



EARLY ASSESSMENT AND SUPPORT ALLIANCE (EASA)

Keeping young people with the early
signs of psychosis on their
normal life paths

www.eastcommunity.org

Today's Discussion

- How we got here
- What we've accomplished so far
- Where we're headed
- How you can help
- Questions & answers

Where EASA Began: Mid-Valley Behavioral Care Network EAST Program



Mid-Valley Behavioral Care Network (“BCN”)

- 5-County Intergovernmental Organization
- Board of Directors are County Commissioners for each of 5 counties
- Created in 1997 when OHP folded in mental health
- Goal was to bring best practices & preventive approach to local communities

Early Psychosis Programs

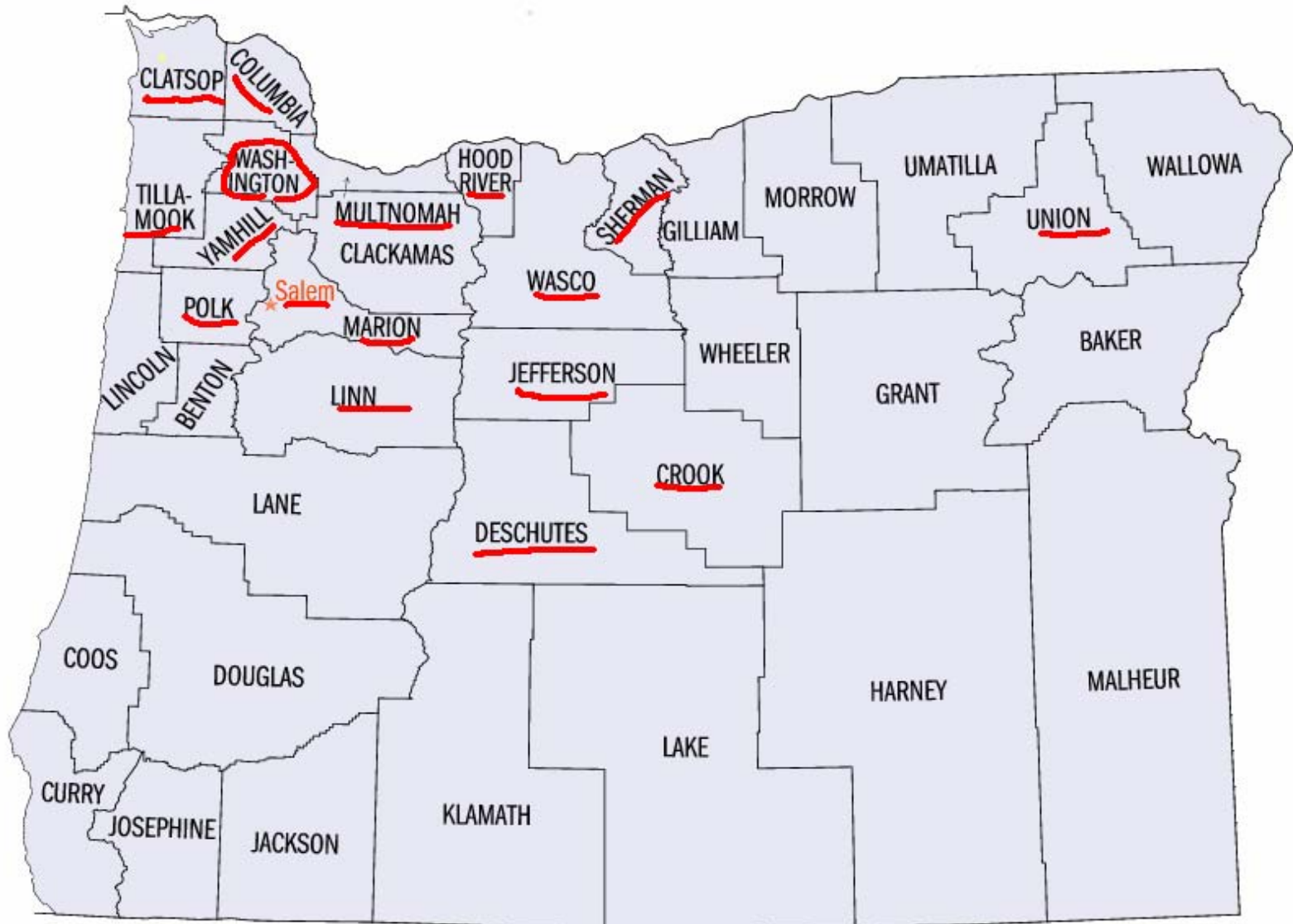
- First programs began around 1990
- Early psychosis intervention “standard of practice” in Australia, Great Britain, Canada, Scandinavia
- BCN created Early Assessment and Support Team (EAST) in 2001 based on Australian guidelines (Early Psychosis Prevention and Intervention Center, Melbourne)
- 2007 Oregon legislature allocated \$4.3 million to disseminate EAST; the Early Assessment and Support Alliance programs began in 2008

Mission of EAST/EASA

- Keep young people with the early signs of psychosis on their *normal life paths*, by:
 - Building community awareness and
 - Offering easily accessible, effective treatment and support
 - Network of educated community members & highly skilled clinicians
 - Most current evidence-based practices



Early Assessment and Support Alliance



Early Assessment and Support Alliance

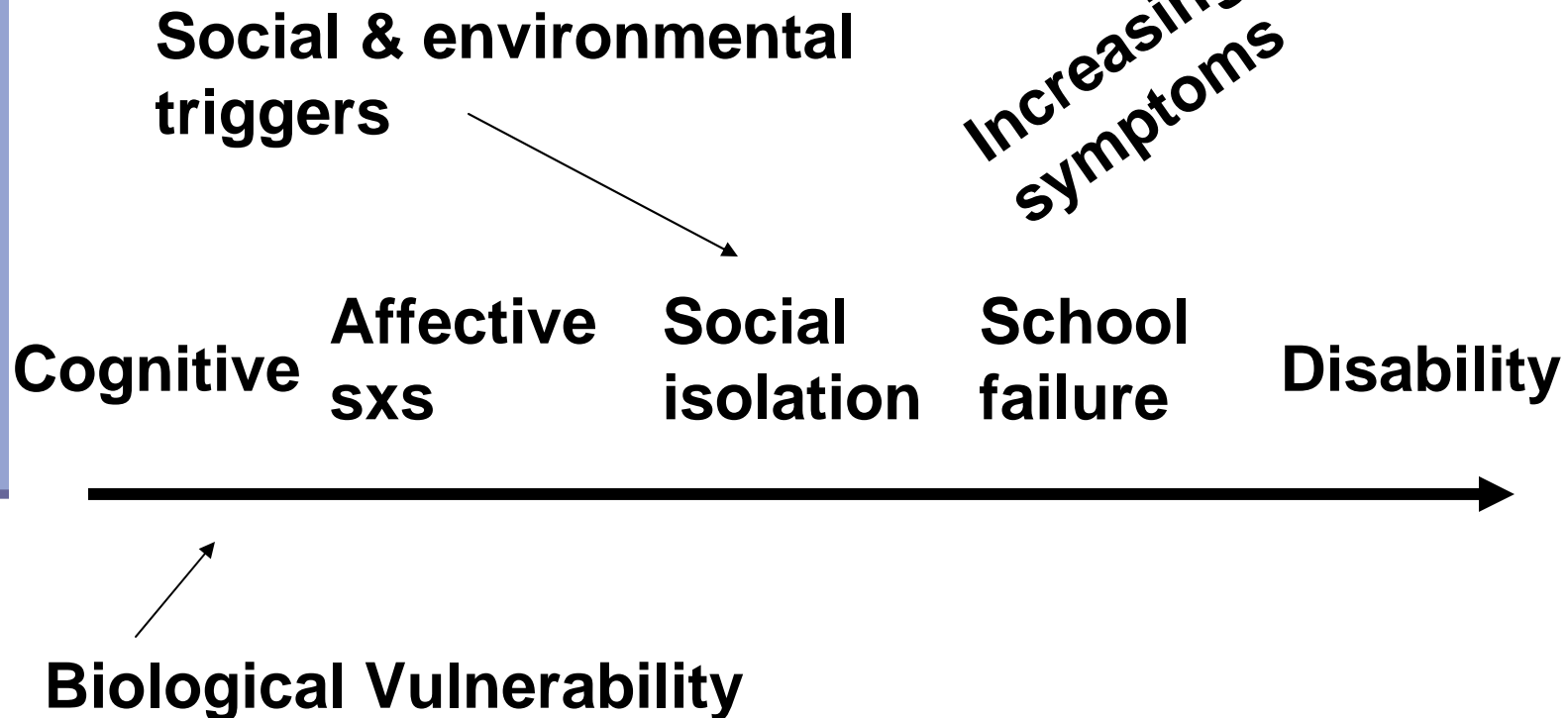
- 2007 legislature funded; re-funded in 2009: \$4.3 million
- EASA (including EAST) currently available in 11 counties, covering 60% of population.
- Results so far have paralleled EAST's
- Douglas and Lane Counties actively discussing creating programs
- Greater Oregon Behavioral Health discussing expansion beyond current sites (Union, Clatsop, Columbia)
- Why are other counties not part of EASA?
 - They did not apply for the Request for Proposals and have not come forward seeking to create programs.
 - ***Leadership is KEY!!!!***

Who does EASA serve?

- Individuals who have had a first episode of schizophreniform or bipolar spectrum psychosis within the last 12 months
 - EAST provides earlier services to “high risk” individuals with symptoms that are not yet acute
- Live in catchment area of local program (unfortunately some Oregon counties have no program- yet!)
- IQ over 70
- Referrals can come from anyone; insurance is not a barrier

Schizophrenia Prodrome: Progression into Psychosis

■ CASIS model (Cornblatt)



Performance Changes to Watch For

- New trouble with:
 - reading or understanding complex sentences
 - Speaking or understanding what others are saying
 - Coordination in sports (passing ball, etc.)
 - Attendance or grades



Behavior changes

- Extreme fear for no apparent reason
- Uncharacteristic, bizarre actions, statements or beliefs
- Incoherent or bizarre writing
- Extreme social withdrawal
- Decline in appearance and hygiene
- Sleep (sleep reversal, sleeping all the time, not sleeping)
- Dramatic changes in eating



Perceptual changes



- Fear others are trying to hurt them
- Heightened sensitivity to sights, sounds, smells or touch
- Statements like, “I think I’m going crazy” or “My brain is playing tricks on me”
- Hearing voices or sounds others don’t
- Visual changes (wavy lines, distorted faces, colors more intense)
- Feeling like someone else is putting thoughts in your brain or taking them out

How is EASA different?

- Community education is major focus: Psychosis is a normal, common, treatable medical condition, and the prognosis is generally a good one at this point in history
- We don't assume people with psychosis will seek out treatment
 - Paranoia, unfamiliarity/barriers in the system, stigma, bad experiences all keep people from seeking help
 - We do OUTREACH and form trusting relationships to facilitate active choice

How is EASA different?

- Emphasis on identifying people as early as possible and reaching out to them to PREVENT crisis and disability
- Focus is on partnership with the individual and family
 - Goal is not to “convince person”, but to develop a shared explanatory model which facilitates recovery
 - Family is equally important in the treatment process
 - Education of the individual and family is CENTRAL

How is EASA different?

- Coordinated services by a comprehensive team of professionals- psychiatrist, nurse, social worker, vocational specialist, occupational therapist
- Opportunities to meet and learn from others having the same experiences
- Careful attention to things that promote choice and engagement- focusing on the person's strengths and interests, supporting what they care about, carefully monitoring side effects, etc.

How is EASA different?

- Assumptions!

- We expect people to do well, even if it takes time.
- We believe families are central to recovery and our greatest asset.
- Our job is prepare people to be their own most effective advocates.
- Systems should adapt to the needs of people, rather than people adapting to the needs of systems!!

How is EASA different?

- Systems adapting to people!
 - Serve all forms of insurance, or no insurance
 - Serve youth (down to age 12) through young adults (age 25) on one team; no transition from child to adult system
 - Focus is on what the person cares most about, not what we THINK they should care most about
 - Emphasis on outreach and in vivo (real life) experiences; giving people what they need to succeed
 - We have a “can do” mentality which is reinforced by success!
 - Laying the foundation for long-term system reform!!

EASA is a transitional program-

- 2-year program although we have a long-term investment in the person's success
- Gradual transition into other services
- Currently surveying all grads; invite them back to continue to engage with us
- We are advocates for system change to support people long-term
 - Employed Persons with Disability program/vocational options
 - Other evidence-based practice options
 - Safety nets
 - Networks of self-advocates and professionals working together to create pathways

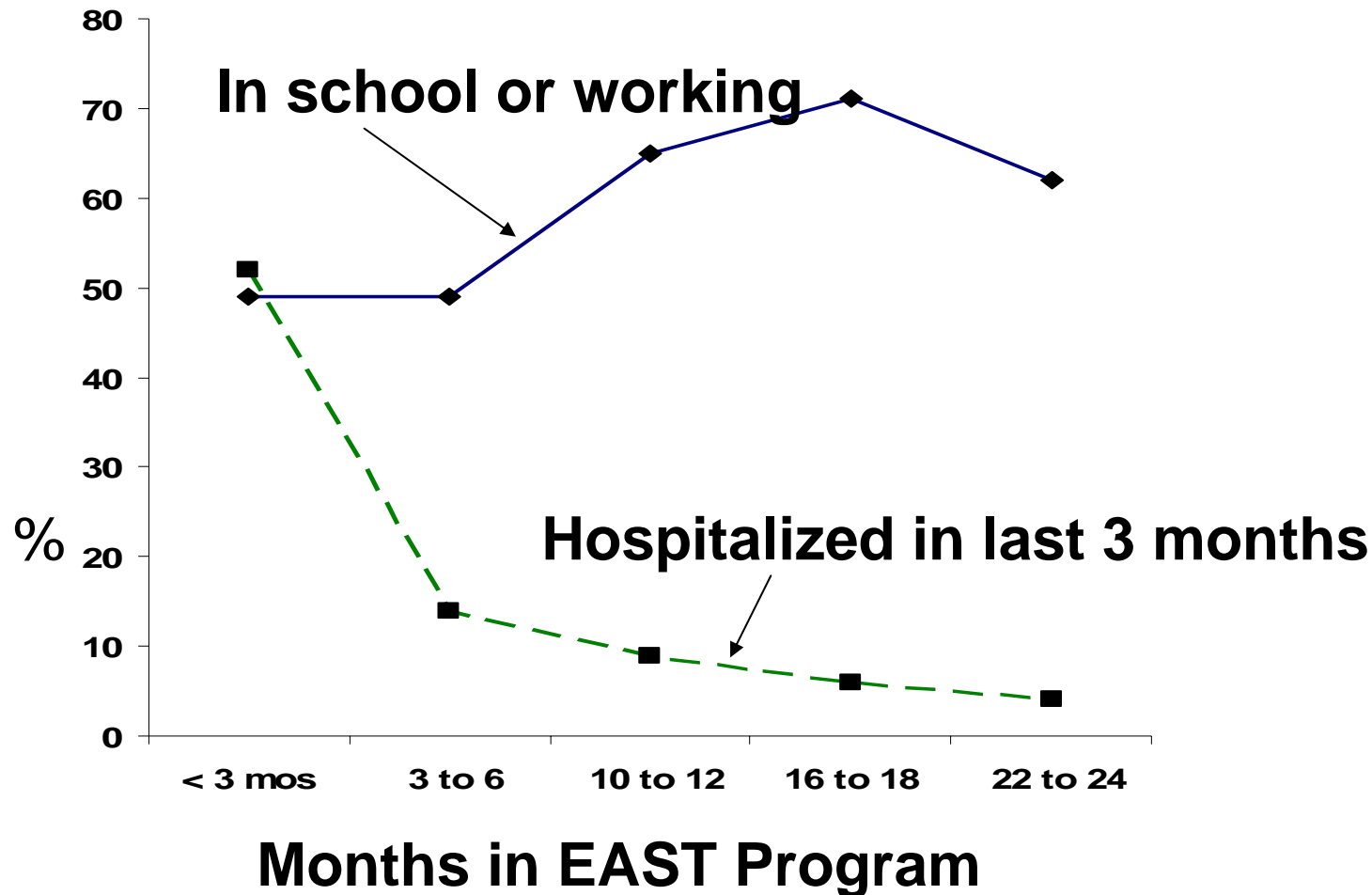
Results



Since March 2001

- **Approx. 400** served
- **Over 800** referred & assisted
- **74%** symptom remission or only mild disruption by 1 year
- **95%** maintain strong family support & involvement

Vocational & Hospital Outcomes prior to Service Enhancements (Intensive Staffing Standards & Universal Access to SE)



Preparing for the future....

- Robert Wood Johnson Foundation Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP)
 - 4-year national study looking at people at high risk due to lower level symptoms consistent with psychosis (possibly prodromal)
 - Now in year 3
 - We've learned a lot!
 - Lower hospitalization rates; easier to engage; less disability
 - High risk identification still needs refinement

What can you do to help??

- If you live in an EASA county:
 - Help get the word out by identifying opportunities for the EASA staff; spread the word directly
 - Refer people
 - Keep advocating for effective services and helping to organize informal supports
 - Look for ways to support EASA families and graduates: What should people's experience be like (versus what we've experienced in the past)
 - Let policy makers know this is the type of change families need!

What can you do to help?

- If you don't live in an EASA county:
 - Educate and encourage key decision makers- mental health directors, county, state, etc. about what happens now when people look for help & how it could be different with EASA
 - Organize a local educational session with your local community team (EAST staff can come visit and talk about how we got where we are)

More Information

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EAST website: www.eastcommunity.org

State EASA website:

www.oregon.gov/DHS/mentalhealth/services/easa/main.shtml