Statewide Evaluation (SWE): Phase 2

CRDP California Reducing Disparities Project

Evaluation Findings

Fall 2023

CDPH California Department of PublicHealth

Office of Health Equity

parc

Loyola Marymount University

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A set of practices that communities have used and determined to yield positive results by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community.

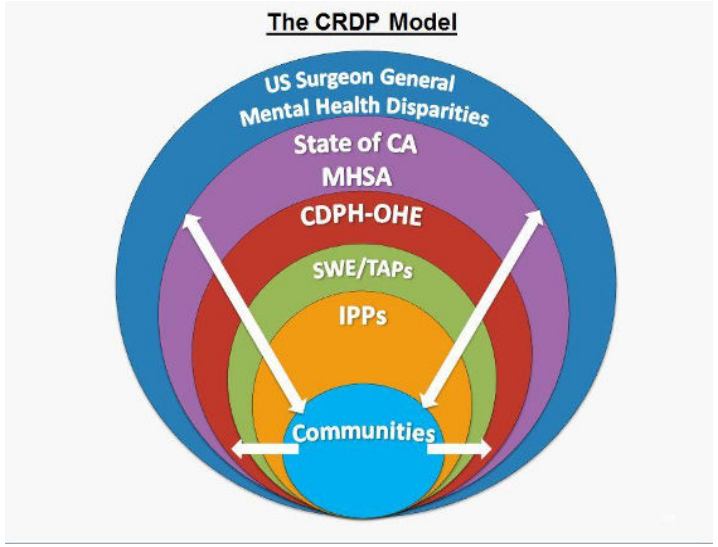
MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

CALIFORNIA REDUCING DISPARITIES PROJECT (CRDP)

CDPH California Department of PublicHealth

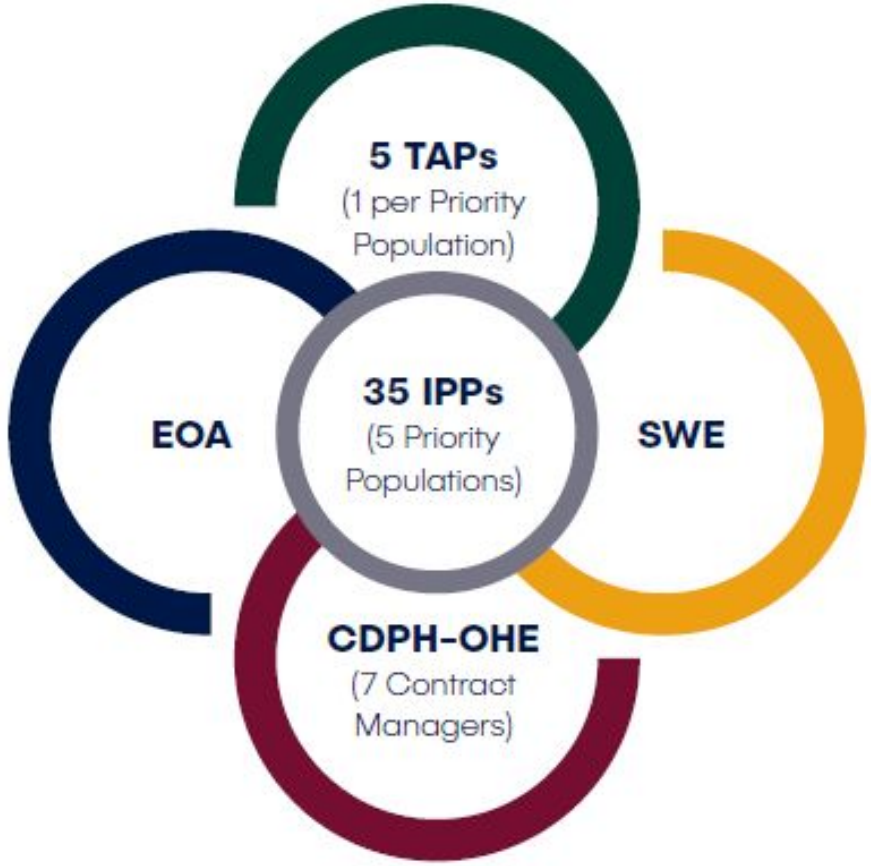
Address the

Unserved, Underserved, and Inappropriately Served in CA



CRDP Phase 2 Overview of Phase 2 Partners

Phase 2 Partners:
Office of Health Equity, Statewide Evaluator, Technical Assistance Providers, Education, Outreach Awareness, Implementation Pilot Projects (IPPs)



Technical Assistance Providers & Implementation Pilot Projects by Priority

Af. American	AI/AN	AA/NH/PI	Latinx	LGBTQ+
On Track Program Resources	PIRE	ssg Special Service for Groups, Inc.	UC Davis Health Center for Reducing Health Disparities	CARS Center for Applied Research Solutions
California Black Women's Health Project	Friendship House	Cambodian Association of America	Health Education Council	San Francisco Community Health Center
Catholic Charities of the East Bay	Indian Health Center of Santa Clara Valley	EBAYC East Bay Asian Youth Center	Humanidad	The Center For Sexuality & Gender Diversity
Healthy Heritage Movement		The Fresno Center	Integral Community Solutions Institute	Gender Health Center
Safe Passages	Native American Health Center	health RIGHT 360	La Clínica a californiahealth center	gender spectrum
	Sonoma County Indian Health Project	Cultural Center of Butte County	La Familia Counseling Center, Inc.	LGBTQ Connection Napa & Sonoma Counties
West Fresno Health Care Coalition Inc	United American Indian Involvement Inc.	Korean Community Services	Latino Service Providers	openhouse
Whole Systems Learning	Two Feathers Native American Family Services	MAS Muslim American Society	Indigena Community Organizing Project Mixteco.org	SJPC San Joaquin Pride Center

The Phase 2 Statewide Evaluation answered seven questions:

Objective 1: Evaluate Overall CRDP Phase 2 Effectiveness in Identifying and Implementing Strategies to Reduce Mental Health Disparities

- To what extent were CRDP strategies and operations effective at preventing and/or reducing the severity of mental illness in California's historically unserved, underserved and/or inappropriately served communities?
- What were vulnerabilities or weaknesses in CRDP's overarching strategies and fiscal operations, and how could they have been strengthened?
- To what extent did CRDP strategies show an effective return on investment?

Objective 2: Determine Effectiveness of CDEPs

- To what extent did IPPs prevent and/or reduce the severity of prioritized mental health conditions within and across priority populations, including specific sub-populations (e.g., gender, age)?
- How cost effective were Pilot Projects? What was the business case for increasing them to a larger scale?
- To what extent did CRDP Phase 2 Implementation Pilot Projects validate their CDEPs?
- What evaluation frameworks were developed and used by the Pilot Projects?

Overview and Foci of the SWE Core Measures Key Instruments and Areas of Assessment

1 CDEP Participant Level Data
aka "CDEP Participant Questionnaire"

- Pre-Test (before CDEP services)
- Post-Test (typically after CDEP services)

2 Organizational Level Data

- IPP Pre- and Post-test Organizational Capacity Assessment
- IPP Semi-Annual Reports (IPP-SAR)
- OHE Progress Reports (submitted by TAPs, EOA, SWE)

3 Semi-Structured Interviews

- Phase 2 Partner Interviews (TAPs, EOA, SWE, OHE)
- Key Informant Interviews

4 Review of Records

- Accepted grant proposals/bids; CRDP Strategic Plan; Phase 1 Priority Population Reports; approved IPP final evaluation plans; IPP final evaluation reports; IPP, TAP, EOA, and SWE invoices/budgets

5 Secondary Data (Administrative)

- Medical Expenditure Panel Survey (MEPS)

CRDP Phase 2 Findings: Data Structure and Analysis Issues

- The Statewide Evaluation (SWE) **did NOT use a randomized control trial experimental design** with assignment of CDEPs or their participants to “treatment” or “control” groups.
- IPPs also did NOT conduct randomized control trial experiments or case-control observational studies in their local evaluations. **Most IPPs used non-experimental designs.**
- Although there are similarities across IPPs (and their CDEPs) within and across priority populations, there were striking differences related to:
  - **Interventions** (e.g., settings, types, length of intervention cycles, size of cohorts, number served, etc.),
  - **Community demographics and contexts** (e.g., cultural, linguistic, historical, and subcultural perspectives and contexts, including intersectional identities), and
  - Prevailing **social and political conditions**, (e.g., ICE immigrant deportations, anti-LGBTQ+ discrimination, anti-Black racism, etc.).
- With such great diversity in populations served, strategies employed, and specific program designs used, a wide array of possibilities existed for IPP’s quantitative (and qualitative) data collection approaches. **This includes variable sample sizes. Therefore, priority population comparisons of sample sizes are neither appropriate nor valid**.

The statewide evaluation data analysis plan included multiple frameworks across a spectrum, from traditional to highly innovative.

Objective 1:
Evaluate Overall CRDP Phase 2 Effectiveness in Identifying and Implementing Strategies to Reduce Mental Health Disparities.

Objective 2:
Determine Effectiveness of Community-Defined Evidence Programs.

A mixed-methods "parallel combination" approach was used for Objective 1 and aspects of Objective 2 for these four statewide evaluation measures:

1) Pre-test CDEP participant-level data;
2) Organizational and CDEP program-level data;
3) Semi-structured interviews
4) A review of all records.

Quantitative data analysis involved frequency counts of data collected at one point in time or longitudinally, descriptive statistics, and cross tabulations for select variables

Qualitative data analysis involved 1) *content analysis* to quantify and analyze words and themes and 2) *conceptual analysis* for more complex data, using predefined constructs/codes. An iterative process was used with textual data coded deductively and/or inductively. Qualitative data was converted into either narrative or numerical data for descriptive analysis

The statewide evaluation data analysis plan included multiple frameworks across a spectrum, from traditional to highly innovative.

Objective 2: Determine Effectiveness of Community-Defined Evidence Programs.

The analytic approach for Objective 2 involved one of the statewide evaluation core measures: 1) Pre-and-post-test CDEP participant-level data (matched adult and adolescent sample). It included the following steps:

Statistical best practices were used to assess whether the assumptions tied to the analytic methods were met and were then used to select more appropriate methods based on those results (e.g., descriptive statistics, data visualization, identifying relationships and making comparisons between variables, modeling outcomes).

A Bayesian analysis paradigm was then used to assess the extent to which CRDP Phase 2 units (i.e., priority populations and the IPPs embedded with them) delivered results via credible intervals on effect sizes of relevant variables.

The business case used a cost-benefit analysis to calculate the dollar value of changes in CDEP participants' mental health through averted health expenses and productivity gains.

CRDP Findings

SWE RQ1: What was the effectiveness of CRDP and its use of CDEPs for preventing and/or reducing the severity of mental health conditions in its priority populations?

CRDP participant outcomes support CDEP effectiveness

- **CRDP made mental health services more accessible and improved mental health** in unserved, underserved, and inappropriately served communities.
- Statistical modeling of CRDP participant outcomes show that the positive mental health findings are robust and **support the overall efficacy of CDEPs as a mental health PEI strategy**.
- **Culturally grounded** technical assistance was provided to support CDEP implementation, evaluation, and organizational capacity building.

CRDP Findings

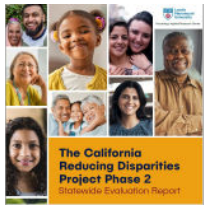
SWE RQ2: How cost-effective was the CDEP strategy and what was the return on investment for the initiative? What was the business case for CRDP Phase 2?

CRDP is cost effective

- The CRDP Phase 2 business case found that, **for every taxpayer $ invested in CRDP, there was an estimated return of $5.**
- The estimated net financial benefit to the state **exceeded $450 MD.**
- The business case showed that **prevention matters.**

SWE RQ3: To what extent were CDEPs validated and what were the evaluation frameworks developed and used for CDEPs?

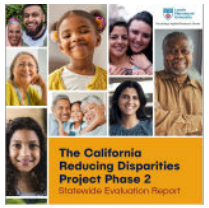
- IPP Local Evaluation findings highlighted culturally-informed outcomes that extend beyond standard mental health measures, **supporting CDEP effectiveness.**



Key Questions Answered by the CRDP Phase 2 Statewide Evaluation Report

- How did CDEPs contribute to mental health access (availability, utilization, quality)?
- Did CDEPs prevent the development of mental illness and/or promote positive wellbeing?
- Did CDEPs reduce mental health risks for people with early signs of mental illness?
- What matters most? Prevention or early intervention?

ACCESS TO MENTAL HEALTH SERVICES



Key Findings from the CRDP Phase 2 Statewide Evaluation Report

- **How did CDEPs contribute to mental health access (availability, utilization, quality)?**
  - By serving 72% of adults and 49% of adolescents who had a mental health need in the year prior to CDEP services.
  - By delivering programming and services to the intended priority populations.
  - By providing 17,599 unique individuals with 21,902 referrals to mental health services and other critical supports (e.g., health, legal, housing, basic needs, etc.).
  - By understanding participants': a) indigenous practices; b) gender and or sexual orientation diversity; and c) cultural beliefs, remedies, and healing practices.
- Did CDEPs prevent the development of mental illness and/or promote positive wellbeing?
- Did CDEPs reduce mental health risks for people with early signs of mental illness?
- What matters most? Prevention or early intervention?

Prevention and Early Intervention (PEI)

A **prevention program** is a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

- Examples of risk factors include experiences of severe trauma, ongoing stress, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss, having a previous mental illness, a previous suicide attempt.

An **early intervention program** provides treatment and other services and interventions to address and promote recovery and related functional outcomes for a mental illness early in its emergence.

The Kessler-6 (K6) is widely used in health population surveys as a measure of psych distress (none/low, moderate, serious) or as a general indicator of risk for psych disorder. Serious psych distress does not equate to *serious mental illness (SMI)* (e.g., schizophrenia, bipolar disorder, post-traumatic stress disorder, etc.)

CDEPs were primarily engaged in delivering PEI – serving individuals who were doing well (*low distress*), individuals at risk (*moderate to severe*), and potentially some who had early onset of SMI with some IPPs able to deliver more intensive mental health services and others referred out.

Mental Health Access Outcomes At-A-Glance

Data period: 06/2018 - 06/2021

CRDP California Reducing Disparities Project

CRDP-wide findings suggest that CDEPs served the priority populations they intended to serve

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ADULTS: 18+ Years (N=2,895; 22 IPPs)

SO

SEXUAL ORIENTATION
- **83%** straight or heterosexual
- **17%** LGBQ+

GI

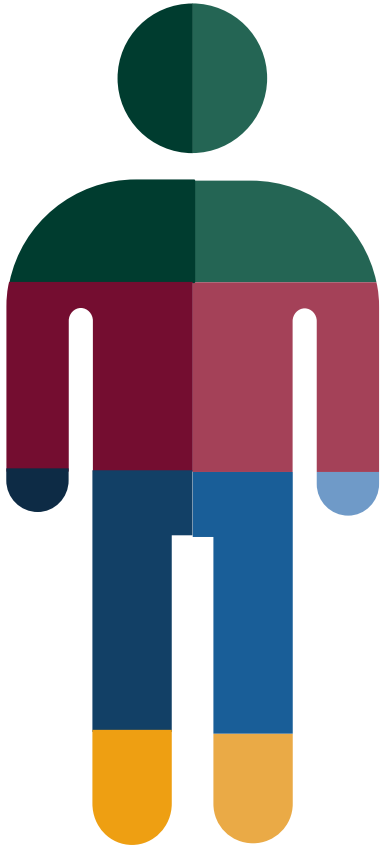
GENDER IDENTITY
- **62%** woman/female (2% transfeminine)
- **27%** man/male (2% transmasculine)
- **6%** genderqueer/non-binary
- **2%** questioning/unsure

R

RACE
- **16%** Black (2% multi-race)
- **32%** Asian American (1% multi-race)
- **33%** Latinx (4% multi-race)
- **13%** Amer. Indian/Alaska Nat (3% multi-race)
- **2%** Nat. Hawaiian/Pac. Islander (1% multi-race)
- **10%** White (4% multi-race)

A

AGE
- **23%** were 18-29 years old
- **39%** were 30-49 years old
- **38%** were 50 plus years old



ADOLESCENTS: 12-24 Years (N=659; 16 IPPs)

SEXUAL ORIENTATION
- **71%** straight or heterosexual
- **29%** LGBQ+

GENDER IDENTITY
- **46%** woman/female (1% transfeminine)
- **38%** man/male (4% transmasculine)
- **6%** genderqueer/non-binary
- **2%** questioning/unsure

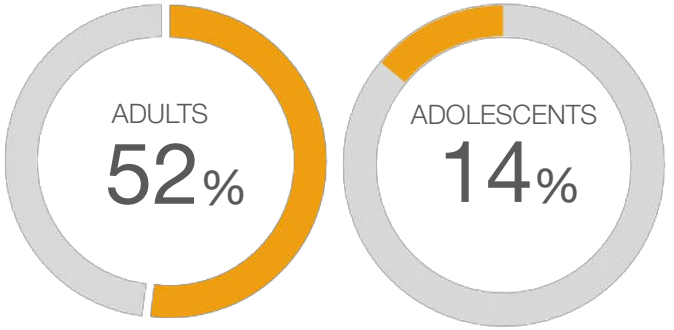
RACE
- **28%** Black (6% multi-race)
- **15%** Asian American (3% multi-race)
- **39%** Latinx (10% multi-race)
- **23%** Amer. Indian/Alaska Nat (10% multi-race)
- **1%** Nat. Hawaiian/Pac. Islander (<1% multi-race)
- **15%** White (8% multi-race)

AGE
- **33%** were 12-14 years old
- **43%** were 15-16 years old
- **18%** were 17-18 years old
- **6%** were 19-24 years old

IMMIGRANT/REFUGEE STATUS

LIMITED ENGLISH PROFICIENT

"NOT AT ALL" TO "SOMEWHAT"



Source: CDEP participant questionnaire

ADULT Mental Health Access At-A-Glance: (N=2,895; 22 IPPs)

Data period: 06/2018 - 06/2021

CRDP California Reducing Disparities Project

CRDP-wide findings suggest that the CDEPs provided services to ADULTS in the five priority populations who presented with vulnerabilities and risk factors at baseline (i.e., prior to receiving CDEP services).

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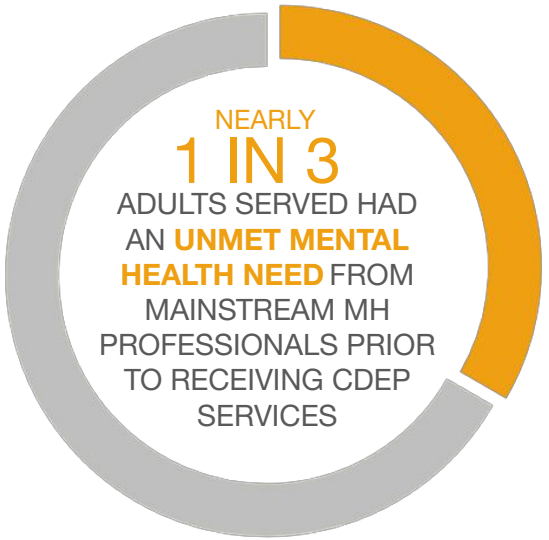
NEARLY
3 IN 4

ADULTS SERVED HAD A **MENTAL HEALTH NEED** IN THE 12 MONTHS PRIOR TO RECEIVING SERVICES FROM A CDEP



NEARLY
1 IN 3

ADULTS SERVED HAD AN **UNMET MENTAL HEALTH NEED** FROM MAINSTREAM MH PROFESSIONALS PRIOR TO RECEIVING CDEP SERVICES

PAST 30 DAYS:PSYCHOLOGICAL DISTRESS

39%

OVER 1 IN 3 ADULTS WERE EXPERIENCING **MODERATE PSYCHOLOGICAL DISTRESS** AT SERVICE ENTRY

OVER 1 IN 3 ADULTS WERE EXPERIENCING **SERIOUS PSYCHOLOGICAL DISTRESS** AT SERVICE ENTRY

35%

OVER 1 IN 2

FELT MARGINALIZED OR EXCLUDED FROM SOCIETY *SOME*, *MOST* OR *ALL OF THE TIME*

1 IN 2

FELT ISOLATED OR ALIENATED FROM SOCIETY *SOME*, *MOST* OR *ALL OF THE TIME*

Source: CDEP participant questionnaire

ADOLESCENT Mental Health Access At-A-Glance: (N=659; 16 IPPs)

Data period: 06/2018 -

CRDP California Reducing Disparities Project

CRDP-wide findings suggest CDEPs provided mental health services to ADOLESCENTS in the 5 priority populations who presented with vulnerabilities and risk factors at baseline (i.e., prior to receiving CDEP services).

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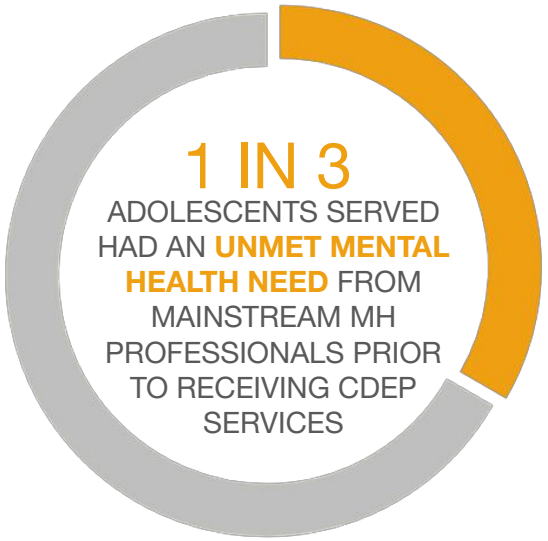
NEARLY
1 IN 2

ADOLESCENTS SERVED HAD A **MENTAL HEALTH NEED** IN THE 12 MONTHS PRIOR TO RECEIVING SERVICES FROM A CDEP



PAST 30 DAYS:PSYCHOLOGICAL DISTRESS

38%

OVER 1 IN 3 ADOLESCENTS WERE EXPERIENCING **MODERATE PSYCHOLOGICAL DISTRESS** AT SERVICE ENTRY

OVER 1 IN 4 ADOLESCENTS WERE EXPERIENCING **SERIOUS PSYCHOLOGICAL DISTRESS** AT SERVICE ENTRY

26%

NEARLY 1 IN 2

FELT MARGINALIZED OR EXCLUDED FROM SOCIETY *SOME*, *MOST* OR *ALL OF THE TIME*

OVER 1 IN 3

FELT ISOLATED OR ALIENATED FROM SOCIETY *SOME*, *MOST* OR *ALL OF THE TIME*

Source: CDEP participant questionnaire

Mental Health Access Outcomes At-A-Glance

Data period: 05/2017 - 04/2021

CRDP California Reducing Disparities Project

CRDP-wide findings suggest that CDEPs increased mental health service utilization for their communities' adults, adolescents, & children indirectly through their referral system or through their direct services.

AMERICAN INDIAN/ALASKA NATIVE
7 IPPs
SERVED
6,319
INDIVIDUALS
- Range: 25 to 3,013 per IPP
- Average: 903 individuals

ASIAN AMERICAN, NATIVE HAWAIIAN, PACIFIC ISLANDER
7 IPPs
SERVED
1,693
INDIVIDUALS
- Range: 110 to 643 per IPP
- Average: 160 individuals

AFRICAN AMERICAN
7 IPPs
SERVED
1,124
INDIVIDUALS
- Range: 109 to 279 per IPP
- Average: 160 individuals

LGBTQ+
6 IPPs
SERVED
1,824
INDIVIDUALS
- Range: 162 to 476 per IPP
- Average: 304 individuals

LATINX
7 IPPs
SERVED
4,362
INDIVIDUALS
- Range: 141 to 2,011 per IPP
- Median*: 435 individuals

Source: IPP semi-annual reports and local evaluation plans

CRDP California Reducing Disparities Project

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Mentimeter

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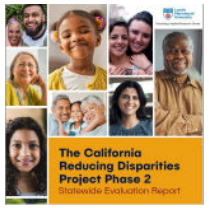
Mentimeter Mental Health Access Reflection!

- **The IPPs served communities in the five priority populations they intended to serve.**
  - Populations served included: Latinx (33% adults and 39% adolescents), Asian (32% adults and 15% adolescents), African American/Black (16% adults, 28% adolescents), American Indian/Alaska Native (13% adults and 23% adolescents), White (10% adults and 15% adolescents), and Native Hawaiian/Pacific Islander (2% adults and 1% adolescents).
  - Seventeen percent of adults and 29% of adolescents reported an LGBQ+ sexual orientation. Nine percent of adults and 12% of adolescents identified as transgender and gender non-binary, while 2% of both age groups identified as questioning/unsure.
  - A cross section of sub-populations served by CDEPs included immigrants, refugees, and people with limited English fluency.
- **CRDP made mental health services more accessible to the five CRDP priority populations.**
  - Nearly 3 in 4 adult (72%) and one in two adolescent (49%) participants had a mental health need in the 12 months prior to receiving services. Twenty eight percent of adults and 30% of adolescents with a mental health need had not received mental health services in the 12 months prior to CDEP services.
  - CRDP provided direct CDEP services to 15,322 unduplicated individuals.
- **CDEPs provided mental health services to adults and adolescents in the 5 priority populations who presented with vulnerabilities and risk factors at baseline (i.e., prior to receiving CDEP services).**
  - At program entry, serious psychological distress was experienced among 35% of adults and 26% of adolescents.

MENTAL HEALTH IMPROVEMENTS



Key Findings from the CRDP Phase 2 Statewide Evaluation Report

- How did CDEPs contribute to mental health access (availability, utilization, quality)?

- **Did CDEPs prevent the development of mental illness and/or promote positive wellbeing?**
  - Prevention of mental illness development and/or promotion of positive well-being for many adult and adolescent participants. Specifically, **71% of adults and 67% of adolescents who started with no/mild psychological distress remained so post-intervention.**

- **Did CDEPs reduce mental health risks for people with early signs of mental illness?**
  - Reduced mental health risk for many adult and adolescent participants with early signs of mental illness. Notably, **66% of adults and 49% of adolescents who started with severe psychological distress shifted to moderate distress or no/mild distress at the end of services.**

- What matters most? Prevention or early intervention?

Kessler (K6) 101 – Psychological distress

SWE CDEP Questionnaire: The next questions are about how you have been feeling during the past 30 days. *About how often during the past 30 days did you feel …*

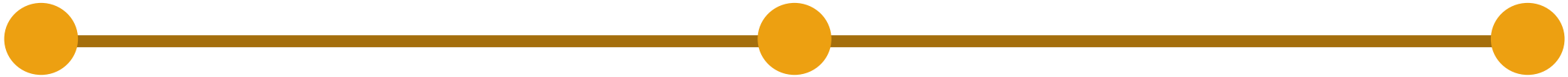
Six items:

- Feeling *nervous*
- Feeling *hopeless*
- Feeling *restless/fidgety*
- Feeling *so depressed that nothing can cheer you up*
- Feeling *that everything was an effort*
- Feeling *worthless*

Response categories:

None of the time (0)
A little of the time (1)
Some of the time (2)
Most of the time (3)
All of the time (4)

Total score range (0 to 24)



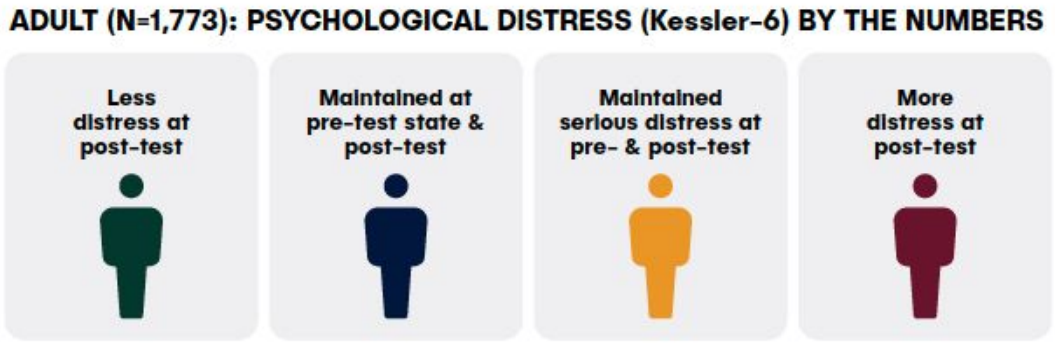
Low: < 5

Moderate: 5 - 12

High: ≥ 13

Changes in psychological distress for *adult* participants

Strong evidence emerges supporting CDEP prevention and early intervention effectiveness among a sample of adult participants. Many maintained lower levels of distress or decreased their level of distress by the end of services.



Among a sample of **CDEP-Served Adults** who had **"moderate"** (K6=5 to 12) psychological distress at pre-CDEP intervention:

- **4 in 10** had less distress at post-test, while **5 in 10** maintained at the same state at post-test.

Key takeaway

89%

Improved or stayed the same, providing strong evidence that CDEP **prevention AND early intervention** efforts prevent some adults from developing more serious symptoms.

Source: CDEP participant questionnaire

Changes in psychological distress for *youth* participants

CRDP California Reducing Disparities Project

Strong evidence emerges supporting CDEP prevention and early intervention effectiveness among a sample of youth participants. Many maintained lower levels of distress or decreased their level of distress by the end of services.

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YOUTH (N=317): PSYCHOLOGICAL DISTRESS (Kessler-6) BY THE NUMBERS

Among a sample of **CDEP-Served YOUTH** who had **"none"** or **"mild"** (K6=5 or lower) psychological distress at pre-CDEP intervention::

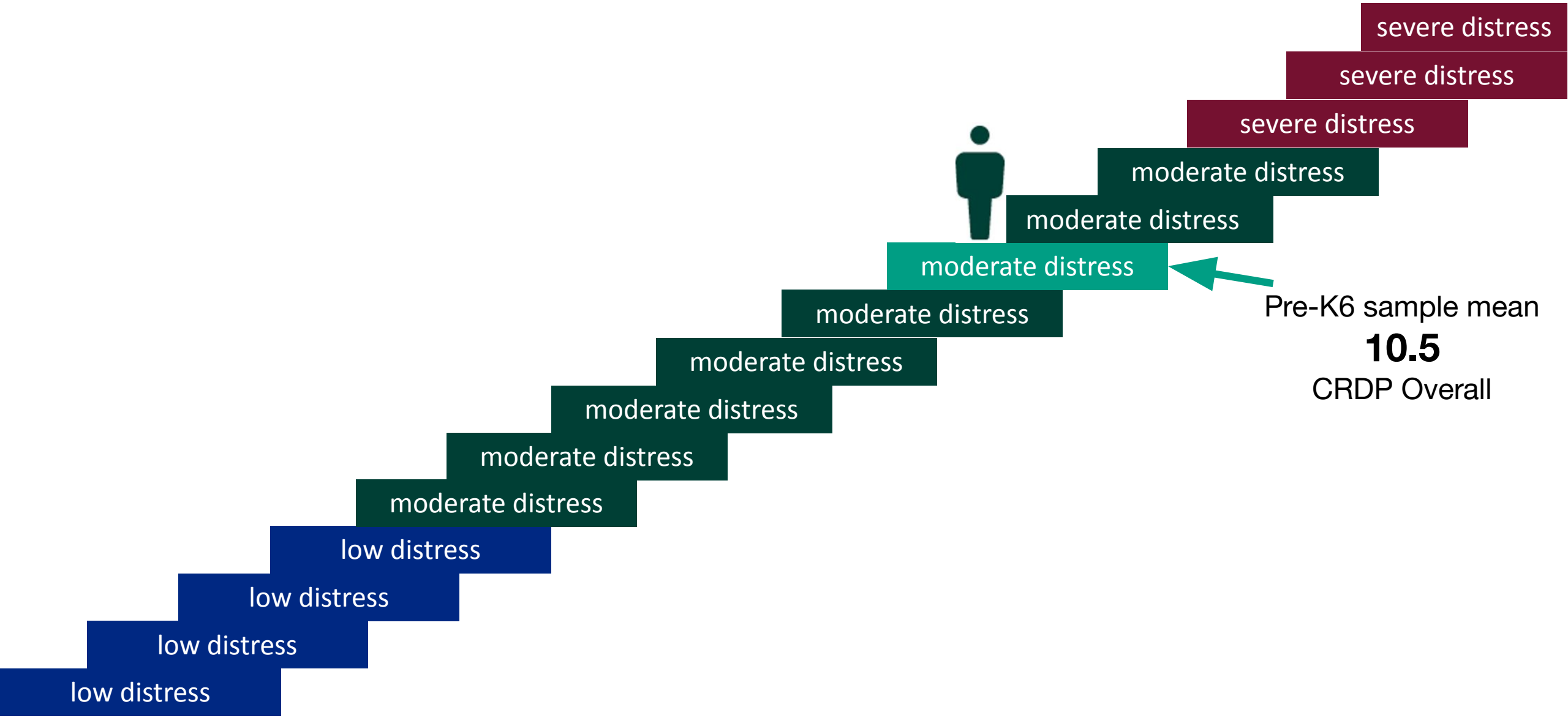
- Nearly **7 in 10** maintained none or a mild state of distress at post-test.

Key takeaway

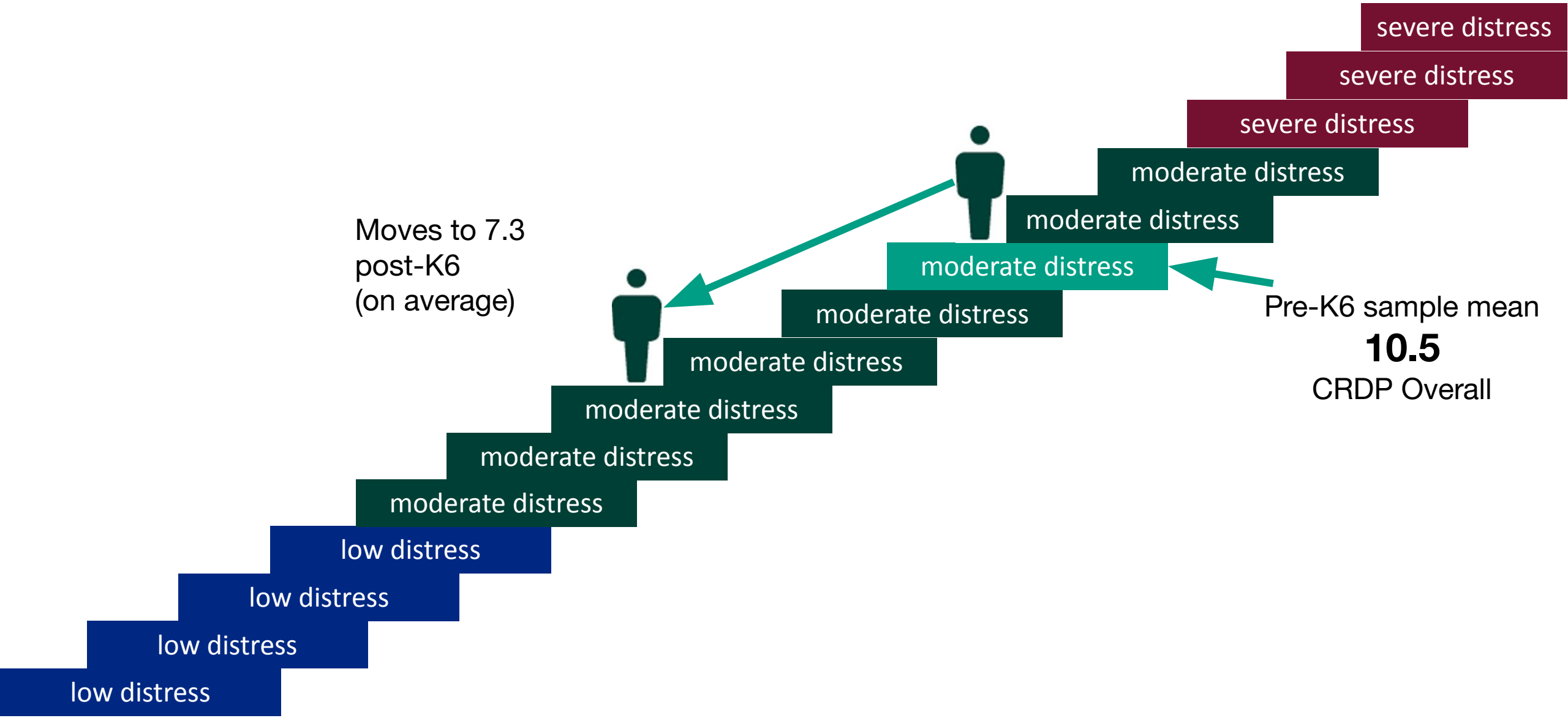
67%

Stayed the same, providing strong evidence that CDEP **prevention** efforts work for many young people.

Adult psychological distress (K6) dynamics

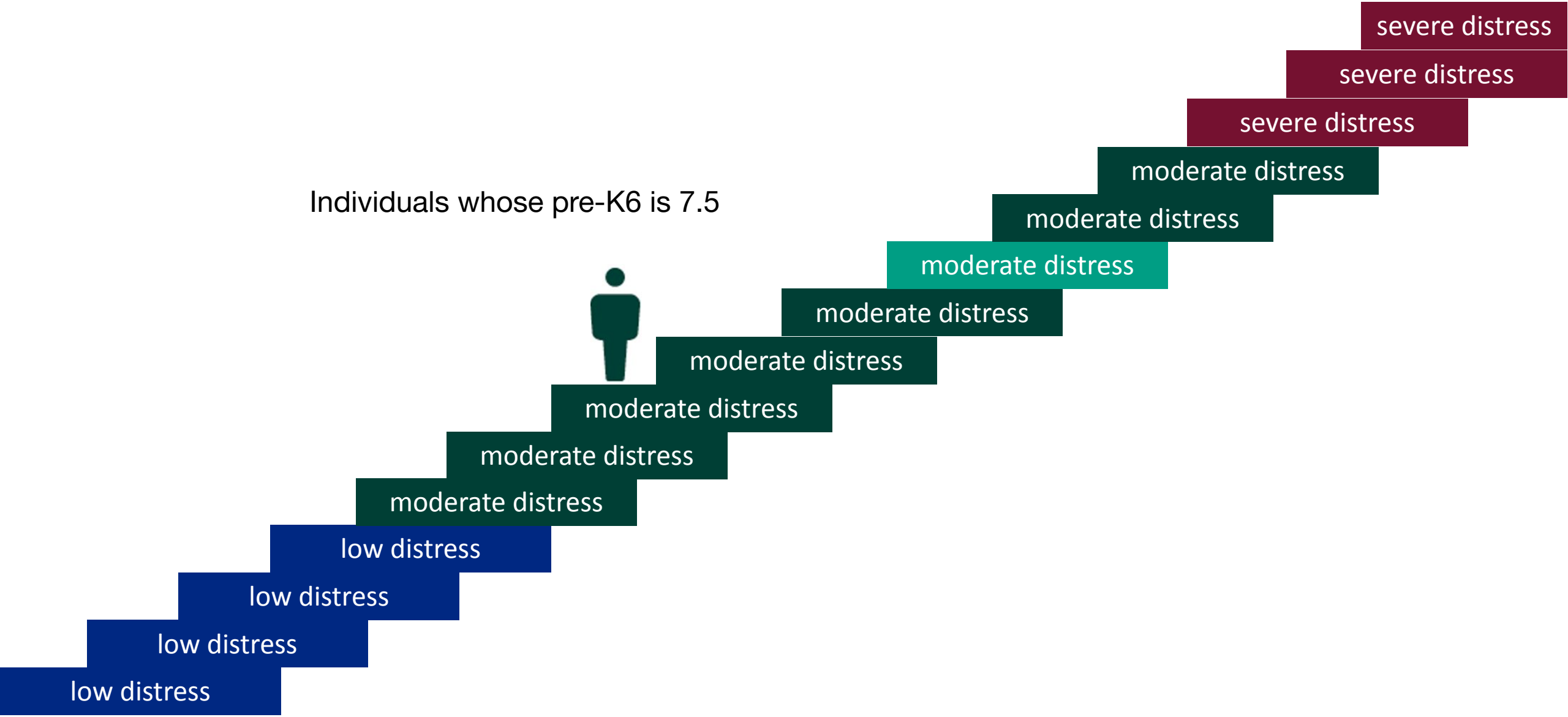


Adult psychological distress (K6) dynamics

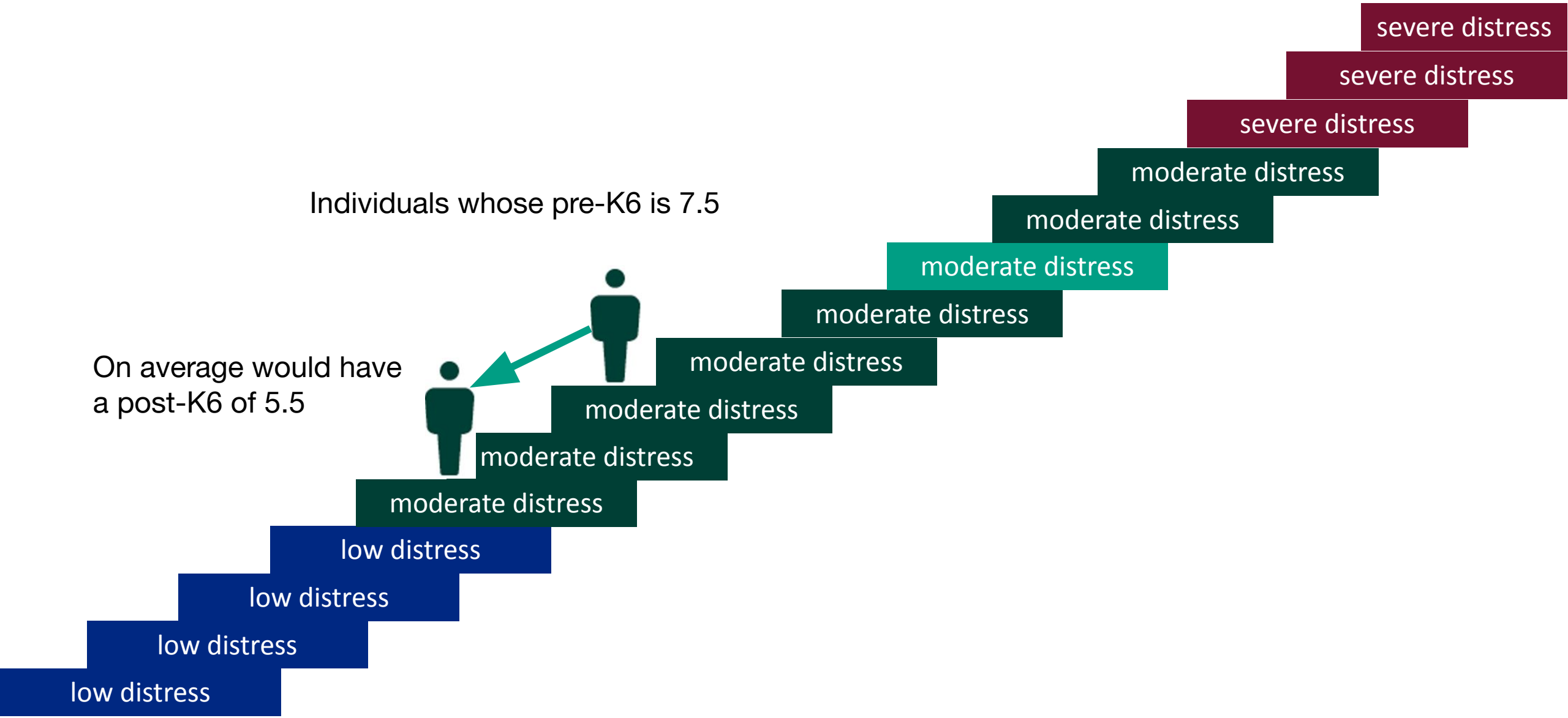


Adult psychological distress (K6) dynamics

Individuals whose pre-K6 is 7.5

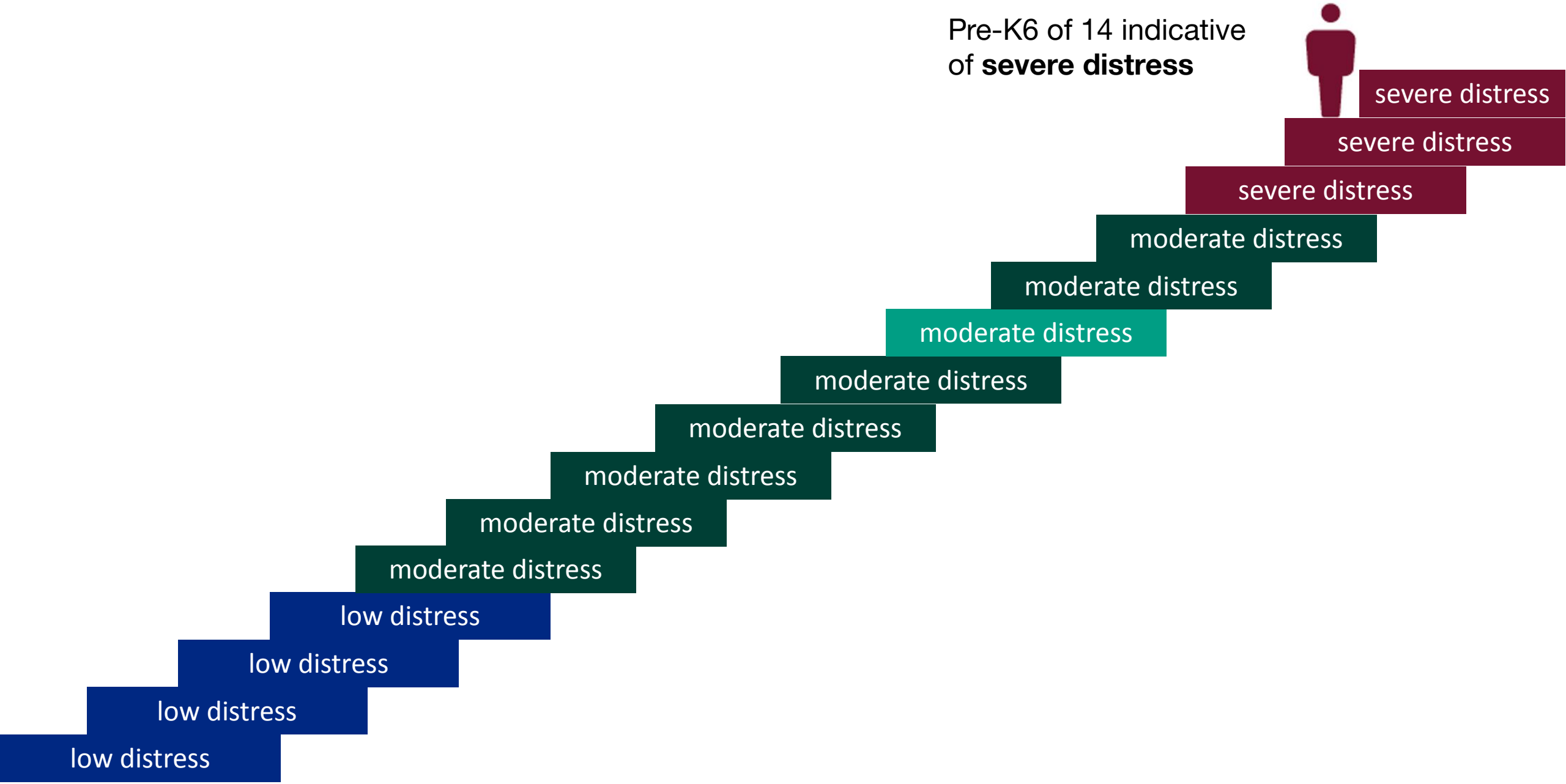


Adult psychological distress (K6) dynamics

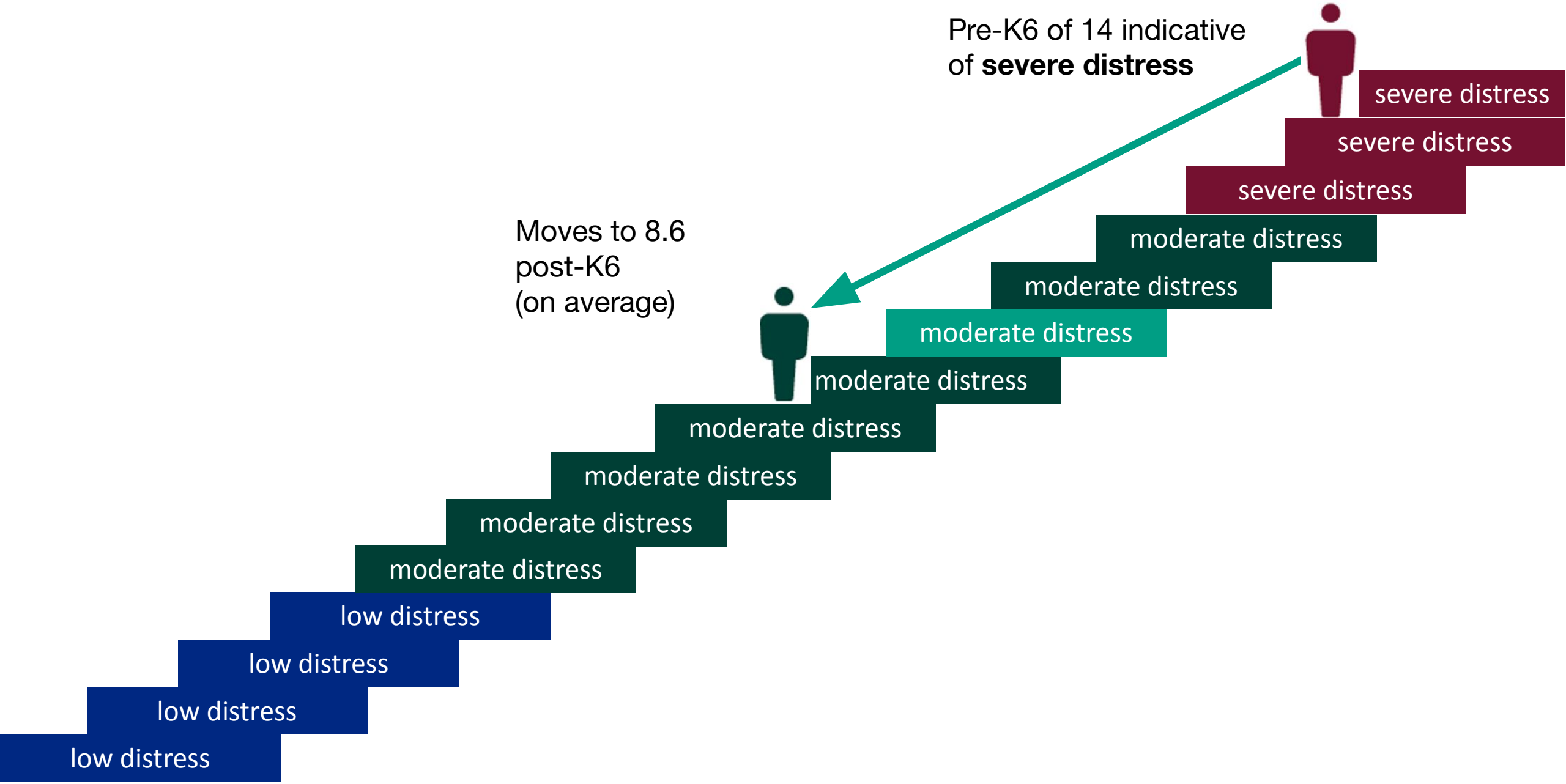


Adult psychological distress (K6) dynamics

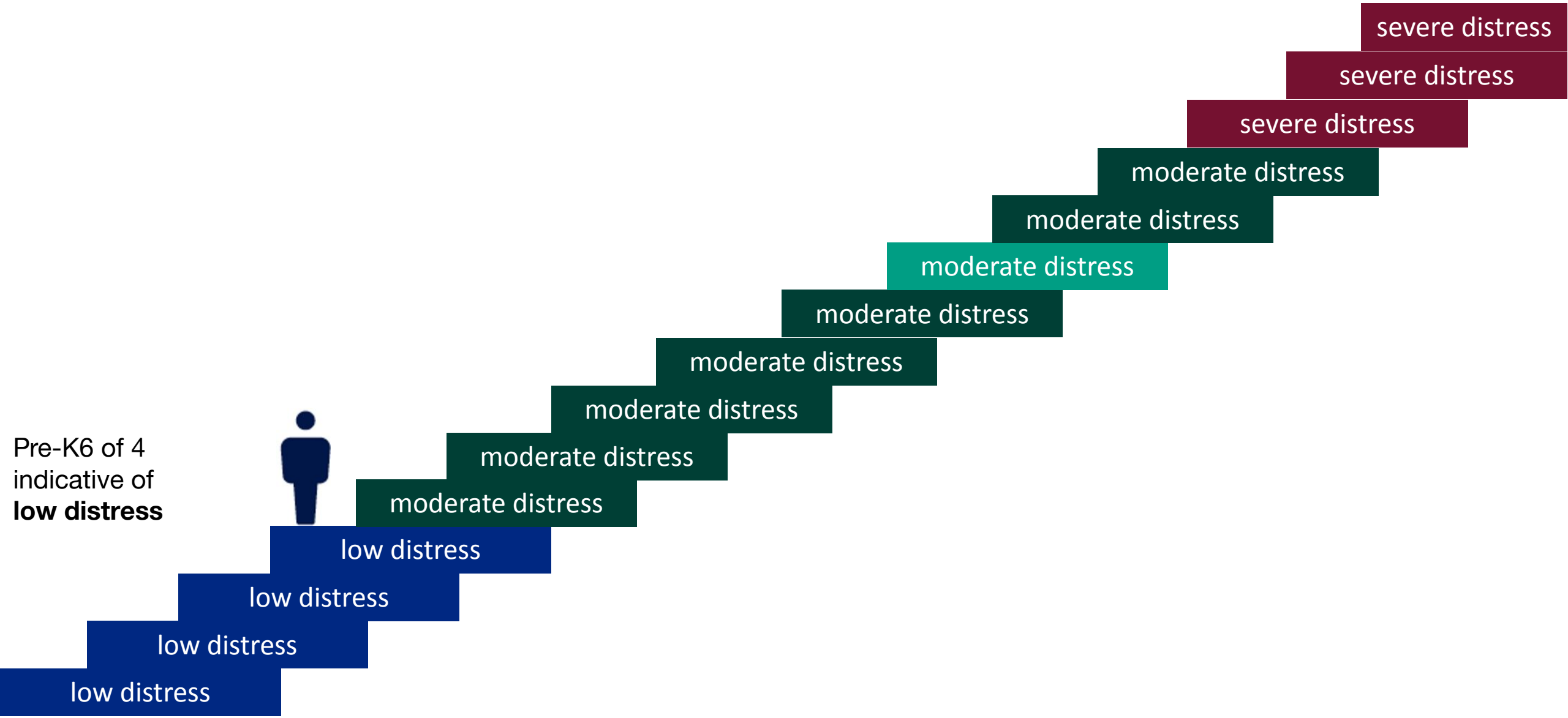
Pre-K6 of 14 indicative of **severe distress**



Adult psychological distress (K6) dynamics



Adult psychological distress (K6) dynamics



Pre-K6 of 4 indicative of **low distress**

Adult psychological distress (K6) dynamics

Pre-K6 of 4 indicative of **low distress**

Moves to 4.6 on average, post

low distress

low distress

low distress

moderate distress

moderate distress

moderate distress

moderate distress

moderate distress

moderate distress

moderate distress

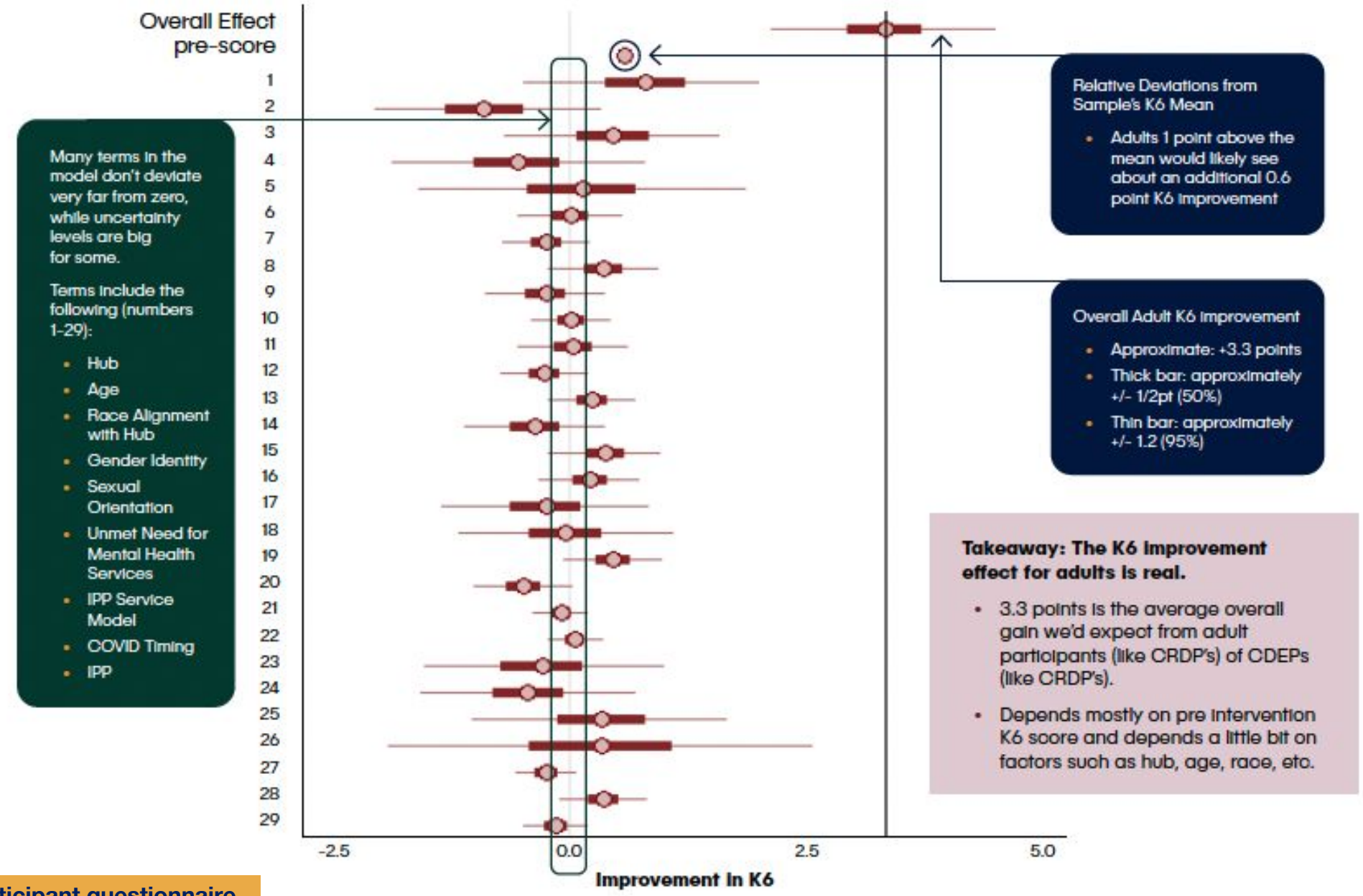
moderate distress

severe distress

severe distress

severe distress

Adult participants improved by 3 points on average, even when you take into account factors such as age, hub, gender identity, and even the timing of COVID-19.



Many terms in the model don't deviate very far from zero, while uncertainty levels are big for some.

Terms include the following (numbers 1-29):

- Hub
- Age
- Race Alignment with Hub
- Gender Identity
- Sexual Orientation
- Unmet Need for Mental Health Services
- IPP Service Model
- COVID Timing
- IPP

Relative Deviations from Sample's K6 Mean

- Adults 1 point above the mean would likely see about an additional 0.6 point K6 improvement

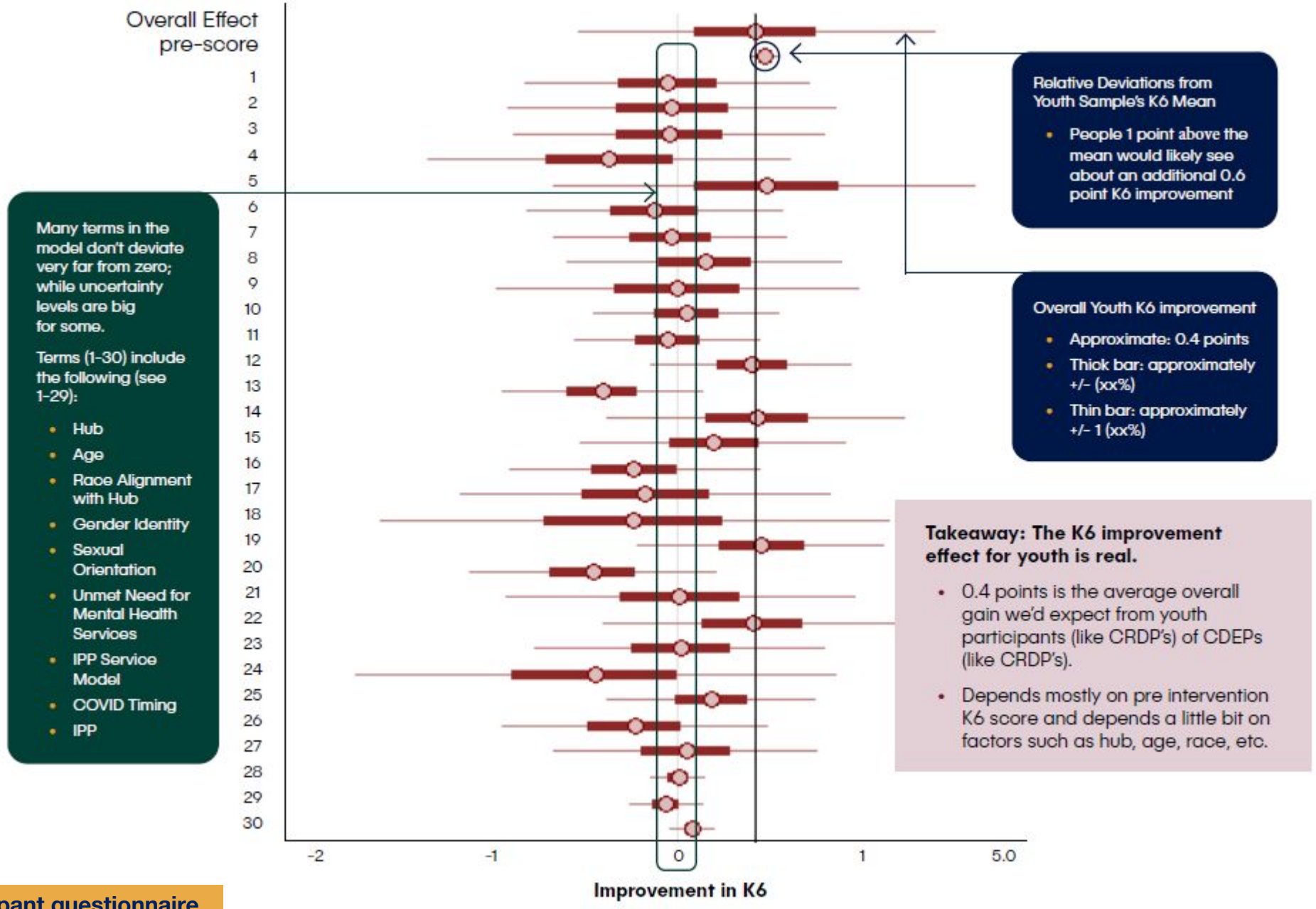
Overall Adult K6 Improvement

- Approximate: +3.3 points
- Thick bar: approximately +/- 1/2pt (50%)
- Thin bar: approximately +/- 1.2 (95%)

Takeaway: The K6 improvement effect for adults is real.

- 3.3 points is the average overall gain we'd expect from adult participants (like CRDP's) of CDEPs (like CRDP's).
- Depends mostly on pre intervention K6 score and depends a little bit on factors such as hub, age, race, etc.

Source: CDEP participant questionnaire



Source: CDEP participant questionnaire

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Mental Health Outcomes Reflection!

- **Many participants maintained lower levels of distress or decreased their level of distress by the end of services.**
  - Among a sample of CDEP-served adults with “moderate” psychological distress at pre-CDEP intervention, 4 in 10 had less distress at post-test, while 5 in 10 maintained the same state at post-test.
  - Among a sample of CDEP-served youth with ”none” or “mild” psychological distress at pre-CDEP intervention, nearly 7 in 10 maintained none or a mild state of distress at post-test.

- **The amount of improvement CDEP participants had depended on how distressed they were when they began CDEP services.**
  - Adult participants (66%) and youth participants (49%) who reported the highest levels of distress pre-intervention (66%) had the greatest shifts at the post.

- **Statistical modeling of CRDP participant outcomes show that the positive mental health findings are robust and support the overall efficacy of CDEPs as a mental health prevention and early intervention strategy.**
  - Adults experienced an overall decrease in psychological distress, improved functioning, increased cultural protective factors, and reduced marginalization and isolation.
  - Adolescents showed modest improvements in psychological distress but overall held steady in other measures including psychological functioning, cultural protective factors, and marginalization and isolation.

SYSTEMS CHANGE EFFORTS

Systems change efforts

Source: IPP semi-annual reports

In collaboration with their communities, IPPs harnessed their collective power to champion solutions for addressing mental health inequities across multiple societal levels.

Data period: 05/2017 - 04/2021

Environmental

Changes in spaces where people live, work, and play

Systems

Changes in organizational or institutional processes

Policy

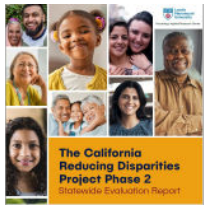
Information and education to help inform the development of more equitable laws, regulations, and rules

21 IPPs contributed to 55 environmental, systems, and policy changes.

BUSINESS CASE: COST BENEFIT ANALYSIS OF CRDP PHASE 2

Rather than what does all of this COST…..

The question that should be asked is, how much does all of this SAVE?



Key Findings from the CRDP Phase 2 Statewide Evaluation Report

- How did CDEPs contribute to mental health access (availability, utilization, quality)?
- Did CDEPs prevent the development of mental illness and/or promote positive wellbeing?
- Did CDEPs reduce mental health risks for people with early signs of mental illness?
- **What matters most? Prevention or early intervention?**
  - The cost-benefit analysis showed that prevention matters as much as early intervention. Maintaining good mental health for participants who are doing well is as cost-effective as helping those who are struggling with serious psychological distress.

What steps did we follow for CRDP's CBA?

Direct + Indirect = Total Net Benefits

CDEP Participants + Non-participants/ Taxpayers = Society

IPP Program Costs
CRDP Operating Costs
CDEP Participants Costs
COSTS (-)

Health Expenses Averted
Productivity/Income Gains
Out-of-program Income Gains
Non-Monetary Benefits
BENEFITS (+)

Combine benefits that accrue over time

Financial, economic, and health

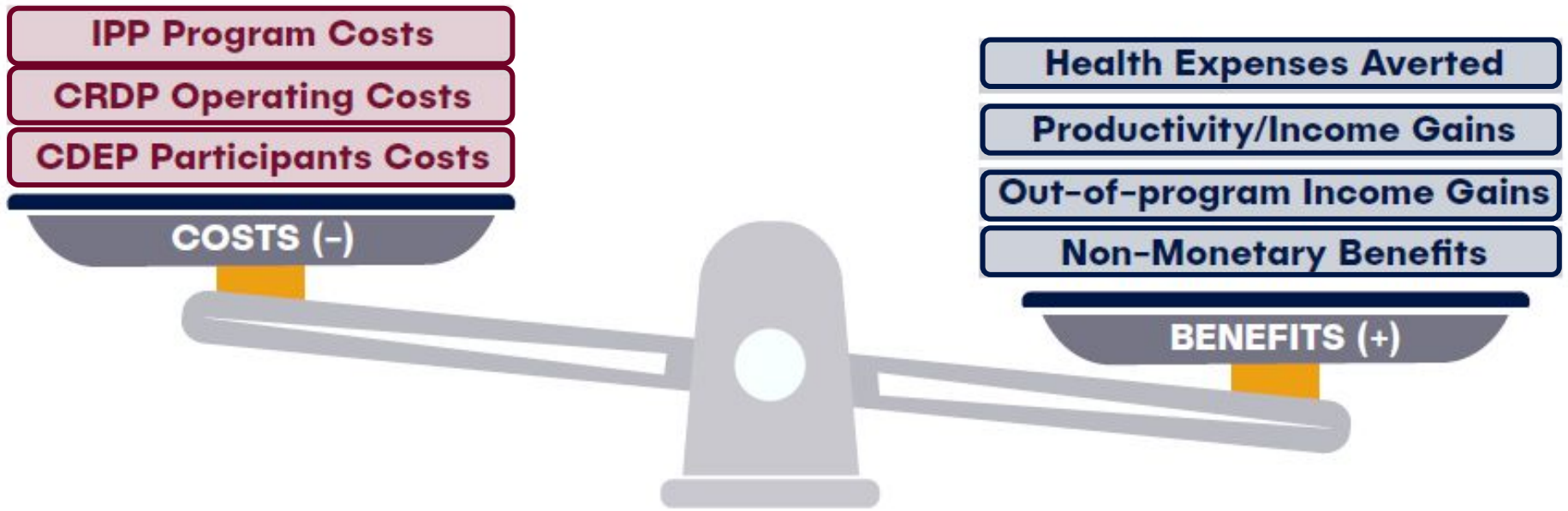
Average amount of time as a CDEP participant per hub

Long term cost-savings

Costs and Benefits Considered for CRDP

- CDEP participants' travel costs
- CDEP participants' reduction in leisure

- Lower suicide rates
- Reduced recidivism
- Cultural connectedness
- Better job continuity



Data Sources

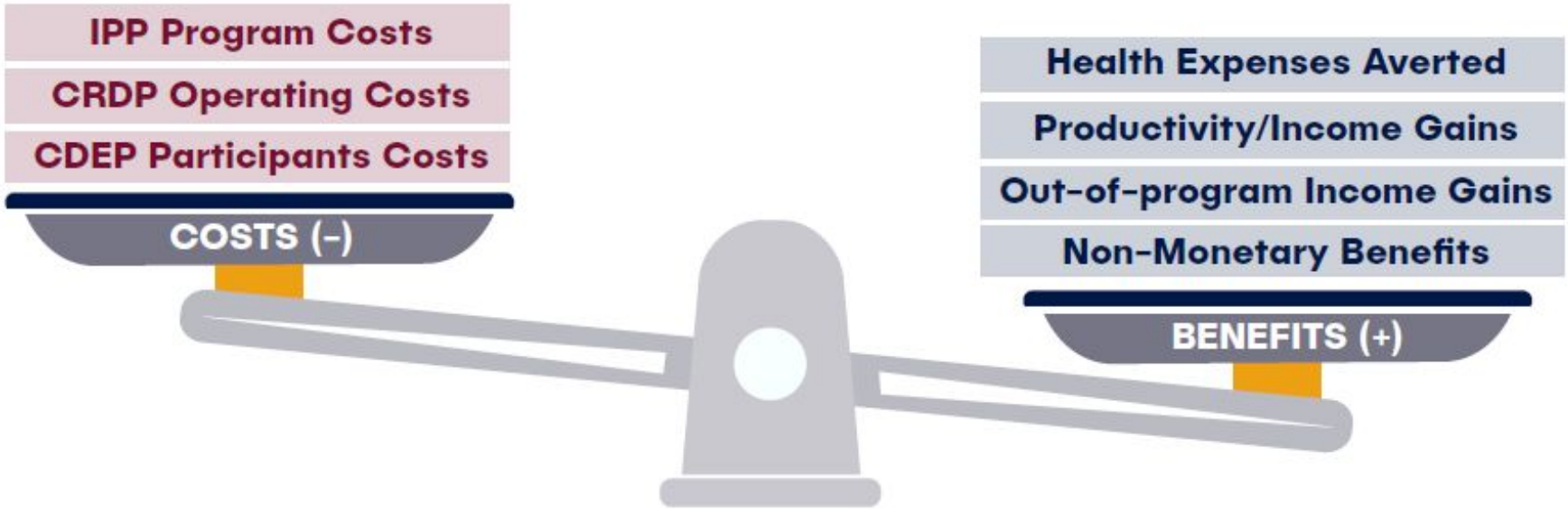
OHE budget

IPP local evaluation reports

IPP semi-annual reports

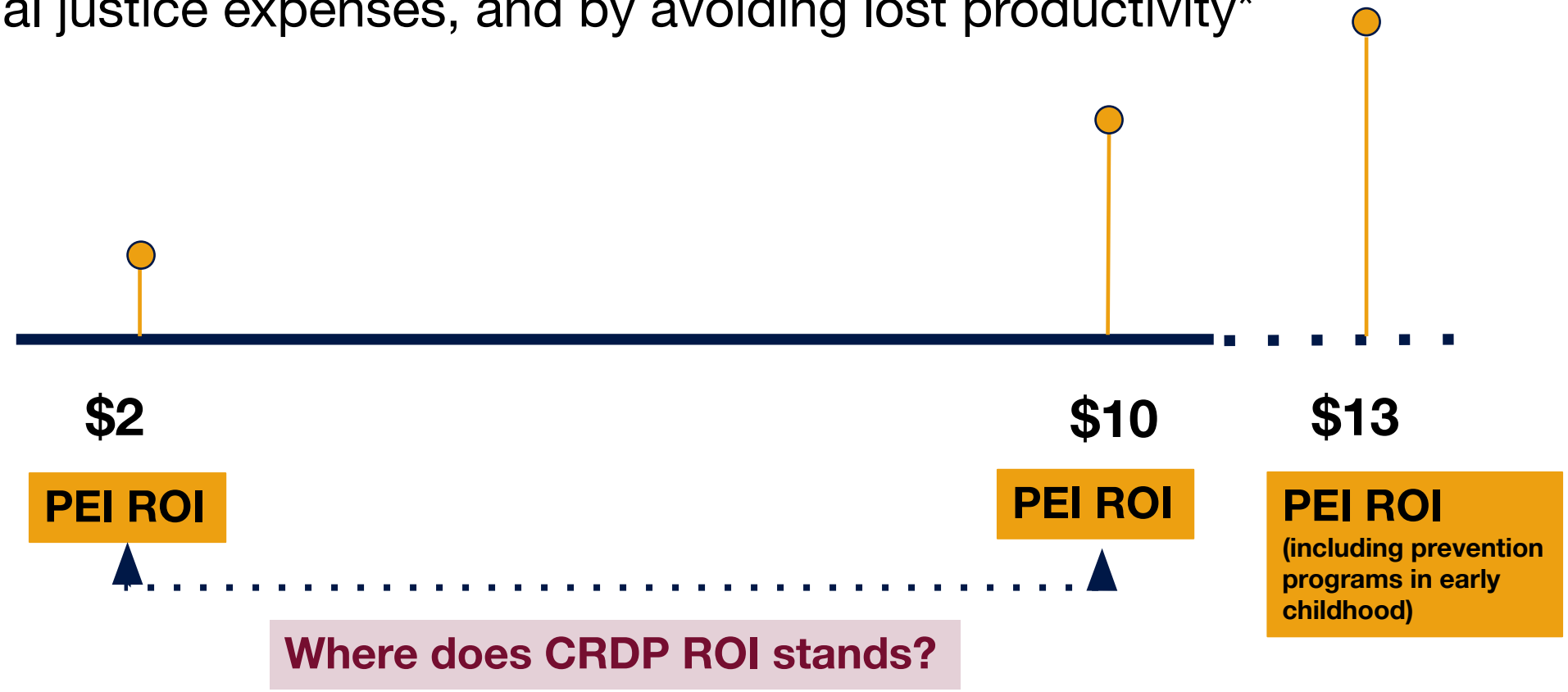
CDEP SWE participant questionnaire
(no health expenditure data)

National medical expenditure panel data
(restricted version with links to NHIS accessed through a U.S. Census Federal Research facility)



Context: Return on Investment (ROI) for PEI Programs

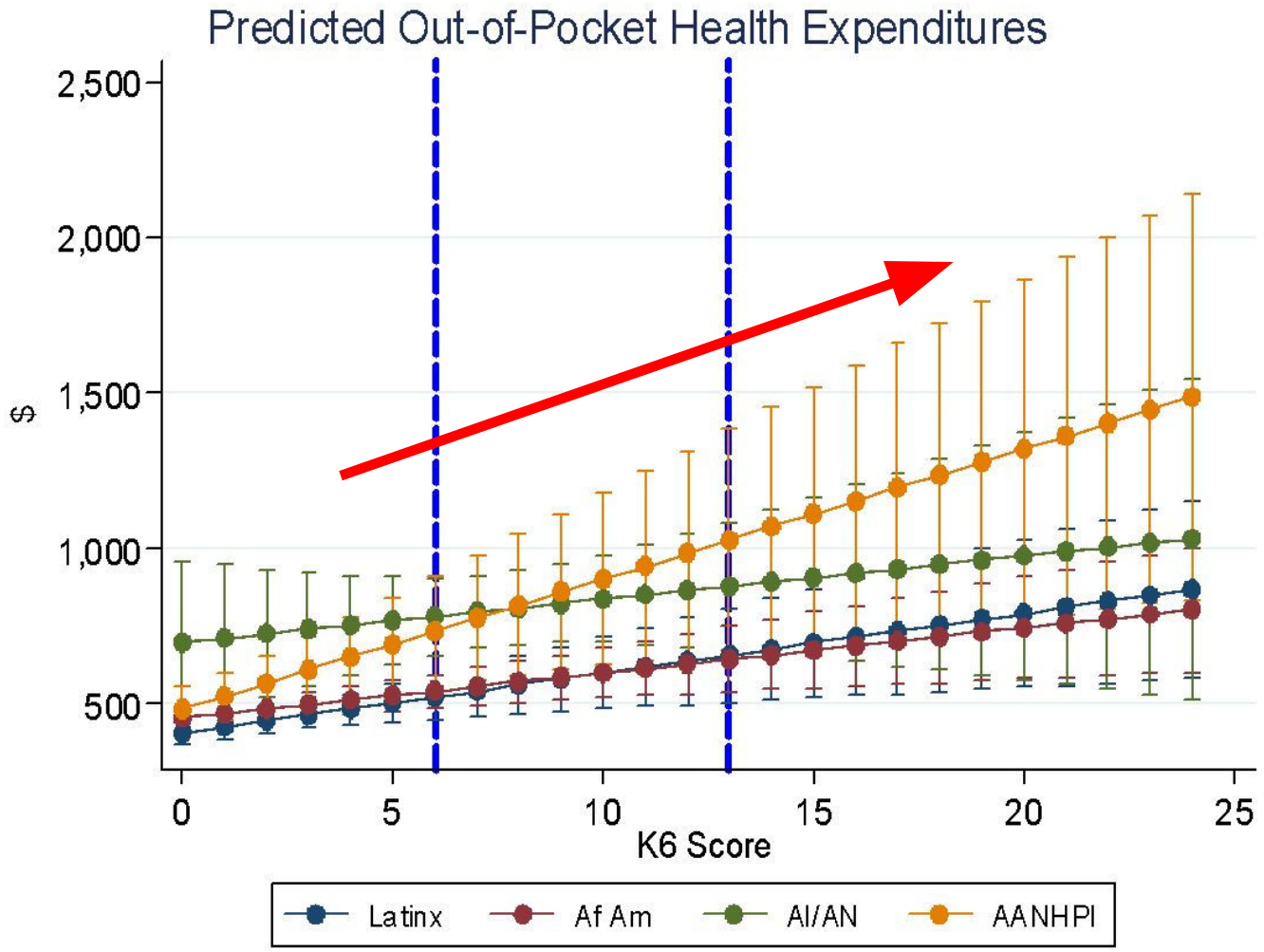
The National Academies of Sciences, Engineering, and Medicine found that for **every dollar invested in PEI, society saves $2 to $10** in health care costs, criminal justice expenses, and by avoiding lost productivity*



*Calculations from 2009 described in the MHSOAC "2022 Well and Thriving Prevention and Early Intervention in California Report"

Context: K6 MEPS and Health Expenditures

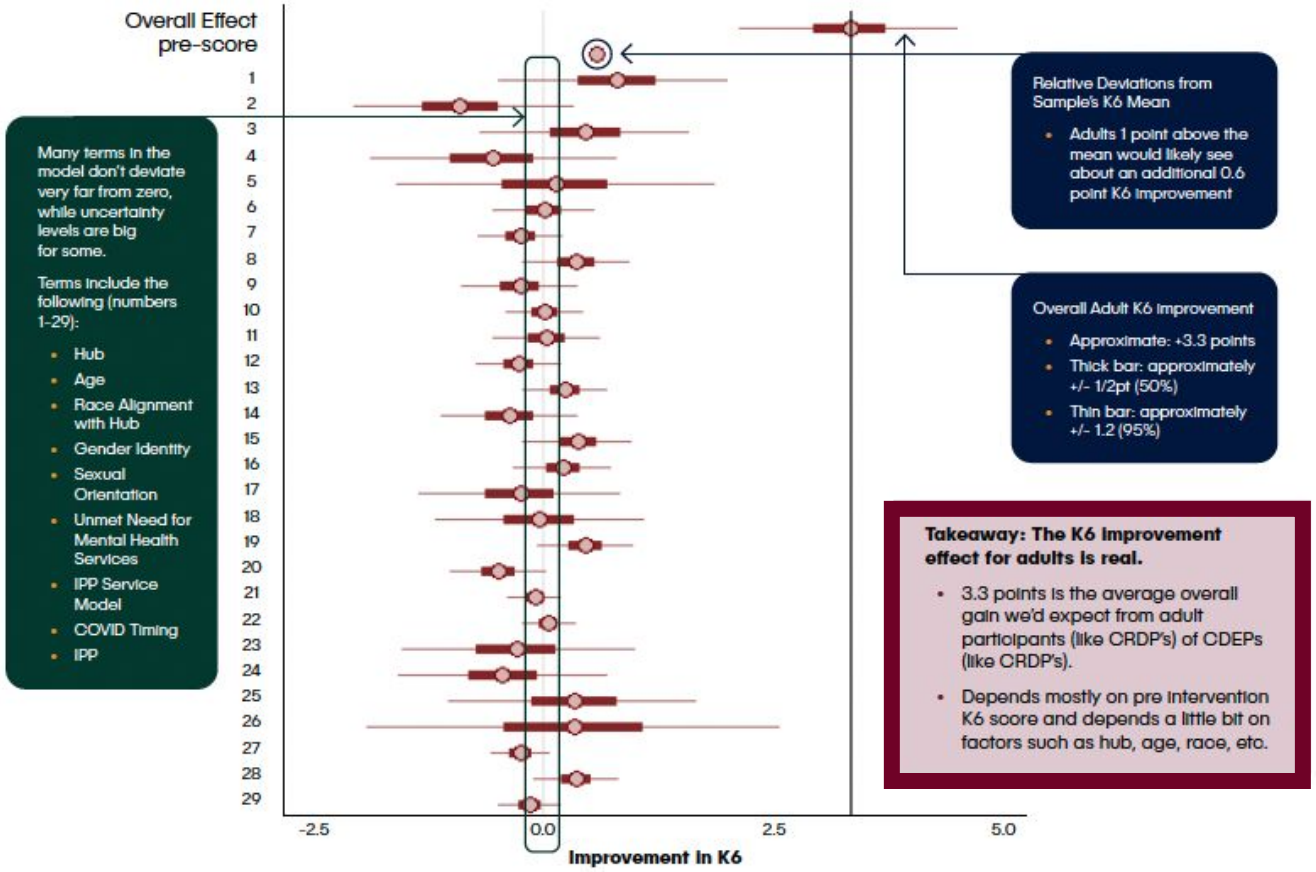
Medical Expenditure Panel Survey (MEPS) Data for 2017-2019



Positive relationship between MEPS K6 scores and out-of-pocket health expenditures

- confirms findings previously outlined in the health literature (Dismuke et al, 2011; Pirraglia et al., 2011)

Findings: Health Expenditure Values and Psych Distress



What does a 3-point improvement in psychological distress (K6) mean in $?

Findings: Health Savings and Mental Health

K6*Race/Ethnicity	Health Expenditures	Standard Error
8#hubA	**$ 1,342.12**	**$44.4**
8#hubB	$ 551.75	$31.0
8#hubC	$ 805.04	$62.5
8#hubD	$ 779.13	$102.8
9#hubA	$ 1,385.52	$50.4
9#hubB	$ 562.87	$34.6
9#hubC	$ 817.56	$62.5
9#hubD	$ 819.38	$116.0
10#hubA	$ 1,428.92	$56.6
10#hub B	$ 573.99	$38.4
10#hubC	$ 830.08	$66.4
10#hubD	$ 859.64	$129.4
11#hubA	**$ 1,472.33**	**$62.9**
11#hubB	$ 585.11	$42.4
11#hubC	$ 842.60	$73.5
11#hubD	$ 899.90	$142.9

A 3-point drop in psychological distress for a person in hub A:

K6=11 to K6=8 *(moderate distress)*

Yearly health expenditures

$1,472 □ $1,342

= $130 savings for a CDEP participant in hub A

CDEP Benefits

Health savings  ☑

- **Lower psychological distress *(prevention and early intervention)*** ☑
- **Lower impairment for those with severe distress *(early intervention)*** ☑

Productivity Gains ☑

- **Avoidance of productivity loss from better mental health)** ☑

CRDP Long-term Benefits

Lifetime CDEP benefits 

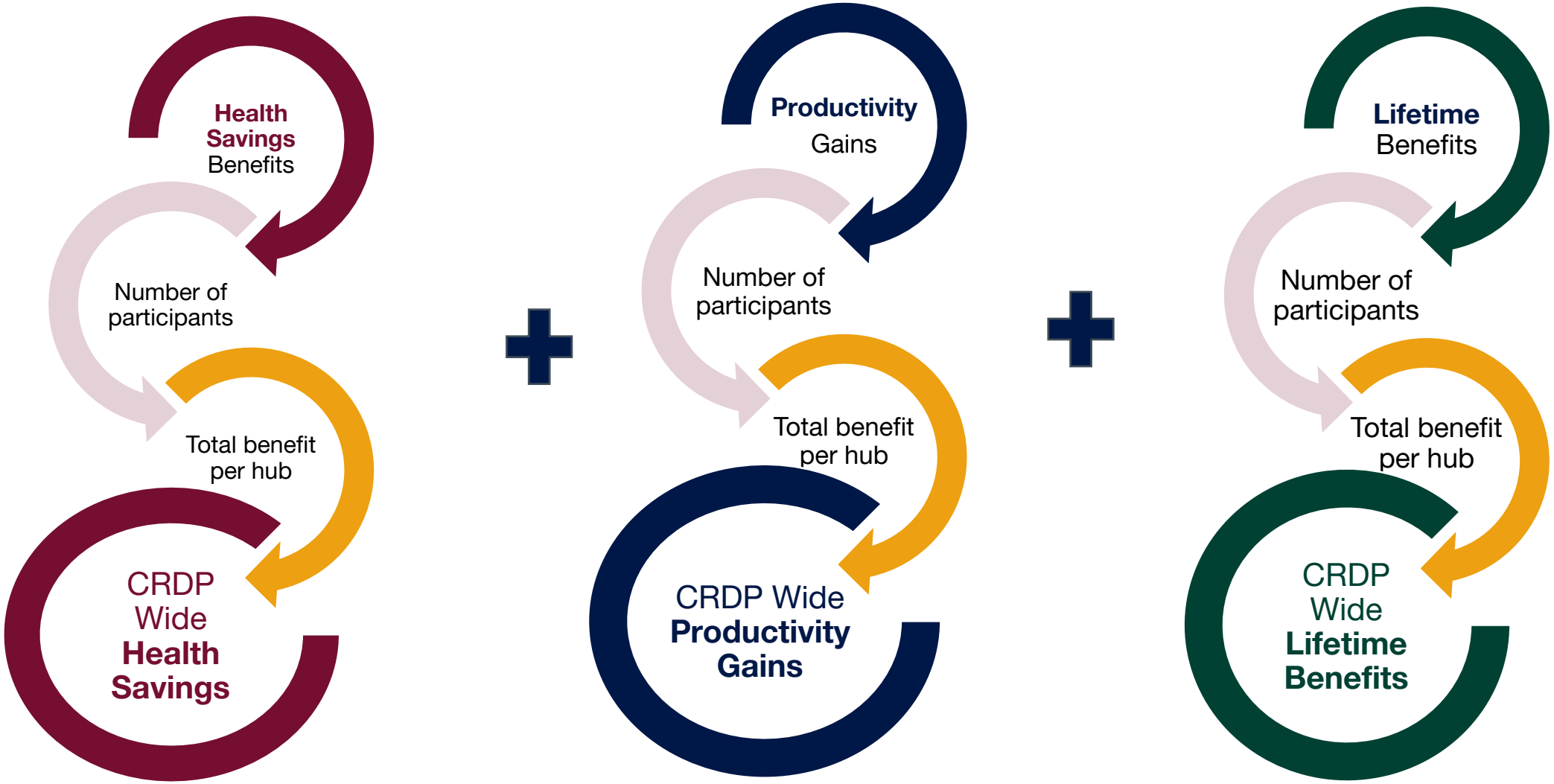
Increased earnings from sustained mental health improvements

What does this mean?
We calculated the expected value of improved life-time earnings

For example, for hub A:

- The estimated average gain in earnings (*from better mental health*) is **$1,840/year for adult participants**
  - A typical worker has an estimated retirement age of 65 years
  - The average age of participants in hub A is 37 years of age
- **We calculated long-term of annual gains for 28 years** (65-37)

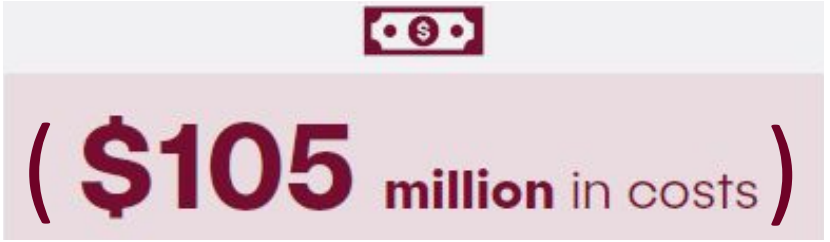
CRDP: Adding All Up



Net Estimated Long-Term Societal Benefits

Estimated benefits

Estimated direct and indirect costs



Return on Investment (ROI)

RETURN ON INVESTMENT = (Benefit-Cost) / Cost

CRDP ROI = 4.32 to 5.67

Sensitivity Analysis: including youth costs and benefits shows higher net benefits but same ROI

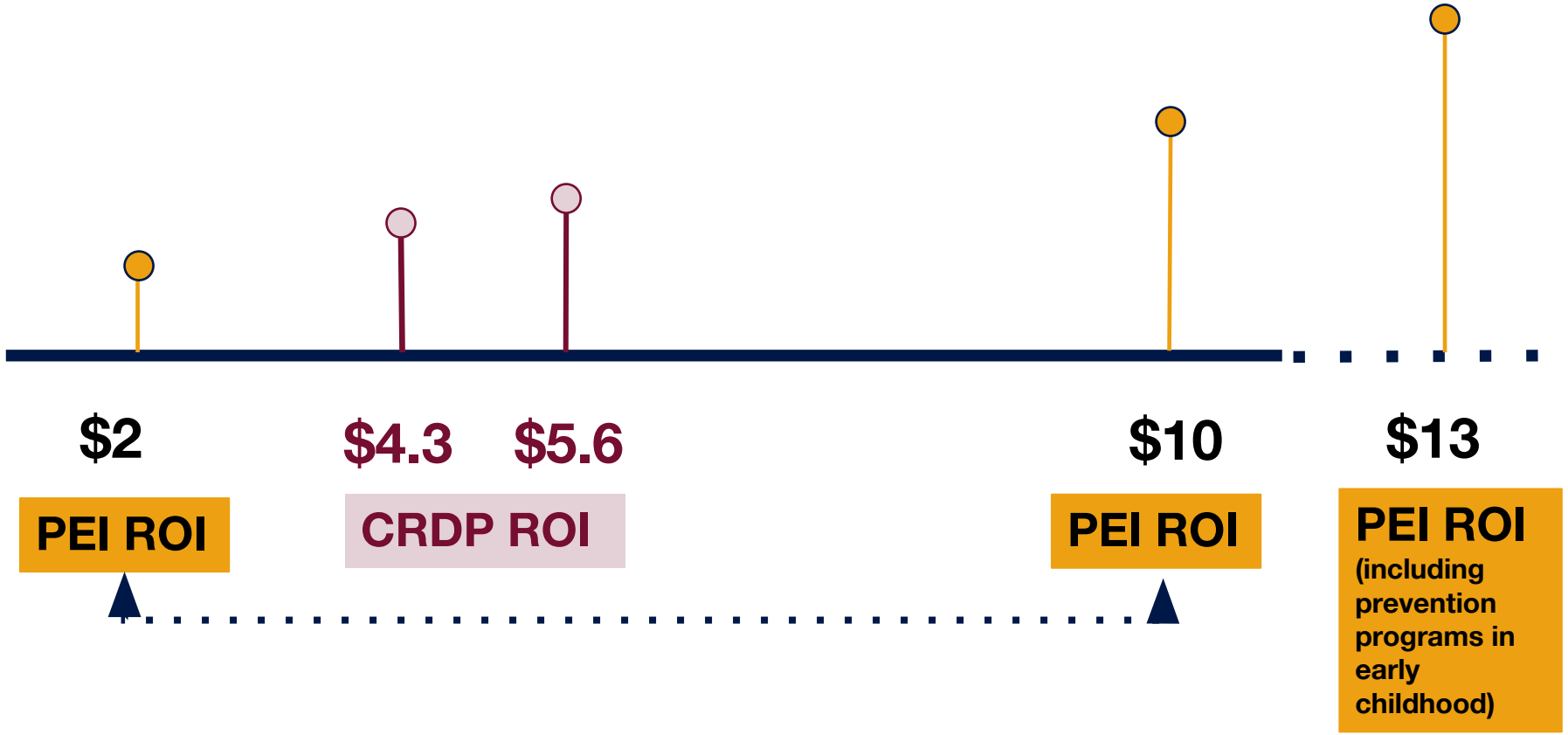
For every dollar spent, CRDP is expected to deliver **$4.3 to $5.67 in long term cost-savings**

These savings are related to:

- **Better mental health experienced by CDEP participants**
  - Fewer health-related costs (e.g., medical visits, medication, etc.)
  - Fewer days missed at work (i.e., higher productivity)
  - During **and** after CDEP participation

ROI for CRDP

For **every dollar invested in PEI, society saves $2 to $10** in health care costs, criminal justice expenses, and by avoiding lost productivity*



*Calculations from 2009 described in the MHSOAC, "2022 Well and Thriving Prevention and Early Intervention in California Report"

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Mentimeter CBA Reflection!

- CDRP's CBA shows that CDEPs have an important value for individuals already experiencing mental health issues.
- Important money savings (from health expenses) come from:
  - improvements among individuals who started with worse mental **early intervention** AND
  - preventing mental health issues and maintaining low levels of stress **prevention**

- CRDP ROI is *conservative* and could be higher
- Findings are in line with the value of PEI programs in preventing serious mental health issues.


ONTRACK
PROGRAM RESOURCES
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT
PIRE
EBAYC
EAST BAY ASIAN YOUTH CENTER
ssg
Special Service for Gro
UCDAVIS HEALTH
Center for Reducing Health Disparities
CARS
CENTER FOR APPLIED RESEARCH SOLUTIONS
Catholic Charities of the East Bay
INDIAN HEALTH CENTER OF SANTA CLARA VALLEY
THE FRESNO CENTER
FRIENDSHIP HOUSE
CAMBODIAN ASSOCIATION OF AMERICA
FOUNDED 1975
HEALTH EDUCATION COUNCIL
SAN FRANCISCO COMMUNITY HEALTH CENTER
HUMANIDAD
Therapy & Education Services
THE CENTER
For Sexuality & Gender Diversity
HEALTHY HERITAGE MOVEMENT
health RIGHT 360
A FAMILY OF PROGRAMS
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SAFE passages
GENDER HEALTH CENTER
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Community Driven Action
Thank you!
NATIVE AMERICAN HEALTH CENTER
Serving the community since 1972
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MAS
MUSLIM AMERICAN SOCIETY
La Familia
COUNSELING CENTER
WEST FRESNO
HEALTH CARE COALITION INC.
SONOMA COUNTY INDIAN HEALTH
CULTURAL CENTER OF BUTTE COUNTY, CA
openhouse
WHOLE SYSTEMS LEARNING
UNITED AMERICAN INDIAN INVOLVEMENT, INC.
KOREAN COMMUNITY SERVICES
LATINO Service Providers
SJPC
SAN JOAQUIN PRIDE CENTER
CRDP
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TWO FEATHERS
NATIVE AMERICAN FAMILY SERVICES
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Q&A