

Washington State Institute for Public Policy

Benefit-Cost Results

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our [Technical Documentation](#).

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

Adult Mental Health

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
Anxiety								
Cognitive behavioral therapy (CBT) for adult anxiety	Sep. 2016	\$30,943	\$9,781	\$21,162	(\$573)	\$30,370	\$54.01	100 %
Acceptance and Commitment Therapy for adult anxiety	Sep. 2016	\$20,995	\$6,643	\$14,352	(\$432)	\$20,562	\$48.55	85 %
Collaborative primary care for anxiety (general adult population)	Dec. 2016	\$12,301	\$3,985	\$8,316	(\$834)	\$11,467	\$14.76	90 %
Depression								
Cognitive behavioral therapy (CBT) for adult depression	Sep. 2016	\$24,793	\$7,758	\$17,035	(\$505)	\$24,288	\$49.09	100 %
Collaborative primary care for depression (general adult population)	Dec. 2016	\$10,471	\$3,371	\$7,100	(\$834)	\$9,637	\$12.56	98 %
Collaborative primary care for depression with comorbid medical conditions (general adult population)	Dec. 2016	\$6,877	\$2,275	\$4,602	(\$937)	\$5,939	\$7.34	100 %
Collaborative primary care for depression with comorbid medical conditions (older adult population)	Dec. 2016	\$1,968	\$692	\$1,276	(\$575)	\$1,392	\$3.42	82 %
Collaborative primary care for depression (older adult population)	Dec. 2016	\$1,275	\$481	\$794	(\$577)	\$698	\$2.21	78 %
Trauma								
Cognitive behavioral therapy (CBT) for adult posttraumatic stress disorder (PTSD)	Sep. 2016	\$49,748	\$15,791	\$33,957	(\$565)	\$49,184	\$88.11	100 %
Eye Movement Desensitization and Reprocessing (EMDR) for adult posttraumatic stress disorder (PTSD)	Sep. 2016	\$41,418	\$13,082	\$28,337	(\$69)	\$41,349	\$598.94	100 %
Posttraumatic stress disorder (PTSD) prevention following trauma	May. 2014	\$5,508	\$1,873	\$3,635	(\$854)	\$4,654	\$6.45	100 %
Serious Mental Illness								
Cognitive behavioral therapy (CBT) for schizophrenia/psychosis	Dec. 2014	\$13,679	\$7,954	\$5,725	(\$1,457)	\$12,221	\$9.39	60 %
Illness Management and Recovery (IMR)	Sep. 2016	\$4,945	\$2,021	\$2,924	(\$1,624)	\$3,321	\$3.04	55 %
Individual Placement and Support (IPS) for individuals with serious mental illness	May. 2014	\$2,451	\$893	\$1,558	(\$807)	\$1,644	\$3.04	71 %
Primary care in integrated settings (Veteran's Administration, Kaiser Permanente)	May. 2014	\$761	\$406	\$355	(\$231)	\$530	\$3.30	51 %
Acceptance and Commitment Therapy for schizophrenia/psychosis	Sep. 2016	\$1,199	\$892	\$307	(\$700)	\$498	\$1.71	58 %
Mobile crisis response	May. 2014	\$1,358	\$1,190	\$168	(\$1,196)	\$162	\$1.14	48 %
Primary care in behavioral health settings	May. 2014	\$146	\$116	\$30	(\$220)	(\$75)	\$0.66	50 %
Primary care in behavioral health settings (community-based settings)	May. 2014	(\$262)	(\$27)	(\$235)	(\$274)	(\$536)	(\$0.96)	25 %
Peer support: Substitution of a peer specialist for a non-peer on the treatment team	May. 2014	(\$1,644)	(\$502)	(\$1,141)	\$0	(\$1,644)	n/a	24 %
Peer support: Addition of a peer specialist to the treatment team	May. 2014	\$1,698	\$1,147	\$551	(\$3,518)	(\$1,820)	\$0.48	26 %

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
Critical Time Intervention for serious mental illness	Sep. 2016	\$1,006	\$2,253	(\$1,247)	(\$5,837)	(\$4,831)	\$0.17	14 %
Forensic Assertive Community Treatment (FACT)	May. 2014	(\$5,274)	\$549	(\$5,823)	(\$12,926)	(\$18,200)	(\$0.41)	0 %
Supported housing for chronically homeless adults	Dec. 2014	(\$7,089)	\$287	(\$7,376)	(\$15,451)	(\$22,540)	(\$0.46)	0 %
Assertive community treatment (ACT)	May. 2014	(\$8,436)	\$523	(\$8,958)	(\$18,260)	(\$26,696)	(\$0.46)	11 %

Other Adult Mental Health topics reviewed:

Program name	Date of last literature review	Notes
Assisted outpatient treatment	Nov. 2015	Click for meta-analytic results
Cognitive behavioral therapy (CBT) for prodromal psychosis	Sep. 2016	Click for meta-analytic results
Integrated Dual Disorder Treatment	Sep. 2016	Click for meta-analytic results
Integrated treatment for first-episode psychosis	Sep. 2016	Click for meta-analytic results
Integrated treatment for prodromal psychosis	Sep. 2016	Click for meta-analytic results
Medicaid Health Homes	Dec. 2014	Click for meta-analytic results
Motivational interviewing to enhance treatment engagement for serious mental illness	Sep. 2016	Click for meta-analytic results
Telemedicine for depression in primary care	Dec. 2016	Click for meta-analytic results
Telemedicine for posttraumatic stress disorder (PTSD) in primary care	Dec. 2016	Click for meta-analytic results
Wellness Recovery Action Plan (WRAP)	Dec. 2014	Click for meta-analytic results
Collaborative primary care for posttraumatic stress disorder (PTSD)	Dec. 2016	No rigorous evaluation measuring outcome of interest.
Crisis Intervention Team	May. 2014	No rigorous evaluation measuring outcome of interest.
Forensic Integrative Re-entry Support and Treatment (FIRST)	May. 2014	No rigorous evaluation measuring outcome of interest.
Forensic Intensive Supportive Housing (FISH)	May. 2014	No rigorous evaluation measuring outcome of interest.
Integrated cognitive therapies program for co-occurring mental illness and substance abuse	May. 2014	No rigorous evaluation measuring outcome of interest.
Peer Bridger	May. 2014	No rigorous evaluation measuring outcome of interest.
Trauma Informed Care: Risking Connection	May. 2014	No rigorous evaluation measuring outcome of interest.

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Washington State Institute for Public Policy

The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs WSIPP and guides the development of all activities. WSIPP's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.