Raising Early Awareness and Creating Hope (REACH)

BRIEF REPORT from the Department of Research and Program Practices For more information contact: Karyn Dresser, Ph.D. 510-635-9705 x207 October 5, 2016

Starlight's <u>Raising Early Awareness and Creating Hope</u> (REACH) multidisciplinary team conducts extensive community outreach and education about the importance of early intervention regarding psychotic spectrum disorders and other mental illnesses; and, on how community programs can make referrals and access services as part of this *Santa Clara County Mental Health Department* collaborative effort. Funded through the *Mental Health Services Act* (MHSA) *Prevention and Early Intervention* (PEI) program, Starlight's REACH teamⁱ enrolls youth/young adults who are manifesting early onset of challenging conditions into treatment services, providing the individuals and their family members with supportive community-based care. Our <u>BRIEF REPORTs</u> provide updated information through June 2016.ⁱⁱ This issue will address community outreach and education; screenings, assessments and diagnoses; and, wellness groups. Treatment services and related outcomes will be reported separately, coming soon.

Community Outreach & Education (O&E):

Historically, Starlight's REACH team conducted 398 O&E events at over 250 discrete venues/locations throughout Santa Clara County, reaching 8,821 individuals. In the past year alone, close to 1,000 individuals were reached! The team averaged 1.3 O&E events per month, providing education about early onset to mental health agencies, schools and other community groups. Depending on the venue, participant counts and presentation times vary considerably, with an average event in FY 15-16 reaching 75 people over a period of one to a few hours (e.g., visiting multiple hospital staff teams, classrooms, or providing an information booth at a college event). Participant surveys (N = 252) indicate that large majorities (80% or more) endorse most (86%) statements about the positive aims, values, process and learning achieved from REACH O&E. For more information, please visit: http://www.reach4scc.org.

Screening, Assessment and Diagnoses:

Careful attention to the nuanced, varied, persisting and troubling signs of early psychosis and/or other mental health conditions is vitally important. Enrollment into treatment services is guided by the *Structured Interview for Prodromal Symptoms* (SIPS) and symptoms are tracked over time on the *Scale of Prodromal Symptoms* (SOPS). Among those enrolling into REACH treatment services, 93% have a psychotic spectrum condition, based on multiple diagnostic reviews and the input of more than one diagnostician (2.5 per client). All have an opportunity to work with a psychiatrist for evaluation and medication support. The young people often

present with more than one condition (2.5 on average), including 61% with internalizing (anxiety, depression, traumatic stress, etc.) and 21% with externalizing problems (disruptive, oppositional, attention-deficit, etc.). Some (13%) also meet diagnostic criteria for substance abuse. Half survived historical traumas, including maltreatment (abuse and/or neglect) as a child/youth (33%).

Wellness Groups:

REACH maintains the structure of multi-family groups (MFGs) for education and support that are a strong component of the foundational PIER/EASA model. This includes active problemsolving focused on challenges that participants seek to address. Since starting, each year the team hosts an average of 32 sessions with 129 total "participations" (an individual attending one session) of 17 unduplicated young adult clients. Across years, close to 60% of clients attended at least once, and roughly 15% of sessions included one or more family members. The young adults who participate typically attend once every five weeks over a span of two years. Total "participations" (146) and average attendance per session (7) were high this past year, and practice fidelity is strong:

- ★ Participants complete checklists about the competencies of the group facilitator – invariably, all fidelity items are checked as present, whether pertaining to initial socializing, go-around, problem identification, problem-solving or the closing section.
- ★ Great learning can occur, as evident in thoughtful ideas recorded on MFG worksheets. Typical themes for problem-solving include family relationships; anger, frustration and stress; coping

REACH Brief Report, Cont'd

with perceptual disturbances and attendant anxiety; and, building confidence and skills for increasing socialization.

¹ Starlight Community Services is an agency of Stars Behavioral Health Group (SBHG). Starlight's REACH program is a county-wide PEI collaborative effort with Momentum for Mental Health. The clients reported upon here are from Starlight's program only.

ii A prior report was issued April 2014, with information from start-up (Nov 2010) through December 2013. Please contact the author for a copy.

iii For information about the models and related empirical research, please see: https://www.rri.pdx.edu/761

^{IV} A 2016 sample of 13 "Competency Checklists for MFG Clinicians" and "Multi-Family Group Problem-Solving Worksheets were reviewed for this report.