

# CHILD & ADULT PEI PROGRAMS

## SYSTEMWIDE SUMMARY

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

FISCAL YEAR 2017—2018 ANNUAL REPORT

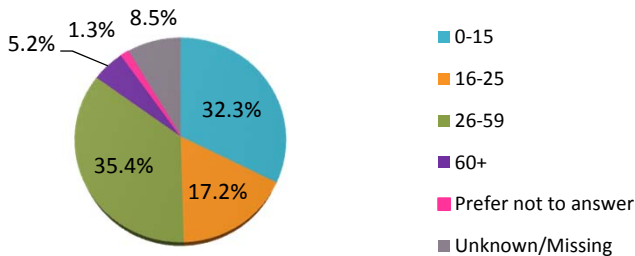


The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. With this funding source, the County of San Diego contracted with providers for PEI programs for adults and older adults, and 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.

<b>DATA: Child and Adult PEI Programs</b>
<b>REPORT PERIOD: 7/1/2017-6/30/2018</b>
<b>NUMBER OF PARTICIPANTS WITH DATA IN FY 2017-18: 40,898 (Unduplicated)*††</b>
<i>*Data for all students participating in the HERE Now Suicide Prevention program were calculated from a representative sample of students who provided demographic and satisfaction information. Some parts in the report do not have SA02 data.</i>
<i>† All known duplicates are excluded from this count; however, unduplicated status cannot be verified among programs that do not issue client identification numbers.</i>
<i>‡ Total number of PEI participants lower than past fiscal year due to restructuring of school-based programs.</i>

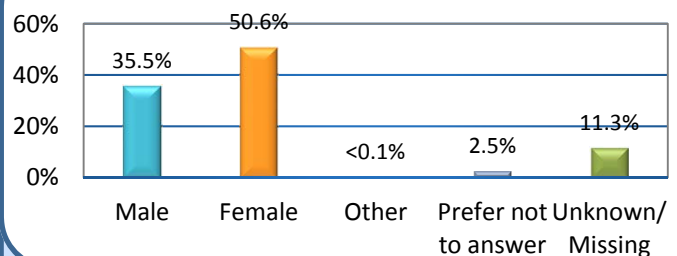
### PARTICIPANT SYSTEMWIDE DEMOGRAPHICS

**AGE (N=40,898)**



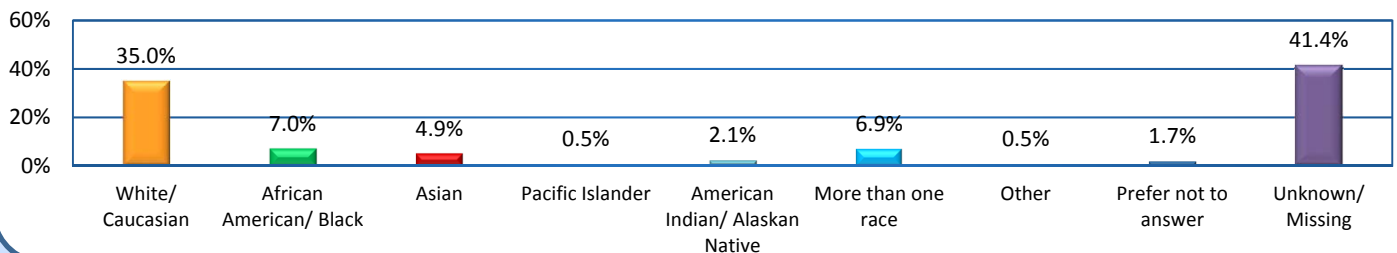
Thirty-two percent of participants were under the age of 16, and thirty-five percent were between the ages of 26-59.

**SEX AT BIRTH (N=24,998)**



Half of participants who received services identified their sex at birth as female, and thirty-six percent identified as male.

**RACE (N=40,898)**

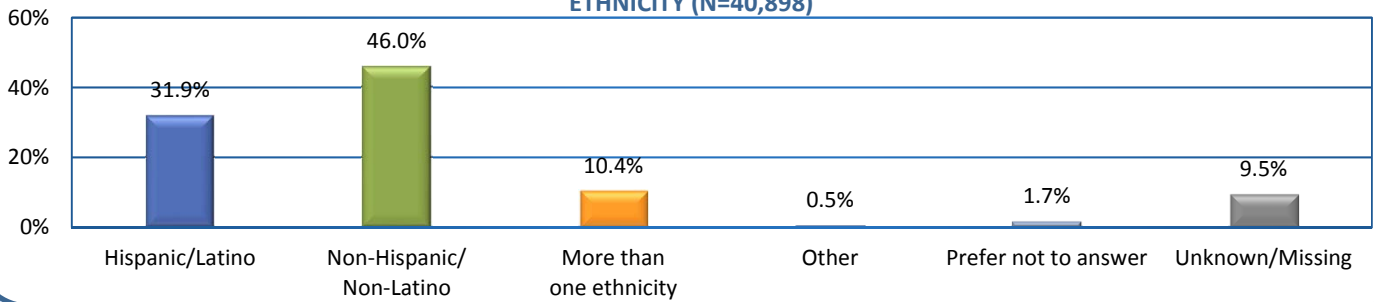


Thirty-five percent of participants who received services identified their racial background as White/Caucasian. Seven percent of participants identified as African American/Black, and another seven percent identified having more than one racial background. The percentage of unknown/missing includes clients who only endorsed being Hispanic/Latino and did not indicate a racial category.

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

## PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

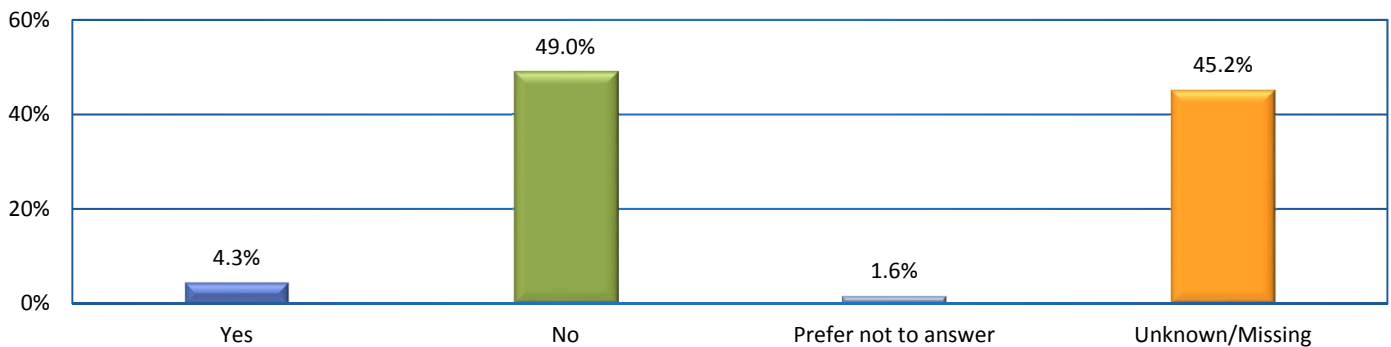
ETHNICITY (N=40,898)



Forty-six percent of participants who received services identified their ethnic background as non-Hispanic/non-Latino. Thirty-two percent of participants identified their ethnic background as Hispanic/Latino. See Appendix A in this report for supplemental data on participant ethnicity.

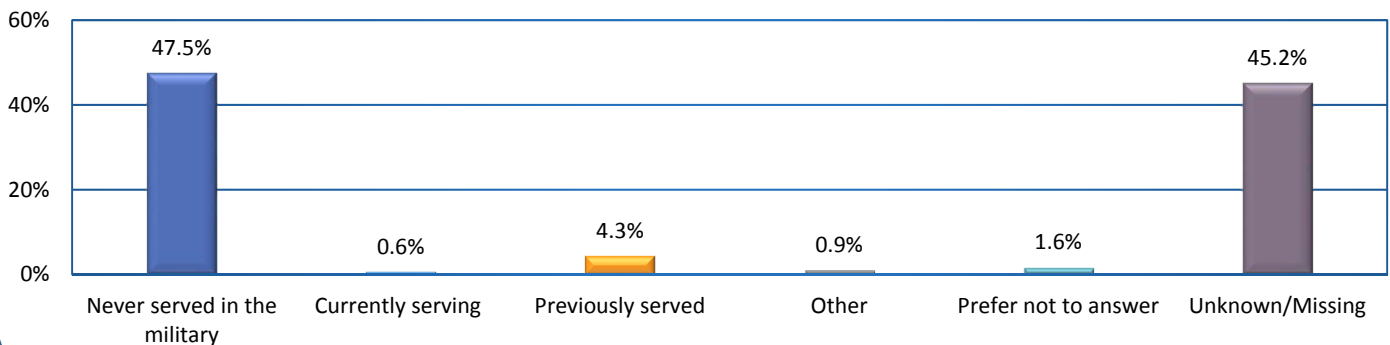
## MILITARY SERVICE

VETERAN STATUS (N=24,998)



Information on veteran status indicated that four percent of participants had served in the military.

MILITARY STATUS (N=24,998)

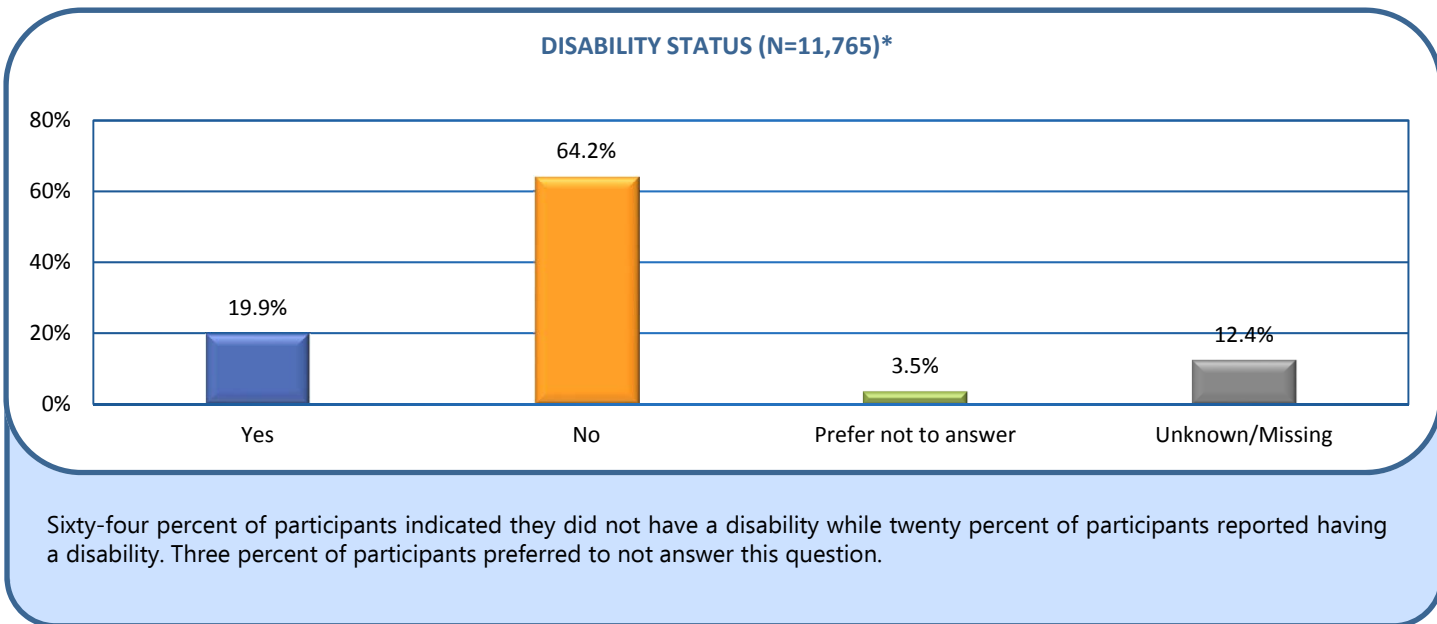


Forty-eight percent of participants had never served in the military while four percent indicated they had previously served in the military.

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

**PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED**

**DISABILITY STATUS**



*\*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.*

<b>DISABILITY RESPONSES (N=24,998)**</b>	<b>Count</b>	<b>%</b>
Difficulty seeing	1,277	5.1
Difficulty hearing or having speech understood	550	2.2
Learning disability	729	2.9
Developmental disability	177	2.9
Physical/ mobility disability	1,128	4.5
Chronic health condition/ chronic pain	1,478	5.9
Dementia	76	0.3
Other communication disability	152	0.6
Other mental disability not related to mental illness	695	2.8
Other disability	1,080	4.3
No disability	16,058	64.2
Prefer not to answer	872	3.5
Unknown/ Missing	3,099	12.4

The percentages calculated are based on total participants. Among participants who provided disability responses, 16,058 (64.2%) indicated no disability. Six percent of the participants indicated having a chronic health/ chronic pain condition while five percent of participants indicated having difficulty seeing.

*\*Participants can report having more than one disability so percentages may add up to more than 100%.*

*†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.*

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

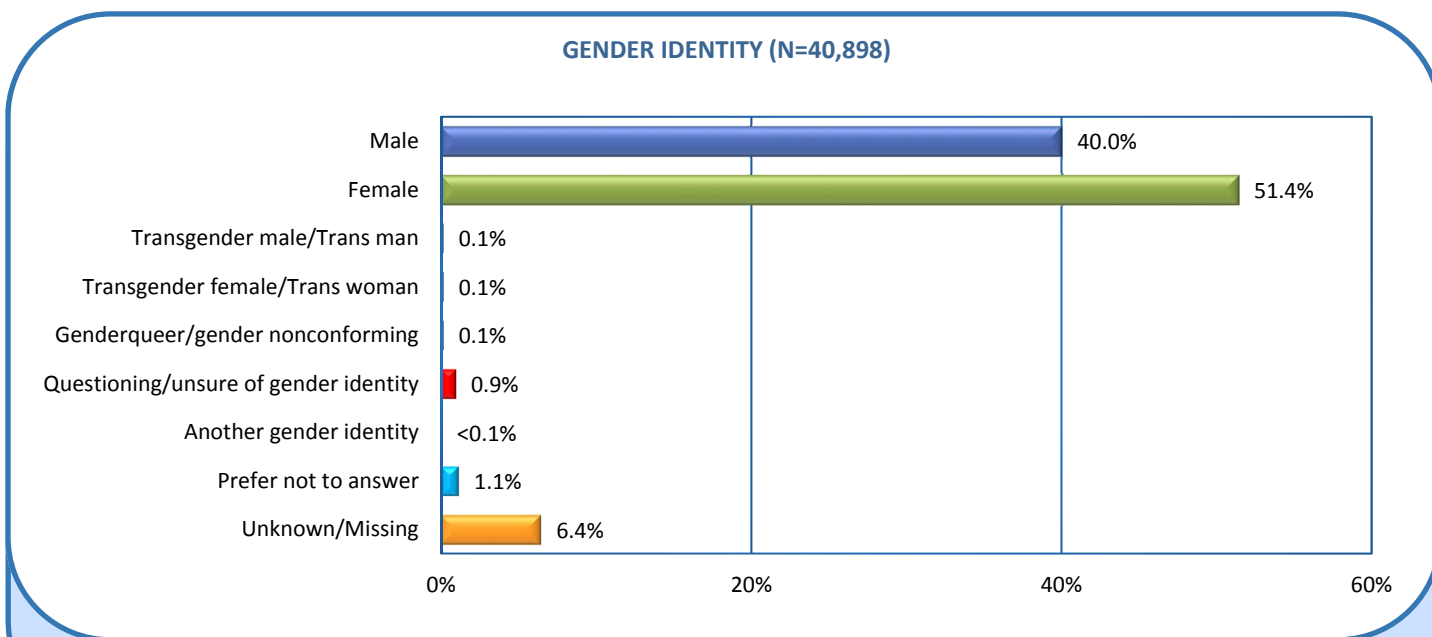
## PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

### PARTICIPANT LANGUAGE

PRIMARY LANGUAGE (N=24,998)	N	%
English	14,250	57.0
Spanish	6,360	25.4
Armenian	84	0.3
Cantonese	10	0.0
Farsi	50	0.2
Khmer	4	0.0
Korean	9	0.0
Mandarin	19	0.1
Russian	24	0.1
Samoan	13	0.1
Tongan	0	0.0
Prefer not to answer	351	1.4
Missing	2,423	9.7
Other	1,401	5.6

Fifty-seven percent of the participants who received services identified their primary language as English. Twenty-five percent of participants who received services identified their primary language as Spanish.

### GENDER IDENTITY AND SEXUALITY

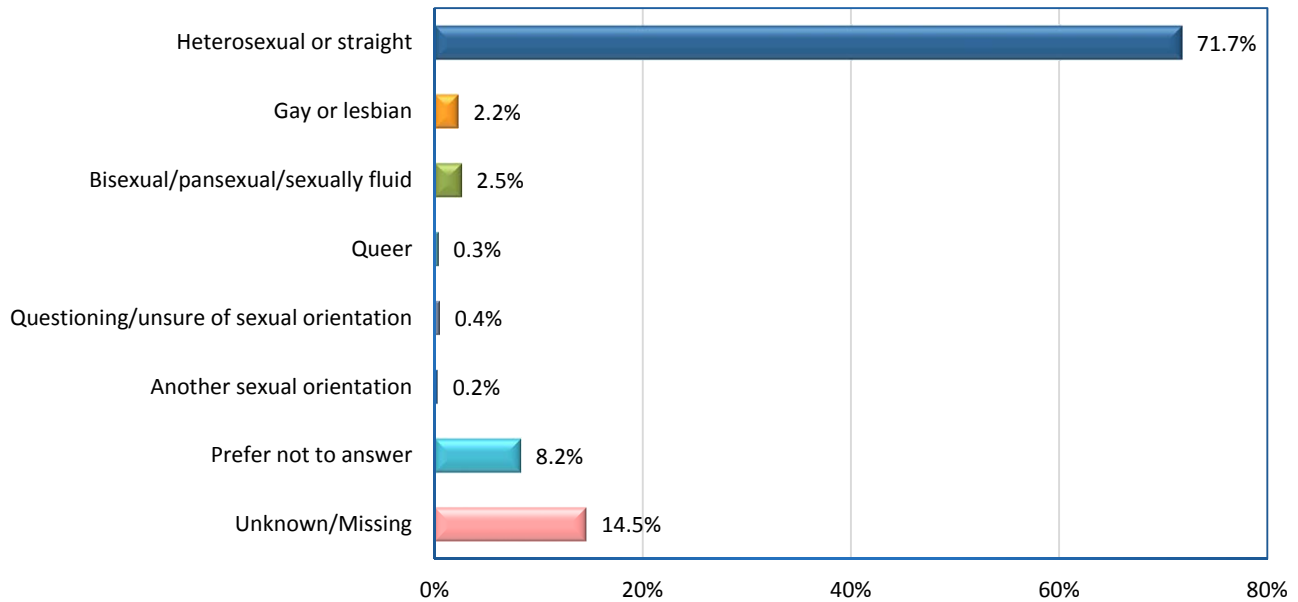


Fifty-one percent of participants who received services identified as female. Forty percent of the participants who received services identified as male.

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

## PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

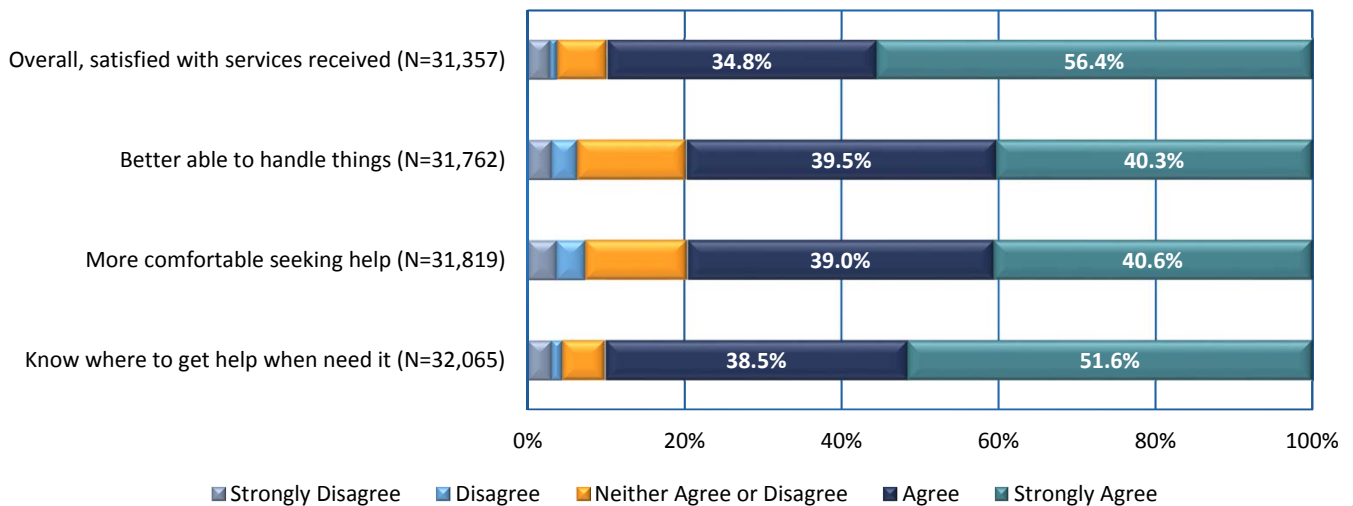
SEXUAL ORIENTATION (N=24,998)



Seventy-two percent of the participants who received services identified their sexual orientation as heterosexual/straight.. Three percent of participants who received services identified their sexual orientation as bisexual/pansexual/sexually fluid, and two percent identified as gay or lesbian. Eight percent of participants preferred not to answer this question.

## PARTICIPANT SYSTEMWIDE- PROGRAM SATISFACTION

PROGRAM SATISFACTION\*



For each satisfaction question, responses were obtained from approximately 77.6% of the participants. Of these participants, ninety percent of the participants agreed and strongly agreed that they knew where to get help when they needed it. Eighty percent of the participants agreed and strongly agreed that they were comfortable seeking help, and another 80% percent of them agreed and strongly agreed that they were better able to handle things and solve problems as a result of the program. Overall, 91% percent of the participants who responded agreed and strongly agreed that they were satisfied with the services they received.

\*Satisfaction data not available for all participants.

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

## PARTICIPANT SYSTEMWIDE REFERRAL TRACKING SUMMARY\*

In FY 2017-18, County of San Diego Behavioral Health Services (BHS) implemented a referral tracking procedure in order to collect data on referrals made by PEI programs and successful links to services.

A total of 4,496 participants received a mental health referral, and 1,752 of these participants were linked to services as a result of those referrals (Linkage Rate = 39.0%). Average time between referral and linkage to services was eight days.

*\*Referral data not available for all programs.*

**The Health Services Research Center (HSRC)** at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. 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.

**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.



## APPENDIX A

PARTICIPANT ETHNICITY*		
	N	%
<b>Hispanic or Latino</b>	<b>13,050</b>	<b>31.9</b>
Caribbean	46	0.1
Central American	132	0.3
Cuban	166	0.4
Dominican	0	0.0
Mexican/ Mexican-American/Chicano	11,924	29.2
Puerto Rican	302	0.7
Salvadoran	327	0.8
South American	91	0.2
Other Hispanic/ Latino	1,325	3.2
Other Hispanic Unspecified	2,481	6.1
<b>Non-Hispanic or Non-Latino</b>	<b>18,808</b>	<b>46.0</b>
African American	598	1.5
African	267	0.7
Other African/Black	362	0.9
Asian Indian/ South Asian	152	0.4
Cambodian	140	0.3
Chinese	473	1.2
Filipino	1,466	3.6
Hmong	24	0.1
Japanese	372	0.9
Korean	125	0.3
Laotian	216	0.5
Mien	10	0.0
Vietnamese	310	0.8
Other Asian	337	0.8
Native Hawaiian	222	0.5
Samoan	133	0.3
Other Pacific Islander	335	0.8
Other American Indian	430	1.1
Chaldean	740	1.8
Eastern European	213	0.5
European	821	2.0
Iraqi	1,224	3.0
Middle Eastern	300	0.7
Other White	1,350	3.3
Non-Hispanic Non-Latino Other	8,379	20.5
<b>More than one ethnicity</b>	<b>4,272</b>	<b>10.4</b>
<b>Prefer not to answer</b>	<b>339</b>	<b>0.8</b>
<b>Other</b>	<b>535</b>	<b>1.3</b>
<b>Missing</b>	<b>3,894</b>	<b>9.5</b>
<b>Total</b>	<b>40,898</b>	<b>100.0</b>

\*The County of San Diego does not require participants to choose only one ethnicity. Therefore, the number of responses may be greater than the number of participants. The percentages are based on a denominator of total participants.