

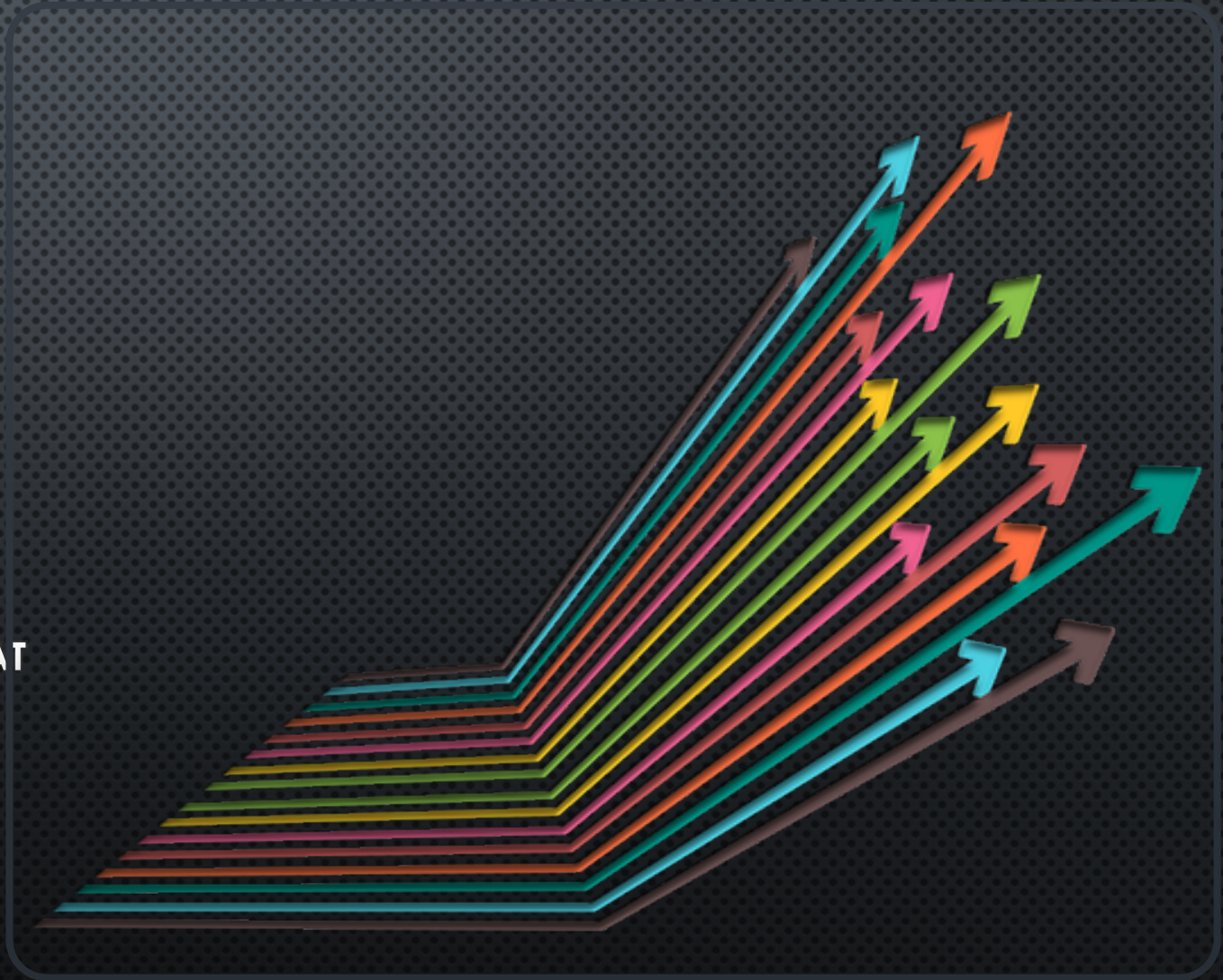
COORDINATED SPECIALTY CARE (CSC): POLICY FUTURES

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POLICY FUTURES

- SUBSTANTIVELY IMPROVE ENGAGEMENT & LONG-TERM OUTCOMES, PARTICULARLY AMONG THOSE AT THE HIGHEST RISK OF LONG-TERM POVERTY, HOMELESSNESS &/OR INCARCERATION
 - TO DO SO:
 - STRENGTHEN THE WORKFORCE
 - ADDRESS INEQUITIES IN REPRESENTATION/LEADERSHIP
 - RECALIBRATE TO THE OUTCOMES THAT MATTER MOST
 - BE THE CHANGE WE WANT TO SEE





1. PROBLEM: DISENGAGEMENT

- **SUBSTANTIAL NUMBERS--LIKELY THE MAJORITY—OF CLIENTS DISENGAGE OR DROP-OUT OF CSC**
 - REASONS/CORRELATES ARE COMPLEX & HETEROGENEOUS
 - SOCIAL & STRUCTURAL DISADVANTAGE / DISCRIMINATION, INCLUDING STRUCTURAL RACISM
 - CONFLICTS/DISAGREEMENTS OVER MEDICATION, INTERVENTION
 - DISAGREEMENT OVER THE INTERPRETATION OF THE PROBLEM (IE PSYCHOSIS)
- **OUR IMPACT ON LONG-TERM OUTCOMES WILL BE DIMINISHED IF WE DON'T ADDRESS THOSE LEAVING 'PREMATURELY', NOT IN WORK/SCHOOL, ON A PATH TO LONG-TERM POVERTY**

2. PROBLEM: LONG-TERM POVERTY

- SSI RATES SET AT 70% OF THE FEDERAL POVERTY LINE (= POVERTY-LEVEL INCOME)
- AS OF YET, NO CLEAR EVIDENCE THAT ACCESS TO CSC ALONE SUBSTANTIVELY CHANGES LONG-TERM POVERTY & UNEMPLOYMENT RATES
- IN THE US, LIVING WAGE EMPLOYMENT IS THE PRIMARY PATH AWAY FROM POVERTY
 - *LIVING WAGE IS KEY*



POLICY FUTURE: **STRENGTHEN THE WORKFORCE**

- **INVEST IN RESEARCH, DEVELOPMENT & WAGES FOR PEER WORKERS WITH PERSONAL EXPERIENCE OF PSYCHOSIS & THE INTERSECTIONAL IDENTITIES OF THOSE AT HIGHEST RISK OF DISENGAGEMENT/POVERTY**
 - INVEST IN LEADERSHIP (CLINICAL, RESEARCH, POLICY) OF INDIVIDUALS WITH EXP OF PSYCHOSIS & INTERSECTING DISADVANTAGE
 - INVEST IN SUBSTANTIVE TRAINING, INTERVENTION, SUPERVISION & SUPPORTS
- **TRAIN SOCIAL WORKERS, COUNSELORS, PRESCRIBERS**
 - PROGRESSIVE, MEANING CENTERED PSYCHOSOCIAL INTERVENTION IN PSYCHOSIS / SMI
 - TRAIN TO EMBRACE THE ADAPTOME – THINKING AND SKILLS THAT ALIGN WITH A 21ST CENTURY LHS
 - RTP-STYLE CURRICULUM ON EARLY INTERVENTION – COLLABORATION WITH PROFESSIONAL ASSOCIATIONS
 - SUBSTANTIVE LIVED EXP ROLES IN TRAINING/EDUCATION AS WE SEE IN AUSTRALIA,UK, CANADA
- **TO SUPPORT RETENTION, EXPAND LOAN REPAYMENT, RECALIBRATE MEDICAID REIMBURSEMENT RATES**

POLICY FUTURE: RECALIBRATE TO THE OUTCOMES THAT MATTER MOST



- **MATERIAL CONDITIONS OF LIVING**
 - LIVING WAGE & INDEPENDENT LIVING (UNLESS TRULY IMPOSSIBLE)
 - FUNDAMENTALLY ALSO A PROBLEM OF STRUCTURAL RACISM
- **METRIC OF CSC SUCCESS =**
 - YOUNG PEOPLE ON A PATH TO A LIVING WAGE/EARNING A LIVING WAGE
 - MEASURE QUALITY OF WORK, EDUCATIONAL ACTIVITIES, CAREER DEVT
 - INCOME & INCOME SOURCES (RELATIVE TO LOCAL COST OF LIVING)
- **WHAT WOULD FOLLOW**
 - LHS POTENTIAL TO CAPTURE POSITIVE ADAPTATION VIS-À-VIS CAREER DEVT
 - FUNCTIONAL RECOVERY INTERVENTIONS IN CSC UNEQUIVOCALLY FOCUSED ON LIVING WAGE CAREERS / CAREER MOBILITY
 - ROLE EQUITY FOR INTERVENTIONS FOCUSED ON LIVING WAGE CAREER DEVT

POLICY FUTURE: **BE THE CHANGE**

- **INEQUALITY ON THE BASIS OF GROUP MEMBERSHIP (PEOPLE WITH PSYCHOSIS / LONG-TERM DISABILITIES, RACIAL/ETHNIC MINORITIES) HAS TOO LONG BEEN THE STATUS QUO**
 - IF CLINICAL SERVICES / THE RESEARCH COMMUNITY EXPECT EMPLOYERS/EDUCATIONAL INSTITUTIONS/LANDLORDS TO BE FULLY INCLUSIVE, THEY MUST BE TOO
 - = CAREER LADDERS, PATHWAYS TO LEADERSHIP, EQUITY
- **CHANGE MINDSET = OPENNESS TO THE PRIORITIES & RETHINKING OF THOSE GROUPS WE ARE OSTENSIBLY AIMING TO HELP**

