

## Early Assessment and Support Team (EAST): Guidelines for Referral

The following are guidelines to decide whom to refer to EAST. Acceptance into the program will be based on further screening and assessment. Referents should continue to follow up with individuals referred and explain to the person being referred that they are being referred for an assessment to determine whether EAST is a good fit for them. The EAST team may provide consultation or occasionally consider accepting individuals by exception if they do not meet one of the guidelines but seem appropriate for the program and are not receiving adequate services.

### Must meet all of the following:

- \_\_\_ 1. Resides in Linn, Marion, Polk, Yamhill or Tillamook Counties.
- \_\_\_ 2. Age 12-25 (May consider individuals outside this range who meet all other criteria and aren't receiving appropriate treatment)
- \_\_\_ 3. The person has an IQ of 70 or above.
- \_\_\_ 4. The person has not received treatment for a psychotic illness prior to the last 12 months.
- \_\_\_ 5. Psychotic symptoms are not known to be caused by the temporary effects of substance intoxication or to a known medical condition.

### Must meet *either 6 or 7* below:

- \_\_\_ 6. The individual has experienced a significant worsening or new symptoms in at least **one of the following areas in the last 12 months:**
  - a. Thought disorganization as evidenced by disorganized speech and or/ writing. (Examples: confused conversations, not making sense, difficulty directing sentences to goal, never getting to a point, unintelligible).
  - b. Behaviors, speech or beliefs are uncharacteristic and/or bizarre.
  - c. Complains of hearing voices or sounds that others do not hear.
  - d. 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.

OR

- \_\_\_ 7. If the person does not meet the criteria in 6 above, he/she must be experiencing **two** of the following that are **new in the last 12 months:**
  - a. Episodes of depersonalization (Example: They believe that they do not exist or that their surroundings are not real).
  - b. Significant decline in academic/vocational functioning, social functioning and/or personal hygiene.
  - c. Significant changes in sleep (sleeping less or sleeping too much).
  - d. Heightened sensitivities (lights, sounds etc.) and/or is experiencing visual distortions.
  - e. Increased fear or anxiety for no apparent reason or for an unfounded reason.
  - f. Family history of 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 EAST when the crisis resolves.

**Call EAST to make a referral:** Ryan Melton, Clinical Coordinator, 503-480-5122 or 888-327-8817. Fax number 503-584-4837. For general program inquiries, call Tamara Sale, Program Coordinator, at 503-931-0785.