Early Assessment and Support Alliance (EASA)
Linn County Referral Form

The following are guidelines to decide whom to refer to EASA. Clients that are a good fit for EASA have symptoms of psychosis consistent with schizophrenia related conditions. Acceptance into the program will be based on further screening and assessment. Referents should explain to individuals that they are being referred for an assessment to determine whether EASA is a good fit for them and should continue to follow up with individuals referred until a decision regarding EASA is made.

**Must meet all of the following**
1. ___ Resides in Linn County
2. ___ Age 12–25
3. ___ The person has not received treatment for psychosis in the past year
4. ___ Psychotic symptoms are not related to substance abuse/use or a medical condition
5. ___ Symptoms have caused significant decline in academic, vocational, social, or personal functioning (sleep/hygiene).

**And must meet either item below**
6. ___ The individual has experienced significant worsening or new symptoms in one or more of the following areas in the last 12 months:
   * Thought disorganization as evidenced by disorganized speech and or/ writing. (Examples: confused conversations, not making sense, never getting to a point, unintelligible)
   * Behaviors, speech, or beliefs are uncharacteristic and/or bizarre
   * Complains of hearing voices or sounds that others do not hear
   * The individual feels that other people are putting thoughts in their head, stealing their thoughts, believes others can read their mind (or vice versa), and/or hear their own thoughts out loud
   * Episodes of depersonalization (Example: They believe that they do not exist or that their surroundings are not real)
   * Heightened sensitivities (lights, sounds etc.) and/or is experiencing visual distortions
   * Increased fear, anxiety or paranoia for no apparent reason or for an unfounded reason
   
5. ___ Family history of a 1st degree relative (sibling or parent) with a major psychotic disorder

*If the individual you are referring is in/an immediate danger to self or others, you will need to refer directly to the local crisis system. The crisis system will refer to EASA when the crisis resolves. To make a referral, call or fax a referral form to the EASA intake screener. Include all relevant assessments and releases of information.*

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**Linn County Intake Coordinator:** Phone: 541-967-3866 x 2711 Fax: 541-812-8807
For general program inquiries, contact EASA Case Manager cell at 541-979-9048

**EASA PROGRAM - REFERRAL FORM**

Referral Date: ____________________________

**Individual being referred**

First Name: ____________________________
Last Name: ____________________________

Address: ____________________________
Phone: ____________________________

Gender: FEMALE MALE OTHER

Date of Birth: ____________________________
Primary language(s): ____________________________

**Ethnicity**
- Black/African American
- Native American
- Caucasian/White
- Asian
- Hispanic (Mexican)
- Hispanic (Puerto Rican)
- Other Hispanic
- Southeast Asian
- Alaskan Native

Revised 03/26/2018
Other: ____________________________  Hispanic (Cuban)  Hawaiian or Other Pacific Islander

**How the client was referred**

- Crisis System or ED
- Outpatient Mental Health Provider
- Psychiatric Hospital
- Medical Provider
- Other: ____________________________
- Social Services Provider
- School
- Word of mouth
- Local advocacy group
- Public presentation
- Media
- Website
- Law Enforcement or Corrections

**Referent contact information: (Person making the referral)**

First Name: ____________________________  Last Name: ____________________________
Phone: ____________________________  Fax: ____________________________
Address: ____________________________  Email: ____________________________

Relationship to person being referred: ____________________________

**Who should EASA contact regarding engaging the referred individual?**

First Name: ____________________________  Last Name: ____________________________
Phone: ____________________________  Fax: ____________________________
Address: ____________________________  Email: ____________________________

**List of additional Contacts: (family, guardians, treatment providers, and other supports)**

1) Name: ____________________________  Relationship: ____________________________
Phone: ____________________________  Contact this individual: YES NO

2) Name: ____________________________  Relationship: ____________________________
Phone: ____________________________  Contact this individual: YES NO

**Reason for Referral (specific symptoms, onset, frequency, severity, and duration)**

________________________________________________________________________________________
________________________________________________________________________________________

**Cultural considerations that may impact screening and/or assessment**

________________________________________________________________________________________
________________________________________________________________________________________

**Person’s knowledge about and/or reaction to this referral**

________________________________________________________________________________________
________________________________________________________________________________________

**Family history of psychotic illness**

________________________________________________________________________________________
**Other services received prior to referral**

_____________________________________________________________________________________________
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<thead>
<tr>
<th>Living Situation at Referral</th>
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<tr>
<td>With Family</td>
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<td>Alone</td>
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<td>Homeless</td>
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<td>Other:________________________________</td>
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<th>Educational Involvement at Referral</th>
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<tbody>
<tr>
<td>Not in school—Wants to go</td>
<td>Part-time school</td>
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<td>Full-time school</td>
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<tr>
<td>Not in school—Does not want</td>
<td>Part-time trade</td>
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<td>Full-time trade</td>
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<tr>
<td>Part-time GED</td>
<td>Completed school</td>
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Last grade completed: ____________ (count each year after high school as a grade)

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<th>Employment at Referral</th>
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<td>Not working—Does not want</td>
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<td>Not working—Wants to work</td>
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<td>Not working—Seeking work</td>
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<tr>
<td>Working Part-time</td>
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<td>Working Full-time</td>
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<td>Not working age</td>
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<th>Employment type at Referral</th>
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<tr>
<td>Competitive</td>
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<td>Sheltered</td>
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<td>Volunteer</td>
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<th>Insurance Status at admit (check all that apply)</th>
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<tr>
<td>None</td>
<td>OHP</td>
<td>Medicare</td>
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**Referent Information**

*Note: The information below is voluntary and won't affect the outcome of this referral. We use the information below to improve our outreach efforts.*

Is this your first referral to EASA?  YES  NO

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<th>How did you hear about EASA</th>
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<tr>
<td>Crisis System or ED</td>
<td>Social Services Provider</td>
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<td>Media</td>
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<tr>
<td>Outpatient MH Provider</td>
<td>Law Enforcement</td>
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<td>Website</td>
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<tr>
<td>Psychiatric Hospital</td>
<td>Word of mouth</td>
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<td>Other</td>
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<tr>
<td>Medical Provider</td>
<td>Local Advocacy Group</td>
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<td>School</td>
<td>Public Presentation</td>
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<tr>
<th>Please check the category that best describes yourself</th>
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<tr>
<td>School professional</td>
<td>Multicultural leader</td>
<td></td>
<td>Law Enforcement</td>
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<td>Youth Worker</td>
<td>Member of Clergy</td>
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<td>Middle School Student</td>
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<tr>
<td>Medical Professional</td>
<td>Member of the Media</td>
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<td>High School Student</td>
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<tr>
<td>MH Professional</td>
<td>Employer</td>
<td></td>
<td>College Student</td>
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<tr>
<td>Substance Abuse Therapist</td>
<td>Parent</td>
<td></td>
<td>Young Adult (18-25)</td>
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<td>Community Group Member</td>
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EASA Follow Up:________________________________________
Frequently Asked Questions

*For information on EASA's services and who to contact for referrals please go to our website: www.easacommunity.org

*For information on other the EASA programs visit: http://www.oregon.gov/DHS/mentalhealth/services/easa/main.shtml

*You may also call 1-888-327-8817

**How can I help make the referral go more smoothly?**
PLEASE fill out the referral form as completely as possible. It is not uncommon for the EASA Intake Coordinator to review medical and/or mental health documentation regarding the client's symptoms and current status. If you have access to additional supportive documentation and are able to provide this to EASA, please do so with signed releases of information. This will move the process along more quickly. However, it is not necessary to have such documentation to make a referral.

**What happens when I make a referral?**
The EASA Intake Coordinator for the individual's county of residence will collect more information from you about the person's symptoms, history, and situation. At that point, the Intake Coordinator may want to complete a screening assessment with the individual and/or family. Our goal is to make sure that each individual referred to EASA receives the most appropriate treatment or recommendations. Our program will provide a careful screening, including an initial differential diagnosis process. EASA asks that if you are currently working with someone who is referred to EASA, continue to maintain your involvement until EASA has formally accepted the person into ongoing services. If it is determined that EASA is not a good fit for the individual, we will support the individual, family, and/or referent to identified resources that are more likely to be helpful.

**When might EASA not accept someone who seems to fit the referral guidelines?**
EASA is a specialty program focusing on individuals whose symptoms are consistent with the early stages of schizophrenia and related conditions. A number of other conditions, such as ADHD, major depression, severe anxiety, or post-traumatic stress disorder can have symptoms similar to the early stages of a psychotic illness, but require a different form of treatment and support. EASA tries to ensure that the clinical services the person receives are appropriate to that person. EASA does not accept individuals whose treatment needs are different than EASA’s primary focus.

**Does EASA accept people who are actively using illicit drugs?**
We serve a population of young people who have symptoms of psychosis and they may utilize illegal and legal substances, however, we will not automatically exclude or screen out those individuals as a result. However, if as part of the initial screening process, EASA learns that the drug use is the primary contributor to the current symptoms, the individual will be screened out and referred to more appropriate services.

**Does EASA ever accept individuals over the age of 25 or under the age of 12?**
Yes, EASA will consider accepting individuals into the program outside our age criteria if it is determined in the screening that all other criteria are met. However, EASA's focus is on serving the developmental needs of individuals in the transitional age range. To meet the needs of our current clients, EASA will not accept individuals significantly outside of our age criteria.

**What if the person I want to refer is appropriate for EASA but does not want help?**
EASA can be very flexible in working with the individual's support system to provide them with information and strategies for engaging the individual. EASA can also meet the client in an environment that is comfortable for them, and engage them in a way that is not entirely focused on mental health treatment.

**Will EASA accept people who are acutely psychotic?**
Yes. However, if EASA feels the individual is at risk of harming oneself or others we may ask and/or assist in the individual receiving hospital care. If the client is appropriate for services we will stay involved with the individual and the family throughout this episode.

**Will EASA accept people who have been ill for longer than 12 months?**
We recognize that it can take years for a serious mental illness to be diagnosed, and we will accept individuals who have had a lengthy “at risk” period prior to coming to the attention of mental health professionals. However, if an individual carries a diagnosis of a schizophrenia related illness for more than a year, they are likely not appropriate for EASA.

**What does it cost to be served by EASA? Does EASA take insurance?**
EASA will bill insurance, whether OHP or private, for all applicable services. Our mission is to serve eligible individuals regardless of ability to pay, though we would ask people to do their best to pay for services rendered so that EASA can sustain its services into the future.

**How long does it take someone to be accepted into EASA?**
Once a referral form is received, the Intake Coordinator will typically contact the referent within two business days to begin the screening process. From there, the process can take anywhere from 1 day to several weeks depending on the information available, the acuity of the individual, and the availability of the individual and their support system. EASA will keep the referent informed of their progress throughout the screening process. You will be notified directly when the client is accepted. If the client is screened out, you will be notified by phone and/or letter.