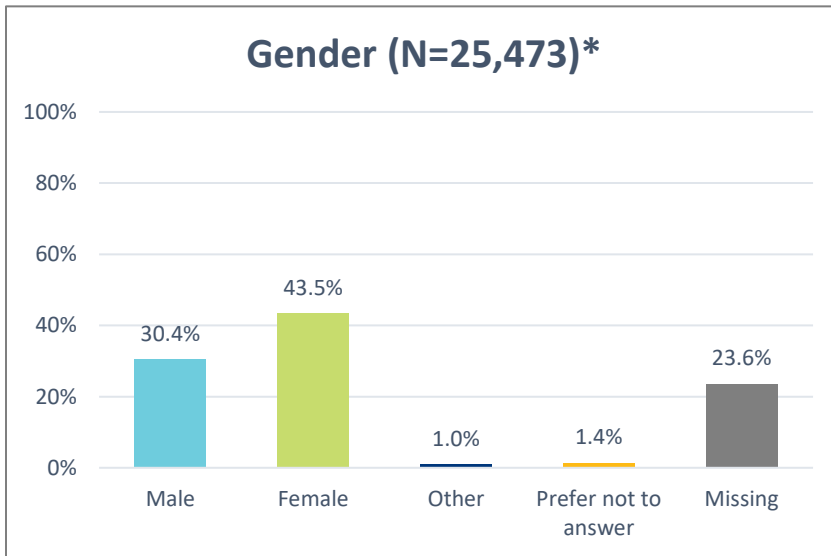
NUMBER OF PARTICIPANTS WITH DATA IN FY 2023-24: 25,473 Unduplicated*†

**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=25,473 vs. N=9,673).*

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



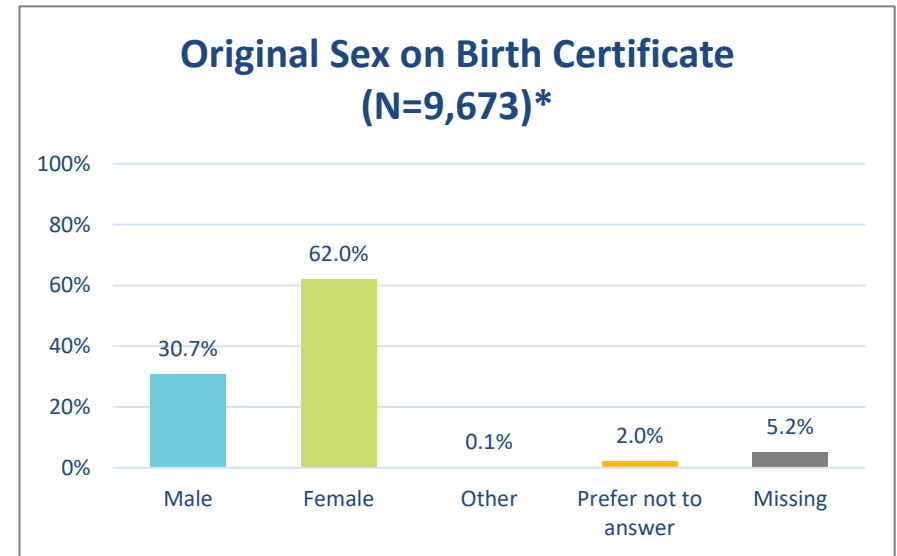
PARTICIPANT DEMOGRAPHICS



Forty-four percent of participants identified as female. One percent of participants endorsed 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."*

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

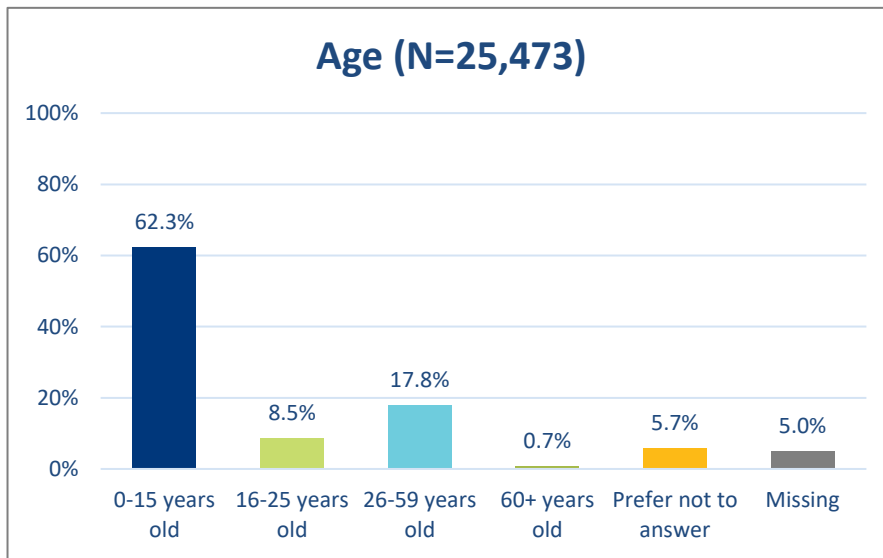


Sixty-two percent of respondents reported that the sex they were assigned on their original birth certificate was female.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =9,673 vs. N= 25,473).*

PARTICIPANT DEMOGRAPHICS

continued



The majority (62%) of participants were 15 or younger. Many participants were older than 18 because several Child & Family PEI programs target caregivers, community members and Transitional Age Youth (TAY).

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

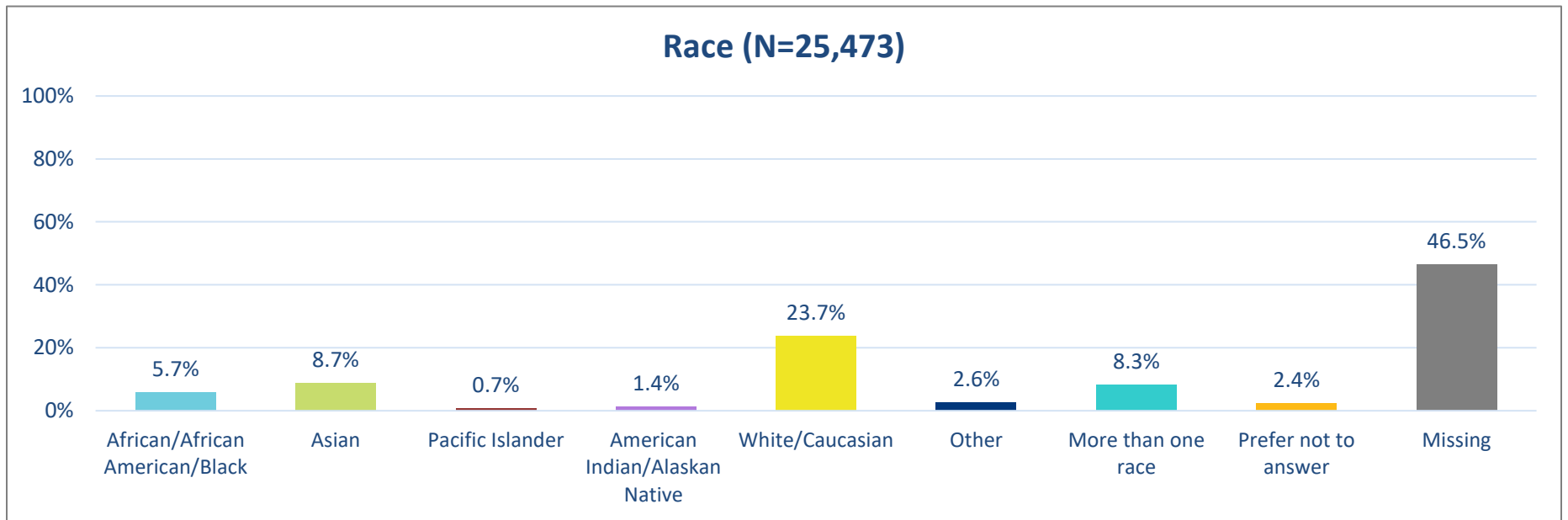
Primary Language (N=9,673)*	Count	%
Arabic	73	0.8%
English	4,277	44.2%
Farsi	25	0.3%
Mandarin	20	0.2%
Spanish	4,185	43.3%
Tagalog	16	0.2%
Vietnamese	57	0.6%
Other	237	2.5%
Prefer not to answer	99	1.0%
Missing	684	7.1%

Forty-three percent of participants identified their primary language as Spanish. Forty-four 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=9,673 vs N=25,473). Note: Percentages may not add up to 100% due to rounding.*

PARTICIPANT DEMOGRAPHICS

continued

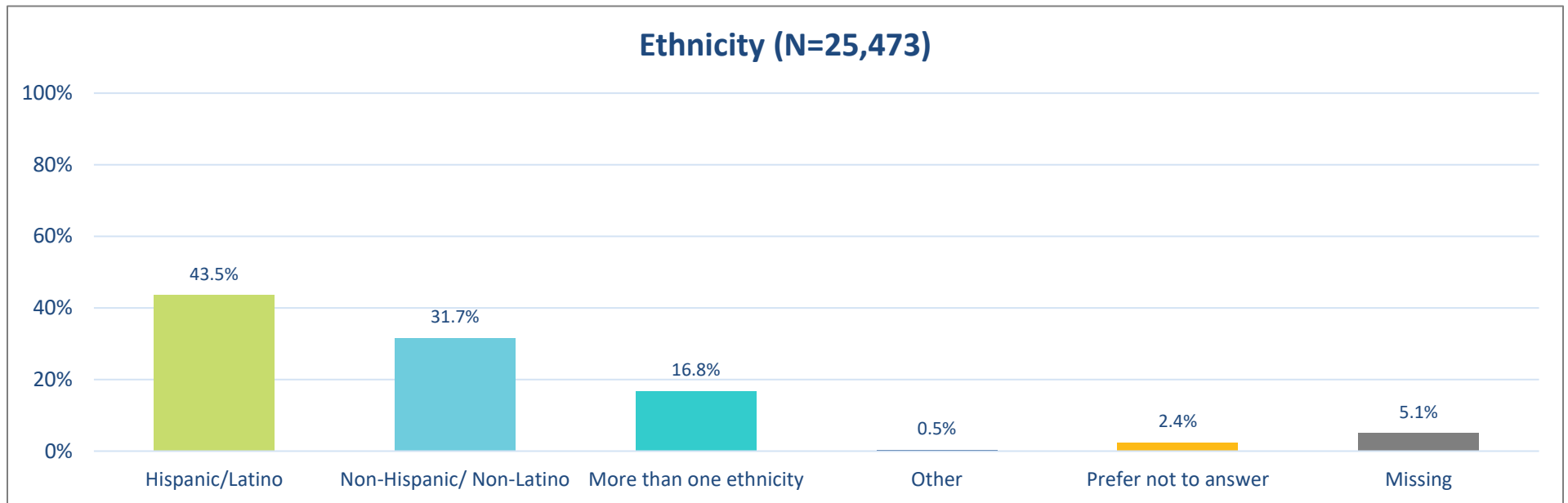


Twenty-four percent of participants identified their race as White/Caucasian. Six percent of participant identified as African, African American or Black and 9% identified as Asian. The missing category includes participants who endorsed being Hispanic/Latino and did not indicate a race. Data on ethnicity are presented in a separate table.

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

PARTICIPANT DEMOGRAPHICS

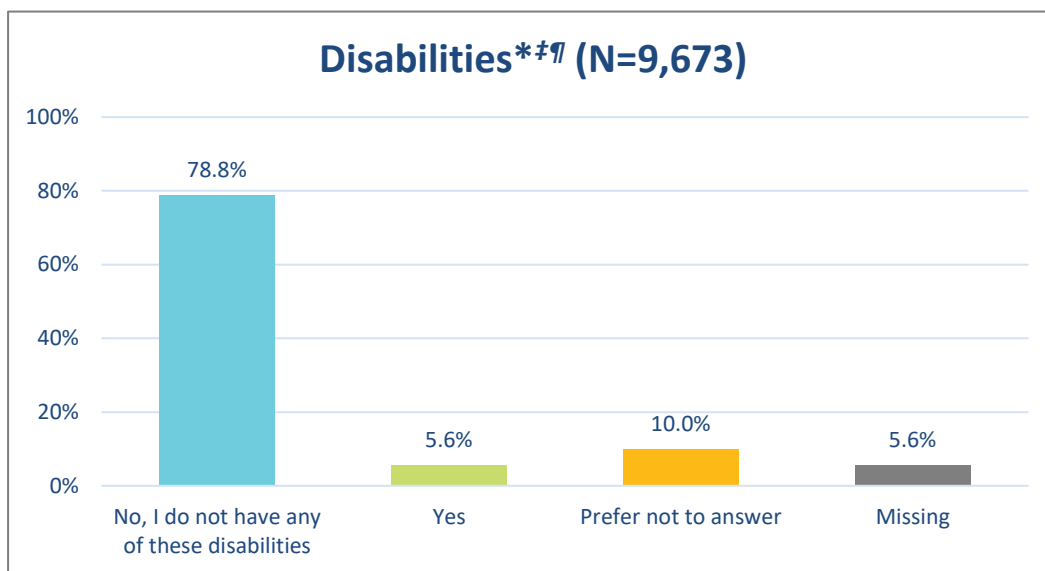
continued



Forty-four percent of participants identified their ethnicity as Hispanic/Latino. Seventeen percent of participants identified as more than one ethnicity.

PARTICIPANT DEMOGRAPHICS

continued



Six percent of participants reported having a disability. Two percent of participants reported having a mental disability (not including a mental illness). Ten percent of participants preferred not to answer this question.

Disabilities*†‡ (N=9,673)	Count	%
Difficulty seeing	125	1.3%
Difficulty hearing or having speech understood	76	0.8%
Other communication disability	24	0.2%
Mental disability not including a mental illness	192	2.0%
Learning disability	91	0.9%
Developmental disability	61	0.6%
Dementia	7	0.1%
Other mental disability not related to mental illness	33	0.3%
Physical/mobility disability	65	0.7%
Chronic health condition/chronic pain	38	0.4%
Other	125	1.3%
Prefer not to answer	967	10.0%
Missing	544	5.6%

*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.

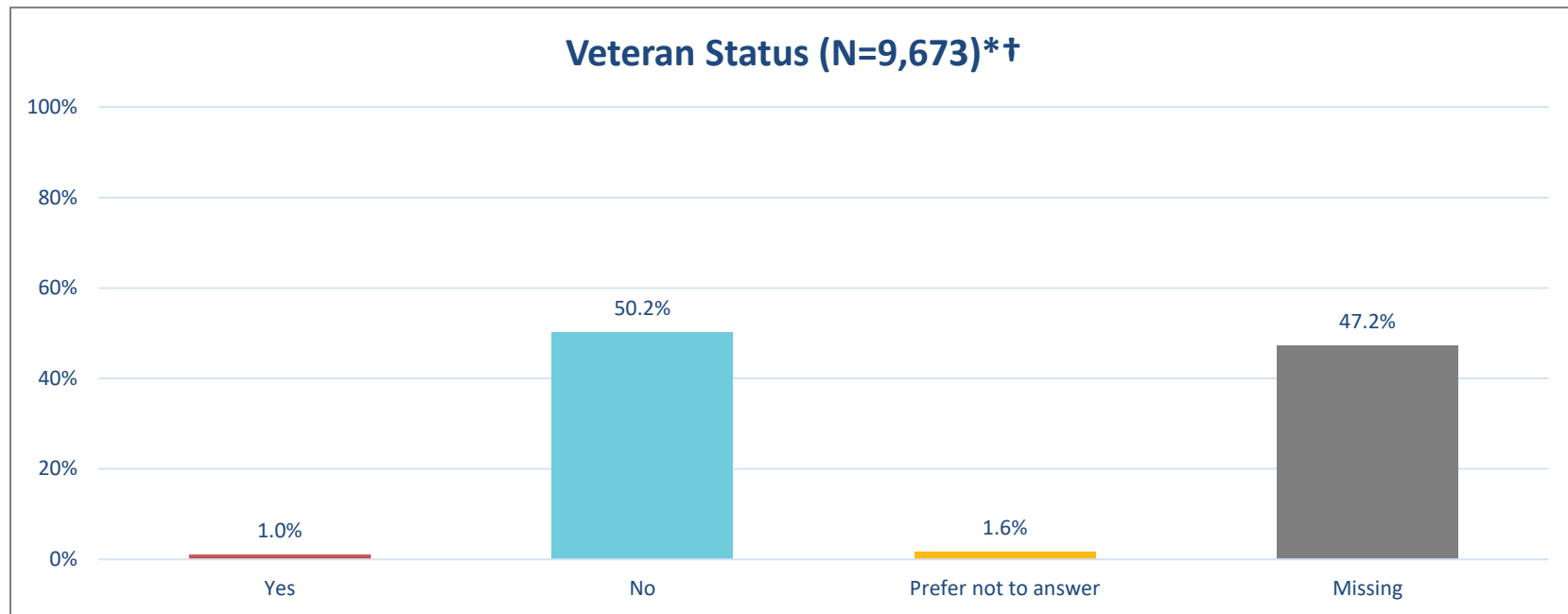
† The sum of the percentages may exceed 100% because participants can select more than one type of disability.

‡ Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N= 9,673 vs N=25,473).

¶ Percentages may not add up to 100% due to rounding.

PARTICIPANT DEMOGRAPHICS

continued

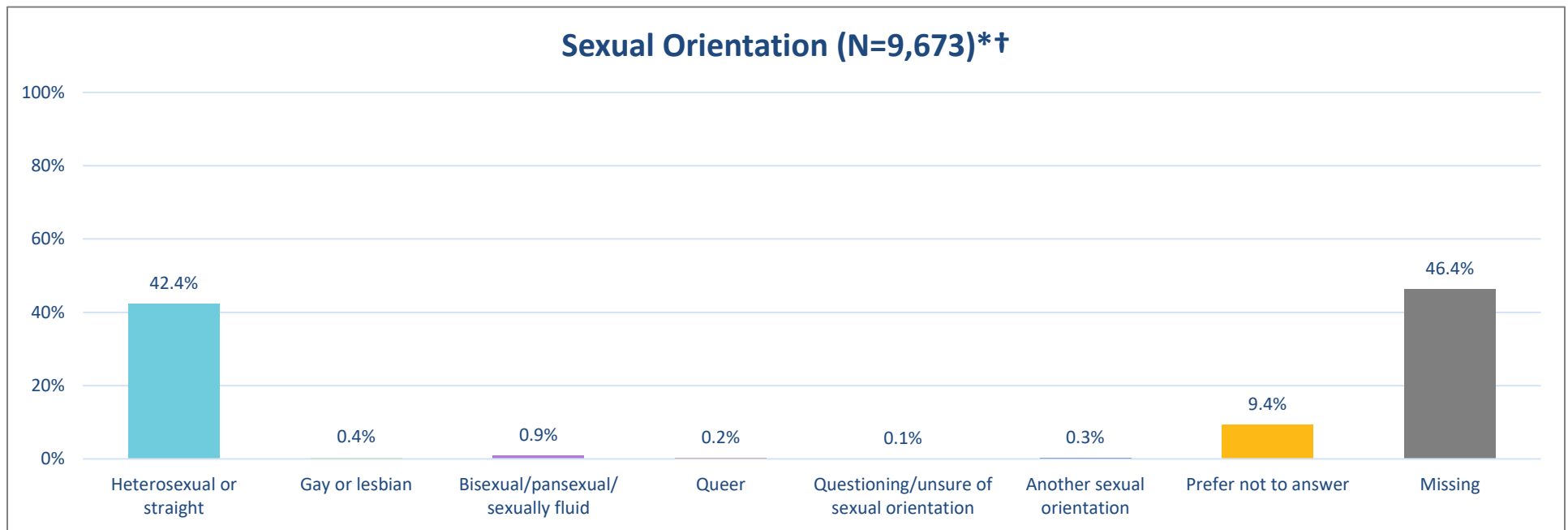


One percent of participants reported that they had served in the military. Less than 1% of participants reported currently serving in the military (data not shown).

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N= 9,673 vs N=25,473).
† Veteran status is not collected for Child & Family PEI participants younger than 18; these data are reported as "Missing."*

PARTICIPANT DEMOGRAPHICS

continued



Forty-two percent of the participants identified their sexual orientation as heterosexual or straight. One percent of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Nine percent of participants preferred not to answer this question.

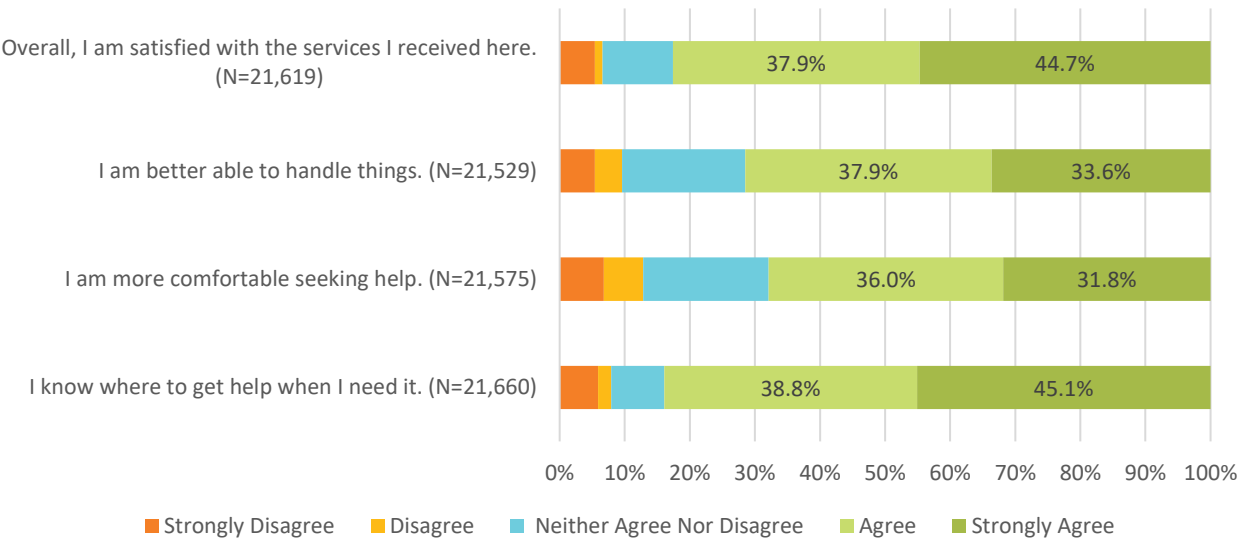
**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N= 9,673 vs N=25,473).*

†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.

PARTICIPANT SATISFACTION AND OUTCOMES* †

Eighty-three percent of participants agreed or strongly agreed that they were satisfied with the services they received. Seventy-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. Sixty-eight percent of participants agreed or strongly agreed that they were more comfortable seeking help as a result of the program. Eighty-four percent of 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.
 † Satisfaction data may include duplicate participants.

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 2023-24, a total of 248 participants received a mental health referral, and 192 of these participants received a mental health service as a result of the referral (Linkage Rate = 77.4%)
- A total of 17 participants received a substance use referral, and 14 of these participants received a substance use service as a result of the referral (Linkage Rate = 82.3%)
- The average time between referral and linkage to services was twenty-three days.

*Not all programs are required to collect referral data.



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 at 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.

