Paying for what works

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

![The high cost of schizophrenia in the U.S.](chart)

The high cost of schizophrenia in the U.S.

Rising from $62.7 billion in 2002 to $155.7 billion in 2013

40% increase

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 study showed that by intervening early with coordinated specialty care (CSC), young adults with early psychosis get better.

**Components of Coordinated Specialty Care (CSC)**

- Medication Management
- Psychotherapy
- Person-Centered Care
- 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

<table>
<thead>
<tr>
<th>Crisis-driven systems</th>
<th>Coordinated Specialty Care (CSC)</th>
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<tbody>
<tr>
<td>- High rates of dropping out of school</td>
<td>- Staying in school</td>
</tr>
<tr>
<td>- High unemployment rates (80-90%)</td>
<td>- Securing and staying in jobs</td>
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<tr>
<td>- Strained and high-conflict relationships</td>
<td>- Building healthy social and family relationships</td>
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<tr>
<td>- High rates of homelessness (20%)</td>
<td>- Improved quality of life</td>
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<td>- Families not involved with the treatment team</td>
<td>- Families are valued and involved in care</td>
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<td>- High rates of incarceration (17%)</td>
<td>- More productive members of society</td>
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<tr>
<td>- Increased rates of suicide and early death (10%)</td>
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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.


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

www.nami.org/earlypsychosis

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