


# *Health Department*

July 16, 2014

TO: (REFFERENT) You can also include others whom would need to know e.g. family if they weren’t the referrent

RE: Client name, DOB-….

Dear Person,

Thank you for referring client name for a screening for eligibility for the Early Assessment and Support Alliance (EASA) Program. After completing a Structured Interview For Psychosis Risk Syndromes (SIPS), or extensive screening and assessment process I have determined *client* is not eligible for the EASA Program at this time. It appears the symptoms of psychosis she is experiencing are better explained by anxiety at this time. Additionally, her symptoms of psychosis also appear to not be consistent with a schizophrenia spectrum disorder at this time. As indicated by the SIPS, *client* does appear to have some concerning symptoms which should be monitored for significant worsening over time. These symptoms include experiencing an increase in De Ja Vu experiences, auditory hallucinations outside of the head or near her ears (ears playing tricks on her), and a decline in functioning academically/socially/activities of daily living (ADL’s).

It is our recommendation that he be referred to Marion County’s Behavioral Services. I have already started that process.

If you have any questions, concerns, and/or disagree with this decision feel free to contact myself at (503) 576-4690 or my supervisor Robin Sischo at (503) 932-2270. You may also contact the EASA Center for Excellence Clinical Director Ryan Melton 971-218-9251 for more information on EASA’s acceptance criteria and/or to provide feedback on the referral process.

Sincerely,

Shane McDaniel, MSW, Mental Health Specialist II

EASA Intake Coordinator

Marion County EASA Program

Cc: File