

CHILD & FAMILY PEI PROGRAMS

SYSTEMWIDE SUMMARY

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

FISCAL YEAR 2018 – 19 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 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: 7/1/2018-6/30/2019

NUMBER OF PARTICIPANTS WITH DATA IN FY 2018-19: 33,225 (Unduplicated)*†

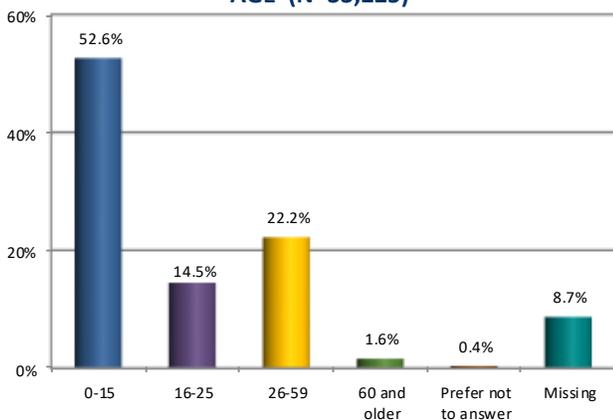
**Data for all students participating in the HERE Now Suicide Prevention program were calculated from a representative sample of students who provided demographic and satisfaction information.
 †Data collection requirements vary by program type. Not all programs are required to collect data for every indicator, which accounts for the two different denominators referenced in this report: (N=33,255 vs. N=13,125)*

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



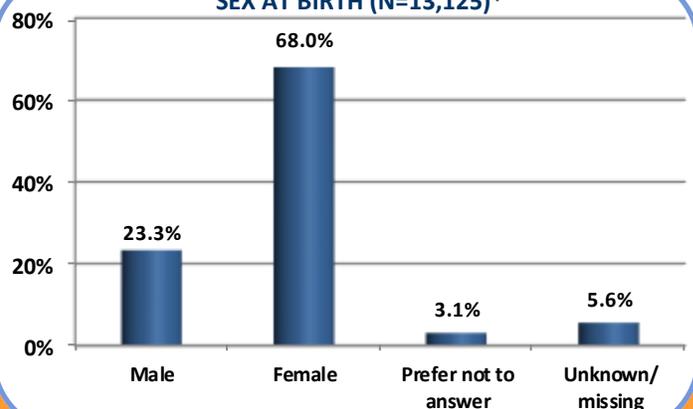
PARTICIPANT SYSTEMWIDE DEMOGRAPHICS

AGE (N=33,225)



The majority (53%) of participants were 15 or younger. Some participants were older than 18 because several children’s PEI programs target caregivers, community members and Transition Age Youth (TAY).

SEX AT BIRTH (N=13,125)*



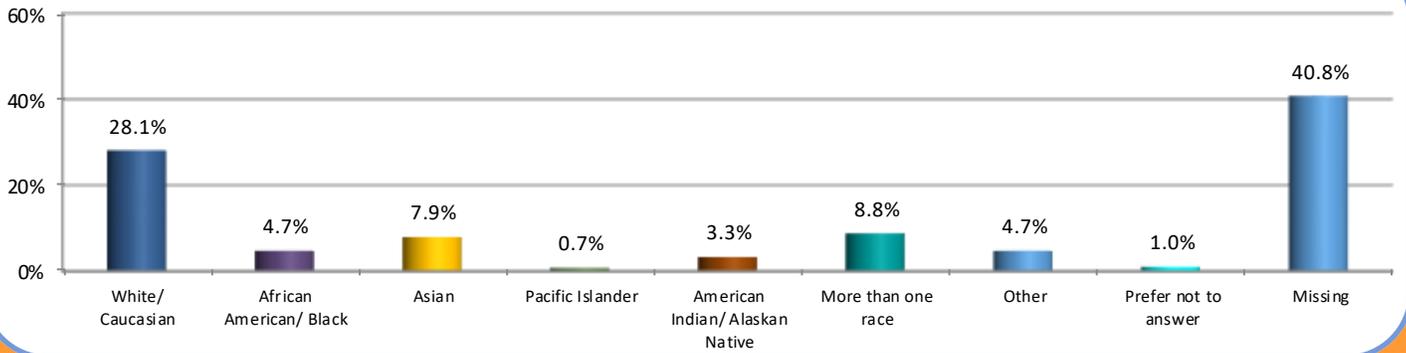
Sixty-eight percent of participants identified their sex at birth as female.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=13,125 vs N=33,225).*

PARTICIPANT SYSTEMWIDE DEMOGRAPHICS– CONTINUED

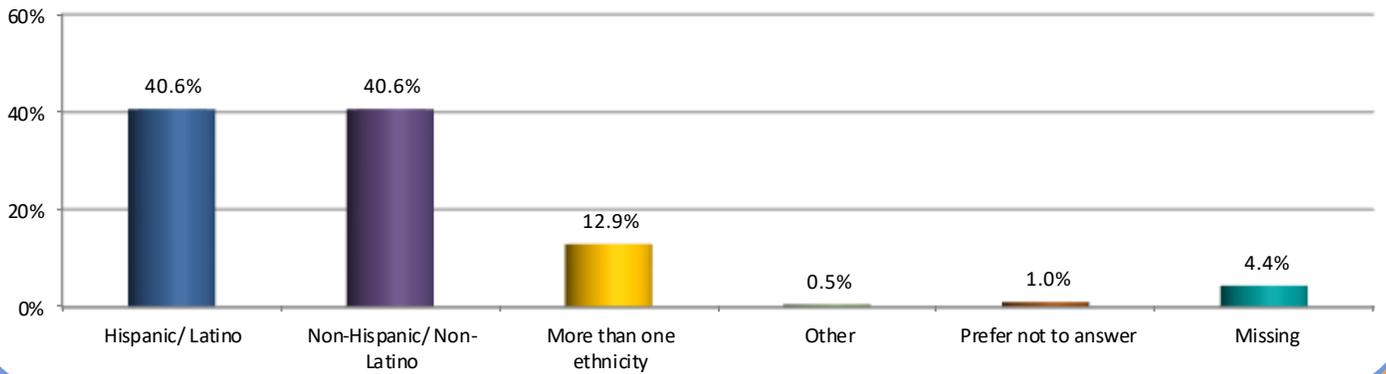
RACE AND ETHNICITY

RACE (N=33,225)



Twenty-eight percent of participants identified their racial background as White/Caucasian. Nine percent of participants identified as having more than one racial background. The unknown/missing category includes clients who only endorsed being Hispanic/Latino and did not indicate a racial category.

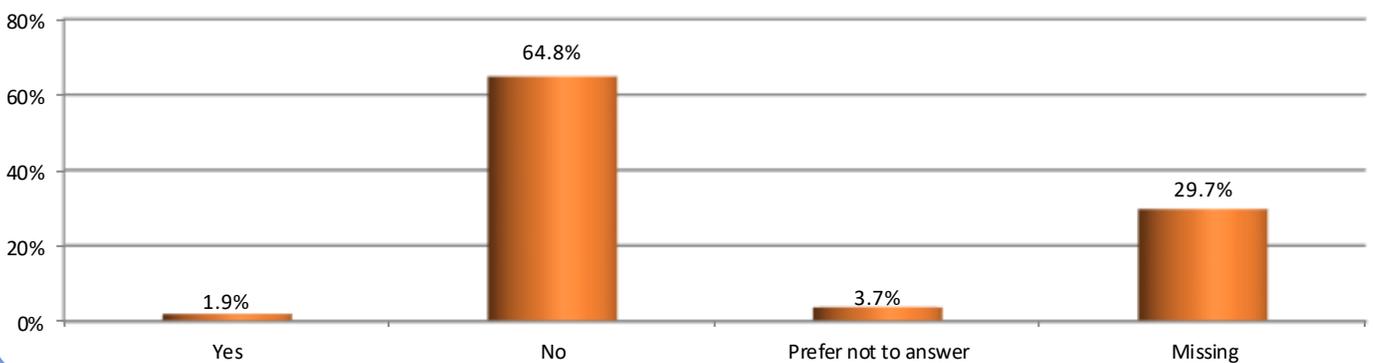
ETHNICITY (N=33,225)



Forty-one percent of participants identified their ethnic background as non-Hispanic/non-Latino, and forty-one percent of participants identified their ethnic background as Hispanic/Latino.

MILITARY SERVICE

VETERAN STATUS (N=13,125)*

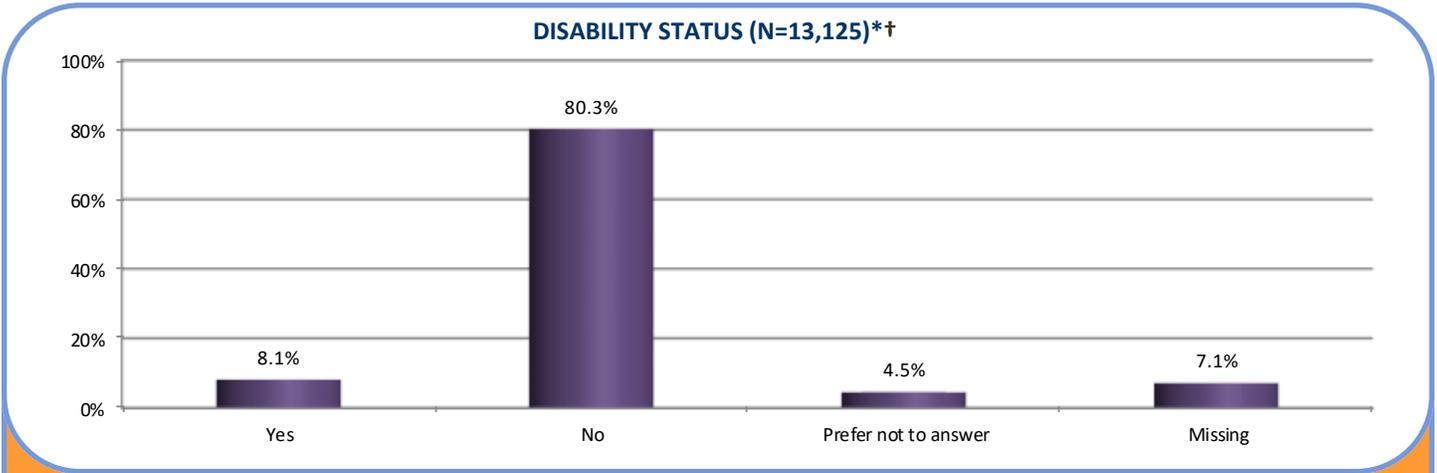


Information on veteran status indicated that nearly two percent of participants had served in the military. Additionally, just over one percent of participants reported that they are currently serving in the military.

*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=13,125 vs N=33,225).

PARTICIPANT SYSTEMWIDE DEMOGRAPHICS– CONTINUED

DISABILITY STATUS



Eight percent of participants reported having a disability. Nearly five percent 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.

†Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=13,125 vs N=33,225).

DISABILITIES (N=13,125)**	Count	%
Difficulty seeing	371	2.8
Difficulty hearing or having speech understood	150	1.1
Mental disability not including mental illness	314	2.4
Learning disability	172	1.3
Developmental disability	35	0.3
Physical/ mobility disability	176	1.3
Chronic health condition/ chronic pain	181	1.4
Dementia	32	0.2
Other communication disability	70	0.5
Other mental disability not related to mental illness	75	0.6
Other disability	197	1.5
No disability	10,540	80.3
Prefer not to answer	589	4.5
Unknown/ Missing	931	7.1

Eighty percent of participants indicated no disability. Nearly three percent of participants indicated having difficulty seeing, and two percent had a mental disability not including mental illness.

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

‡Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=13,125 vs N=33,225).

PARTICIPANT SYSTEMWIDE DEMOGRAPHICS– CONTINUED

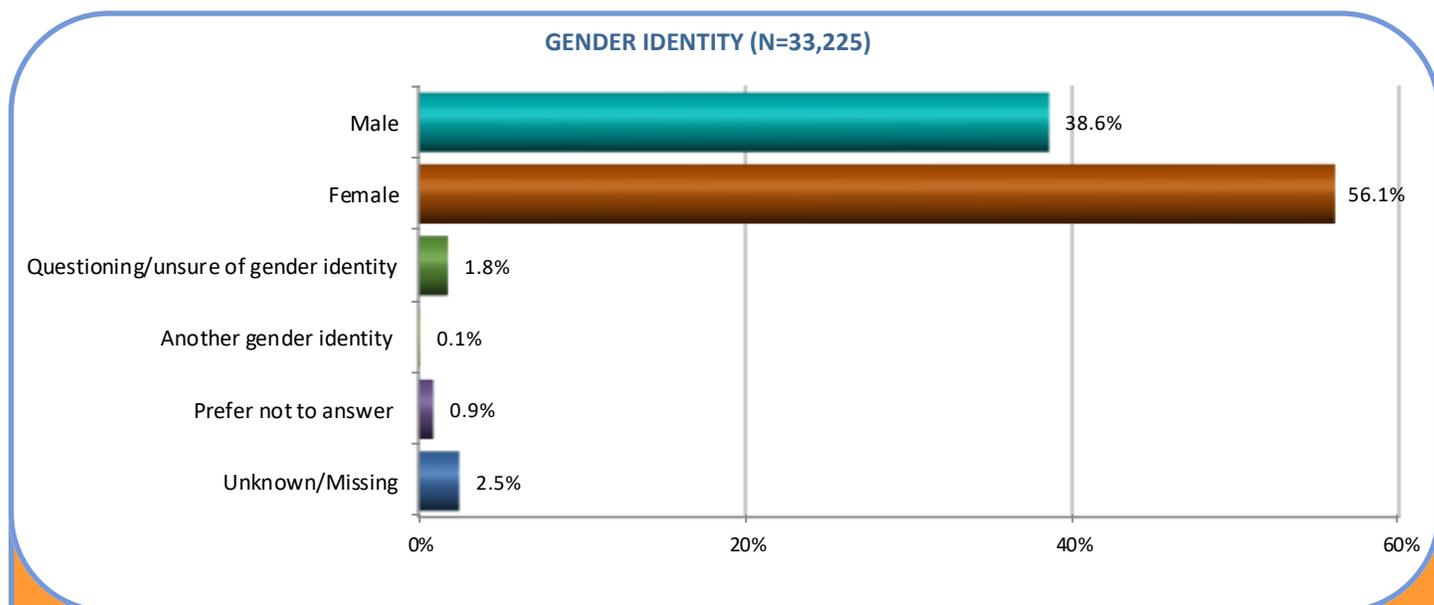
PARTICIPANT LANGUAGE

PRIMARY LANGUAGE (N=13,125)*	N	%
Spanish	6,080	46.3
English	4,746	36.2
Arabic	605	4.6
Vietnamese	50	0.4
Farsi	35	0.3
Tagalog	33	0.3
Other	364	2.8
Prefer not to answer	211	1.6
Unknown/Missing	1,001	7.6

Forty-six percent of the participants identified their primary language as Spanish. Thirty-six percent of participants identified their primary language as English. See Appendix B for supplemental data.

*Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=13,125 vs N=33,225).

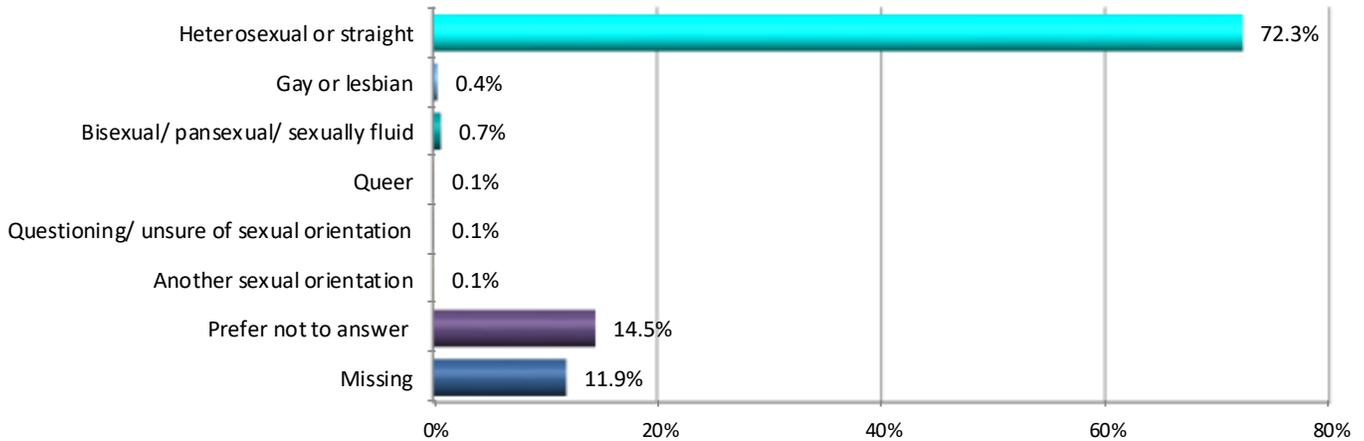
GENDER IDENTITY



Fifty-six percent of the participants identified as female. Nearly two percent of participants identified as “questioning/unsure of gender identity.” Almost one percent of participants preferred not to answer this question.

PARTICIPANT SYSTEMWIDE DEMOGRAPHICS– CONTINUED

SEXUAL ORIENTATION (N=13,125)*

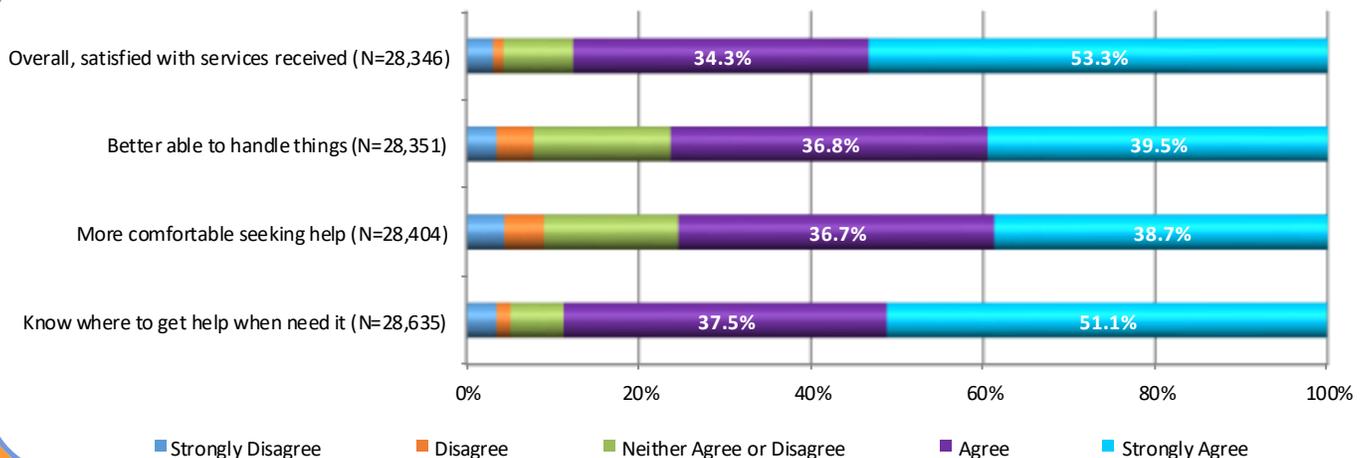


Seventy-two percent of the participants identified their sexual orientation as heterosexual/straight. Nearly one percent of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Nearly fifteen percent of participants preferred not to answer this question.

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PARTICIPANT SYSTEMWIDE PROGRAM SATISFACTION

PROGRAM SATISFACTION*†



Nearly eighty-eight percent of respondents agreed or strongly agreed that they were satisfied with the services they received. Over eighty-eight percent of the 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-five percent of respondents agreed or strongly agreed that they were more comfortable seeking help as a result of the program.

*Satisfaction data not available for all participants.

†Satisfaction data includes duplicate participants.

CHILD AND ADOLESCENT 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.

In FY 2018-19, a total of 404 participants received a mental health referral, and 130 of these participants successfully received a mental health service as a result of the referral (Linkage Rate = 32.2%).

A total of 11 participants received a substance use referral, and 5 of these participants successfully received a substance use service as a result of the referral (Linkage Rate = 45.5%).

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

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

†Linkage rates are underreported due to data entry error.

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.

