

Innovation Section

Component Overview

Mental Health Services Act (MHSA) Innovation (INN) funds provide counties with opportunities to learn from new approaches that have the potential to transform the mental health system. According to the California Welfare and Institutions Code Section 5830, INN programs must contribute to learning in at least one of four areas by having at least one of the following as an essential purpose for the learning that occurs in the program:

- To increase access to underserved groups
- To increase the quality of services, including better outcomes
- To promote interagency collaboration
- To increase access to services.¹

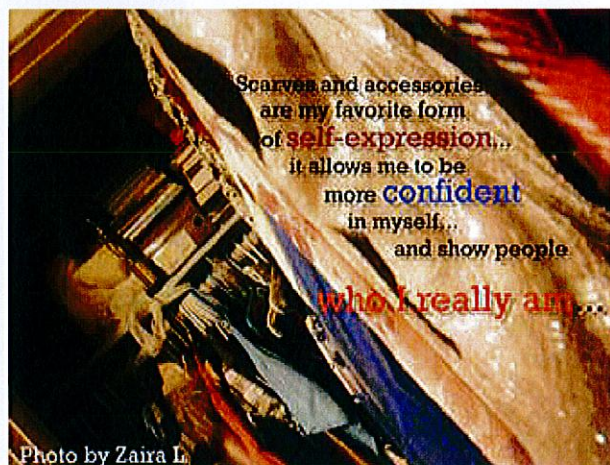
At this time, Contra Costa County has six INN programs it plans to fund and/or continue to fund in FY 2012/13. Below are summaries of the programs as well as their intended outcomes.

Program Overviews

INN01: Social Supports for Lesbian, Gay Bisexual, Transgender, Questioning, Queer, Intersex and Two-Spirit (LGBTQQI2-S) Youth and Transition Age Youth (TAY)

This project is a three-year pilot currently in its second year. The goal of the project is to determine whether applying a "Social Support Model" (based on the Social Ecological

Model²) to services targeting LGBTQQI2-S youth/TAY (up to 29 years of age) will improve their health and wellness and prevent poor health outcomes. The project seeks to attempt to reduce family, peer, and/or community rejecting behaviors and increase accepting behaviors. It will test the effectiveness of various modes of engagement and service provision and will develop best practices tool-boxes for engaging/serving youth and their social supports. The program's target population is LGBTQQI2-S youth/TAY as well as their families and caregivers, straight peers and allies, providers, schools, faith-based organizations and community-based organizations. The program served approximately 1,800 people during its first year.



The goal for Year One was to determine if the Social Support Model could access existing social supports influencing the health of LG-BTQQI2-S Youth/TAY populations by engaging, educating, and increasing the participation of families, peers, and communities in the lives and services of the youth. This goal was met; during Year One, the program identified

¹ Innovation Clearing House. "About MHSA INN". 2012. Available at: <http://www.mhsainn.org/about/>. Accessed on March 2, 2012.

² The social-ecological model illustrates how spheres of social influences interact and affect an individual's health.

effective engagement, education and support strategies it will continue to test during Years Two and Three. See appendix for program's Year One Executive Summary.

INN01 Year One program activities included:

- Development of a Community Collaboration among organizations that provide services to LGBTQ youth
- Development of an LGBTQ-specific Mental Health Counseling Program
- Identifying activities that promote acceptance and safety for LGBTQ youth in their homes, communities and schools. This includes identifying practices currently in place as well as new opportunities to develop social support services for LGBTQ youth
- Learning how organizations can identify and engage LGBTQ youth and their families in community service programs
- Learning how communities, organizations and families can support LGBTQ youth in ways that promote positive identity development
- Learning how organizations and communities can provide education and support to parents of LGBTQ youth to increase accepting behaviors
- Community Map of supportive agencies

The goals for Years Two and Three are 1) to attempt to reduce family, peer, and/or community rejecting behaviors and increase accepting behaviors; and 2) to assess if these changes promote positive health outcomes³ for LGBTQI2-S Youth/TAY. There are no revisions to these goals.

³ In this program, positive health outcomes include outcomes related to physical and mental health as well as wellness and resiliency.

INN01 Year Two and Three program activities include:

- Building the capacity of CCC community-based youth services to promote the health and well-being of LGBTQ youth
- Engaging youth voice and leadership
- Developing, implementing and evaluating core strategies and tools designed to promote positive identity development and reduce health risk factors for LGBTQ youth
- Building County-wide awareness of the risk factors of rejection and role models for acceptance of LGBTQ youth
- Engaging youth and family voice and leadership
- Developing, implementing and evaluating core strategies and tools designed to reduce rejecting behaviors and increase accepting behaviors among families and caregivers
- Building the capacity of CCC schools to create a climate of acceptance for LGBTQ youth
- Engaging youth voice and leadership
- Developing, implementing and evaluating core strategies and tools designed to reduce rejecting behaviors and increase accepting behaviors in the school community
- Community Map of supportive agencies

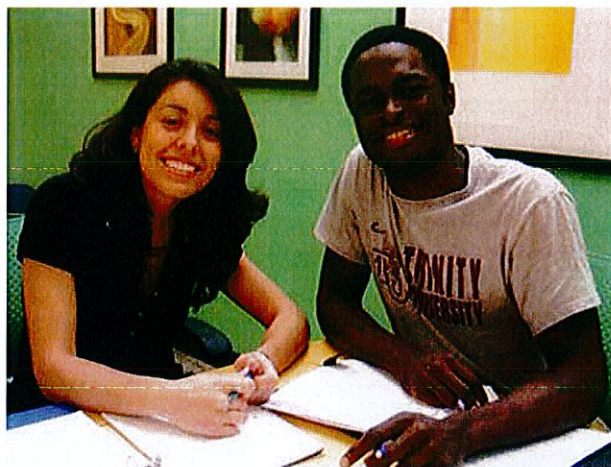
INN01 outcome measurements include:

- Lessons learned about effective engagement and support strategies from interviews with collaborative partners
- Lessons learned about effective strategies in collaborative partner logs
- Increased service utilization

- Increased event attendance
- Positive feedback from program participants
- Increased number of supportive agencies on the Community Map
- Improved outcomes on the CC LGBTQ Youth Advocacy Collaborative Youth Survey which assesses:
 - ♦ demographics
 - ♦ service utilization
 - ♦ identity development
 - ♦ social support
 - ♦ accepting and rejecting behaviors (from family and peers) experienced by youth
 - ♦ community involvement
 - ♦ overall physical health
 - ♦ overall mental health
 - ♦ substance use
 - ♦ risky sexual activity
 - ♦ knowledge of resources

INNFT01: Promoting Wellness, Recovery and Self-Management through Peers

This 12-month program will pilot using trained Peer Wellness Coaches to provide wellness



services in mental health clinics. The target population consists of consumers who receive services in the county-operated adult mental health clinics. The goals of the project are to learn if and how adding Peer Wellness Coaches to health integration projects will: 1) improve wellness and health outcomes for consumers; 2) increase primary and mental health care staffs' understanding of mental health "consumer culture" and recovery principles; 3) increase the number of consumers with wellness, recovery and/or self-management goals; 4) reduce feelings of stigmatization; and 5) enhance recovery.

This program is currently on hold due to human resource challenges.

INNFT01 program activities may include:

- Peer Wellness Coaches working with clinic staff to:
 - ♦ Assist in the provision of wellness education to consumers
 - ♦ Facilitate wellness groups
 - ♦ Educate consumers about recovery
 - ♦ Assist consumers in developing recovery goals and chronic disease self-management plans
 - ♦ Provide Wellness Recovery Action Plan (WRAP) training
 - ♦ Aid consumers with skill-building, including mental health coping skills, to promote the achievement of their wellness, recovery and chronic disease self-management goals
 - ♦ Educate consumers about working with primary and mental health care providers to promote wellness and increase consumer's participation in physical and mental health treatment

- ♦ Link consumers to existing wellness and recovery resources in the community
- ♦ Provide peer leadership support
- ♦ Educate primary and mental health care staff about mental health recovery principles as well as mental health “consumer culture”

INNFT01 outcomes measures will include:

- Increased number of wellness and recovery plans
- Increased use of wellness and recovery plans
- Increased participation in wellness and recovery activities
- Changes in health-related behaviors
- Improved health outcomes
- Improved recovery scores
- Changes in client perceptions of stigma
- Increased number of healthcare linkages
- Changes in primary care providers' understanding of consumer culture and recovery principles
- Changes in consumer's perception of primary care providers' understanding of consumer culture and recovery principles

INNFT02: Inter-agency Perinatal Depression Treatment Program



This 12-month program is a collaboration between Contra Costa Behavioral Health Services, Public Health Nursing and Women Infant and Child (WIC) program. It will pilot the integration of perinatal/post partum depression services into the services currently provided at the Central County WIC office. The target population consists of mothers who receive services from the Central County WIC office who screen positive for perinatal and/or post partum depression. The goals of the program are to learn: 1) which elements of the collaboration are most/least effective and why; 2) if the collaboration leads to an increase in awareness about mental health services and a decrease in the mothers' perception of stigma associated with depression; and 3) improved health outcomes for the women participating in the collaboration.

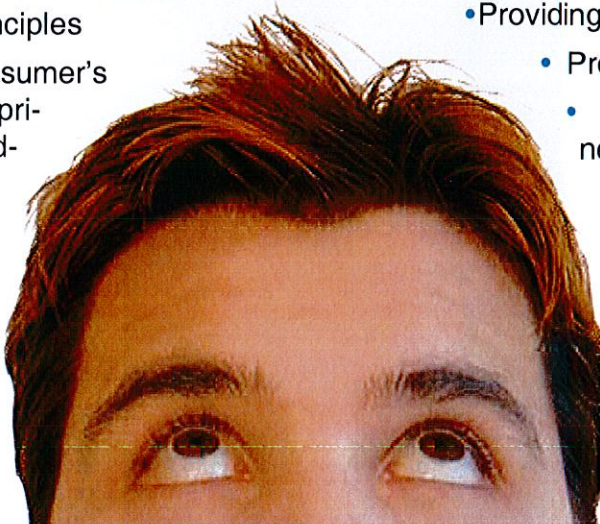
This program began implementation in April of 2012.

INNFT02 program activities will include:

- Implementing interagency collaboration
- Screening mothers for depression
- Providing one-on-one counseling services
- Providing group counseling services
- Providing medication services
- Providing referrals as needed

INNFT02 outcome measures will include:

- Changes in depression scores
- Improved treatment outcomes
- Positive feedback from mothers and providers



- Increased service utilization
- Changes in perceptions about stigma related to seeking mental health care
- Increased awareness about mental health and mental health services
- Progress towards achieving wellness/recovery goals

INNFT03: Libby Madelyn Collins Trauma Recovery Project

This 24-month program pilots the use of a Trauma Recovery Group with consumers diagnosed with co-occurring Post-Traumatic Stress Disorder (PTSD) and schizophrenia, schizoaffective disorder, bipolar disorder and/or cluster B personality disorders who receive mental health services at the county-operated adult mental health clinics. The program is currently in its first year. There are seven individuals enrolled in the first group. Three additional groups, each with no more than 10 participants, will begin in Spring of 2012. One of the upcoming groups will be held in a board and care facility and one will target Spanish-speaking consumers. The goals of the project are to determine: 1) if offering this group to consumers will improve mental health outcomes and promote recovery; 2) how peer providers can support the group; and 3) if the group is effective among various cultural populations, particularly Spanish-speaking populations and TAY.

Program implementation began in November of 2011. Therefore, outcome data is not yet available. To date, there have been no refinements or revisions made to the program or program goals.

INNFT03 program activities include:

- Implementation of the Trauma Recovery Group

- One-on-one case management services and/or therapy as needed
- Training county and contract staff and consumers about trauma and trauma therapy

INNFT03 outcome measures include:

- Increased knowledge about PTSD (clients and staff)
- Changes in group and one-on-one attendance
- Improvement in clinical assessments and assessment scores (surveys include the Beck's Depression Inventory, PTSD Checklist, Post Traumatic Cognitions Inventory, PTSD Knowledge Test, Trauma History Questionnaire and Recovery Assessment Scale)
- Positive client feedback about the Trauma Recovery Project services
- Progress towards achieving client goals
- Decreased number of involuntary hospitalizations
- Decreased number of involvements with the criminal justice system
- Decreased number of evictions
- Decreased alcohol and substance abuse

INN04: Trauma Services for Sexually Exploited Youth (up to 25 years of age)

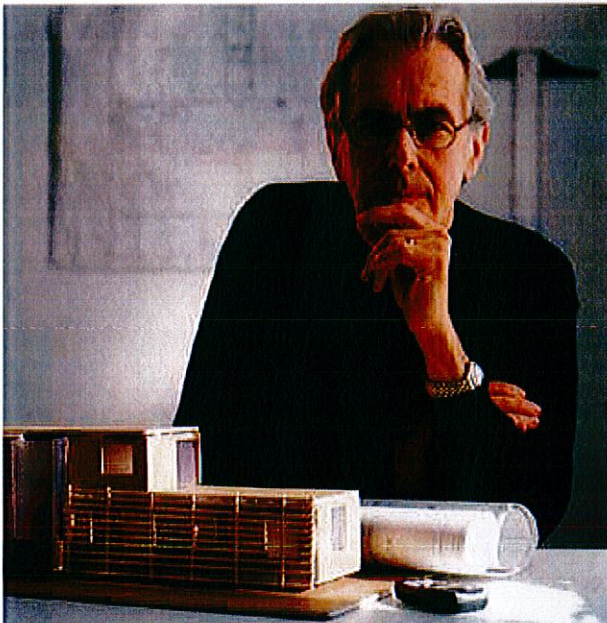
Creating a Safe Haven to Support Transgender and LGBTQQI2-S Youth Involved in Sexual Exploitation

This 36-month project will target LGBTQQI2-S youth who are (or at high risk of) being sexually exploited. The goal of this project is to create a new street-based venue intended to increase youth access to a comprehensive array of social and support services, deliv-

ered at a site specifically designed to support their needs. This program will be piloted in Central Contra Costa County and will develop a safe space and drop-in program targeting LGBTQQI2-S youth with a specific focus on youth who are gender variant and/or transgender identified and who engage in street socialization, commercial sex work and/or survival sex. Additional project goals include developing replicable outreach methods that support the ability to identify and reach this underserved group; the development of assessment tools that will support identification of sexual exploitation in this population; and establishment of a referral network that will increase LGBTQ youth's ability to integrate into mainstream social service programs.

Reluctant to Rescue

This 36-month project will target sexually exploited youth in Central and East County. The goals of the project are to: 1) gather information from sexually exploited youth about their backgrounds and reasons for entering and remaining in sexually exploitative situations



as well as feedback on what would motivate and/or help them to leave these situations; 2) create a drop-in center to provide the youth needed support and services; 3) develop a training program for the care providers of sexually exploited youth; 4) determine the most effective ways of promoting and sustaining youth engagement with services; 5) determine how programs can decrease the attraction of the lifestyle some sexually exploited youth associate with their exploitation; and 6) determine what additional services and/or interventions are necessary to increase the ability of sexually exploited youth to access healthy choices and increase the number of youth who recognize they can make choices about their risk behaviors.

At this time, contracts and Work Plans associated with Reluctant to Rescue are going through the County approval process. Once approval occurs, the program will be implemented. Creating a Safe Haven to Support Transgender and LGBTQQI2-S Youth Involved in Sexual Exploitation has begun implementation and will begin to provide services to youth during Spring of 2012.

INN04 program activities will include:

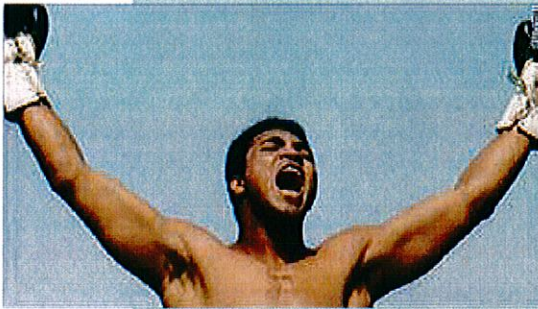
- Creation of drop-in centers for sexually exploited youth/youth at risk of sexual exploitation
- Outreach to youth
- Data collection about factors influencing youth's entrance into situations of sexual exploitation as well as factors that will motivate/help youth to leave these situations
- Provision of mental health and support services
- Development of assessment tools to identify exploited and at risk youth

- Establishment of referral network
- Intensive caregiver training
- Educating law enforcement
- Form coordinated response team for sexually exploited youth

INN04 outcome measures will include:

- Increased referrals into program(s)
- Increased number of youth utilizing services
- Increased program retention
- Decreased relapse behaviors among youth
- Decreased arrest rates among youth
- Increased knowledge of life skills among participating youth

- Improved health outcomes
- Increased number of youth who recognize they can make healthy choices in their lives
- Positive feedback about services from participants and staff
- Increased caregiver knowledge about parenting issues related to caring for a sexually exploited youth
- Increased length of home-stay among youth whose caregivers attended the caregiver training
- Changes in police policies/protocols for dealing with sexually exploited youth



“Only a man who knows what it is like to be defeated can reach down to the bottom of his soul and come up with an extra ounce of power it takes to win, when the match is even”

– Muhammad Ali

LEARNING GOAL: Can a Social Support Model engage, educate and increase participation of existing social supports influencing the health of LGBTQ youth?

Group	Behavior Changes Desired	Year 2 Strategies	Year 2 Process Outcomes	Year 2 Evaluation Data/Info
LGBTQQI2-S Youth/TAY Youth Strategy Group	<ul style="list-style-type: none"> • Healthy identity expression • Practices & behaviors that improve physical & mental health • Decrease in risky health behaviors • Improved ability to connect positively with support networks • Access supportive services • Develop leadership skills 	<ul style="list-style-type: none"> • LGBTQ youth development & empowerment groups • Youth-designed & led digital & social media campaign • Individual counseling & case management • Online resources & outreach • One-on-one mentoring 	<ul style="list-style-type: none"> • Document & develop partner youth empowerment models to promote positive identity development • Complete youth-led digital & social media campaign • Engage youth participation & leadership • Establish counseling & case management programs • Establish online resources & outreach • Establish one-on-one mentoring model at RCC 	<ul style="list-style-type: none"> • Youth Survey data and analysis • RCC, CHD, RYSE youth development models • RCC photo voice, RYSE/CHD social media products/messages • RYSE youth portal • Crisis Center online resources • CHD youth leadership team model • RCC counseling and case management processes/model • Coalition of Welcoming • Congregations faith-based outreach
Straight Peers & Allies	<ul style="list-style-type: none"> • Positively engage LGBTQ peers • Increase in willingness to stand up for LGBTQ peers 	<ul style="list-style-type: none"> • Integrative program model supporting a culture of acceptance • Peer-led strategies 		
Families & Caregivers Families Strategy Group	<ul style="list-style-type: none"> • Reduction in rejecting behaviors and increase in accepting behaviors • Positive engagement with LGBTQ children, youth & their peers • Positive engagement with other families • Positive Engagement with schools, faith groups & service providers 	<ul style="list-style-type: none"> • Family & home-based outreach & support based on FAP research; incl. training on home visits, crisis intervention & making referrals • Community-level risk reduction intervention: awareness of risk factors of rejection & promote peer family support & role models for accepting behaviors • Family support – group/phone • “Edutainment” events & forums • Family Counseling – RCC 	<ul style="list-style-type: none"> • Implement parent engagement model through events and forums • Document parent engagement through one-on-one outreach • Develop Role Models of Acceptance Project • Family support group model – GS • Family counseling • FAP case study on RCC family 	<ul style="list-style-type: none"> • CHD/ECSM model for family engagement • BACHE model for family engagement and training • Somos Familia public forum model • Role Models of Acceptance implementation plan • Family focus group data • Family interview transcript analysis • Case study analysis; referral network engagement process
Organizations <i>Schools, faith groups & CBOs</i> School Strategy Group	<ul style="list-style-type: none"> • Improved cultural competence with LGBTQ youth/families • Improved practices & policies that support acceptance & positive identity development • Improved access to LGBTQ youth • Improved engagement of LGBTQ youth/families 	<ul style="list-style-type: none"> • Build base network of allies • Develop/promote tool kit of options for ally action in schools • Develop, deliver & assess LGBTQ Cultural Competency Training • Advocate for implementation of current CA ed. policies & target new issues • Hold targeted forums – OFC, other • Prep for Year 3 Symposium (Nov.) 	<ul style="list-style-type: none"> • Establish Inclusive Schools Coalitions based in west county and central/east county • Establish toolkit of assessment tools and recommendations for ally support of LGBTQ youth in schools • Partnership with OFC to implement FAIR education Act • Partnership with districts to implement LGBTQ-specific components of comprehensive sex education • Plan for annual school symposium • Integrated service and referral network model 	<ul style="list-style-type: none"> • MDUSD training materials, evaluation data and analysis • OFC Welcoming Schools Forum results and ongoing planning • RCC MOU with MDUSD • Fred Finch – middle school outreach • RCC/CCHS cultural competency training models for nonprofits • RYSE west county readiness assessment • White paper on integrated service model for LGBTQ youth

Collaborative Partners

Rainbow Community Center

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Kanwarpal Dhaliwal

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*For more
information on
support services for
LGBTQ youth in
Contra Costa
County, call the
Rainbow
Community Center
Support Line at
925-692-2056*

Contact us...

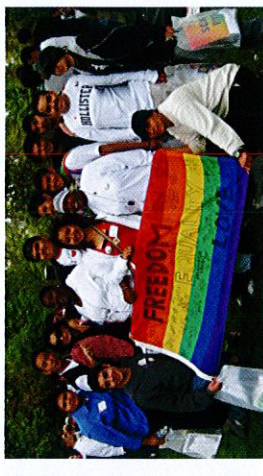
Primary Address:

Rainbow Community Center
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Concord, CA 94519

Phone: 925-692-2056

E-mail: LGBTQyouth@rainbowcc.org

Contra Costa LGBTQ Youth Advocacy Collaborative



Helping families &
communities accept
& support our
LGBTQ children

Contra Costa LGBTQ Youth Advocacy Collaborative: promoting healthy support networks for LGBTQ youth

The Collaborative is a joint community effort to reach & engage families, peers, schools, faith groups & other community members to raise awareness of the harmful effects of rejection on lesbian, gay, bisexual, transgender & queer/questioning (LGBTQ) youth.

Our primary goal is to improve the health of LGBTQ youth by reducing rejecting behaviors & increasing accepting behaviors in Contra Costa social & service networks.

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Ground-breaking research* by the Family Acceptance Project at San Francisco State University shows that people in key support networks have a major impact on LGBTQ children's risk & well-being. As a direct result of high levels of rejection LGBTQ youth are at serious risk for poor physical & mental health outcomes.

Risks From Rejection

- ⇒ 8.4 times higher risk of suicide attempts
- ⇒ 5.9 times higher risk of depression
- ⇒ 3.4 times higher risk of illicit drug use
- ⇒ 3.4 times higher risk of unprotected sex

With increased knowledge & understanding, people who are part of vital support networks for LGBTQ youth can choose to decrease their rejecting behaviors & move toward acceptance & support.

OPPORTUNITIES FOR

LGBTQ YOUTH & FAMILIES

- Peer support groups engaging youth in East, West & Central County
- Counseling for youth & families
- Parent & family support
- Education & support regarding gender identity & expression
- Consultation & support regarding bullying & rejection in school
- Youth leadership development & training opportunities

OPPORTUNITIES FOR

ORGANIZATIONS & SERVICE PROVIDERS

- Networking & collaborative opportunities to work with LGBTQ youth & families
- Training & education for schools
- Workshops & education for faith-based groups
- LGBTQ cultural competency training for organizations that seek to engage youth & families

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*Ryan, C., Huebner, D., Dias, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white & Latino lesbian, gay & bisexual young adults. *Pediatrics*, 123(1): 346-352.

*Ryan, C. (2009). Supportive Families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

In response to the often unintended consequences of rejection, The Contra Costa LGBTQ Youth Advocacy Collaborative was formed to assist our community by:

Effectively engaging people from key support networks that influence health outcomes for LGBTQ youth — Including their family members, peers, community members & social systems; faith groups, schools, health providers, juvenile justice, social welfare, foster care & others.

Supporting positive health outcomes for LGBTQ youth including:

- Improved physical & mental health outcomes
- Increased positive connection & participation in social networks
- Improved access to culturally competent services
- Stronger policies & practices that support positive identity development

With appreciation...

The Contra Costa LGBTQ Youth Advocacy Collaborative is funded by the Mental Health Services Act in partnership with Contra Costa County Division of Mental Health

First Hope



Prodrome Identification and Intervention Program

First Hope is an innovative treatment program that provides comprehensive diagnostic and treatment services for Contra Costa County children and young adults between the ages of 12 and 25, who are having significant psychological symptoms and a decrease in usual functioning suggesting they may be at risk for psychosis. We provide psychosocial intervention, supported education and employment, case management services and targeted medications, with the goals of early diagnosis, treatment, and disability prevention.

The program is part of the Contra Costa County Behavioral Health Services and funded by the Mental Health Services Act as one of the Prevention and Early Intervention Programs. First Hope is a PIER Model program, supported by the PIER Institute at the University of Maine with training and supervision provided by William McFarlane, M.D. and his team.

Recent evidence indicates that the risk of developing a major mental illness can be dramatically reduced by early identification and intervention with young people and their families. One goal of the First Hope program is to provide community education regarding this new paradigm, so that these young people can be identified early when treatment has the greatest impact, and intervene as early as possible to prevent the development of disease-related deficits and treatment-related side effects. In addition, we want to empower individuals and families to become active participants in their treatment and to help progress toward their educational, personal, social, and occupational goals.

Our Services

Assessment

Young people and their families referred to the program will receive an initial interview and assessment to determine whether they are at risk for developing psychosis. The assessment is based on the Structured Interview for Prodromal Symptoms, developed by the Prevention through Risk Identification, Management and Education (PRIME) prodromal research team at Yale University. The results of this assessment will help us determine whether our program is the best treatment, or whether a referral to another program would be most helpful.

Family Assisted Community Treatment

Family Assisted Community Treatment (FACT) is an innovative treatment modality providing integrated, family-focused treatment and support services. FACT teams are multi-disciplinary and highly coordinated to provide intensive care targeted toward each client's individual goals. The specialized expertise of each team member allows the program to respond flexibly to clients' and families' needs. By integrating the family as treatment partner, FACT increases the effectiveness of ACT interventions. Outreach, in-home coaching, a coordinated treatment team approach, proactive and highly individualized treatment and rehabilitation planning, on-the-job training, frequent contact and site-specific job preparation are key elements of the model.

Using this evidence-based model First Hope can provide rapid initiation of treatment, psychoeducational multifamily groups, and case management using key Assertive Community Treatment (ACT) methods, outreach PRN, continuous case review, and supported employment and education. Our multi-disciplinary team also allows us to collaborate with schools, colleges, employers.

We initially work with the client and family to help them understand the nature and effects of prodromal symptoms. These include changes in emotion, motivation, thinking, perception and behavior. The clinicians at First Hope (Psychiatrists, Psychologists, Marriage and Family Therapists, Occupational Therapists, Social Workers, and Education & Employment Specialists) will provide a range of treatment options for individuals and their families.

Multi-family Psychoeducation and Support Groups

Bi-Weekly multi-family groups for youth and their families are based upon the PIER treatment model. Psychoeducation and support are provided to increase understanding about the illness, improve stress management and communication skills within the family, and develop problem solving skills.

Medication Management

Regular appointments with our psychiatrists are tailored to assess the need for medication. Participation in the program is not contingent upon taking medication.

Supported Education and Employment

Supported Education and Employment services are provided within the client's home, school or workplace to improve everyday functioning to help the clients achieve their goals of social, academic and occupational recovery. Our specialists can perform cognitive assessments to further assist in supporting school or work success.

Our recovery-based treatment approach provides services to clients and families referred into the program for up to 2 years focusing on 1) reducing and managing symptoms and distress and 2) improving individuals' ability to achieve success in independent roles through appropriate education and employment opportunities.

We believe community education, early identification, and intervention are necessary steps in reducing the impact and stigma of psychosis on affected individuals, their families and our community. Our community based education and outreach program identifies individuals prior to the onset of the most devastating aspects of psychosis, preventing deterioration and hospitalization wherever possible. Our family-centered treatment approach empowers individuals and their families to be active participants in their care, helping them achieve their personal, social, educational and occupational goals. We aim to do this in the most culturally sensitive and least stigmatizing manner that addresses the specific needs of each individual, their family, and community.

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What does Clinical High Risk mean?

A combination of early warning signs, accompanied by a decline in the young person's well-being and success in life defines clinical high risk.

Does being at-risk mean that I have a mental illness?

Absolutely not. It does mean you have an increased risk. Just like any medical condition, if you have risk factors, it is best to do everything you can to get and stay healthy. We offer education and services geared toward doing just that.

How do you evaluate these symptoms?

We use a standardized interview to carefully assess a range of possible symptoms to determine whether someone is "at-risk." Our team will explain what that means and whether early intervention is recommended.



First Hope Program

Our Multi-disciplinary team is composed of psychologists, mental health clinicians, psychiatrists, occupational therapists and employment/education specialists.

Our goal is to recognize and treat the earliest symptoms for those who are at clinical high risk for psychosis. By intervening early, the risk of going on to develop psychosis can be dramatically decreased or prevented altogether. The losses in social and educational functioning common in severe mental illness can be significantly reduced.

First Hope Services

- Community Outreach & Education
- Telephone Consultation
- Assessment and Engagement
- Psychoeducation
- Multi-Family Groups
- Family-aided Assertive Community Treatment
- Crisis Management
- Occupational Therapy & Assessment
- Supported Education & Employment

Our aim is to stop mental illness before it starts!

EARLY WARNING SIGNS

Early warning signs occur prior to the onset of serious mental illness. Warning signs are worth taking seriously and indicate that it is important to seek further evaluation. Some of the signs you might notice are:

- Odd/Uncharacteristic behaviors or beliefs
- Preoccupation by intense ideas, thoughts, or beliefs
- Increased sensitivity to lights or sounds
- Feeling fearful or suspicious
- Increased difficulty concentrating or focusing
- Avoiding friends, family, groups
- Spending more time alone
- Falling grades without a clear reason
- Missing classes or work
- Losing abilities in athletics or hobbies
- Dropping out of activities

If you have a combination of these signs, or one warning sign of unusual intensity, call us for a more thorough assessment.

Our Mission is to reduce the incidence of mental illness in Contra Costa County through community outreach, education, identification, and intensive early intervention with young people at risk for psychosis and their families.

The First Hope program utilizes the innovative, evidence-based PIER (Portland Identification and Early Referral) model and is supported by the PIER Training Institute in Portland, Maine.

Our Services are confidential and available to all 12-25 year-old residents of Contra Costa County who meet the clinical eligibility requirements.

FIRST HOPE

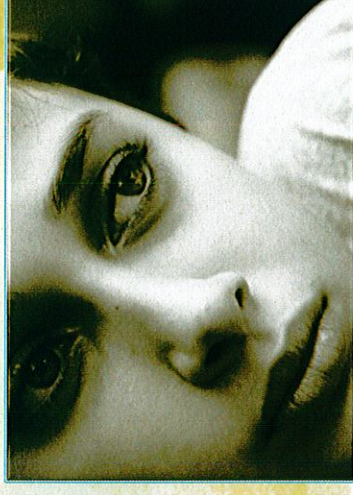
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www.firsthopeccc.org



FIRST HOPE



Early Identification & Intervention to Prevent Psychosis

An MHSA-funded Prevention & Early Intervention Program of the Behavioral Health Services Division