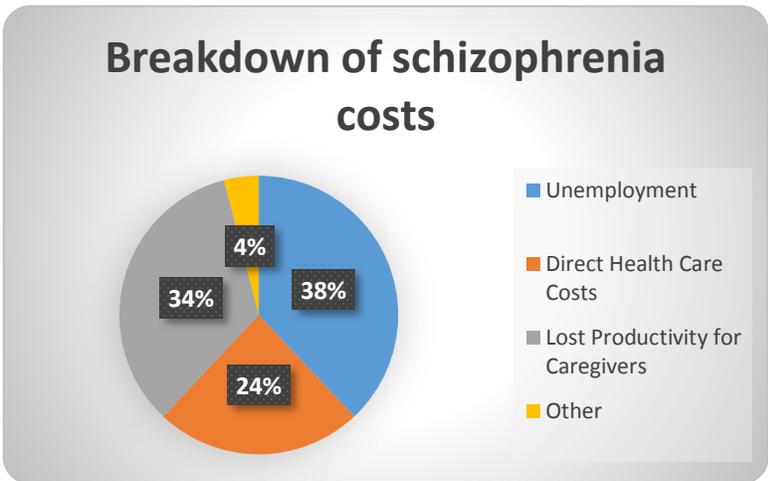
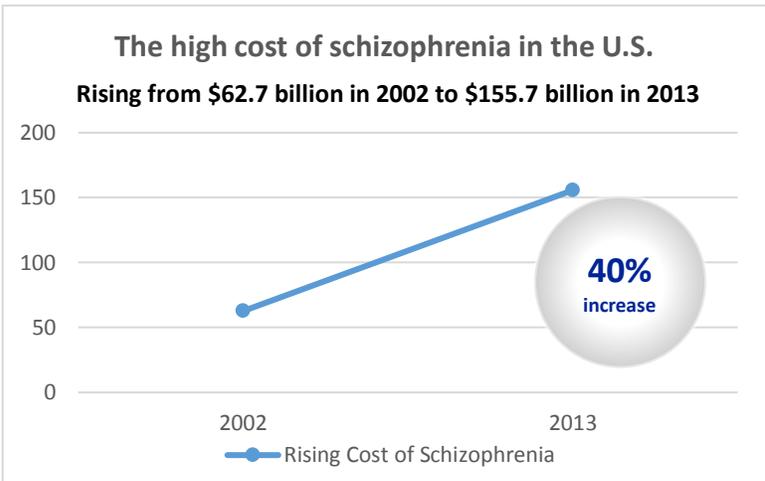


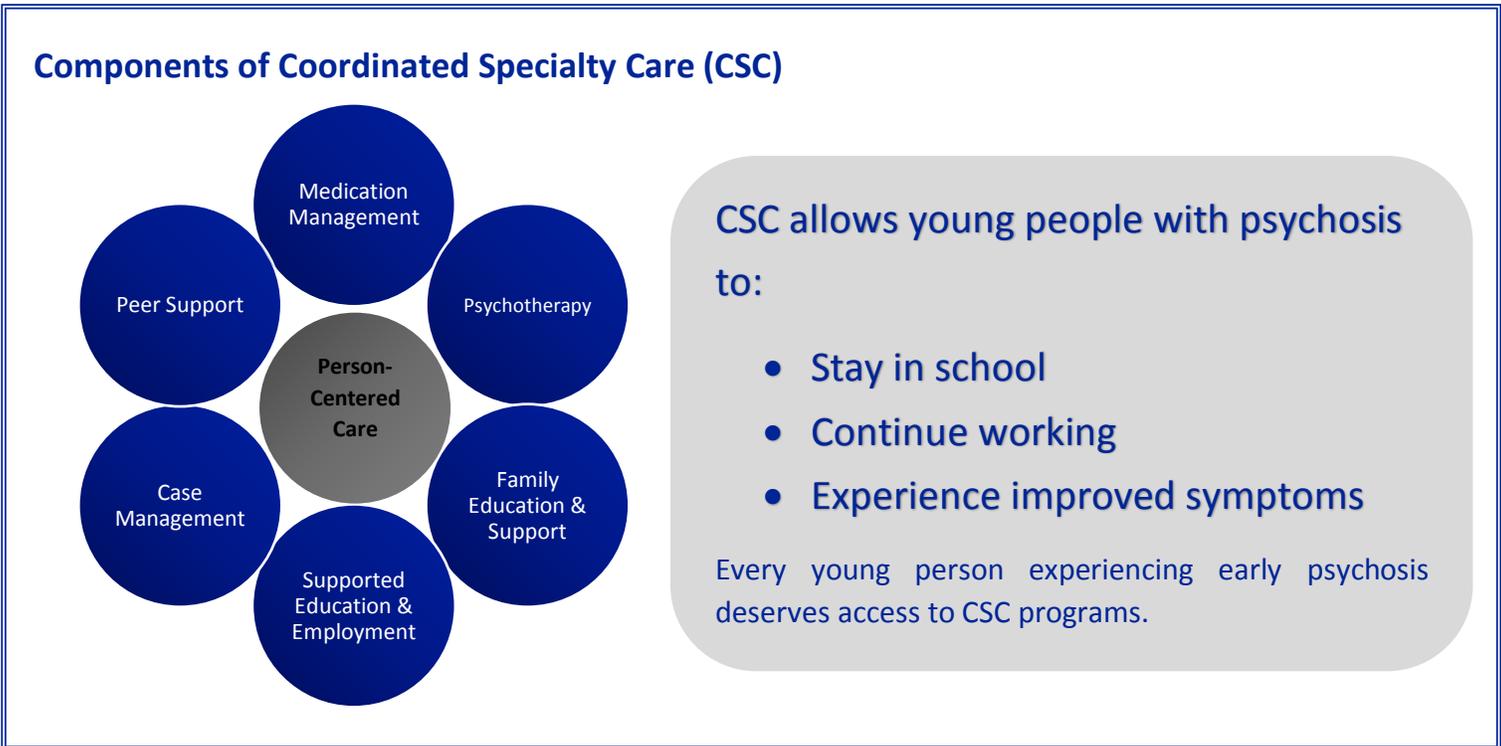
Paying for what works

Early care for psychosis associated with schizophrenia significantly improves young lives. Failing to do so is costly.¹



Too often, young people experience crises before they receive care for early psychosis. Typically, there is a 1 to 3 year delay from the start of psychosis to intervention. That delay must be shortened. A federally funded NIMH study² showed that by intervening early with coordinated specialty care (CSC), young adults with early psychosis get better.

Components of Coordinated Specialty Care (CSC)



Person-Centered Care

- Medication Management
- Psychotherapy
- Family Education & Support
- Supported Education & Employment
- Case Management
- Peer Support

CSC allows young people with psychosis to:

- Stay in school
- Continue working
- Experience improved symptoms

Every young person experiencing early psychosis deserves access to CSC programs.

Paying for what works improves outcomes

Crisis-driven systems

- High rates of dropping out of school
- High unemployment rates (**80-90%**)
- Strained and high-conflict relationships
- High rates of homelessness (**20%**)
- Families not involved with the treatment team
- High rates of incarceration (**17%**)
- Increased rates of suicide and early death (**10%**)

Coordinated Specialty Care (CSC)

- Staying in school
- Securing and staying in jobs
- Building healthy social and family relationships
- Improved quality of life
- Families are valued and involved in care
- More productive members of society

Federal Funding Supporting CSC

Congress recognizes the value and importance of CSC programs by funding FEP program expansion through a set-aside added to state Mental Health Block Grants (MHBG). This funding is vital for developing these effective programs.



State Funding is Essential

NAMI calls on states to support sustainable funding for coordinated specialty care (CSC) programs. Components of CSC often not covered by commercial insurance or Medicaid include supported education and employment and community outreach. Without state support for CSC programs, the operation and sustainability of these programs are at high risk.

States and local communities use scarce resources to continue to operate crisis-driven systems for individuals experiencing early psychosis rather than paying for what works. Let's start paying for care in all of the right places. The time for action is now.

¹ Cloutier, et.al, *The Economic Burden of Schizophrenia in the United States in 2013*. J. Clin. Psychiatry, 2016 June: 77(6): 764-71. Doi: 10.4088/JCP.15m10278.

² Information about the NIMH funded *Recovery After an Initial Episode of Schizophrenia* (RAISE) study is available at www.nimh.nih.gov/raise.