



Early Assessment and Support Alliance (EASA) Clackamas and Washington County Referral Form

Please review the following for referral and screening guidelines.

- If the person being referred meets referral criteria, complete the Early Assessment and Support Alliance (EASA) Referral Form and email it to: easareferrals@lifeworksnw.org.
- Once we receive the referral, we will contact you for more information to determine if a screening is indicated.

During the referral period, the individual should stay engaged with their current provider(s) for support and services until we can determine program eligibility. **Completion of this referral form does not guarantee immediate enrollment or acceptance into the program.**

To be considered for a screening into the EASA program, the individual must meet following:

- ☐ They live in either Clackamas or Washington County.
- ☐ They are between the ages of 12 and 30 years old.
- ☐ Symptoms of psychosis have been present for fewer than 12 months.
- ☐ Symptoms of psychosis are related to either schizophrenia spectrum disorder or bipolar disorder with psychotic symptoms (and are NOT related to substance use, trauma, major depression, and/or another physical health condition).

People who have clinical high risk may also be referred. They meet criteria for one of the three progressive psychosis risk symptoms based on a SIPS assessment completed by a trained and certified SIPS interviewer.

Referrals to EASA are NOT for immediate crisis support or for emergency response. If the individual you are referring poses an immediate danger to self or others, call 911. Behavioral health crisis concerns should be referred directly to the crisis resources available in the person's county of residence or to the individual's current mental health team.

Clackamas County Crisis Line: 1-888-735-1232

Washington County Crisis Line: 1-503-291-9111

EASA is a community-based, wraparound service. It is not appropriate for individuals who need inpatient support services or 24-hour access to in-person crisis response services.

Frequently Asked Questions

How can I help make the request for screening go more smoothly?

PLEASE fill out the entire form as completely as possible. EASA screeners review medical and/or mental health documentation regarding the individual's symptoms and status. If you have access to additional supportive documentation and can provide this with your referral form, please do so. This will move the process along more quickly. However, it is not necessary to have such documentation to make a request for screening.

What happens when I make a request for screening?

Our EASA team will contact the person making the referral within 2 business days of the referral form submission. We will gather more information from the referent to better understand the concern and whether the individual being referred is a good fit for a screening. The amount of time to complete a screening varies.

When might EASA not accept someone who seems to fit the referral guidelines?

EASA is specifically for first episode psychosis where symptoms have been present for no longer than 12 months. Several other conditions, including substance use, trauma, major depression, or other medical conditions, can have symptoms similar to the early stages of a psychotic illness but require a different form of treatment and support. We want to ensure that the clinical services the person receives are appropriate. We do not accept individuals whose treatment needs are different than EASA's primary focus.

Does EASA accept people who are actively using substances?

EASA serves a population of young people who have symptoms of psychosis and may use illegal and legal substances. We do not automatically exclude or screen out those individuals. *However*, if we determine during the screening process that substance use is the primary contributor to symptoms, we will refer the individual to more appropriate services.

Does EASA ever accept individuals over the age of 30 or under the age of 12?

No. Our focus is on serving the developmental needs of individuals in the transitional age range. We do not accept individuals outside of our age criteria.

What if the person I want to refer is appropriate for EASA but does not want help?

We can be flexible in working with the individual and their support system to provide information and strategies for engagement with the program. We can meet the individual in an environment that is comfortable for them and engage them in a way that is not entirely focused on mental health treatment. However, if the individual declines to participate in the screening process, we respect their decision. Engagement in EASA is voluntary and person driven.

Will EASA accept people who are experiencing acute psychosis?

The EASA program does support people experiencing acute symptoms of psychosis. However, if we feel the individual is at risk of harming oneself or others, we may help them receive a higher level of care. We are a community-based service. If the individual is appropriate for these services, we will stay involved with the individual and their family throughout the episode.

Will EASA accept people who have been ill for longer than 12 months?

No. EASA is designed specifically for first episode psychosis where symptoms have been present for no longer than 12 months.

Will EASA accept someone experiencing psychosis who has a developmental disability or delay?

We do not screen out people due to Intellectual and Developmental Delay (IDD). We may increase screening and consultation to determine how to best meet the person's unique needs. If a person is best served by IDD specific services, we can offer psychosis consultation to the IDD treatment team, as needed.

What does it cost to be served by EASA? Does EASA take insurance?

We can serve anyone who screens into the program regardless of insurance (no insurance, OHP, and/or private insurance). We require insurance information to ensure accurate billing. If a person has both private insurance and OHP (dual coverage), we may bill the private insurance first. If services are denied, we will then bill OHP as a secondary payer for all applicable services.

How long does acceptance into EASA take?

Sometimes, it can be clear from the start that an individual is not appropriate for the screening process. In that case, we will inform the referent. When a screening is indicated, the process can take anywhere from one day to several weeks, sometimes longer. We will continue to inform the referent of progress throughout the process. We will notify you directly when we make our decision.

Early Assessment and Support Alliance (EASA) Referral Form

LifeWorks NW – Clackamas and Washington Counties

To refer, complete this form and email to easareferrals@lifeworksnw.org

Client information

Today's date _____

Client name (Last, First): _____

DOB: _____ Age: _____ Gender: _____

Address: _____

County (please select): ☐ Clackamas County ☐ Washington County

Phone: (cell/work/home/other) _____ OK to leave message? ☐ Yes ☐ No

(cell/work/home/other) _____ OK to leave message? ☐ Yes ☐ No

Primary language Client: _____ Family: _____

Race/Ethnicity Client: _____ Family: _____

Referrant information

Name: _____ Email: _____

Agency name and address: _____

Phone: _____ Fax: _____

Reason for referral (description of current symptoms, onset, frequency, severity and duration):

Relevant cultural issues, beliefs, or practices (immigration/acclturation issues, religious, social issues):

Additional Information that you think would be helpful (i.e. substance use, previous psychiatric treatment, current medications):

Additional client information

Lives with: ☐ Family ☐ Alone ☐ Spouse ☐ Dorm ☐ Roommate ☐ Homeless ☐ Other: _____

Family members to be involved in treatment:	Age:	Relationship	Alternate contact #'s

Current employment/educational status:

☐ Working ☐ Unemployed ☐ School ☐ Enrolled but not attending

Name of school/employer: _____

Last grade completed in school: _____

Contact name/phone number of school or employer: _____

Insurance: _____ ID # (if provided) _____

Who should we contact regarding engaging client in the screening? _____

(The following information is voluntary. Its purposes are to improve our outreach efforts.)

How did you hear about EASA?

☐ Already familiar ☐ TV ☐ Newspaper ☐ Health care professional ☐ Internet ☐ Radio

☐ Mental health professional ☐ School social worker or teacher ☐ Brochure/poster

☐ Family ☐ Friend/Acquaintance ☐ Other

Who suggested you call: _____

Is this your first referral to EASA? ☐ Yes ☐ No