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# First Hope

## Early Intervention in Psychosis

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Ken Underwood, LMFT

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## Agenda

- Why Early Intervention in Psychosis?
- What is Coordinated Specialty Care (CSC) and the PIER Model?
- What services does First Hope offer?
- How do you refer someone to First Hope?





# A Bit about First Hope...

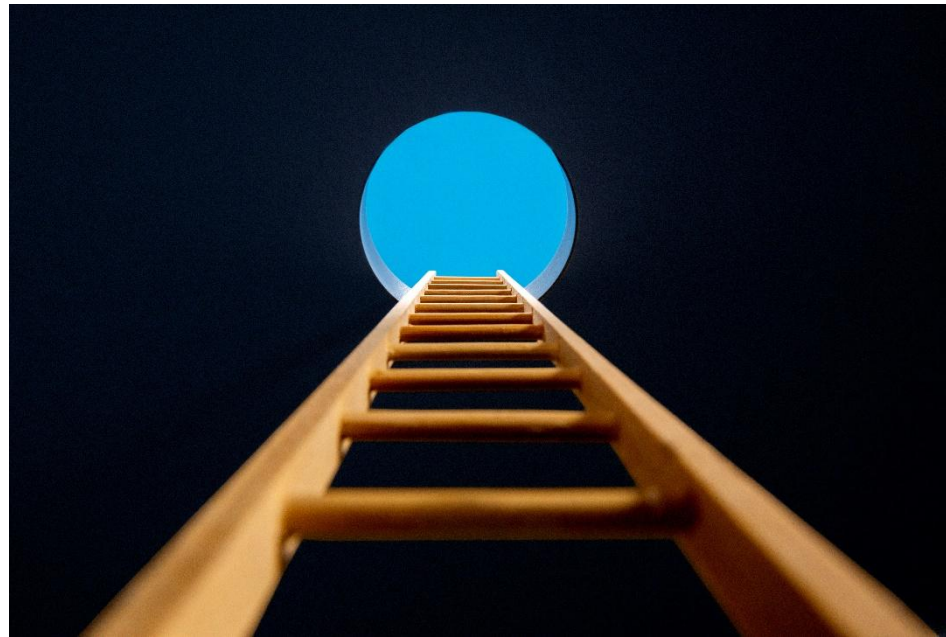
Jude Leung, PhD, Program Manager

- We are a specialty mental health program within Contra Costa County Behavioral Health, started in 2012
  - ❖ Clinical High Risk for psychosis (CHRp)
  - ❖ First Episode Psychosis (FEP)
- We utilize the Portland Identification & Early Referral (PIER) Model, a version of Coordinated Specialty Care (CSC)
  - ❖ Evidence has shown this model to be the best way to help young people at risk for psychosis



(Photo Source: Jude Leung 2019)

# Changing View of Schizophrenia



## Old School

- “Wait & See” - postpone definitive diagnosis as long as possible
- Hopeless prognosis - lifetime disability and medications

## New Perspective

- Schizophrenia has stages, with phase-specific treatment needs
- Differential outcomes depending on many factors including early treatment
- Pre-psychotic state can be recognized, and early treatment during this stage may delay, ameliorate or **prevent** conversion to psychosis



# First Hope – History and Values

by **Alishia Abbott, BA, Administrative Lead**

I have been part of the First Hope program since its very beginning. When we first started at 1034 Oak Grove Road in Concord, I was the only administrative staff for nearly a year. In those early days, the program was bare bones – we even donated personal items to help furnish the space. It was a true team effort to build First Hope from the ground up.

What has kept me here is that same original vision: Supporting the community while fostering a sense of family. I feel deeply aligned with the core values of both First Hope and the County, which focus on service, compassion, and making a lasting difference.

For me, First Hope has never been just a workplace – it has been a calling. I'm proud to continue serving in a program that uplifts and empowers individuals, families, and the community.



(Jan 2018)



(2013)



# First Hope Today

- **142** current youth and their families enrolled in First Hope services
- Our youngest participant is **12yo** and our oldest participant is **32yo** (started FH when she was 27yo)
- Our families live all over the county, from Richmond to Discovery Bay to San Ramon





# The First Hope Mission

Reduce the incidence of serious mental illness in Contra Costa County through...

- ❖ Community outreach and education
- ❖ Timely identification of youth who are at risk for developing a psychotic disorder or who are in the early stages of a psychotic disorder
- ❖ Rapid engagement of the youth and their natural supports in comprehensive treatment



Annual Día de los Muertos altar



Latin Dance Therapy Group – Jun 2025



# First Hope Outreach

Marcela Avila-Mendoza, LMFT, Outreach Lead



**Sweep Away Stigma  
2024**

**NAMI in Motion  
2024**



**Martin Luther King, Jr. Middle School  
Community Resource Fair  
2025**





# First Hope Services

- Assessment
- Individual, Family, and Group Therapy
- Care Coordination
- Supported Education and Employment
- Occupational Therapy
- Psychiatric Services/Health and Wellness Counseling
- Peer Support
- Family Partner
- Substance Counseling
- Multi-Family Groups





# Supported Education and Employment

## What is Supported Education?

The First Hope Supported Education and Employment Specialist (SEES) helps students so they can

- ❖ Successfully return to school
- ❖ Enroll in an educational program





# Supported Education and Employment

- The First Hope SEES collaborates closely with schools and is a liaison between FH and the education system. SEES
  - ❖ Describe how symptoms are directly impacting academic performance
  - ❖ Collaborate and communicate with teachers, counselors, campus administrators, and district personnel as requested
  - ❖ Obtain input and feedback about student's performance that contribute to ongoing success





# Supported Education and Employment

## What is Supported Employment?

- The First Hope SEES helps participants to
  - ❖ Identify interests and a career
  - ❖ Explore volunteer work
  - ❖ Build confidence and improve social skills in job settings
  - ❖ Move towards independence and self-reliance
- No one is excluded from participating in supported employment
- SEES may also refer participants to Voc Services, Dept of Rehab, Youth Employment Opportunity Program (YEOP) and other services

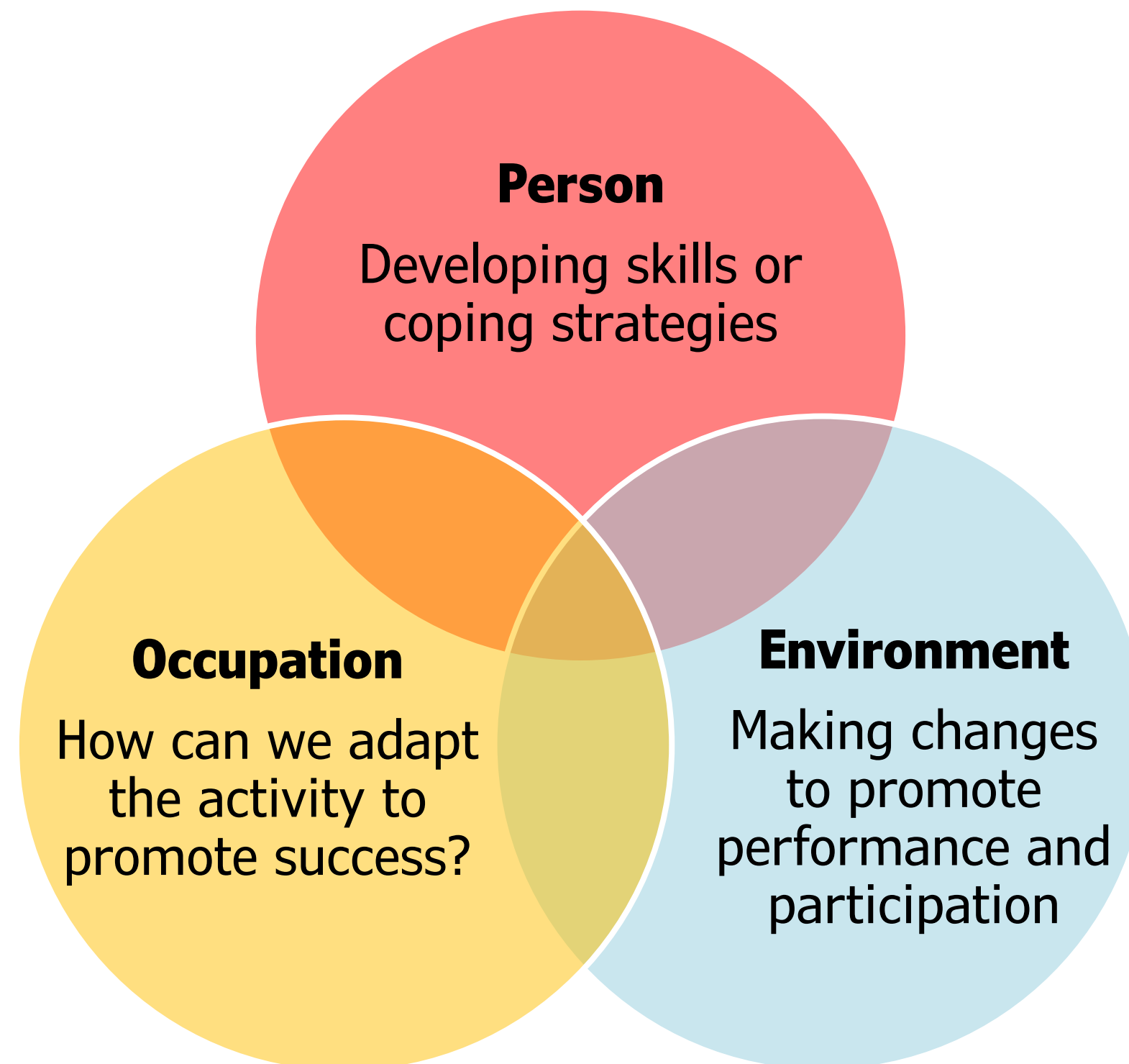




# Occupational Therapy



Occupational therapy is a health profession that helps people do the things they *want* and *need* to do through the therapeutic use of daily activities (occupations)





## OT in Early Psychosis:

- Activities of Daily Living (ADL)
- Independent living skills
- Cognitive rehabilitation and executive functioning skills
- Developing routine and engagement in daily activities
- Sensory profile and sensory modulation
- Social skills
- Community integration
- Rest and sleep
- School or work participation (collaboration with SEES)



(Photo Source: Robin Wada 2025)



# Psychiatry at First Hope



# Differences from Other Treatment Approaches



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Extensive and ongoing team collaboration and consultation

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May meet alone with client or along with other treatment team members

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Flexibility around how often we meet and for how long

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\* Allowing more frequent meetings during times of crisis or medication changes

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\* Can see clients who are not on medication

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May make home visits or see clients in the field



## Opportunities to



See clients and families in different contexts/groups



Facilitate and participate in MultiFamily Groups



Engage in weekly treatment team meetings allowing for information to be shared, to hear how clients are doing in other aspects of their treatment and in the outside world, and of circumstances impacting client and family



Share success stories



# First Hope Staff with Lived Experience

Ken Underwood, LMFT, Program Supervisor

## Community Support Workers

Peer and Family Support Specialists  
at First Hope

### Lived Experience:

Navigation of the mental health system for ourselves and family members

### Bridging the Gap:

Supporting positive connections between participants and their families within the system of care







# Mentorship Services



Goals +  
Skill Practice



Sports +  
Exercise Activities



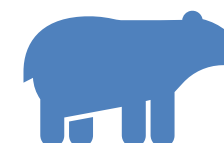
Life Skills



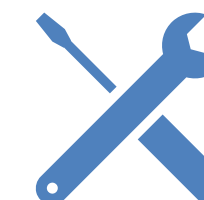
Peer Support



Exposure to New  
and Exciting  
Things



A Place to Have Fun  
and Distract from Life  
Stressors



Developing  
Wellness Tools



# Substance Use Counseling at First Hope





# Our counselor provides support around challenges with substance use

Substance Use Counseling  
for Individuals

Substance Use Counseling  
for Families

Coming soon:  
Trauma-Informed CBT  
Groups  
(Women Who Recover  
/Men Who Recover)





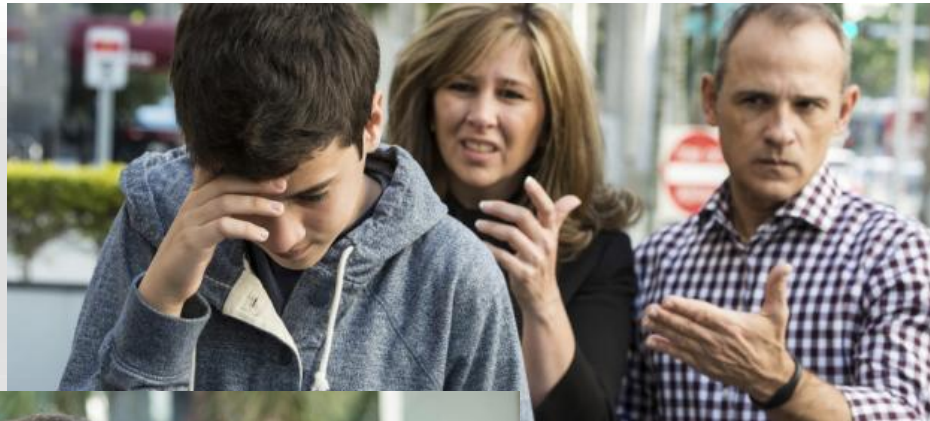
Actively listens to participants to meet them where they are at and learn the reasons why they may use

Provides information and tools to help the participant make the changes needed for recovery, knowing that relapse is part of the process

Is here as an ally to assist participants with any challenges they may face related to substance use

Works closely with clinicians and other members of the First Hope team, as well as other healthcare professionals in the community





*We want families to  
be involved because*

This is essential for the recovery efforts  
of the person using substances

Our counselor works with the  
family/participant to repair damaged  
relationships in the family and improve  
communication

On occasion, may also offer 4-6  
sessions of SUD counseling to a family  
member who themselves are  
experiences substance use challenges

This limited-time support is  
designed to help the family member  
build skills and take steps towards  
recovery so that they can be a more  
effective support person for the  
participant



# MULTI-FAMILY GROUPS (MFGS)



(MFGS)

Ken Underwood, LMFT  
Program Supervisor



Photo by LaShawn Dobbs on Unsplash



## MFG Components

- 2-3 Facilitators
- 6-8 Families
- Meets every other week
- Problem-solving format
- Safe environment






## MFG Problem Solving Format

|                                                                                          |                   |
|------------------------------------------------------------------------------------------|-------------------|
| <b>Socializing</b>                                                                       | <b>15 minutes</b> |
| <b>Go-around: 1 thing that's been going well,<br/>1 thing that could be going better</b> | <b>20 minutes</b> |
| <b>Select a problem to solve from what could<br/>be going better</b>                     | <b>5 minutes</b>  |
| <b>Solving the selected problem</b>                                                      | <b>45 minutes</b> |
| <b>Final socializing</b>                                                                 | <b>5 minutes</b>  |

# Family Guidelines

Family guidelines reduce stress

Reducing stress leads to decreased symptoms, improved functioning, and better relationships



## FAMILY GUIDELINES

**GO SLOW**- Recovery takes time. Rest is important. Things will get better in their own time.

**KEEP IT COOL**- Enthusiasm is normal. Tone it down. Disagreement is normal. Tone it down too.

**GIVE EACH OTHER SPACE**- Time out is important for everyone. It's OK to reach out. It's OK to say "no".

**SET LIMITS**- Everyone needs to know what the rules are. A few good rules keep things clear.

**IGNORE WHAT YOU CAN'T CHANGE**- Let some things go. Don't ignore violence.

**KEEP IT SIMPLE**- Say what you have to say clearly, calmly, and positively.

**CONSIDER USING MEDICATIONS**- Take medications as prescribed. Take only medications that are prescribed.


**CARRY ON BUSINESS AS USUAL**- Re-establish family routines as quickly as possible. Stay in touch with family and friends.

**CONSIDER NOT USING STREET DRUGS OR ALCOHOL**- They make symptoms worse.

**PICK UP ON EARLY SIGNS**- Note changes. Consult with your clinician.

**SOLVE PROBLEMS STEP-BY-STEP**- Make changes gradually. Work on one thing at a time.

**LOWER EXPECTATIONS, TEMPORARILY**- Use a "personal yardstick". Compare your performance this month to last month rather than to someone else's performance.





# The Magic of MFG: *More than just a problem solve*

## **Skill building**

Problem solving

Using family guidelines

## **Building Community**

Reduce isolation for participant and family

Teamwork

## **Destigmatizing mental health**

Takes participant out of the role of IP and into role of a helper

Facilitators normalize mental health by sharing too, we all have challenges



# First Hope Eligibility

- Resident of Contra Costa County
- Has Medi-Cal



## Clinical High Risk (CHR)

- ❑ 12-25 years old
- ❑ Meets clinical criteria based on the Structured Interview for Psychosis-Risk Syndromes (SIPS) assessment

## First Episode Psychosis (FEP)

- ❑ 16-30 years old
- ❑ First psychotic episode ***within the past 12 months***



# How to Refer to First Hope

**Main # 925-608-6550**



Telephone screening is available weekdays 9am-5pm.  
Provider, family member, community member, or  
youth themselves may call – expect to provide  
screening information.

## Identifying Your Youth at Clinical High Risk for Psychosis

- Look for a combination of
  - Symptoms (new or worsening)
  - Functional decline
  - Risk factors
- The participant is almost always in distress
- Use the PRIME screen

### Yale University PRIME Screening Test

For accurate results, you must be entirely honest in your response to all twelve questions in this test.

To complete the test, mark (using a pen or pencil) which response best represents your level of agreement with each statement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                     | Definitely disagree | Somewhat disagree | Slightly disagree | Not sure | Slightly agree | Somewhat agree | Definitely agree |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|-------------------|----------|----------------|----------------|------------------|
| 1. I think that I have felt that there are odd or unusual things going on that I can't explain.                                                     |                     |                   |                   |          |                |                |                  |
| 2. I think that I might be able to predict the future.                                                                                              |                     |                   |                   |          |                |                |                  |
| 3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.                            |                     |                   |                   |          |                |                |                  |
| 4. I have had the experience of doing something differently because of my superstitions.                                                            |                     |                   |                   |          |                |                |                  |
| 5. I think that I may get confused at times whether something I experience or perceive may be real or may be just part of my imagination or dreams. |                     |                   |                   |          |                |                |                  |
| 6. I have thought that it might be possible that other people can read my mind, or that I can read other's minds.                                   |                     |                   |                   |          |                |                |                  |
| 7. I wonder if people may be planning to hurt me or even may be about to hurt me.                                                                   |                     |                   |                   |          |                |                |                  |
| 8. I believe that I have special natural or supernatural gifts beyond my talents and natural strengths.                                             |                     |                   |                   |          |                |                |                  |
| 9. I think I might feel like my mind is "playing tricks" on me.                                                                                     |                     |                   |                   |          |                |                |                  |
| 10. I have had the experience of hearing faint or clear sounds of people or a person mumbling or talking when there is no one near me.              |                     |                   |                   |          |                |                |                  |
| 11. I think that I may hear my own thoughts being said out loud.                                                                                    |                     |                   |                   |          |                |                |                  |
| 12. I have been concerned that I might be "going crazy".                                                                                            |                     |                   |                   |          |                |                |                  |



# First Hope Contact Information

**391 Taylor Blvd  
Ste 100  
Pleasant Hill**

*Call us*

**M-F 9am-5pm**

**Main #: 925-608-6550**

**[www.firsthopeccc.org](http://www.firsthopeccc.org)**



(Photo Source: Jude Leung 2019)