

CHILD & ADULT 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 & 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. With this funding source, the County of San Diego contracted with providers for PEI programs for adults and older adults, youth and transition age youth (TAY), and their families. The focus of these programs varies widely, from reducing the stigma associated with mental illness 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 the program via outreach efforts, including but not limited to: presentations, community events, and fairs.

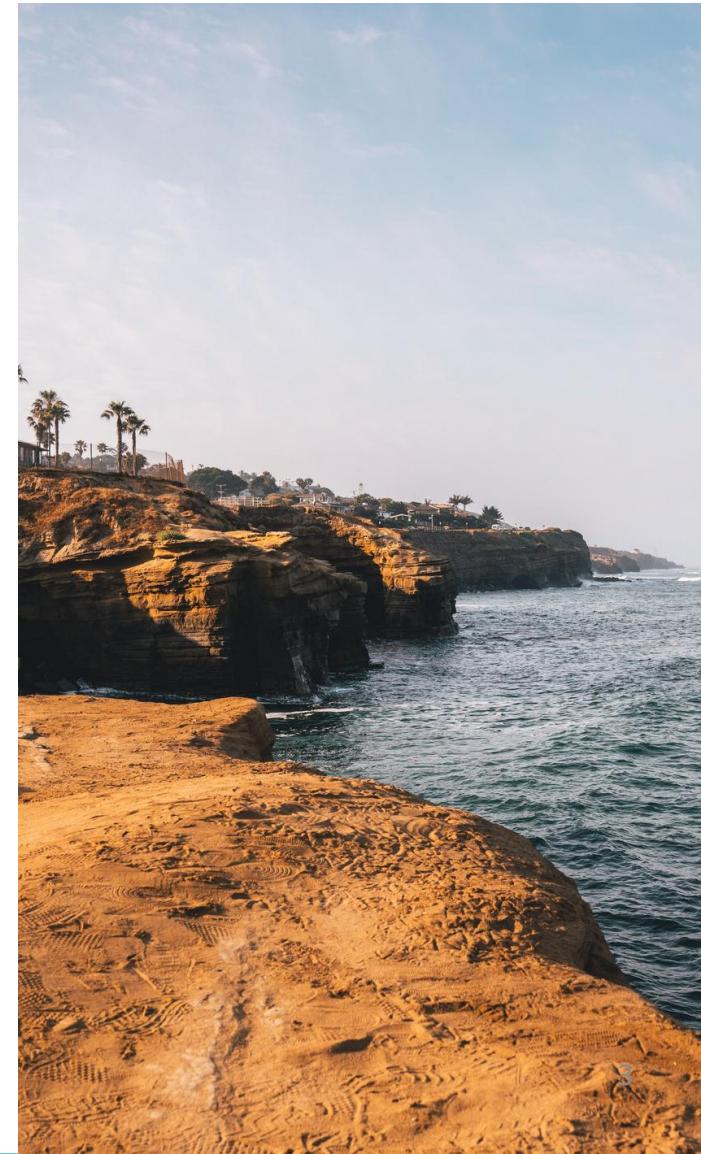
DATA: Child and Adult PEI Programs

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

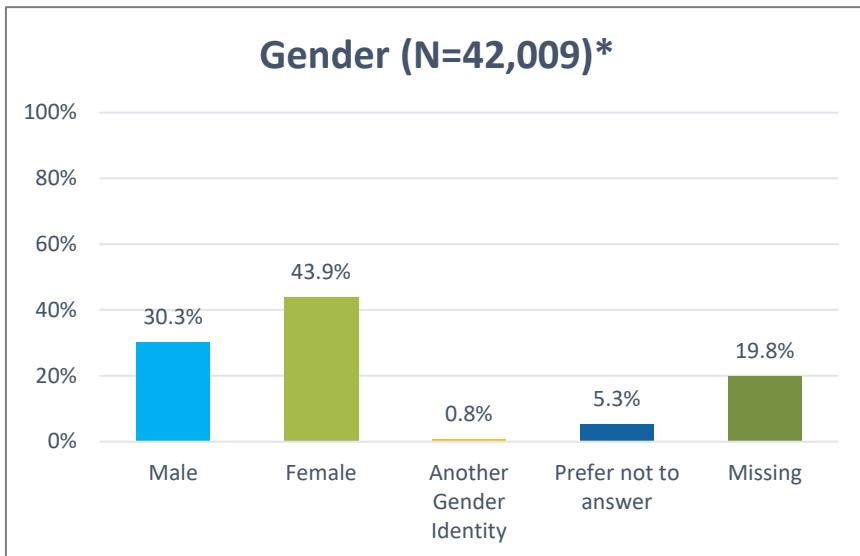
NUMBER OF PARTICIPANTS WITH DATA IN FY 2024-25: 42,009 Unduplicated*†

**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=42,009 vs. N=24,724).*

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



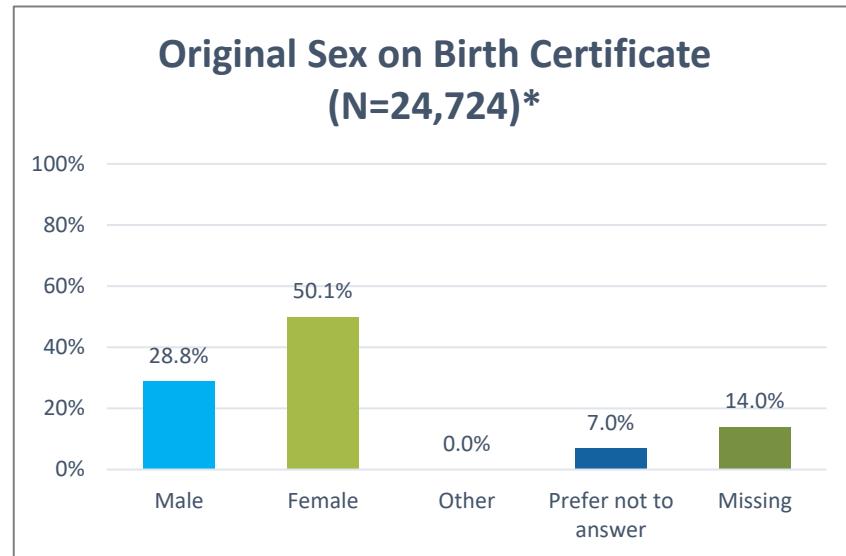
SYSTEMWIDE DEMOGRAPHICS



Forty-four percent of participants identified as female. One percent of participants endorsed another gender identity. Five 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.

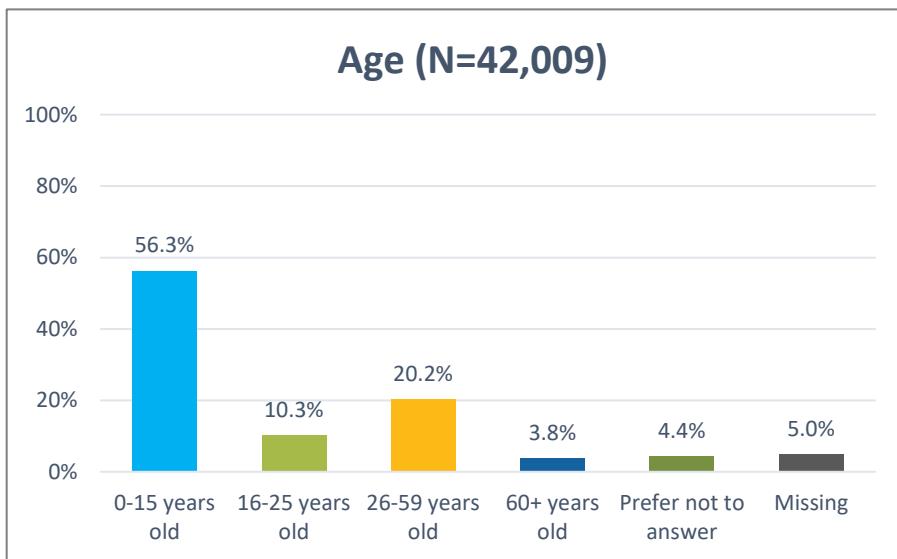


Fifty percent of participants reported that the sex they were assigned on their original birth certificate was female.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =24,724 vs. N=42,009).*

SYSTEMWIDE DEMOGRAPHICS

continued



Fifty-six percent of participants were 15 or younger. Twenty percent of participants were between the ages of 26 and 59.

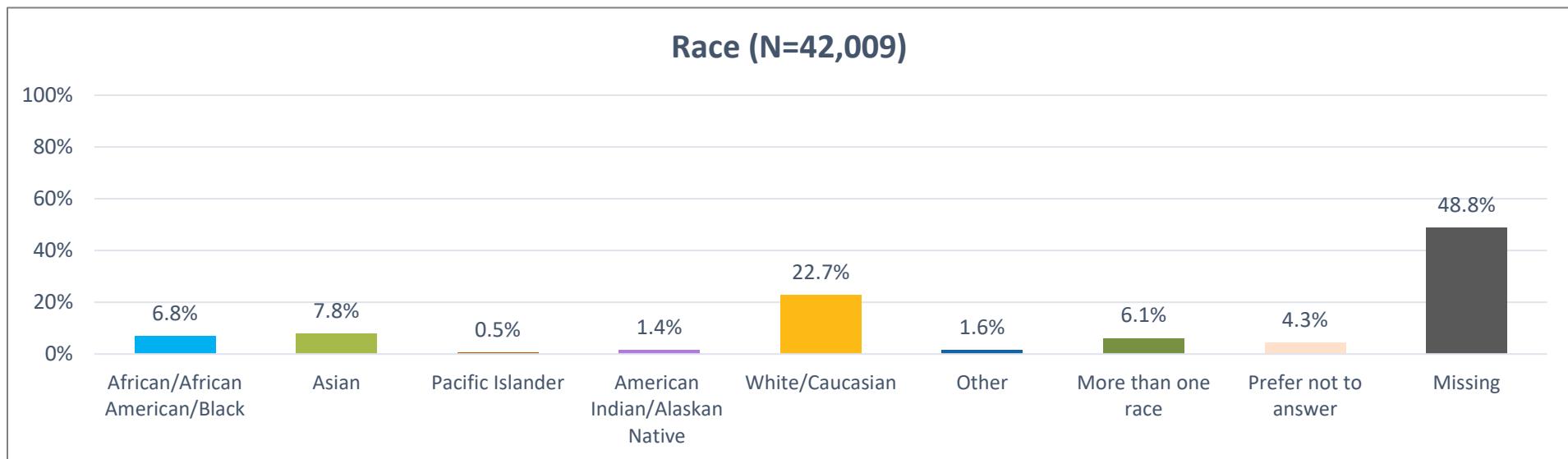
Primary Language (N=24,724)*	Count	%
Arabic	183	0.7%
English	13,216	53.5%
Farsi	52	0.2%
Spanish	6,667	27.0%
Tagalog	269	1.1%
Vietnamese	70	0.3%
Other	1,126	4.6%
Prefer not to answer	281	1.1%
Missing	2,860	11.6%

Twenty-seven percent of participants identified their primary language as Spanish. Fifty-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 =24,724 vs. N=42,009). Note: Percentages may not add up to 100% due to rounding.*

SYSTEMWIDE DEMOGRAPHICS

continued

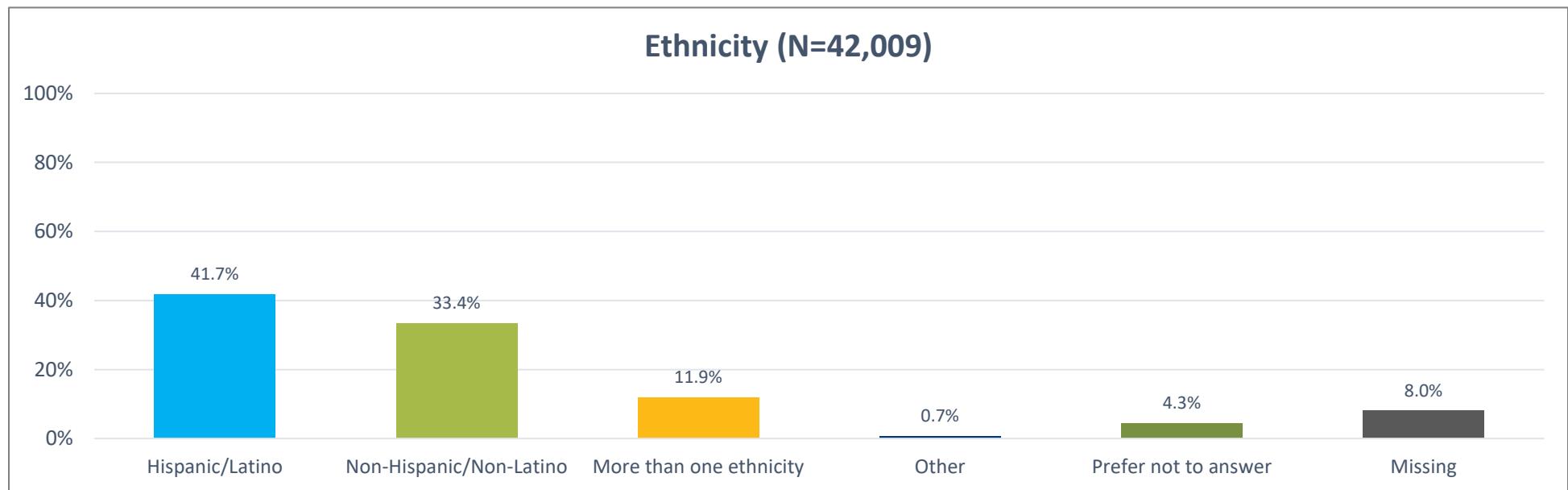


Twenty-three percent of participants identified their race as White/Caucasian. Seven percent of participants identified as African, African American or Black and 8% identified as Asian. The missing category includes participants who endorsed being Hispanic/Latino and did not indicate a race. Data on ethnicity are presented in a separate table.

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

SYSTEMWIDE DEMOGRAPHICS

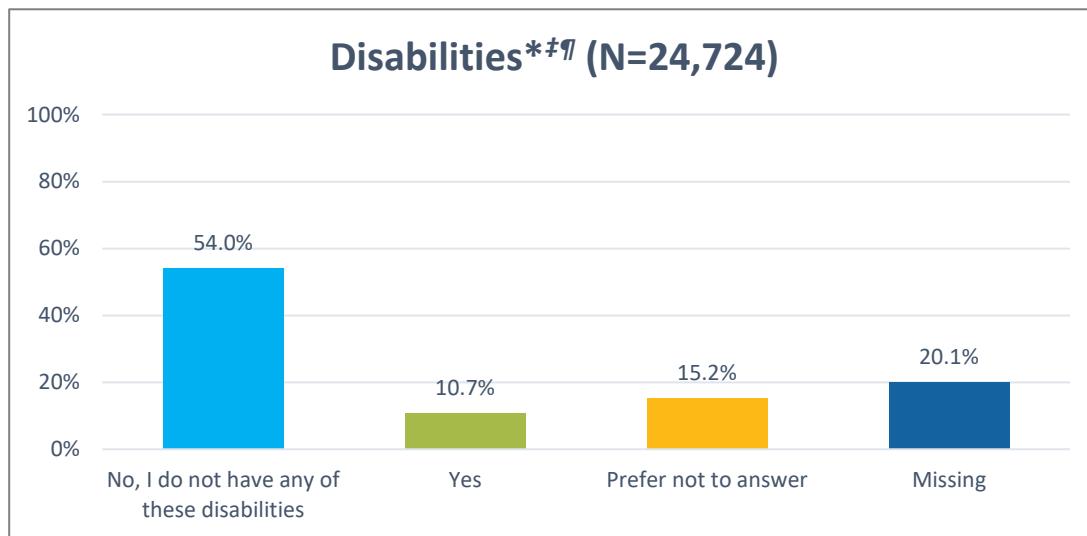
continued



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

SYSTEMWIDE DEMOGRAPHICS

continued



Eleven percent of participants reported having a disability. Five percent of participants indicated that they had a chronic health condition or chronic pain. Fifteen 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.

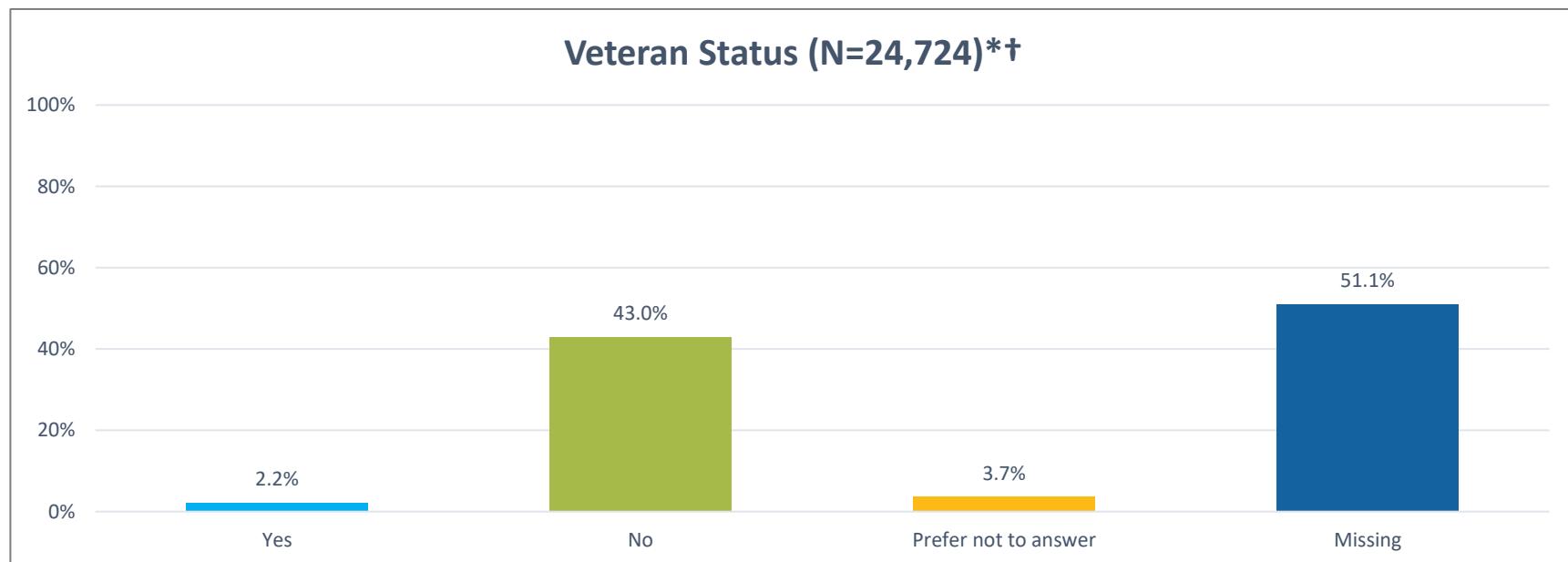
‡Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =24,724 vs. N=42,009).

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

Disabilities* ^{†‡} (N=24,724)	Count	%
Difficulty seeing	336	1.4%
Difficulty hearing or having speech understood	225	0.9%
Other communication disability	76	0.3%
Learning disability	329	1.3%
Developmental disability	135	0.5%
Dementia	19	0.1%
Other mental disability not related to mental illness	148	0.6%
Physical/mobility disability	326	1.3%
Chronic health condition/chronic pain	1,193	4.8%
Other	459	1.9%
Prefer not to answer	3,758	15.2%
Missing	4,963	20.1%

SYSTEMWIDE DEMOGRAPHICS

continued



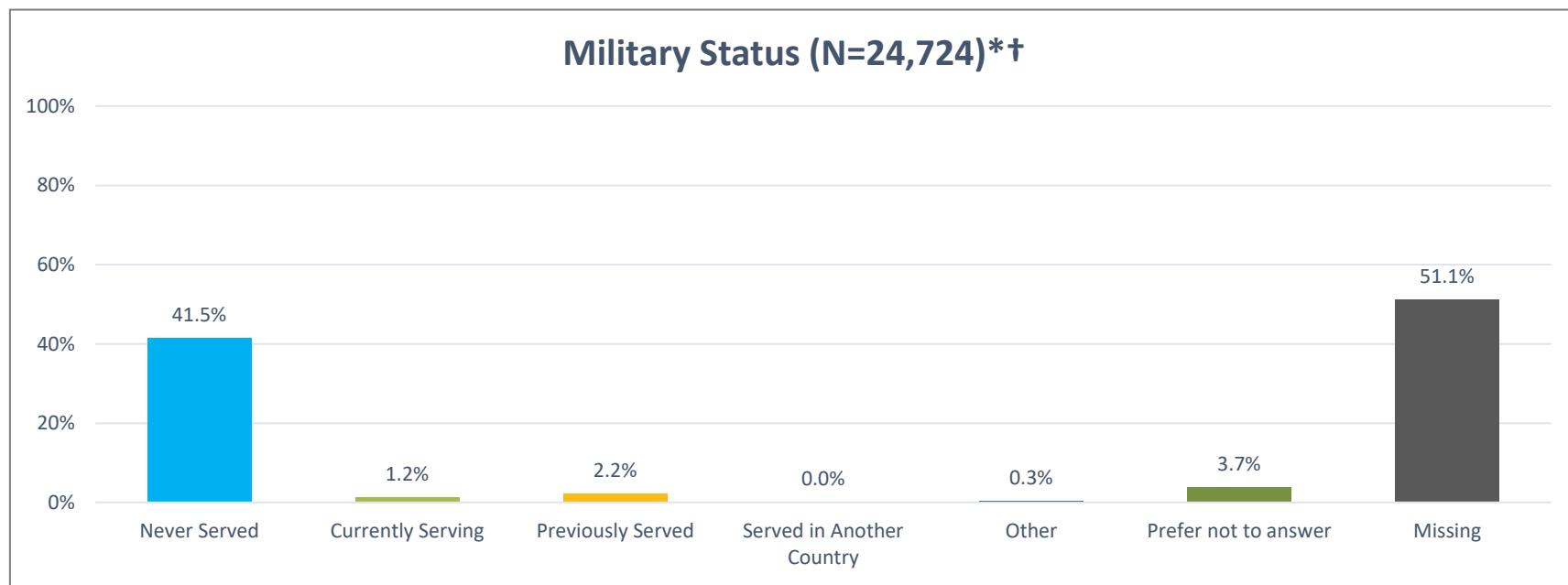
Information on veteran status indicated that 2% of participants had served in the military. Four percent of respondents preferred not to answer this question.

*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =24,724 vs. N=42,009).

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

SYSTEMWIDE DEMOGRAPHICS

continued



Forty-two percent of participants had never served in the military. One percent of participants indicated that they are currently serving in the military and 2% indicated that they had previously served in the military.

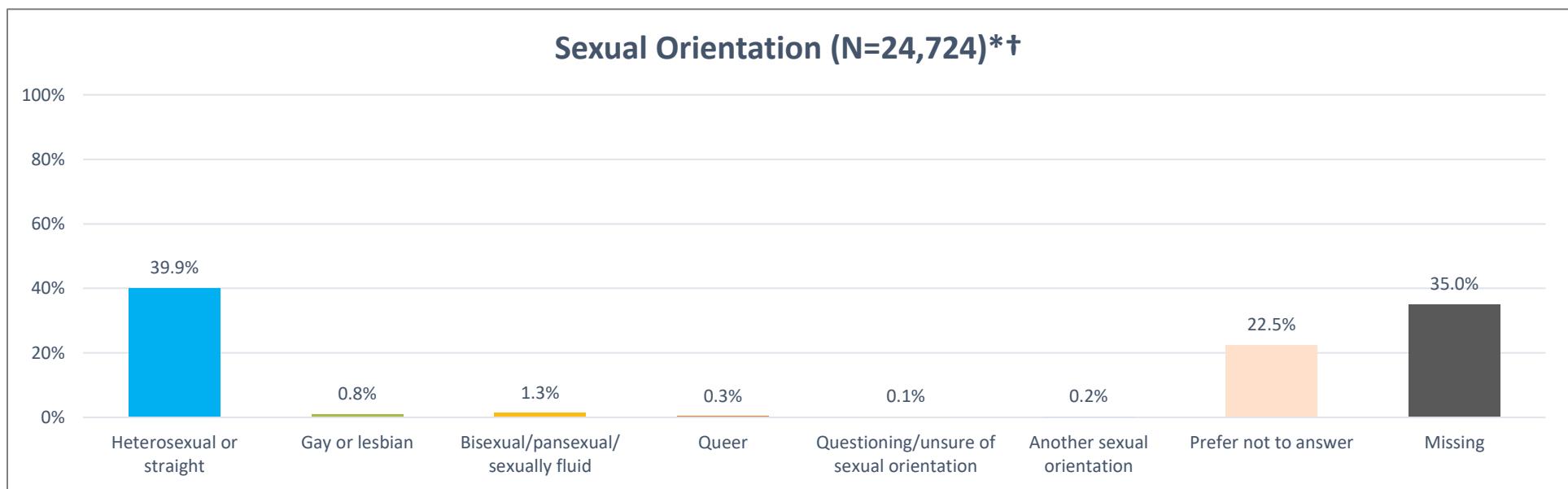
*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =24,724 vs. N=42,009).

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

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

SYSTEMWIDE DEMOGRAPHICS

continued



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

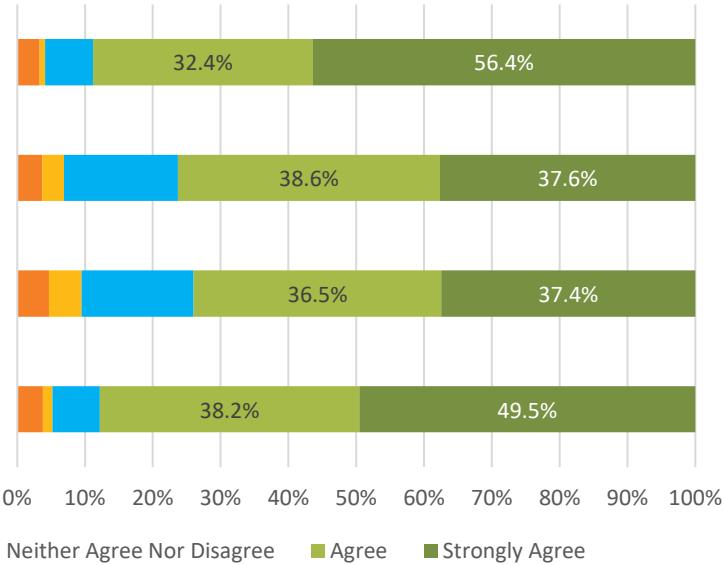
*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N =24,724 vs. N=42,009).

†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.

SYSTEMWIDE SATISFACTION AND OUTCOMES*†

Overall, I am satisfied with the services I received here.
(N=40,267)



I am better able to handle things. (N=34,652)

I am more comfortable seeking help. (N=34,748)

I know where to get help when I need it. (N=36,937)

Eighty-nine percent of participants agreed or strongly agreed that they were satisfied with the services they received and 88% of participants agreed or strongly agreed that they knew where to get needed help as a result of the program. Seventy-six 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-four percent of participants agreed or strongly agreed that they were more comfortable seeking 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.

SYSTEMWIDE 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 809 participants received a mental health referral, and 425 of these participants received a mental health service as a result of the referral (Linkage Rate = 52.5%)
- A total of 141 participants received a substance use referral, and 37 of these participants received a substance use service as a result of the referral (Linkage Rate = 26.2%)
- The average time between referral and linkage to services was seventeen 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.



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 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.