

ADULT PEI PROGRAMS

SYSTEMWIDE SUMMARY

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

FISCAL YEAR 2018 – 2019 ANNUAL REPORT

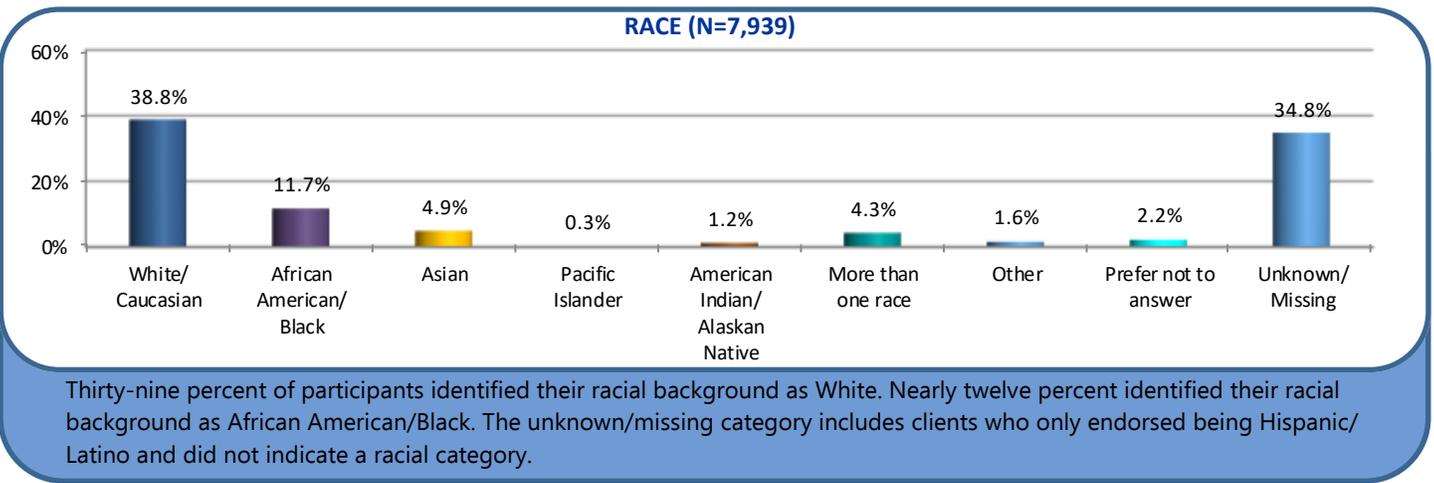
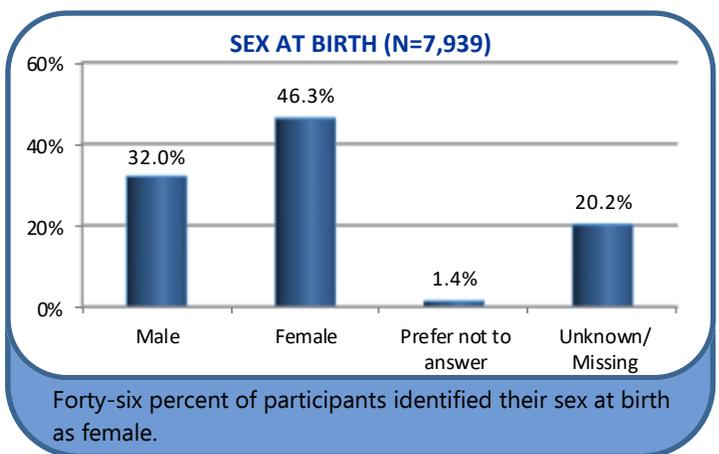
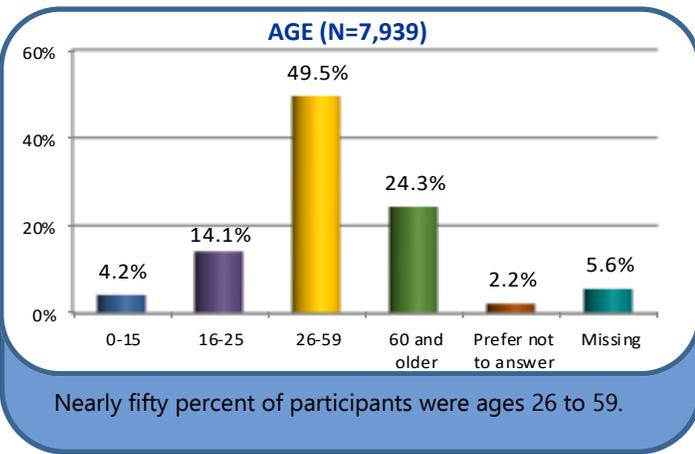


The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. The County of San Diego has funded contractors to provide PEI for adults. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer’s disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided.

DATA: Adult PEI Programs
REPORT PERIOD: 7/1/2018-6/30/2019
NUMBER OF PARTICIPANTS WITH DATA IN FY 2018-19: 7,939 (Unduplicated)

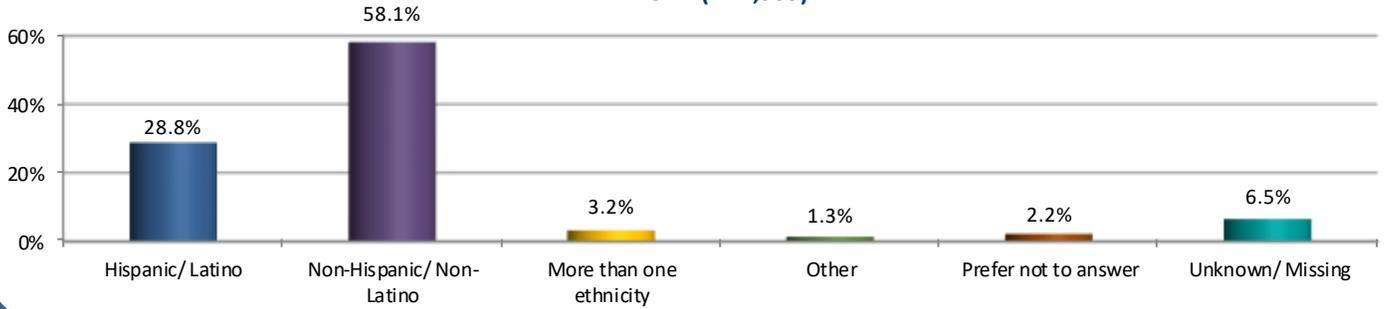


PARTICIPANT SYSTEMWIDE DEMOGRAPHICS



PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

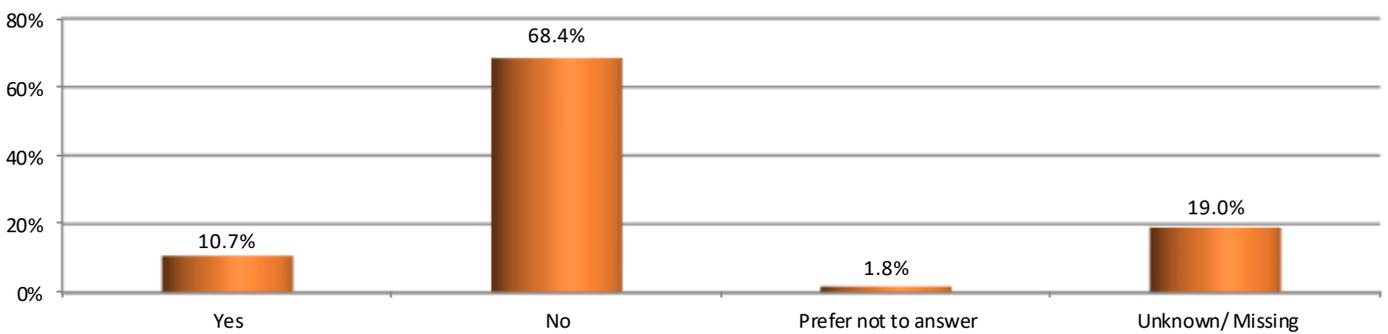
ETHNICITY (N=7,939)



Twenty-nine percent of participants identified their ethnic background as Hispanic/Latino. Fifty-eight percent of participants identified their ethnic background as non-Hispanic/non-Latino. See Appendix A for supplemental data.

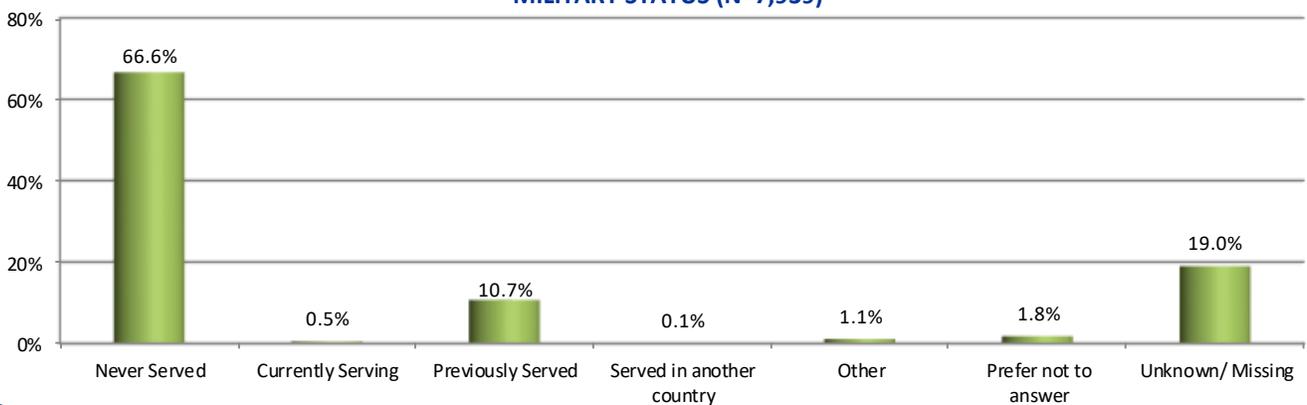
MILITARY SERVICE

VETERAN STATUS (N=7,939)



Information on veteran status indicated nearly eleven percent of participants had served in the military.

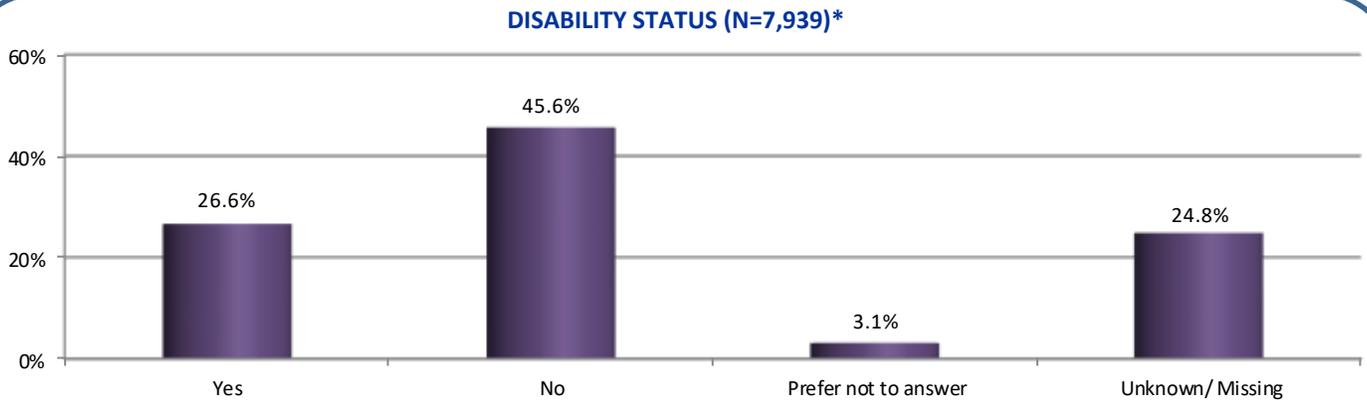
MILITARY STATUS (N=7,939)



Sixty-seven percent of participants had never served in the military. One percent of participants indicated that they are currently serving in the military and nearly eleven percent indicated that they had previously served in the military.

PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

PARTICIPANT DISABILITY STATUS



Nearly twenty-seven percent of participants reported having a disability. Three percent of participants preferred to not 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.

DISABILITY (N=7,939)*†	N	%
Difficulty seeing	384	4.8
Difficulty hearing or having speech understood	231	2.9
Mental disability not including mental illness	516	6.5
Learning disability	232	2.9
Developmental disability	57	0.7
Physical/ mobility disability	646	8.1
Chronic health condition/ chronic pain	1,053	13.3
Dementia	47	0.6
Other communication disability	36	0.5
Other mental disability not related to mental illness	180	2.3
Other disability	237	3.0
No disability	3,620	45.6
Prefer not to answer	243	3.1
Unknown/ Missing	1,968	24.8

Nearly forty-six percent of participants indicated no disability. Thirteen percent of participants indicated having a chronic health condition/ chronic pain. Eight percent of participants indicated having a physical/mobility disability.

*Sum of percentages may exceed 100% because participants can select more than one disability.

†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.

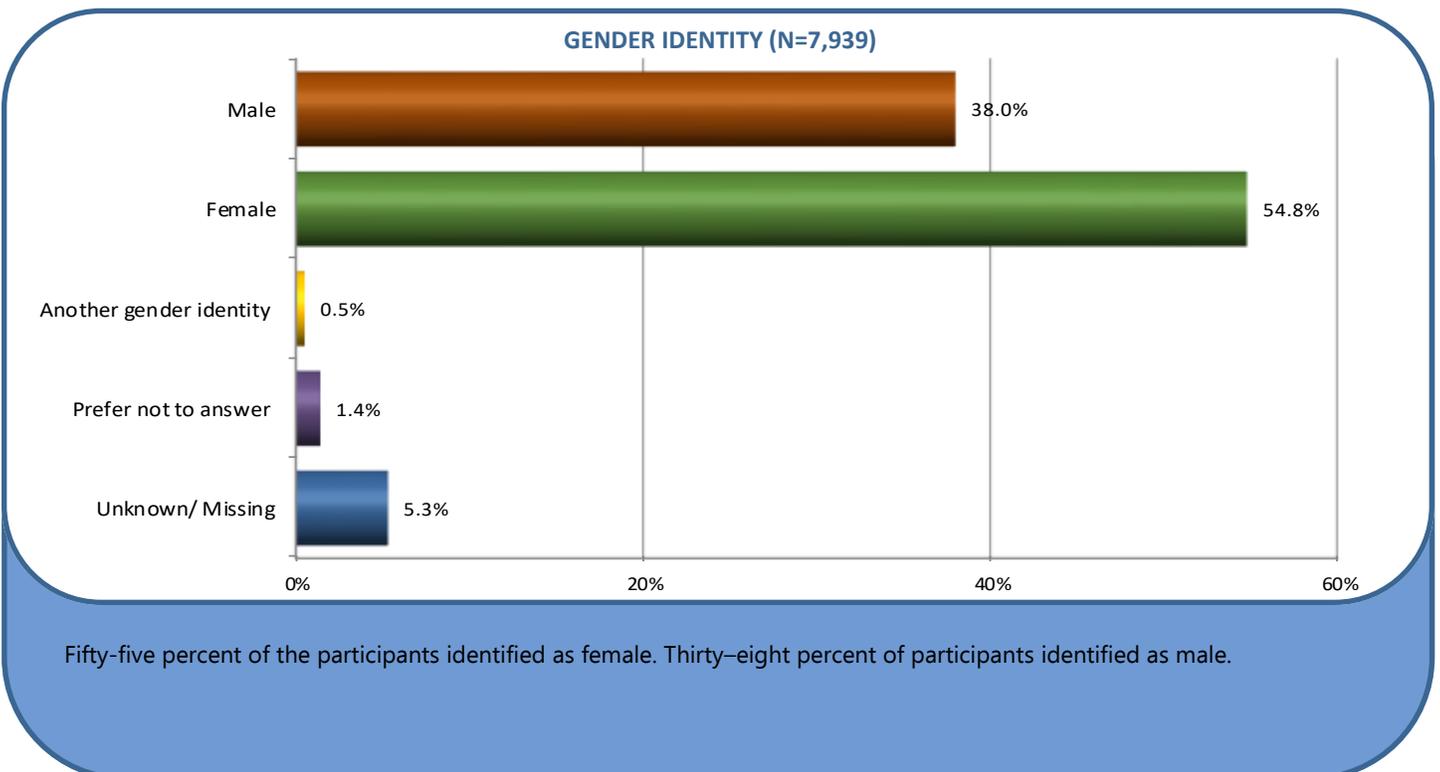
PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

PARTICIPANT LANGUAGE

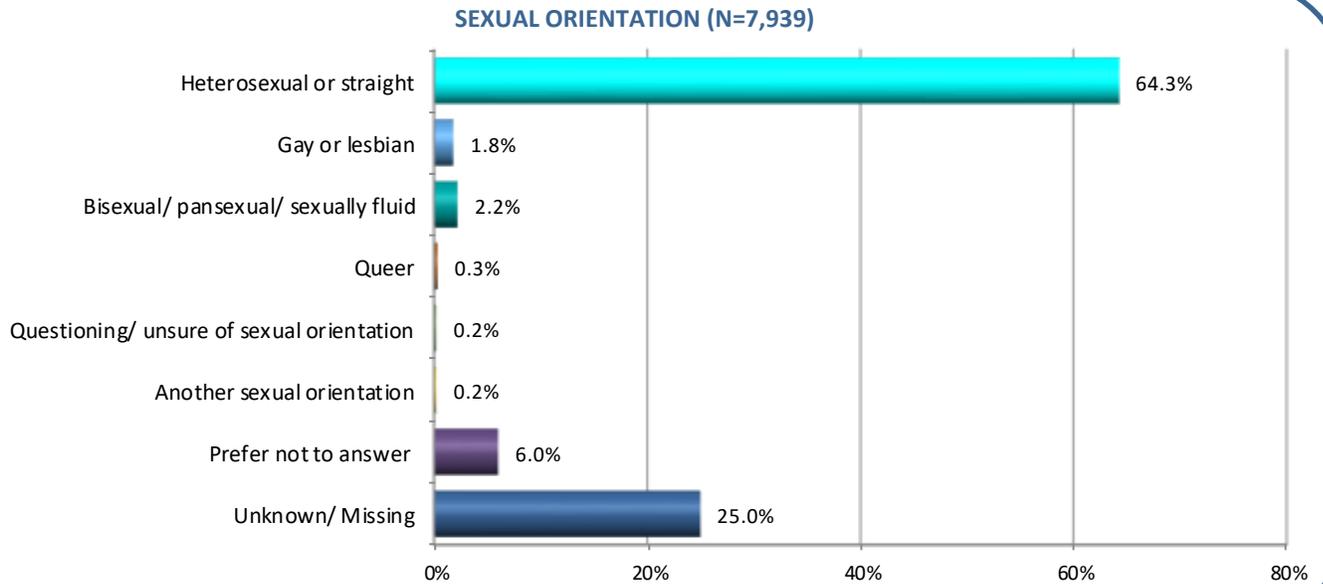
PRIMARY LANGUAGE (N=7,939)	N	%
English	4,492	56.6
Spanish	1,338	16.9
American Sign Language	32	0.4
Arabic	61	0.8
Armenian	10	0.1
Farsi	12	0.2
Tagalog	104	1.3
Vietnamese	25	0.3
Other	507	6.4
Prefer not to answer	43	0.5
Unknown/Missing	1,315	16.6

Fifty-seven percent of participants identified their primary language as English. Seventeen percent of participants identified their primary language as Spanish. See Appendix B for supplemental data.

GENDER IDENTITY

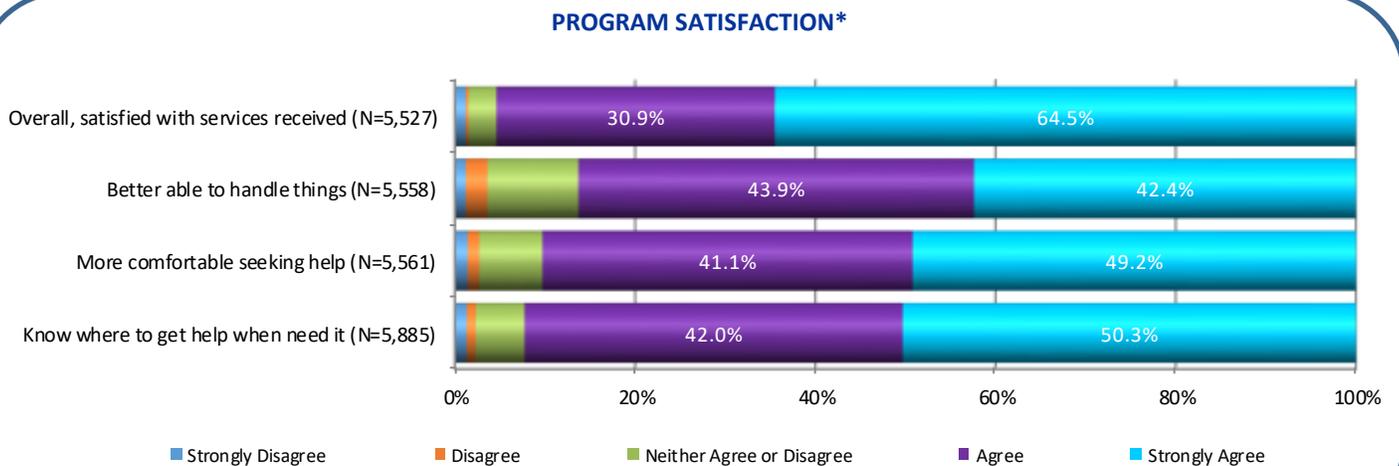


PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED



Sixty-four percent of the participants identified their sexual orientation as heterosexual/straight. Two percent of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Six percent of participants preferred not to answer this question.

PARTICIPANT SYSTEMWIDE- PROGRAM SATISFACTION



Nearly ninety-six percent of respondents agreed or strongly agreed that they were satisfied with the services they received. Over ninety-two percent of the participants agreed or strongly agreed that they knew where to get needed help as a result of the program. Ninety percent of respondents 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 were better able to handle things and solve problems as a result of the program.

*Satisfaction data not available for all participants.

ADULT PARTICIPANT 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 successful links to those services.

A total of 621 participants received a mental health referral, and 244 of these participants successfully received a mental health service as a result of the referral (Linkage Rate = 39.3%).

A total of 313 participants received a substance use referral, and 152 of these participants successfully received a substance use service as a result of the referral (Linkage Rate = 48.6%).

The average time between referral and linkage to services was thirteen days.

**Referral tracking 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.

