



- ❑ ***First Hope: Early Identification and Intervention to Prevent Psychosis*** is a program of Contra Costa Behavioral Health Services serving all of Contra Costa County.
- ❑ Serves 12-25 year olds showing early symptoms of psychosis prior to first episode of psychosis.
- ❑ Funded by the Mental Health Services Act as one of the Prevention and Early Intervention Programs.
- ❑ A PIER (Portland Identification and Early Referral) model program, supported by the PIER Training Institute at the University of Maine with training provided by William McFarlane, M.D. and his team.

# Overview of Contra Costa County



# Implementation: First Phase-Fall, 2012

## Training, training, training!!!

- ✓ Understanding Clinical High Risk and the early warning signs of psychosis
- ✓ Learning the Structured Interview for Psychosis Risk Syndromes (SIPS) assessment
- ✓ Learning Multifamily Group format and process

## Outreach

- ✓ All staff effort, leveraging past relationships
- ✓ Targeted underserved initially, eventually entire population
- ✓ Schools, clinics, CBOs/non-profits, primary care, clergy, probation, foster care

## **Outreach Summary**

### **September 1, 2012-December 31, 2014**

	<b>Presentations</b>	<b>Participants</b>
<b>School Professionals</b>	<b>34</b>	<b>662</b>
<b>Healthcare Professionals</b>	<b>14</b>	<b>203</b>
<b>Health Fairs &amp; Conferences</b>	<b>6</b>	<b>588</b>
<b>Mental Health Professionals</b>	<b>26</b>	<b>530</b>
<b>Social and Human Services Providers</b>	<b>8</b>	<b>146</b>
<b>Community Providers</b>	<b>10</b>	<b>139</b>
<b>Clergy</b>	<b>4</b>	<b>73</b>
<b>Total</b>	<b>102</b>	<b>2341</b>

# Clinical Service Components

January 2013 to present

## ☐ Staffing

- Program Supervisor 1.0 FTE
- Lead Psychiatrist (32 hours/week)
- Child Psychiatrist (12 hours/week)
- Clinicians 6.0 FTE
- Educational Specialist/Clinician (MFTI) 1.0 FTE
- Employment Specialist 1.0 FTE
- Occupational Therapist 0.8 FTE
- Community Support Worker 1.0 FTE
- 1 MFT post-masters intern (32 hours/week)
- Lead Clerical Specialist 1.0 FTE
- Clerk 1.0 FTE

# What happens when a family is referred to First Hope?

1. Telephone Screening.
2. SIPS Assessment. Review findings, make recommendations. Offer enrollment if SIPS+
3. For those who enroll, services begin immediately. Individual sessions with the client and family. Psychiatric and OT assessments. ES evaluates needs.
4. Psychoeducation Workshop
5. Multifamily Group
6. Individualized needs-driven treatment plan continues.

# Family-Aided Assertive Community Treatment

- Individual and Family Counseling
- Case Management
- Crisis Intervention
- Psychoeducation
- Occupational Therapy
- Supported Education and Employment
- Medication evaluation and management
- Multi-Family Groups**

# Multidisciplinary Team/Cross-disciplinary functioning

- Broad knowledge of and shared responsibility for clients
- Shared decisions around delineation of duties
- Frequent, on-going communication, formally and informally about clients
- Willingness to “Step Up” and go above and beyond
- Ongoing learning
- Staff support, maintaining our own hope



# Multi-Family Group (MFG) Components

- 2-3 Facilitators
- 6-8 Families
- Meets every other week for 1 ½ hours
- On-going education about symptoms medications, community life, work etc.
- Problem-solving format
- Safe environment

# Group Structure

- ❑ Each group begins and ends with socializing.
- ❑ 1<sup>st</sup> MFG: Getting to know you (share hobbies, interests, music, movies, etc.)
- ❑ 2<sup>nd</sup> MFG: What has it been like living with symptoms (challenges, struggles, gifts)?

# Group Structure

## 3<sup>rd</sup> MFG: Problem solving

- Check-in: “What’s going well?” and “What could be better?”
- Select client/family to work with.
- Pose concern as a question for which the group members brainstorm solutions/ideas.
- Discuss “pros” and “cons” of each idea.
- Client chooses a solution.
- Develop an action plan.
- Client and family implement plan over the next two weeks.

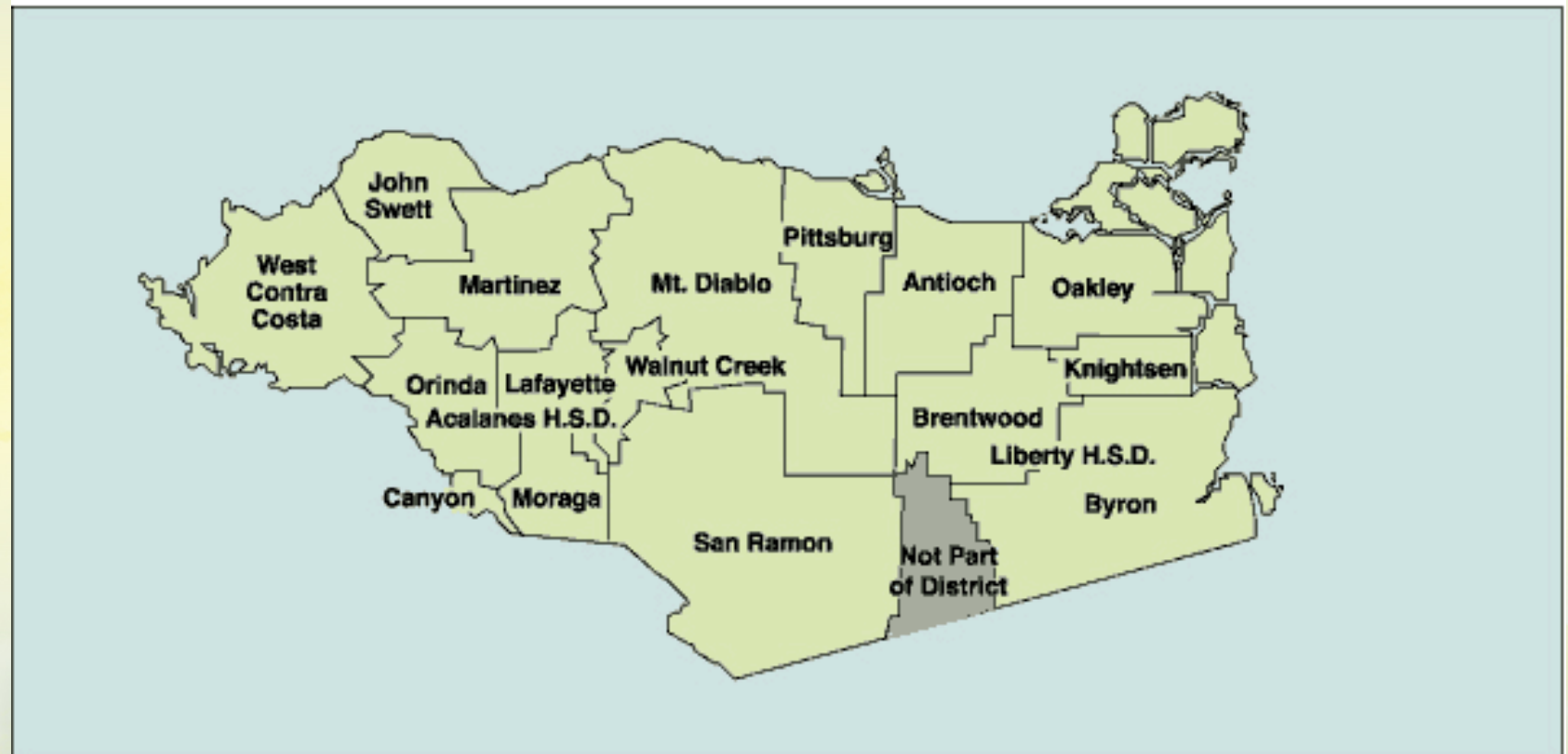
# Multi-Family Groups

- Group Formation
- Challenges
- Success (clients, families, staff)
- Importance

# Supported Education

- Role of Education Specialist (ES)
- Schools and school districts served
- Emphasis on functioning
- School accommodations (i.e., 504s & IEPs), academic and emotional support for clients and parents, advocacy, psychoeducation and counseling.

■ **CONTRA COSTA SCHOOL DISTRICTS**



# Consumer Contacts

Phone screens **427**

SIPS Assessments **181**

Met Clinical High Risk criteria **85**

Enrolled in Program **70**

**Active in Multifamily Group 75%**

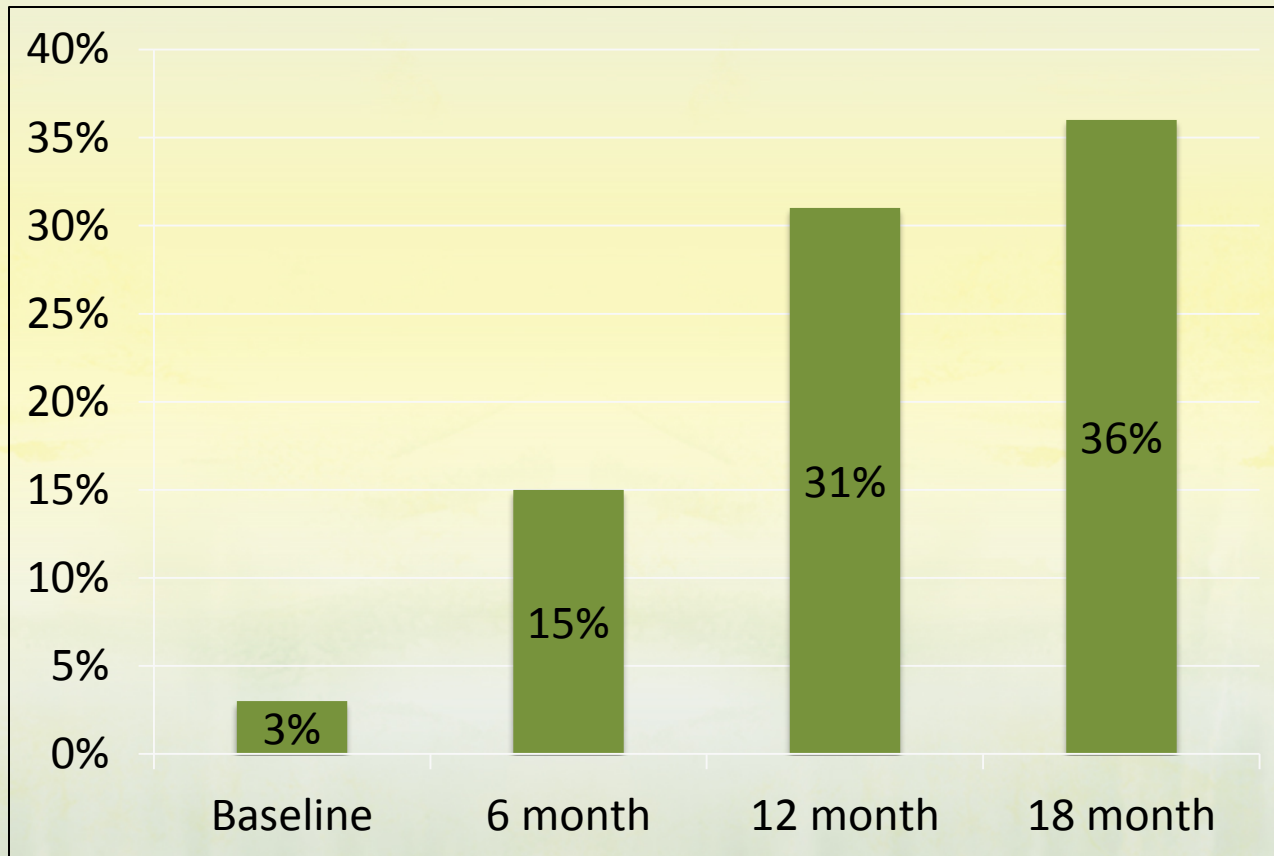
# Incidents/Conversions

	<b>Baseline</b>	<b>6 months</b>	<b>12 months</b>	<b>18 months</b>
Converted to Psychosis	n/a	0	0	0
Hospitalized/Partial Day Programs	40	1	1	0
Psych Emergency Visit	47	2	1	0
Incarcerated	0	0	2	0
Suicide Attempts	18	0	0	0
Suicides	n/a	0	0	0



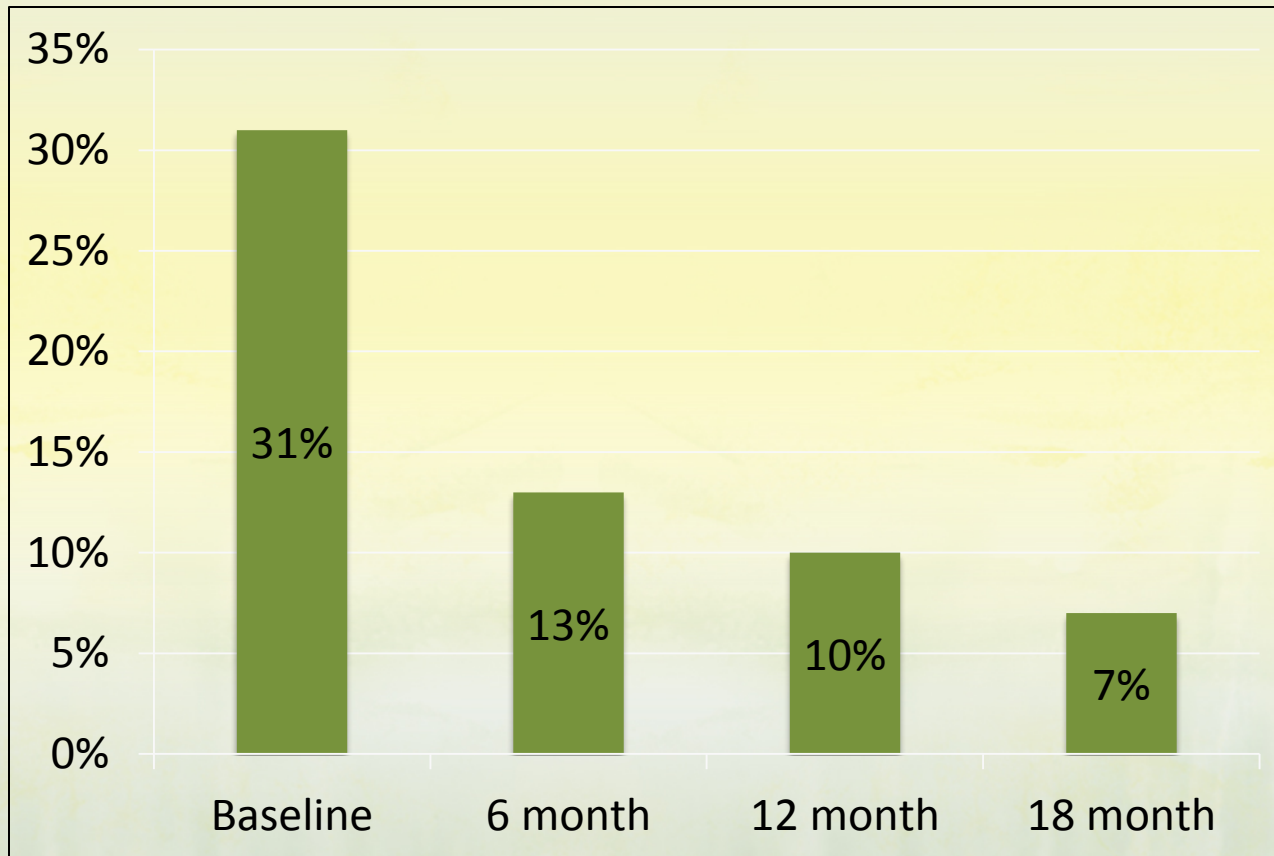
# Functional Outcomes

## Working/Vocational Training or Preparation



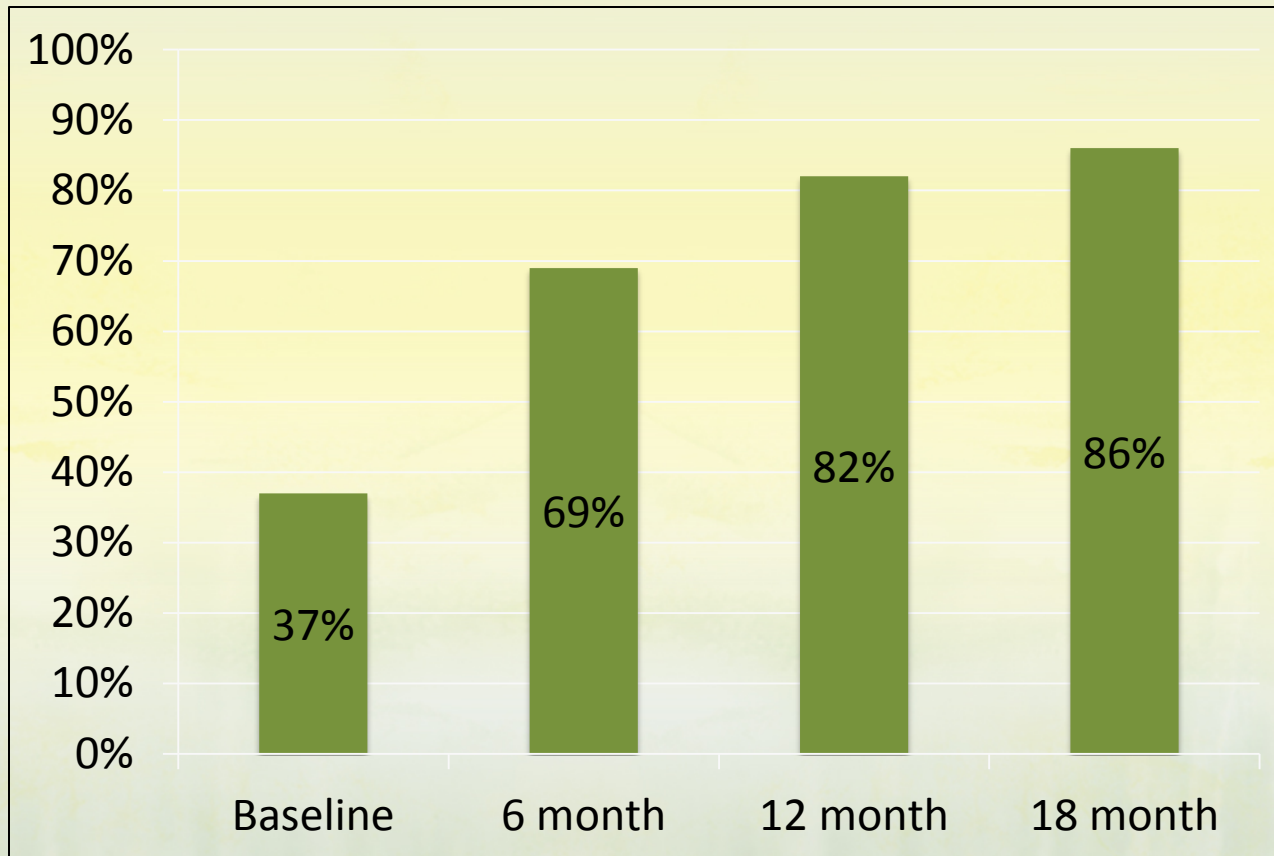
# Functional Outcomes

## Attending School but Failing



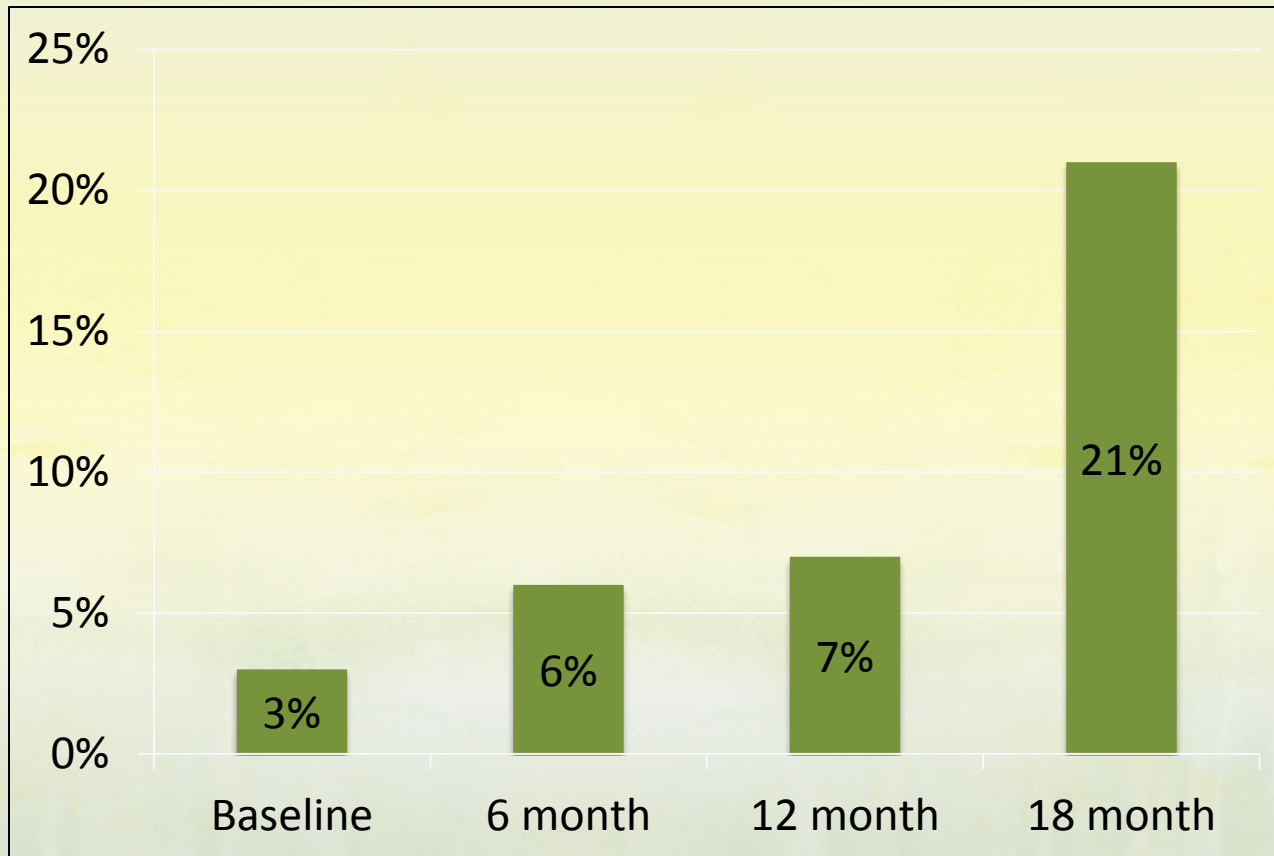
# Functional Outcomes

## Attending School and Stable



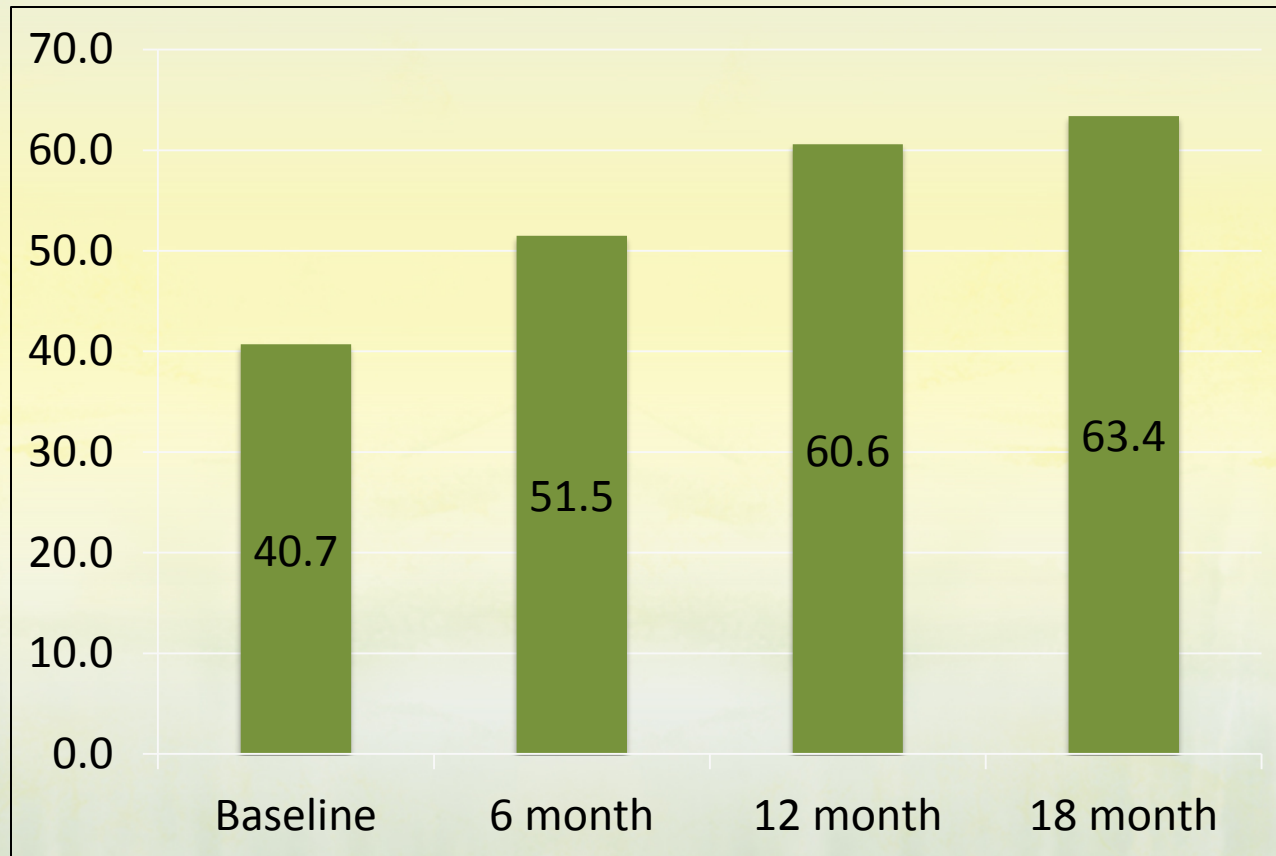
# Functional Outcomes

## Attending Community College/Adult School



# Functional Outcomes

## Average GAF Score



# Thank You!!

- ❑ To the PIER Training Institute for supporting us and teaching us well
- ❑ To CIBHS for all your support and coordination to help us successfully launch our program