

# CHILD & FAMILY PEI PROGRAMS: SYSTEMWIDE SUMMARY

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

## FISCAL YEAR 2024-25 ANNUAL REPORT



LIVE WELL  
SAN DIEGO





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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.

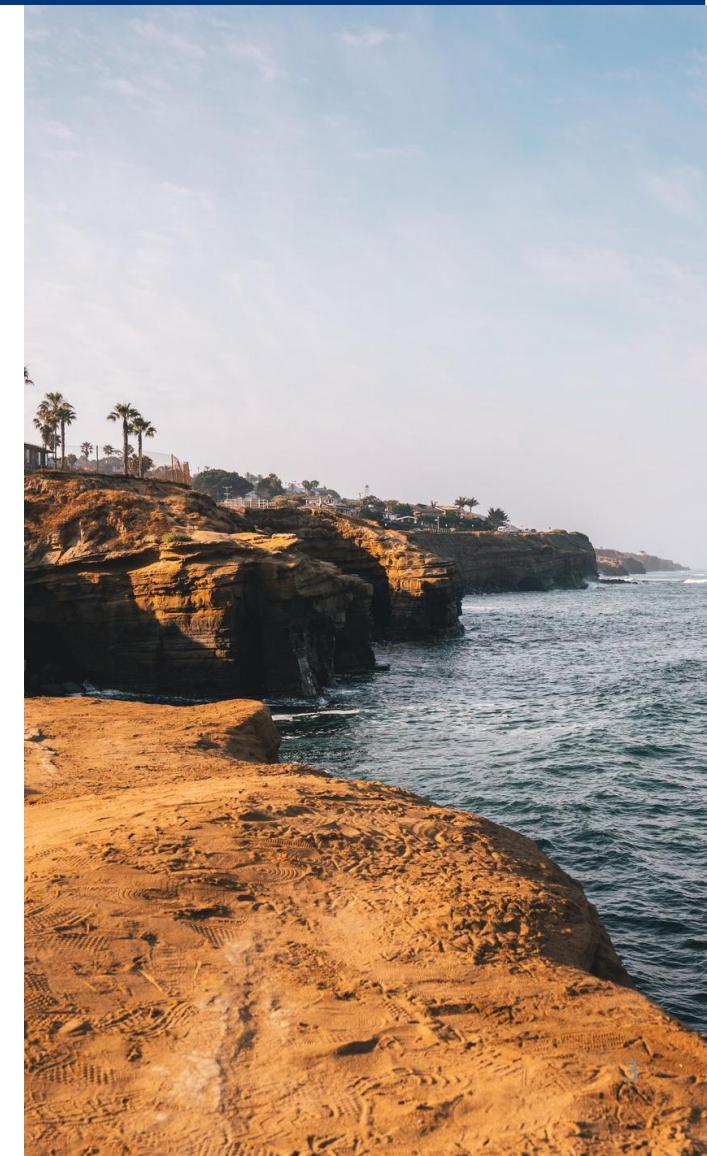
## DATA: Child and Adolescent PEI Programs

REPORT PERIOD: 7/1/2024-6/30/2025

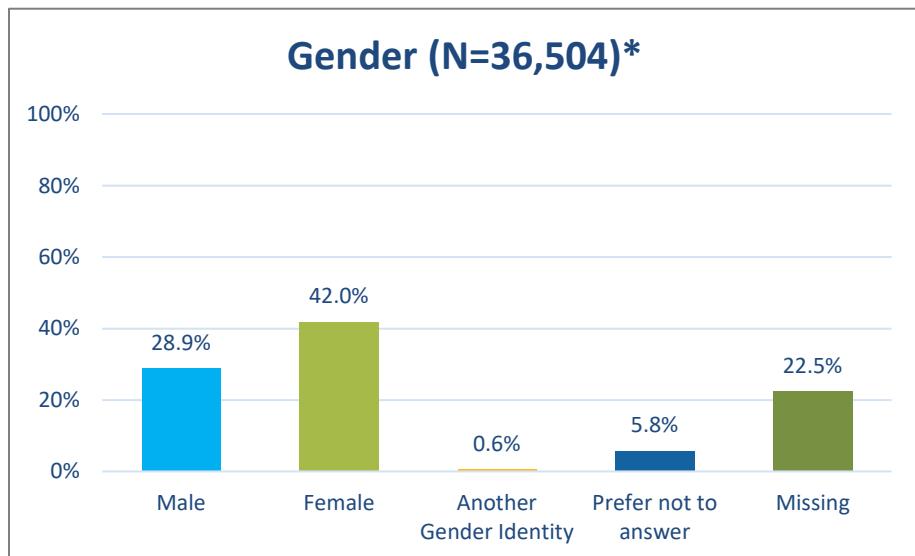
## NUMBER OF PARTICIPANTS WITH DATA IN FY 2024-25: 36,504 Unduplicated\*†

*\*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=36,504 vs. N=19,219).*

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



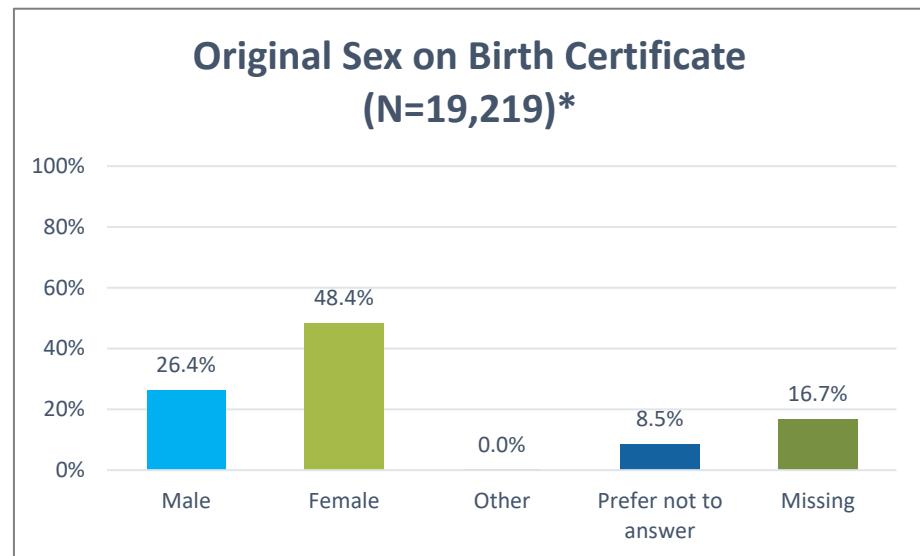
# PARTICIPANT DEMOGRAPHICS



Forty-two percent of participants identified as female. One percent of participants endorsed another gender identity. Six 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.*

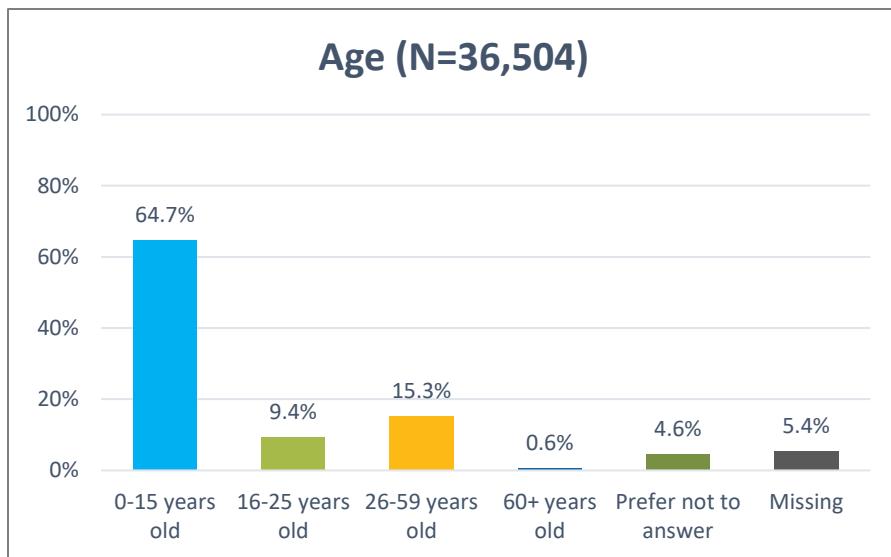


Forty-eight percent of respondents reported that the sex they were assigned on their original birth certificate was female.

*\*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =19,219 vs. N= 36,504).*

# PARTICIPANT DEMOGRAPHICS

## continued



The majority (65%) 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=19,219)*	Count	%
Arabic	61	0.3%
English	9,895	51.5%
Farsi	26	0.1%
Spanish	5,864	30.5%
Tagalog	41	0.2%
Vietnamese	59	0.3%
Other	326	1.7%
Prefer not to answer	228	1.2%
Missing	2,719	14.1%

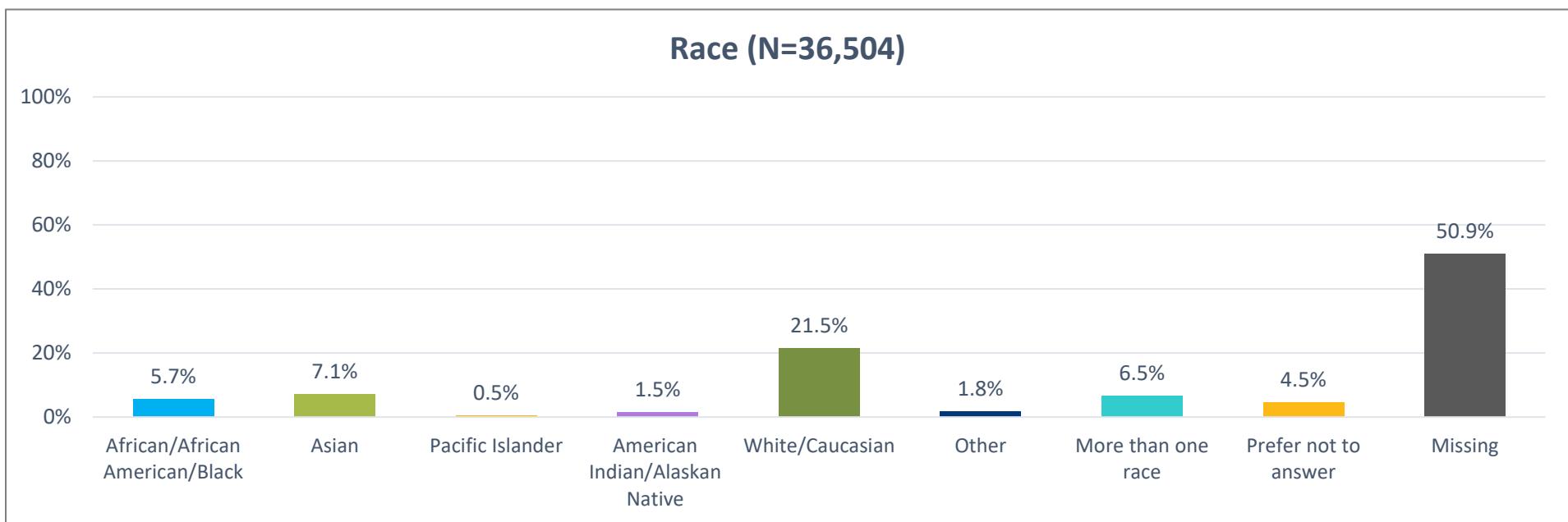
Thirty-one percent of participants identified their primary language as Spanish. Fifty-two percent of participants identified their primary language as English.

*\*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=19,219 vs. N=36,504).*

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

# PARTICIPANT DEMOGRAPHICS

## continued

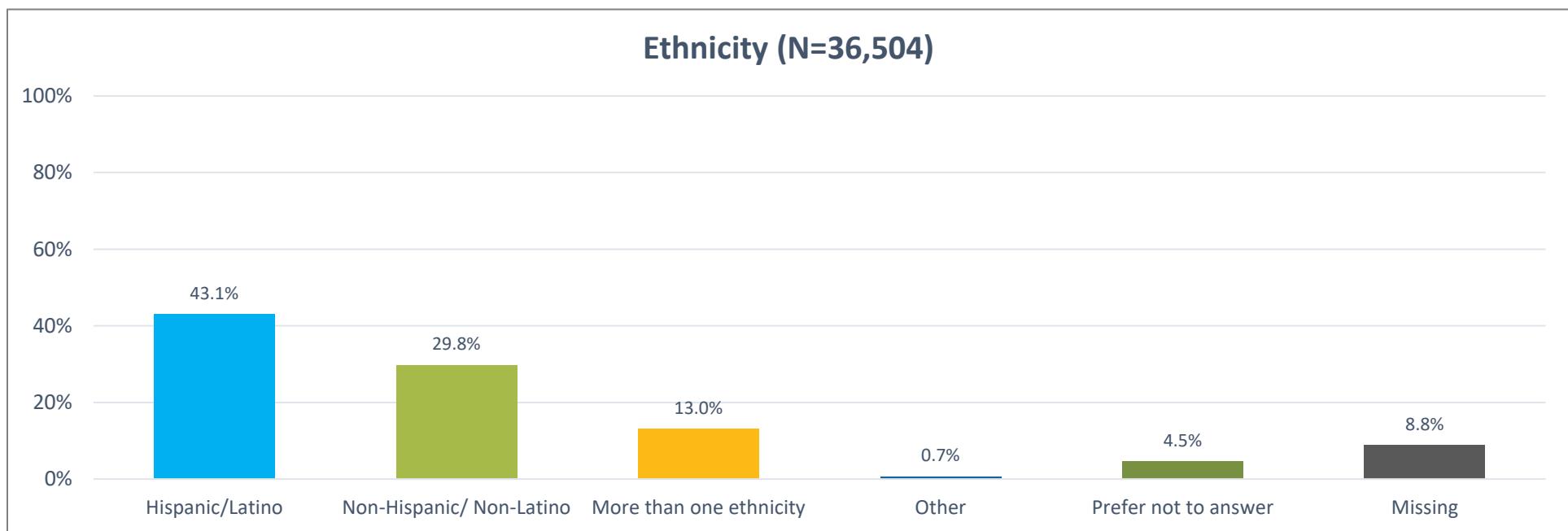


Twenty-two percent of participants identified their race as White/Caucasian. Six percent of participants identified as African, African American or Black and 7% identified as Asian. The missing category includes participants who endorsed being Hispanic/Latino and did not indicate a race. Data on ethnicity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

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

# PARTICIPANT DEMOGRAPHICS

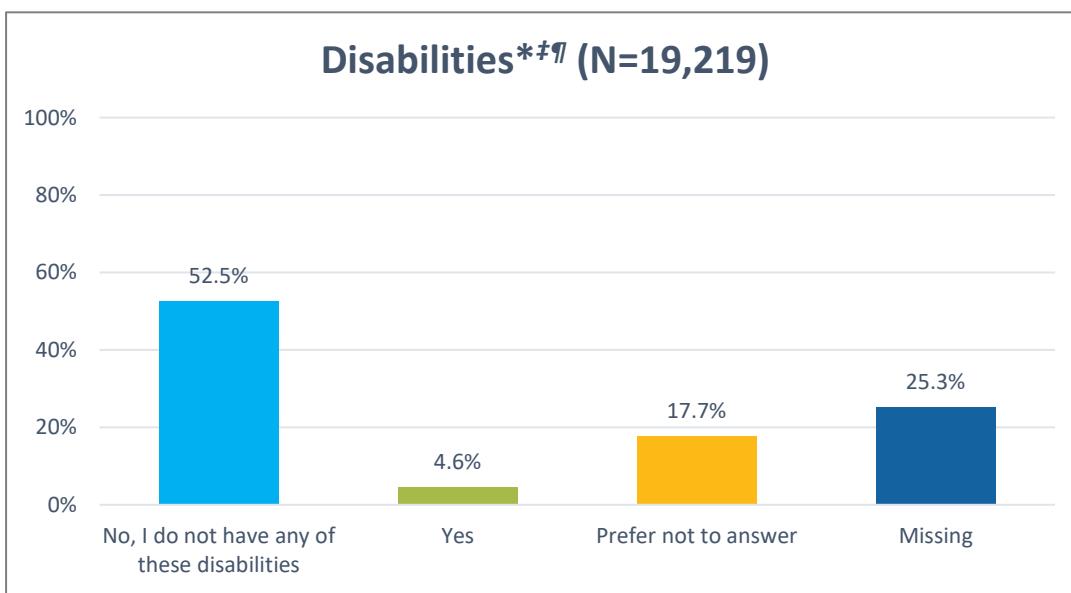
## continued



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

# PARTICIPANT DEMOGRAPHICS

## continued



Disabilities*†‡ (N=19,219)	Count	%
Difficulty seeing	176	0.9%
Difficulty hearing or having speech understood	123	0.6%
Other communication disability	67	0.3%
Learning disability	192	1.0%
Developmental disability	103	0.5%
Dementia	6	0.0%
Other mental disability not related to mental illness	64	0.3%
Physical/mobility disability	104	0.5%
Chronic health condition/chronic pain	89	0.5%
Other	191	1.0%
Prefer not to answer	3,397	17.7%
Missing	4,856	25.3%

Five percent of participants reported having a disability. Two percent of participants reported having a mental disability (not including a mental illness). This included those who identified as having a learning disability, developmental disability, dementia, and other mental disability not related to mental illness. Eighteen percent of participants preferred not to answer this question.

\*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.

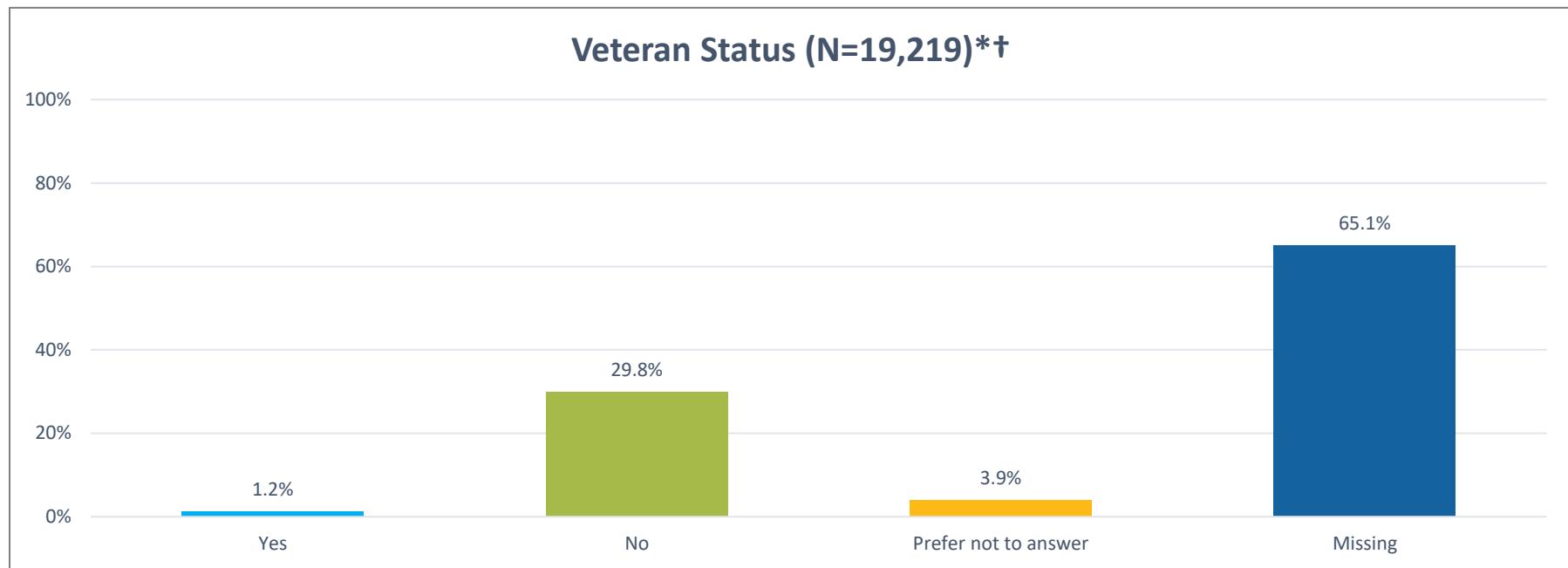
†The sum of the percentages may exceed 100% because participants can select more than one type of disability.

‡Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N= 19,219 vs. N=36,504).

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

# PARTICIPANT DEMOGRAPHICS

## continued



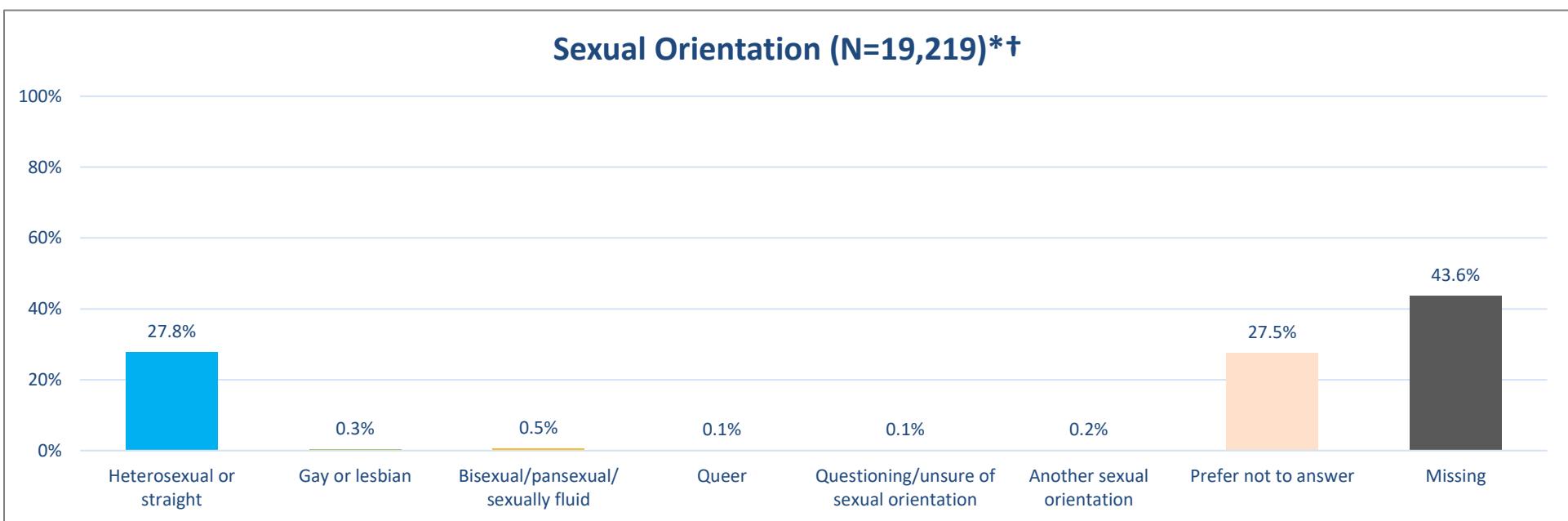
One percent of participants reported that they had served in the military. One percent of participants reported currently serving in the military (data not shown).

\*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N= 19,219 vs. N=36,504).

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

# PARTICIPANT DEMOGRAPHICS

## continued



Twenty-eight percent of the participants identified their sexual orientation as heterosexual or straight. Less than one percent of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Twenty-eight percent of participants preferred not to answer this question.

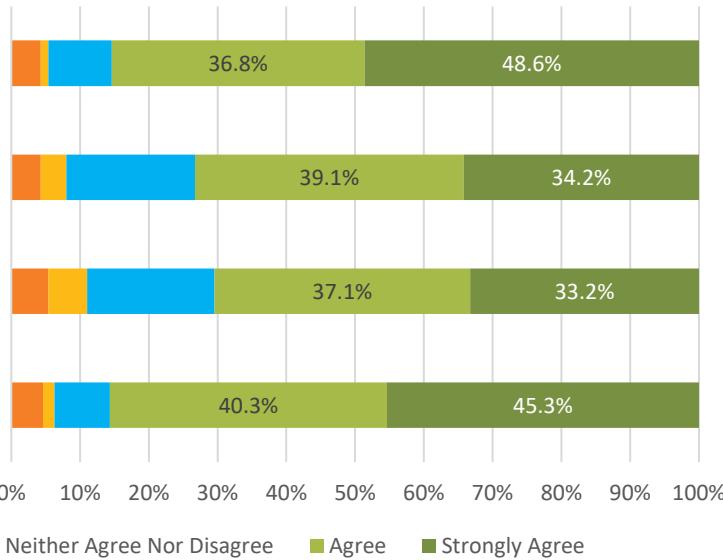
*\*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N= 19,219 vs N=36,504).*

*†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\* †

Overall, I am satisfied with the services I received here.  
(N=28,879)



I am better able to handle things. (N=28,877)

I am more comfortable seeking help. (N=28,933)

I know where to get help when I need it. (N=29,013)

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

Strongly Disagree   Disagree   Neither Agree Nor Disagree   Agree   Strongly Agree

\*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 2024-25, a total of 617 participants received a mental health referral, and 385 of these participants received a mental health service as a result of the referral (Linkage Rate = 62.4%)
- A total of 4 participants received a substance use referral, and 2 of these participants received a substance use service as a result of the referral (Linkage Rate = 50.0%)
- The average time between referral and linkage to services was eighteen 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.