

CHILD & FAMILY 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 & 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. PEI data collection and reporting may have been impacted starting March 2020 due to COVID-19.

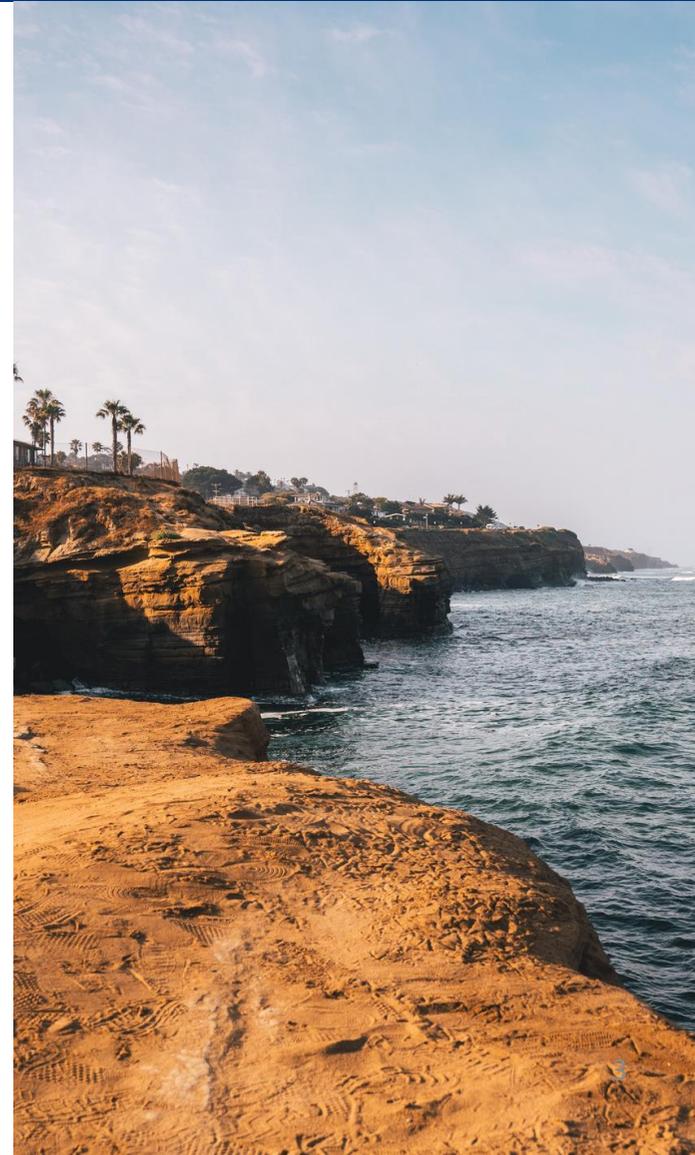
DATA: Child and Adolescent PEI Programs

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

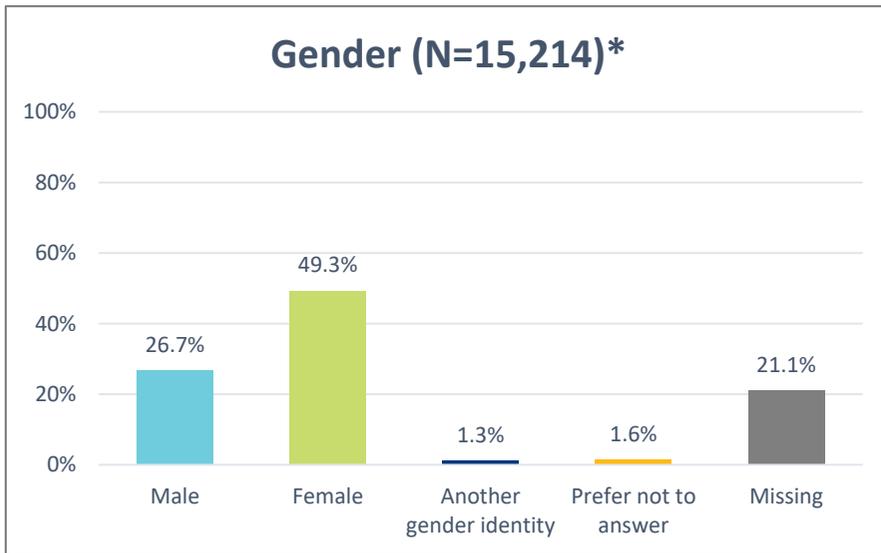
NUMBER OF PARTICIPANTS WITH DATA IN FY 2020-21: 15,214 Unduplicated*

**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=15,214 vs. N=7,912).*

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

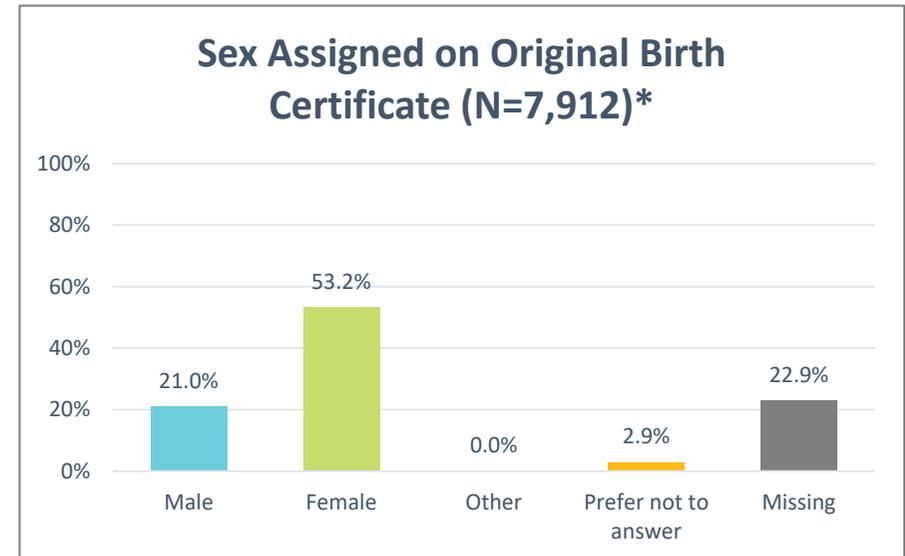


PARTICIPANT DEMOGRAPHICS



Almost 50% of participants identified as female. One percent of participants identified as another gender identity. Approximately 2% 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."*

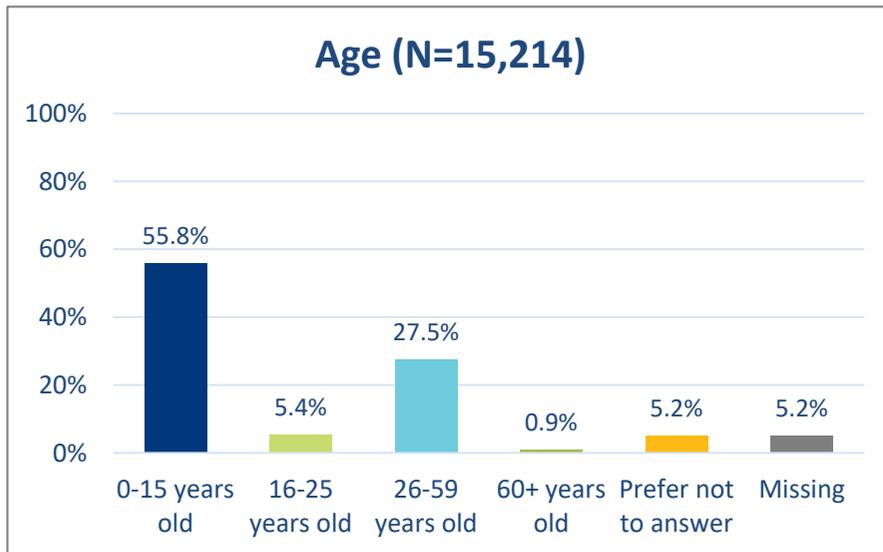


Fifty-three percent of respondents reported that the sex they were assigned on their original birth certificate was female.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N = 7,912 vs. N=15,214).*

PARTICIPANT DEMOGRAPHICS

continued



The majority (56%) 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).

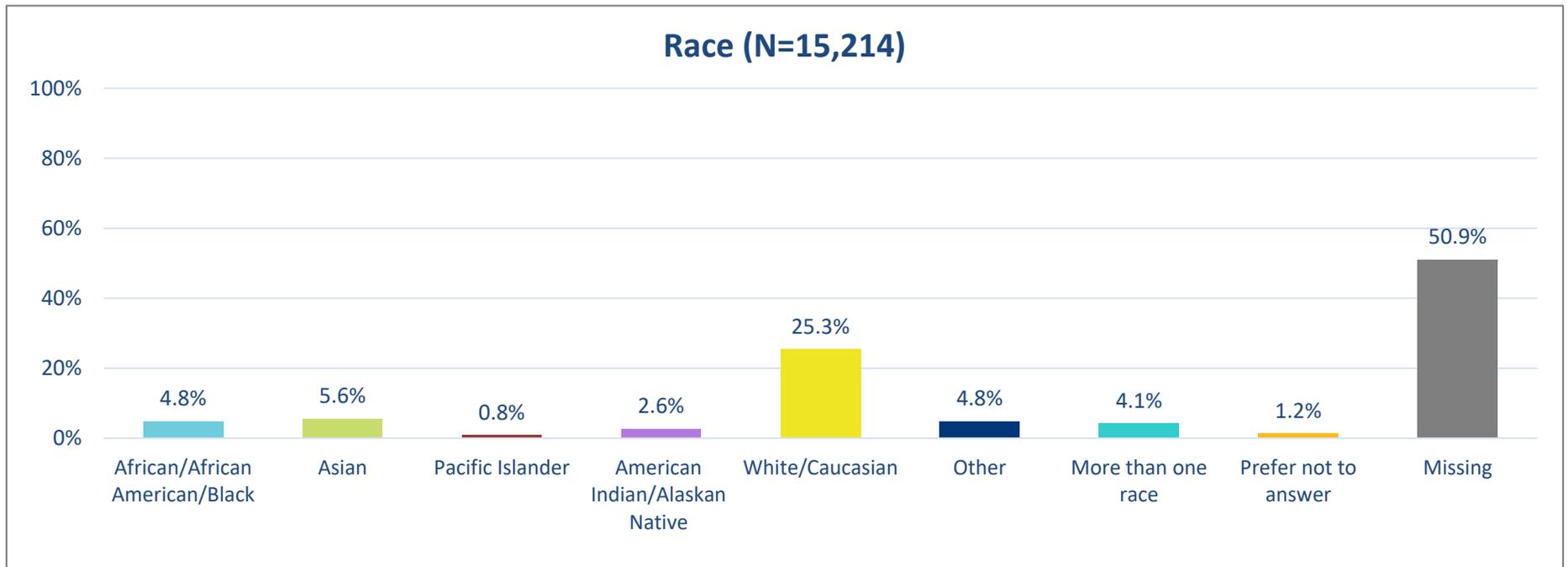
Primary Language (N=7,912)*	Count	%
Arabic	236	3.0%
English	2,593	32.8%
Farsi	41	0.5%
Spanish	2,995	37.9%
Tagalog	12	0.2%
Vietnamese	10	0.1%
Prefer not to answer	97	1.2%
Missing	1,760	22.2%

Almost 38% of participants identified their primary language as Spanish. About 33% 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=7,912 vs N=15,214).*

PARTICIPANT DEMOGRAPHICS

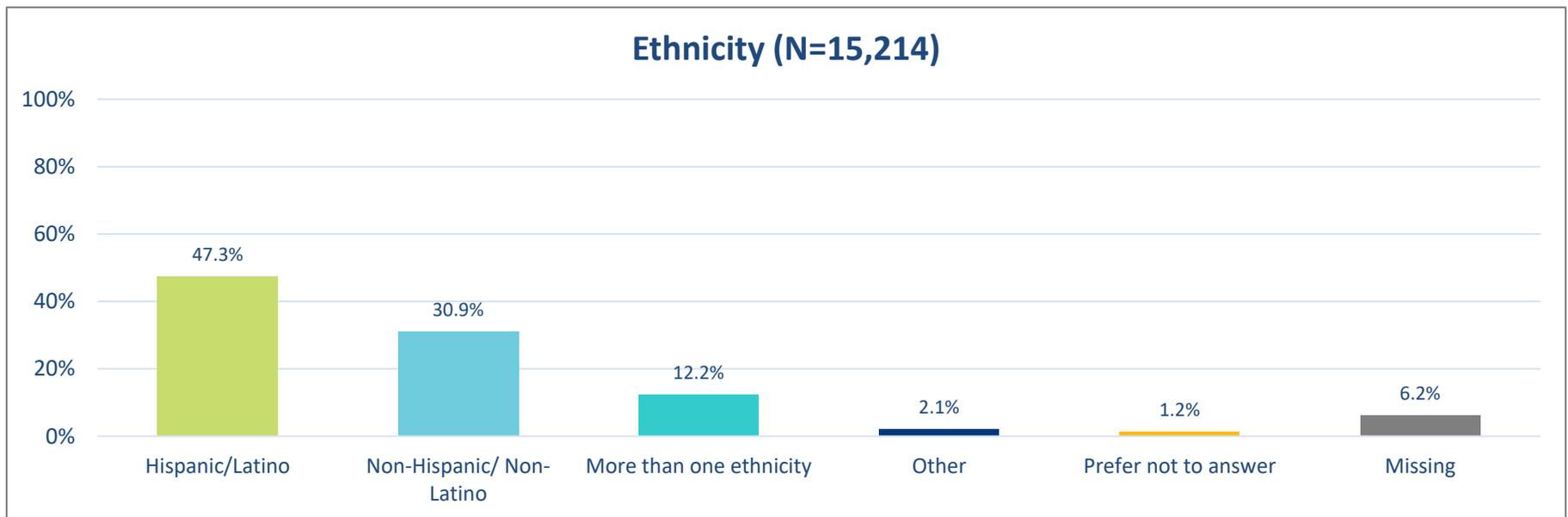
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Twenty-five percent of participants identified their race as White/Caucasian. Nearly 5% identified as African, African American or Black and approximately 6% identified as Asian. The missing category includes participants who only endorsed being Hispanic/Latino and did not indicate a race. Data on ethnicity are presented in a separate table.

PARTICIPANT DEMOGRAPHICS

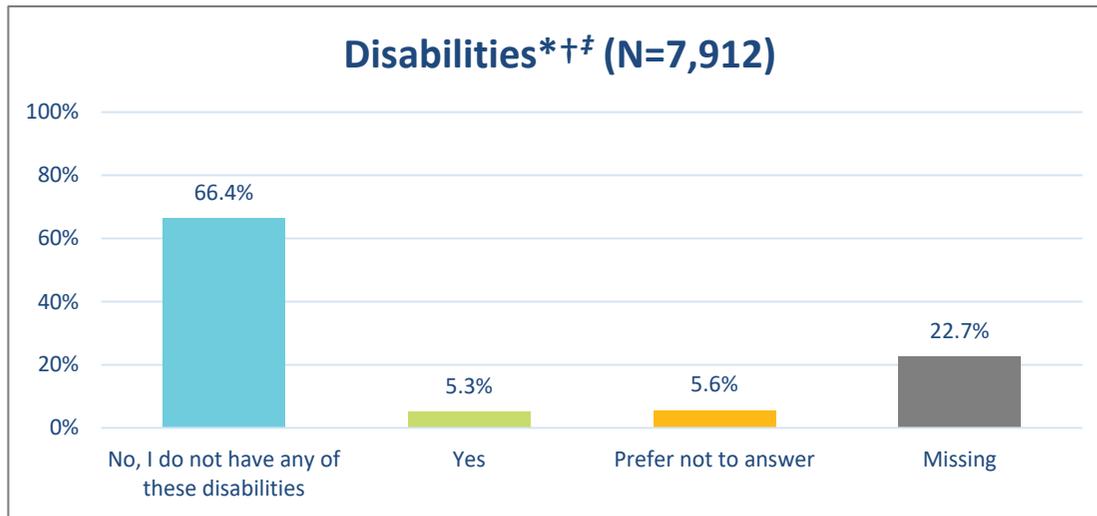
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Forty-seven percent of participants identified their ethnicity as Hispanic/Latino, and nearly 31% of participants identified their ethnicity as non-Hispanic/non-Latino.

PARTICIPANT DEMOGRAPHICS

continued



Sixty-six percent of participants indicated no disability. Five percent of participants reported having a disability. Nearly 2% reported having a mental disability (not including a mental illness). Nearly 6% preferred not to answer this question.

Disabilities*†‡ (N=7,912)	Count	%
Difficulty seeing	81	1.0%
Difficulty hearing or having speech understood	59	0.7%
Other communication disability	27	0.3%
Mental disability not including a mental illness	147	1.9%
Learning disability	97	1.2%
Developmental disability	29	0.4%
Dementia	7	0.1%
Other mental disability not related to mental illness	14	0.2%
Physical/mobility disability	44	0.6%
Chronic health condition/chronic pain	38	0.5%
Other	113	1.4%
Prefer not to answer	445	5.6%
Missing	1,797	22.7%

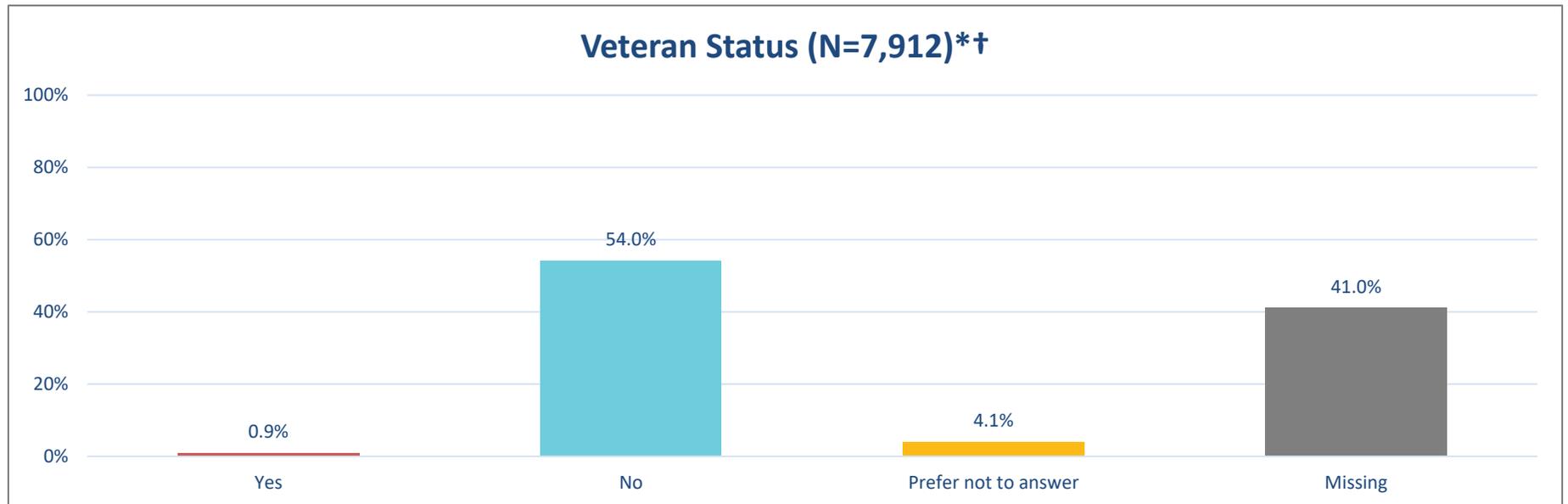
*A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.

† 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=7,912 vs N=15,214).

PARTICIPANT DEMOGRAPHICS

continued



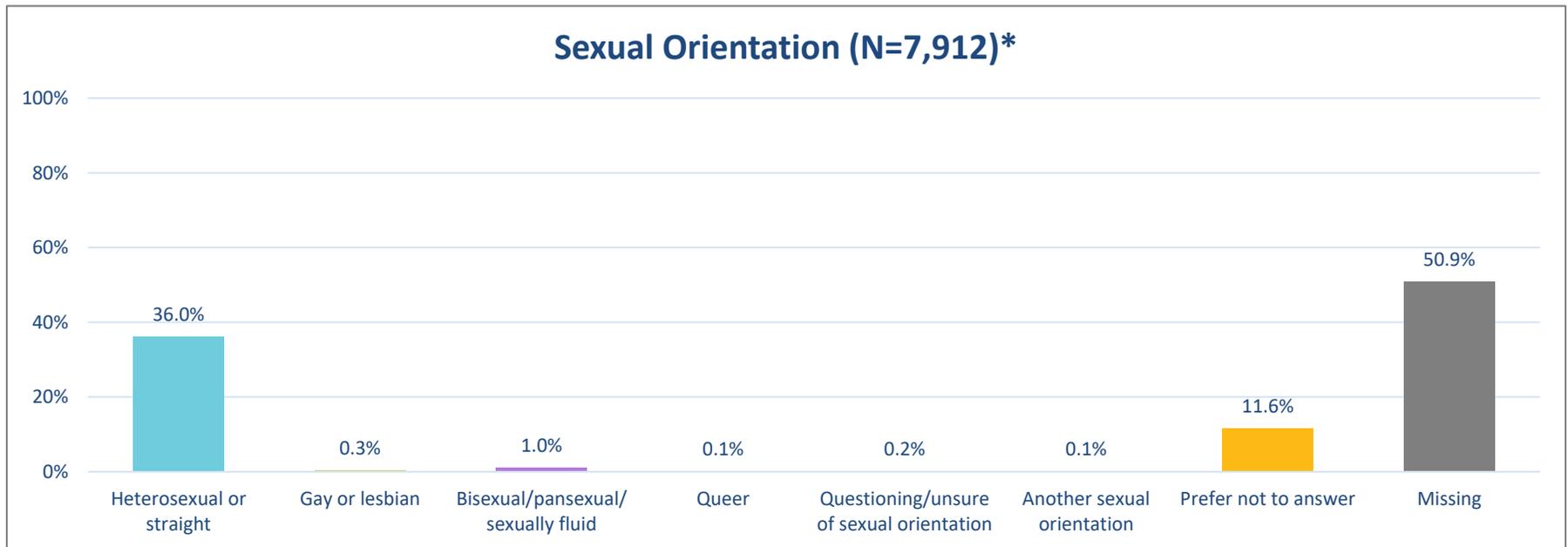
Information on veteran status indicated that almost 1% of participants had served in the military. Additionally, about one half of one percent of participants reported that they are currently serving in the military (data not shown).

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=7,912 vs N=15,214).*

† Veteran status is not collected for Child & Family PEI participants younger than 18; these data are reported as "Missing."

PARTICIPANT DEMOGRAPHICS

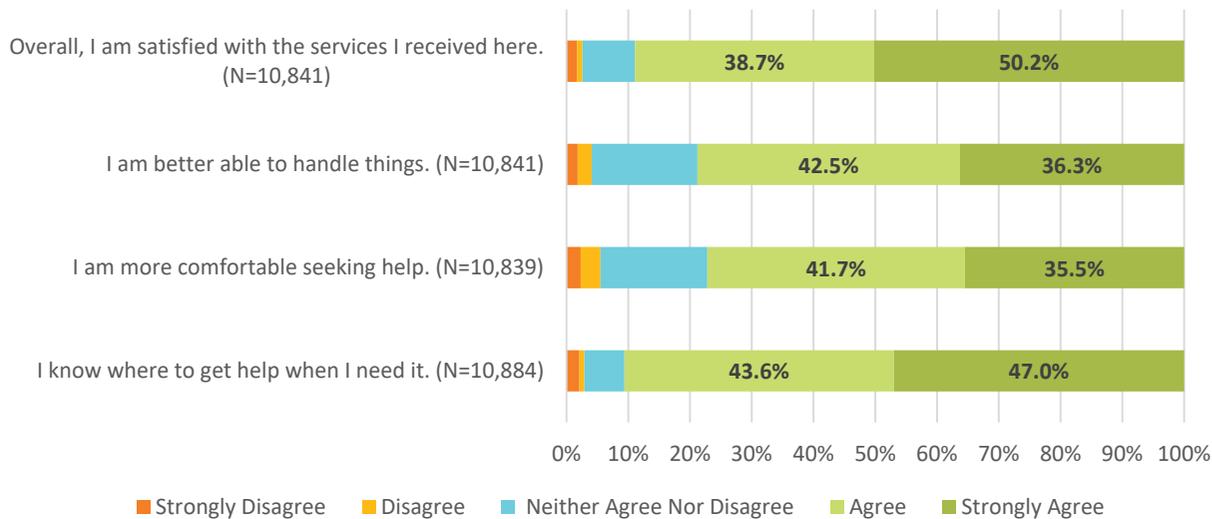
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Thirty-six percent of the participants identified their sexual orientation as heterosexual or straight. One percent of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Almost 12% of participants preferred not to answer this question.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=7,912 vs N=15,214).
† Sexual orientation is not collected for Child & Family PEI participants younger than 12; these data are reported as "Missing."*

PARTICIPANT SATISFACTION AND OUTCOMES* †



*Satisfaction and outcome data are not available for all participants.
 † Satisfaction data may include duplicate participants.

Nearly 89% of participants agreed or strongly agreed that they were satisfied with the services they received. Almost 79% of participants agreed or strongly agreed that they were better able to handle things and solve problems as a result of the program. Seventy-seven percent of participants agreed or strongly agreed that they were more comfortable seeking help as a result of the program. Nearly 91% of 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, 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 194 participants received a mental health referral, and 107 of these participants received a mental health service as a result of the referral (Linkage Rate = 55.1%)
- A total of 15 participants received a substance use referral, and 14 of these participants received a substance use service as a result of the referral (Linkage Rate = 93.3%)
- The average time between referral and linkage to services was ten 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.

