

## The Early Assessment and Support Team: Avoiding Wasted Lives and Dollars by Treating Psychosis Early

### **Schizophrenia and bipolar disorder cost Oregon millions of dollars and thousands of lives.**

- 72,000 Oregonians have schizophrenia or bipolar disorder. Onset is *almost always in the teens or early adulthood*, disrupting development into adult life.
- Estimates of annual costs for schizophrenia alone in the U.S. range from \$11.6 billion per year (Guderson and Mosher 1975) to \$32.5 billion (Rice and Miller, 1996). Direct costs are estimated at \$2 billion to \$17 billion. The costs for an individual lifetime are commonly in the millions. One in five or more Oregon prison inmates suffer from serious mental illness, double the number in the mid-1990s (Allan Gustafson, Salem Statesman Journal, 2/9/04).



- Without treatment, the hallucinations, delusions, and confusion of psychosis lead rapidly to devastating and tremendously expensive cycles of *trauma, school drop-out, unemployment, loss of family, legal involvement, emergency room visits and involuntary hospitalizations costing as much as \$1000 per day, life-long disability and risk of life.*



### **Despite Oregon's extremely expensive investments in acute care and jail cells, when psychosis begins, effective treatment is usually not available.**

- People experiencing psychosis *commonly seek help and are turned away* or receive an ineffective response. Families hear, "*There's nothing we can do until they're an imminent threat.*" While individuals can't be committed to treatment against their will unless there is a threat to safety, the mental health system makes little attempt to strategize with or support families, to do outreach, or to engage individuals in a positive, voluntary manner. Delays of a year or more before treatment are common, and entry into treatment is often against people's will. Available services are rarely based on current knowledge.



### **For less than the cost of a typical hospitalization, the Early Assessment and Support Team makes state-of-the-art, effective treatment available from the onset.**



- With help from private foundations, Mid-Valley Behavioral Care Network's Early Assessment and Support Team (EAST) *has demonstrated that investing in effective early treatment pays off.*
- EAST starts things out right, with effective services based on current knowledge. EAST provides community education, flexible outreach, specialized assessment, counseling and individualized low-dose prescribing, multi-family groups, supported employment and education, case management and development of long-term supports.

**A \$4.3 million investment in the next biennium would make early psychosis intervention available state-wide.** This recommendation is included in the State Hospital Community Work Group report and the Governor's Recommended Budget (Policy Option Package 104-45).

For more information, contact Tamara Sale, Mid-Valley Behavioral Care Network's Early Assessment and Support Team Coordinator, 503-931-0785, [tsale@mvbcn.org](mailto:tsale@mvbcn.org); [www.eastcommunity.org](http://www.eastcommunity.org); [www.mvbcn.org](http://www.mvbcn.org).

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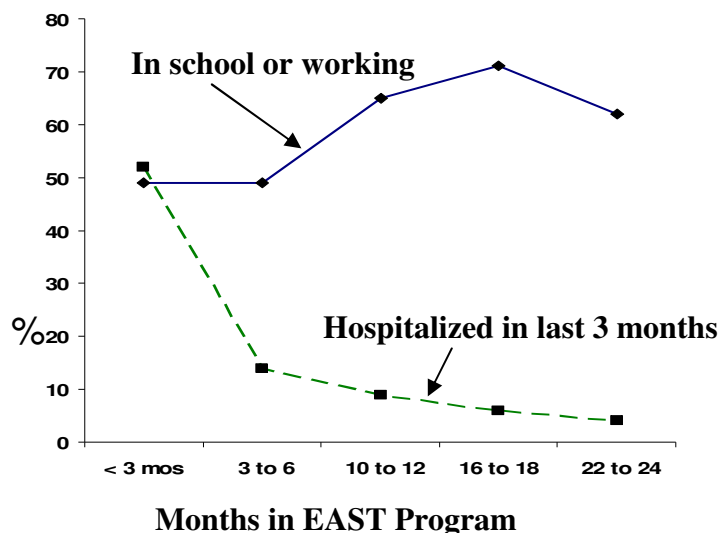
***The Early Assessment and Support Team is showing the difference we can make!***

- Mid-Valley Behavioral Care Network’s Early Assessment and Support Team (EAST) served more than 300 individuals with early psychosis and their families from 2001 through 2006.



- Ages ranged from 12 to 36.
  - Hospitalization rates were reduced from over 50% immediately prior or within the first three months of treatment, to 10% the second quarter, dropping steadily over time.
  - 74% had *symptom remission* or only mild disruption from symptoms by 1 year.
  - The large majority have had steady progress in quality of life indicators such as age-appropriate independence and friends.
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- They are completing high school and are doing well in college, and going on to competitive jobs. Almost all who are not working or in school are actively preparing to do so.
  - *95% of families are remaining actively involved*, versus a steady deterioration in family support which is the norm for people who experience psychosis.
  - *Most choose not to apply for public assistance* and most who do apply do so because they lack health insurance.
  - *As EAST integrates still earlier intervention and continues to integrate new treatment knowledge, we anticipate that these outcomes will be improved significantly.*

*EAST Trends, 2002-2006:*



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