

# Frequently Asked Questions (FAQ)

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A.3 Who developed \$COPE 360?

A.4 Who is \$COPE 360 designed for?

A.5 What can I do with \$COPE 360?

## **B. Getting Started**

B.1 What should I do first when learning how to use \$COPE 360?

B.2 Do I need to use sections in order?

B.3 How do I know which section to use?

B.4 I'm new to the platform. What is the fastest path?

B.5 I only need one chart. Do I need to use the whole tool?

## **C. Platform Navigation and Use**

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C.2 Can I move between national and state views without starting over?

C.3 How do I compare two states?

C.4 Can I isolate one system or cost category?

C.5 What happens when I select a domain?

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- C.7 What does “cross-system analysis” mean?
- C.8 Are there filters or customization tools?
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#### **D. Caregiver and Hidden Impact Questions**

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#### **E. Data and Methodology Questions**

- E.1 What kind of data does \$COPE 360 use?
- E.2 Are the numbers actual expenditures?
- E.3 How are state estimates calculated?
- E.4 Why do estimates differ between states?
- E.5 Does the platform use predictive forecasting?
- E.6 What am I seeing when values change between views?
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#### **F. Visualizations and Outputs**

- F.1 Can I download charts or graphics?
- F.2 Can I use graphics in presentations or advocacy materials?
- F.3 Can I save analyses and return later?
- F.4 Can I create visuals focused on one issue area?
- F.5 Can I cite \$COPE 360 for advocacy or policy work?
- F.6 How would I cite or provide documentation for the platform?

#### **G. Interpretation and Limitations**

- G.1 Are these estimates exact?
- G.2 Why might some impacts be underestimated?
- G.3 Does the platform include all societal impacts?
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## **H. Participation and Collaboration**

H.1 I have data, research, or expertise to contribute. How can I participate?

H.2 Will the platform be updated?

## **I. Methodology and Transparency**

I.1 Where can I learn more about the methodology?

I.2 What sources informed the platform?

I.3 Why does the platform focus on systems beyond healthcare?

I.4 Are metric definitions available?

I.5 Are all measures estimates?

I.6 Why do some measures appear in more than one section?

## **A. General Questions**

### **A.1 What is \$COPE 360?**

\$COPE 360™ is an interactive national and state-level societal cost intelligence platform designed to help users explore and visualize the societal impact of schizophrenia across healthcare, housing, caregiving, employment, disability systems, homelessness, justice-system involvement, and related public systems.

### **A.2 What does “\$COPE” stand for?**

\$COPE stands for:

#### **Schizophrenia Cost Perspective Engine**

The platform was developed to help users see where schizophrenia-related costs emerge, accumulate, and shift across interconnected systems and sectors.

### **A.3 Who developed \$COPE 360?**

\$COPE 360 was developed in 2026 by the Schizophrenia & Psychosis Action Alliance as part of the organization’s Total Cost of Schizophrenia research initiative.

### **A.4 Who is \$COPE 360 designed for?**

The platform is intended for:

- Policymakers and government leaders
- Researchers and health economists
- Advocates and nonprofit organizations
- Healthcare and behavioral health leaders
- Journalists and educators
- Families and community stakeholders

## A.5 What can I do with \$COPE 360?

Users can:

- Explore national impact estimates
- Compare states
- Analyze cross-system impacts
- Examine caregiver impact
- Visualize societal impact across systems
- Export graphics and visualizations
- Support presentations, advocacy, and planning efforts

## B. Getting Started

### B.1 What should I do first when learning how to use \$COPE 360?

Start with **National Impact** if you want the overall picture of schizophrenia-related impact across systems.

Use **Compare States** if you need geographic differences.

Use **Analyze Systems** when exploring specific domains such as healthcare, caregiving, housing, employment, justice involvement, or public supports.

### B.2 Do I need to use sections in order?

No. \$COPE 360 is designed for exploration. Users may move directly to the data most relevant to their question.

### B.3 How do I know which section to use?

If your question is:

“How large is the overall impact?” → **National Impact**

“How does my state compare?” → **Compare States**

“Where are costs occurring?” → **Analyze Systems**

### B.4 I'm new to the platform. What is the fastest path?

National Impact → Compare States → Analyze Systems

### B.5 I only need one chart. Do I need to use the whole tool?

No. Users can move directly to specific comparisons, visualizations, or domains.

## C. Platform Navigation and Use

### C.1 Can I compare multiple states?

Yes, but two at a time. The comparison view allows side-by-side evaluation of societal impact estimates and system impacts.

### C.2 Can I move between national and state views without starting over?

Yes. Filters and selections may persist across views so users can move from broad national context into detailed state analysis.

### C.3 How do I compare two states?

Open **Compare States**, select a primary state and comparison state, then choose the indicators or domains to evaluate.

## C.4 Can I isolate one system or cost category?

Yes. Users may focus on individual domains including:

- Healthcare
- Housing
- Caregiving
- Employment
- Disability systems
- Homelessness
- Mortality
- Justice-system involvement

## C.5 What happens when I select a domain?

The visualization updates display only the selected cost area and its contribution to overall impact.

## C.6 What social systems are included in the platform?

Depending on the analysis view, systems may include:

- Healthcare
- Housing
- Caregiving
- Employment
- Disability systems
- Homelessness
- Mortality
- Justice-system involvement

## C.7 What does “cross-system analysis” mean?

Cross-system analysis examines how schizophrenia-related impacts extend across interconnected public, healthcare, social, economic, and community systems rather than existing within healthcare alone.

## C.8 Are there filters or customization tools?

Yes. Many visualizations allow filtering by:

- State
- System or domain
- Population category
- Impact category
- Impact subcategory
- Cost type

## C.9 Can I move from broad estimates to detailed drivers?

Yes. Users can begin with national impact, move into state comparisons, and drill down into domain-level contributors.

## D. Caregiver and Hidden Impact Questions

### D.1 Does \$COPE 360 include caregiver impact?

Yes. A distinguishing feature of the platform is integration of caregiver impact into the broader societal cost framework.

Caregiver-related impacts may include:

- Unpaid labor
- Out-of-pocket costs
- Employment disruption
- Productivity loss
- Emotional and family impact

### D.2 Why is caregiver impact included?

Research demonstrates that schizophrenia-related impacts extend beyond healthcare alone. Families frequently experience financial, emotional, social, and workforce effects that contribute substantially to total impact.

### D.3 Can caregiver impacts be viewed separately?

Yes. Users may isolate caregiver-related impact and examine:

- Unpaid labor
- Workforce impacts
- Out-of-pocket expenses
- Health effects
- Family impact

### D.4 Can I explore indirect or hidden impacts?

Yes. \$COPE 360 includes impacts beyond healthcare including caregiving, employment disruption, productivity loss, housing instability, homelessness, and justice involvement.

### D.5 What is unpaid labor?

Unpaid labor reflects time family members or informal caregivers spend providing support without direct financial compensation.

### D.6 What is productivity loss?

Productivity loss reflects workforce impacts associated with missed work, reduced work participation, reduced efficiency, or caregiving-related employment disruption.

### D.7 What are out-of-pocket costs?

Out-of-pocket costs are expenses directly paid by caregivers or families that are not reimbursed through insurance or public programs.

### D.8 What are major life event impacts?

Major life event impacts reflect burden associated with significant events such as hospitalization, housing changes, homelessness, employment disruption, justice involvement, or other high-impact support needs.

### D.9 What do absenteeism and presenteeism mean?

Absenteeism reflects work time missed because of caregiving responsibilities.

Presenteeism reflects reduced productivity while remaining at work.

## E. Data and Methodology Questions

### E.1 What kind of data does \$COPE 360 use?

The platform integrates:

- National societal cost research
- Caregiver impact studies
- Public health datasets
- Economic and wage data
- Healthcare utilization data
- Demographic indicators
- State-level measures
- Peer-reviewed literature
- Governmental datasets

### E.2 Are the numbers actual expenditures?

No. The estimates reflect modeled societal impact based on currently available evidence and economic analyses.

They support comparative understanding and strategic discussion rather than accounting measures.

### E.3 How are state estimates calculated?

State estimates are adjusted using localized demographic, wage, utilization, cost-of-living, disability, housing, and population indicators where sufficiently robust data exist.

### E.4 Why do estimates differ between states?

States vary in:

- Population size
- Cost of living
- Healthcare utilization
- Disability participation
- Housing conditions
- Justice involvement

- Economic indicators
- Demographic composition

These differences influence modeled impact estimates.

## E.5 Does the platform use predictive forecasting?

No. \$COPE 360 is not a forecasting tool. It reflects current evidence and modeled impact estimates.

## E.6 What am I seeing when values change between views?

Different views may display:

- National totals
- State estimates
- Per-person costs
- Domain-specific impact
- Category contributions

Display labels indicate which measure is shown.

## E.7 Why do totals change when I select domains?

Domain views isolate portions of societal impact rather than displaying the complete framework.

# F. Visualizations and Outputs

## F.1 Can I download charts or graphics?

Yes. Many visualizations include export functionality.

## F.2 Can I use graphics in presentations or advocacy materials?

Yes. Outputs are intended to support:

- Policy briefings
- Advocacy efforts

- Public education
- Strategic planning
- Research communication
- Legislative discussions

### F.3 Can I save analyses and return later?

Saved views and exported outputs allow users to revisit prior work without rebuilding comparisons.

### F.4 Can I create visuals focused on one issue area?

Yes. Users may generate focused views around:

- Caregiver impact
- Housing
- Homelessness
- Employment
- Justice involvement
- Healthcare impacts
- Disability systems

### F.5 Can I cite \$COPE 360 for advocacy or policy work?

Yes. \$COPE 360 analyses and visualizations can be scientifically cited because they are grounded in peer-reviewed literature, validated datasets, governmental sources, and transparently documented evidence inputs. All estimates are traceable to cited source material, supporting scientific rigor, reproducibility, and evidence-based use in research, policy, advocacy, and education.

### F.6 How would I cite or provide documentation for the platform?

You may cite \$COPE 360 as a decision-support and research translation platform. We recommend citing both the platform itself and any underlying primary research sources referenced in your analysis, including the associated JAMA study and other cited datasets.

**Suggested citation format (APA style):**

*\$COPE 360. (2026). Integrated behavioral health and systems impact modeling platform. [Web-based platform][URL]*

**Suggested attribution for presentations or reports:**

"Analysis generated using \$COPE 360, drawing on peer-reviewed and publicly cited data sources, including findings published in JAMA and related health systems research."

## G. Interpretation and Limitations

### G.1 Are these estimates exact?

No. The platform presents modeled estimates intended for directional and comparative understanding.

### G.2 Why might some impacts be underestimated?

Some impacts remain difficult to quantify including:

- Emotional impact
- Social isolation
- Family disruption
- Unmet treatment need
- Long-term societal effects

### G.3 Does the platform include all societal impacts?

No single model captures every dimension of impact.

\$COPE 360 reflects currently available evidence and will evolve as additional research and datasets emerge.

### G.4 Is \$COPE 360 a clinical tool?

No. The platform supports public understanding, planning, policy development, advocacy, and research translation.

It is not intended for diagnosis or treatment decisions.

## H. Participation and Collaboration

### H.1 I have data, research, or expertise to contribute. How can I participate?

Visit **Contribute to \$COPE 360** to:

- Share datasets by emailing [research@sczaction.org](mailto:research@sczaction.org)
- Participate in future research
- Explore collaborations
- Support evidence development
- Join project initiatives

### H.2 Will the platform be updated?

Yes. \$COPE 360 is intended to function as a living evidence and visualization framework that can evolve as additional research, updated datasets, and refined methodologies become available.

## I. Methodology and Transparency

### I.1 Where can I learn more about the methodology?

See the:

- Methodology and Analytical Framework
- Research Foundation and Data Sources
- Glossary of Terms
- [JAMA study](#) and ancillary content

sections within the platform.

### I.2 What sources informed the platform?

Core sources include:

- Total Cost of Schizophrenia research
- Caregiver impact studies
- Medical Expenditure Panel Survey (MEPS)
- U.S. Bureau of Labor Statistics
- Public governmental datasets
- Peer-reviewed literature

### I.3 Why does the platform focus on systems beyond healthcare?

Research demonstrates that schizophrenia-related impacts extend into housing, employment, caregiving, disability systems, homelessness, mortality, and justice-system involvement. A healthcare-only perspective does not fully capture the broader societal impact.

### I.4 Are metric definitions available?

Yes. Metric definitions and supporting descriptions are available through glossary resources, tooltips, and methodology materials.

### I.5 Are all measures estimates?

No. Depending on the visualization, the platform may include modeled estimates, public datasets, demographic indicators, utilization measures, published findings, and derived calculations.

### I.6 Why do some measures appear in more than one section?

Certain impacts affect multiple systems simultaneously. For example, caregiver burden may intersect with employment, healthcare, productivity, housing, and public systems.