

Continuum of care

What would a full continuum of care look like?

The right level of care is provided in the moment of need, to stop the progression of illness and uplift a person on to a path of recovery.

What would this include?

Community, outpatient services

- First-episode psychosis programs
- Psychiatrists who accept and treat patients with SMI (reduce “cherry picking”)
- Best-practice medication management
- Therapists utilizing evidence-based treatments
- Assertive community treatment (ACT)
- Assisted outpatient treatment (AOT)
- Peer support
- Insurance companies accountable for parity

Crisis and inpatient services

- Mobile crisis teams integrated with the 988 Suicide and Crisis Lifeline
- Crisis stabilization/diversion centers that are insurance blind
- Prompt emergency evaluations in the community and any facility built for crisis care
- Acute inpatient beds with adequate staffing and scope of practice
- Adequate state hospital beds or other long-term inpatient options
- Accountability for responsible discharge, with outcomes tracking (end “streeting”)

Ongoing support

- Transitional “step down” care upon discharge from hospital
- Subacute care/partial or “day hospital” programs
- Crisis residential and respite programs
- Permanent, supportive housing (Medicaid/Social Security funded)
- Intensive case management (certified community behavioral health clinic model)
- Clubhouse International accredited community centers

What are outcomes from an incomplete continuum of care?

Untreated psychosis can result in brain damage, worsening of symptoms, severely strained relationships, and lost opportunities for education, work, and housing. Delays in care are costly in the long term and can lead to criminal legal involvement, poor quality of life, and a shortened life expectancy.

Talking points:

- A full continuum of care should include community outpatient services, crisis and inpatient services, and ongoing support.
- Barriers to appropriate care, such as provider shortages and a lack of training on the needs of those with SMI, must be addressed.
- The criminal legal system is far too often the place where people with SMI end up due to issues with access to treatment.

Go deeper:

- TAC's community resource article about [Continuum of Care](#) provides vocabulary and general information about options within an SMI treatment system.
- TAC's report about [duration of untreated psychosis](#) describes troubling outcomes while the average delay in treatment is 74 weeks in the U.S.
- TAC's community resource article about [Psychosis](#) provides foundational information and guidance about best-practice standards for its treatment.