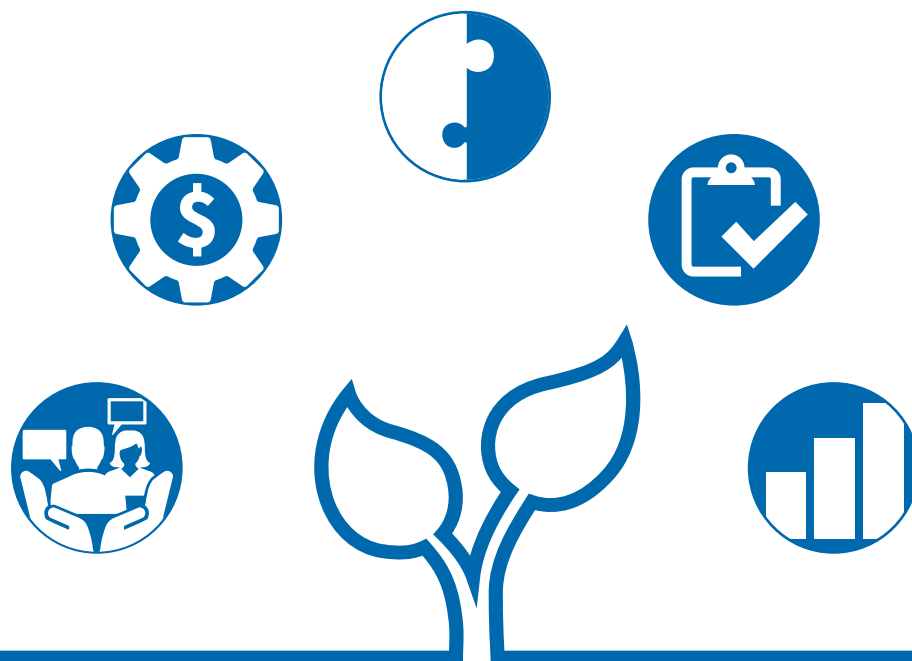


Understanding the Costs of Services to Address Trauma in Adults and Children:

Data Collection Instruments and
Guidance for Cost Analyses of Trauma-
Specific Evidence-Based Programs



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I. INTRODUCTION



The Regional Partnership Grants (RPG) program of the Department of Health and Human Services (HHS) supports partnerships between child welfare agencies and other social service systems to improve the well-being, permanency, and safety outcomes of children who were in, or at risk of, out-of-home placement because of a parent or caregiver’s substance use disorder. Under this program, the Children’s Bureau (CB) within HHS has awarded multiple rounds of competitive grants to state and local agencies and service providers since 2006. CB also has contracted with Mathematica Policy Research to design and conduct a national cross-site evaluation of grants awarded in 2012 and 2014 and to provide technical assistance to help grantees conduct their own required local evaluations.

Because RPG grantees work with vulnerable groups who are likely to have experienced trauma—children at risk of or experiencing maltreatment, and adults with substance use disorders—they are encouraged under their grants to adopt and implement programs and services that are trauma-informed (HHS 2015). Trauma-informed services reflect an understanding of the prevalence and effects of trauma and avoid retraumatizing clients (Substance Abuse and Mental Health Services Administration [SAMHSA] 2014). RPG applicants also were required to propose specific, well-defined program services and activities that were evidence based or evidence informed. Evidence-based programs or practices (EBPs) are those that evaluation research has shown to be effective (HHS n.d.). Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation (HHS 2011).

Although research provides evidence for the effectiveness of some interventions to address the emotional effects of trauma, more information is needed about the costs of implementing them. This report presents tools and guidance for analyzing the costs of these programs.

Although research provides evidence for the effectiveness of some interventions to address the emotional effects of trauma, more information is needed about the costs of implementing them. This report presents tools and guidance for analyzing the costs of EBPs to address trauma. Although it does not describe the results of a cost analysis of these services, it offers resources for completing such an analysis. Specifically, it outlines an approach to estimating program costs and describes instruments Mathematica developed for collecting the data needed to conduct the cost analyses.

Cost analysis can help providers understand how efficiently a service is delivered and how much it might cost to expand or replicate it. Cost analysis also provides a foundation for conducting two additional types of analyses: cost-effectiveness analyses, which can help decision makers allocate resources toward programs that achieve the best results at the lowest cost, and benefit-cost analyses, which can identify interventions that produce benefits to individuals and society whose monetary value that exceeds the interventions’ costs.

The National Academies of Science, Engineering and Medicine (2016) defines a cost analysis as an “accounting of the economic costs of implementing a given intervention.” A cost analysis involves identifying and valuing the types and amounts of resources used to deliver the intervention. A cost-effectiveness analysis compares two or more interventions based on the cost of achieving a unit change in an identical outcome. In a benefit-cost analysis, “both costs and outcomes of an intervention are valued in monetary terms, permitting a direct comparison of the benefits produced by the intervention with its costs.”

As part of its efforts to support RPG grantees and develop the knowledge base on trauma-informed services, CB asked Mathematica to collaborate with grantees to create data collection instruments that will facilitate cost analyses of EBPs that address trauma. This work builds on CB’s other efforts to enhance the capacity of child welfare researchers and practitioners to study the costs of child welfare services. For example, in 2013, CB convened a work group of experts in child welfare who proposed standard methods for analyzing the costs of child

welfare services and produced a guide for researchers and service providers conducting cost analyses (Calculating the Costs of Child Welfare Services Workgroup 2013).

To create new instruments for collecting cost data, Mathematica and RPG grantees undertook an intensive process to fully understand how grantees implement EBPs that address trauma and tailor the instruments appropriately. As context for understanding the purpose and content of the instruments, the remainder of Section I reviews why and how child welfare systems are emphasizing trauma-informed services and describes the three EBPs on which we focused for developing the instruments. Section II discusses key principles in designing a cost analysis and considerations and challenges related to analyzing the cost of trauma-specific EBPs. Section III outlines the process for designing and testing the instruments. Section IV describes the content of the instruments and procedures for administering them, and Section V offers guidance on analyzing the data the instruments can collect.

A. Trauma exposure among children and adults in the child welfare system

Most children in the child welfare system are exposed to multiple and chronic traumatic events, and a substantial proportion exhibit trauma-related symptoms (Kisiel et al. 2009). In a national study of more than 2,220 youth in foster care, more than 70 percent of children met criteria for complex trauma exposure¹ (Greeson et al. 2011; Kisiel et al. 2009). These traumas generally are either the result of intentional violence—sexual, physical, or emotional abuse—or stem from indirect exposure to violence in the community or at home. Early exposure to traumatic events can affect a child’s development and carries risks for later onset of mental health and substance use disorders (SAMHSA 2014; Fellitti et al. 1998; Dube et al. 2003). The burden of trauma is especially heavy for children directly exposed to physical or sexual violence; in addition to severe posttraumatic stress symptoms, youth who experience a combination of both violent and nonviolent traumatic events are more likely to struggle with emotion management, behavior problems, and school performance relative to youth with other types of trauma (Kisiel et al. 2014).

SAMHSA (2014) defines trauma as “an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

The impact of trauma is not limited to children and youth. Adults who are served by child welfare agencies, including parents with substance use disorders, may also show symptoms of childhood or adult trauma (Covington 2010). For example, women with substance use disorders experience high rates of posttraumatic stress disorder, often stemming from abuse that includes childhood physical or sexual violence (Najavits et al. 1997; Marcenko et al. 2011). For racial or ethnic minorities, traumatic experiences at a community level may create mistrust and influence interactions between caregivers and child welfare services (Jimenez et al. 2006; Kemp et al. 2009).

B. Services to address trauma

The effects of traumatic experiences, if left unaddressed, could limit families’ ability to participate in and benefit from services designed to support them. Therefore, human services agencies have been encouraged to adopt and implement programs that take a trauma-informed approach. One way that agencies can address trauma among the families they serve is to

Human services agencies have been encouraged to adopt and implement programs that take a trauma-informed approach. One way that agencies can address trauma among the families they serve is to implement trauma-specific EBPs.

¹ Complex trauma was defined as two or more of the following traumatic events: physical abuse, sexual abuse, emotional abuse, neglect, and domestic violence.

implement trauma-specific EBPs. These EBPs are services uniquely designed to address trauma and its consequences.

In this report, we use the term trauma-specific EBPs to refer to EBPs, practices, and services that are developed specifically to reduce trauma symptomology by directly addressing traumatic experiences and related conditions such as post-traumatic stress disorder. These prevention, intervention, or treatment programs typically are delivered by a trained mental health professional. They may incorporate prescribed treatment methodologies and principles, training requirements for practitioners, and materials for participants.

To learn how RPG grantees have taken a trauma-informed approach to service delivery, Mathematica surveyed 17 grantees receiving RPG funding in 2012. At the time this information was collected, 12 of the 17 grantees reported that they had screened or assessed children for trauma, 14 grantees had screened or assessed adults, and 11 offered trauma-specific services (HHS 2015).

C. Trauma-specific EBPs selected for instrument development

As a first step in developing instruments for collecting data on the costs of trauma-specific EBPs, Mathematica formed an advisory work group comprising grantee representatives and local evaluators who volunteered to participate, staff from the National Center on Substance Abuse and Child Welfare (which provided programmatic technical assistance to RPG grantees), and representatives of CB (Table I.1). The group provided a forum for grantees and others to offer input on planning and implementing the instruments’ development.

Table I.1. RPG cost study work group members

RPG grantees and evaluators	
Edwina Chappell Principal Investigator, Ties Grant Project	Linda Newton-Curtis Research Associate, Human Services Research Institute
Laura Denton Coordinator of Research and Evaluation, Helen Ross McNabb Center	Brenda Roche Director of Clinical and Evaluation Services, The Center for Children and Families
Will Giebert Program Evaluator, Helen Ross McNabb Center	Clare White Program Evaluator, The Center for Children and Families
Anita Jose Director, UBA Family Treatment/Rehabilitation Program	Anne Wells Director of Research, Children’s Research Triangle
Meg Knight Project Evaluator, Pima Prevention Partnership	Joy Zacharia Senior Research Associate, Metis Associates
Bev Long Evaluator, Preferred Family Healthcare	
RPG Cross-Site Evaluation national partners	
Children’s Bureau Jean Blankenship Elaine Stedt	Mathematica Policy Research Andrew Burwick Patricia Del Grosso Jennifer Herard Lareina La Flair Debra Strong
Children and Family Futures Ken DeCerchio Melissa Lujan	

We selected three trauma-specific EBPs for developing data collection instruments: Parent-Child Interaction Therapy, Seeking Safety, and Trauma-Focused Cognitive Behavioral Therapy.

One of the work group's initial tasks was to select the trauma-specific EBPs for which to develop instruments. Because trauma-specific EBPs vary in their content and delivery modes, it was important to tailor the instruments to particular EBPs. Members of the work group recommended selecting EBPs that were (1) commonly implemented by RPG grantees and (2) included in the implementation data collection for the RPG cross-site evaluation. In addition, work group members preferred including at least one program model that serves both adults and children. Based on these recommendations and the number of sites expected to participate in a pilot test of the instruments, we selected three trauma-specific EBPs for developing data collection instruments:²

1. **Parent–Child Interaction Therapy (PCIT).** In PCIT, therapists aim to improve parenting skills and parent–child relationships by coaching parents or caregivers in specific behavioral techniques. The program targets families with children ages 3 to 6 who have behavior and parent–child relationship problems; an adaptation is available for physically abusive parents with children ages 4 to 12. The treatment includes observation and coaching during dyadic playtime, during which a therapist might communicate with the parent from an observation room via an in-ear radio. PCIT can take place with parents, foster parents, or other caretakers. The multi-stage PCIT training involves initial and ongoing skills training; trainees must treat a minimum of two PCIT cases to completion as a primary therapist or co-therapist. Licensed mental health providers with a master's degree or higher can implement PCIT, usually in community agencies or outpatient clinics. Dosage can vary, but families typically participate in weekly PCIT sessions over a period of 10 to 20 weeks.
2. **Seeking Safety.** Seeking Safety is a manualized treatment for adolescents and adults with a history of trauma and substance abuse. The treatment was designed for flexible implementation in a group or individual format, and in a variety of settings, such as in outpatient, inpatient, or residential treatment programs. Seeking Safety has been implemented in programs for substance abuse, mental health, domestic violence, homelessness, women and children, and veterans and in correctional, medical, and school settings. The session modules cover 25 topics centering on three general types of “safe coping skills”: cognitive, behavioral, and interpersonal. The typical dosage is 29 sessions over 12 to 24 weeks, but the number and duration of sessions and the sequence of topics is flexible, depending on participant needs. Individuals implementing Seeking Safety do not require any specific qualifications or training, but the program developer does offer training services.
3. **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).** TF-CBT is a clinic-based psychotherapy model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents ages 3 to 18. Initially developed to address psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence and traumatic loss. TF-CBT is typically delivered in 12 to 16 sessions of individual and parent–child therapy designed to facilitate parent–child discussion about trauma. TF-CBT can also be delivered in group sessions. A variety of mental health professionals use TF-CBT, including clinical social workers, professional counselors, psychologists, psychiatrists, or clinical counselors. Therapists must hold a master's degree or higher to be certified in TF-CBT.

² Mathematica did not work directly with the developers of the selected interventions on creating the cost data collection instruments. To ensure that the data collection instruments reflected key elements of the programs' design, we reviewed program manuals and training materials available on the developers' websites.

II. CONSIDERATIONS FOR COLLECTING AND ANALYZING COST DATA ON TRAUMA-SPECIFIC EVIDENCE-BASED PROGRAMS



The instruments presented in this report reflect generally accepted design principles and methods for cost analyses of social services. In this section, we review key decisions involved in designing a cost analysis, the standard approach and data needed for cost analyses, and the particular challenges that might arise in estimating the costs of trauma-specific EBPs.³

A. Designing a cost analysis

A cost analysis provides a basis for understanding how resources are used to deliver services and for estimating the cost of implementing an intervention in a similar context. As a first step in designing a cost analysis, researchers must specify the research questions that are of interest.

Examples of questions commonly addressed in cost analyses include:

- What is the total annual cost of implementing an intervention? How are costs allocated among major components of the intervention?
- What are the net costs of the intervention; that is, those costs over and above what is already being spent on typical activities?
- What is the average cost per family or per child served? How do average costs vary among subgroups of families or children served?
- How do costs vary with the stage of an intervention's implementation? For example, what are the costs incurred only during start-up and what costs occur during ongoing operation of the intervention?

The instruments presented in this report are intended to collect data needed to answer questions regarding the start-up and ongoing costs of implementing trauma-specific EBPs. If data on program participation is available, it can be incorporated into analyses to estimate the average cost per family or child served.

Designing a cost study requires attention to the study's scope, perspective, and timeframe.

In addition to articulating research questions, designing a cost study requires attention to the following features of the analysis:

- **Scope.** The scope of a cost analysis establishes the boundaries of the intervention to be analyzed—the activities and services to include in the analysis. When defining the scope of a trauma-specific EBP, designers of a cost analysis might choose to include both “core” services, such as clinical therapy provided in individual or group sessions and other activities that are necessary to deliver the intervention, such as case management and documentation, outreach to and identification of eligible clients, and staff training and supervision.
- **Perspective.** The perspective of the analysis specifies whose costs will be considered—for example, costs to an implementing agency (whether a public child welfare agency or a contracted private agency), costs to government and other funders, costs to participants and their families, or costs to society as a whole. Analyses can adopt the perspective of the implementing agency to estimate the costs that another agency would incur when implementing the same program in a similar context. The instruments presented in this report support a cost analysis from the perspective of an implementing agency.

³ The cost analysis approach and methods described in this report draw on published guidance developed by the Children's Bureau (2014) Research and Evaluation Workgroup on Calculating the Costs of Child Welfare Services and the National Academies of Sciences Committee on Using Economic Evidence to Inform Investments in Children, Youth, and Families (National Academies of Sciences, Engineering, and Medicine 2016).

- **Time frame.** The time frame of the analysis defines the period over which costs are assessed and could include a start-up period (when planning and preparation for initial implementation of the program occur), a single year of steady-state delivery of program services, or multiple years of implementation. The timing of these periods is not always clear. Nevertheless, for the purposes of a cost analysis, researchers and program implementers should use their best judgement to establish beginning and end dates for the cost period (and the start-up period, if start-up costs are of interest). One consideration for this decision is when accounting data on program costs will be available (for example, at the end of a fiscal quarter or year).

The instruments presented in this report facilitate estimation of the costs of program start-up and a year of steady-state implementation; they could be adapted to cover several years of program implementation by repeating the data collection over multiple years.

B. Analytic approach and data requirements

The “ingredients approach” to cost analysis, also known as micro-costing, informed the structure and content of the data collection instruments. Under this approach, evaluators (1) itemize the type and quantity of resources required to deliver a service, (2) determine the monetary value of each resource, and (3) sum these values to estimate total costs (National Academies of Science 2016; Levin and Belfield 2015).

To accurately estimate the cost of replicating an intervention, the ingredients approach prescribes valuing all resources required to deliver it, including in-kind contributions that might not appear on an agency’s expenditure records (for example, donated facility space or volunteer labor). Incorporating the value of donated goods or services ensures that the cost estimate is relevant to another agency that might not have access to similar donated resources.

Generally, three types of data are necessary to estimate the costs of social service programs using the ingredients approach:

- **Data on the quantity and dollar value of resources necessary for delivering services.** This information is necessary to calculate the total cost of delivering program services during a year or other period. It includes the categories of resources that are used to provide a service (for example, personnel, facilities, and supplies and materials); the amount of each resource that is used; and the dollar value of that amount. The calculations may rely on actual expenditures as documented in agency records or on estimates of the dollar value based on local or national prices for similar resources.
- **Data on how staff members use their time in delivering services.** Data on the use of staff time is necessary to assign personnel costs to the program accurately, especially if staff divide their time among multiple programs or services. Data on staff time use also can illuminate how costs are allocated among different program components or activities.
- **Participation data.** Information on the number of people who participate in a program over a certain period, the quantity of and type of services they receive, and the length of time they participate are necessary to estimate costs per participant. Participation measures can be analyzed in combination with estimates of annual costs or other cost measures to calculate averages and ranges in cost per participant. (We describe several options for calculating per-participant costs in Section V.)

As we describe in Section IV, the instruments we developed for collecting data on program costs facilitate the collection of data on resource values and staff members’ time use. Participation data could be available from management information systems or other records maintained by agencies implementing services.

The “ingredients approach” to cost analysis, also known as micro-costing, informed the structure and content of the data collection instruments.

In developing instruments to collect data on the costs of trauma-specific EBPs, we aimed to address two main issues: (1) diversity in service approaches and modes among the three trauma-specific EBPs selected for the pilot test and (2) the integration of trauma-specific programs into other services that RPG grantees provided.

C. Challenges in estimating the costs of trauma-specific programs

Although cost analyses of social services draw on a common set of approaches and data sources, the characteristics and implementation of particular programs might affect how readily evaluators can apply these methods. In developing instruments to collect data on the costs of trauma-specific EBPs, we aimed to address two main issues: (1) diversity in service approaches and modes among the three trauma-specific EBPs selected for the pilot test and (2) the integration of trauma-specific programs into other services that RPG grantees provided.

Diversity in service approaches and modes. Although trauma-specific EBPs share the purpose of addressing trauma symptoms, usually through a therapeutic intervention, they vary widely in their specific goals and implementation approaches. The three programs that were the focus of developing the data collection instruments differ along several dimensions:

- **Approach and content.** Seeking Safety is a manualized intervention, in that it addresses a defined set of 25 topics related to recovery from trauma and substance abuse, and the program developer has developed handouts and materials associated with each topic. TF-CBT and PCIT are structured practice models that rely on therapists to integrate program content or approaches—such as psychoeducation, support for cognitive processing of traumatic experiences, and parenting skills training—into therapy or coaching sessions. These differences affect the types of activities that staff implementing each program complete and that the cost data collection might need to address.
- **Session formats.** In the grantee sites that participated in the pilot test of instruments, one of the programs (Seeking Safety) was delivered in group sessions, whereas the others (TF-CBT and PCIT) were conducted with individual clients or an individual parent–child dyad.
- **Target populations.** The intended participants differ across the program models. Seeking Safety primarily targets adults or adolescents, TF-CBT targets children and adolescents (although adult caregivers can participate in sessions), and PCIT requires that parents and children participate in sessions simultaneously.
- **Training requirements.** The three programs also differ in the requisite training and certification for staff who deliver services. The developers of PCIT have established certification requirements for therapists who deliver the program, which include holding at least a master’s degree, receiving 40 hours of initial training, and participating in continuation training during service provision. Similarly, certification in TF-CBT requires a master’s degree, participation in training, completing treatment with a small number of clients, and passing a test on TF-CBT knowledge. (Not all therapists who apply TF-CBT concepts have TF-CBT certification, however.) In contrast, the developers of Seeking Safety indicate that no specific degree or experience is necessary to deliver the program safely and effectively, but training on the model is available, as well as a certification program for staff at agencies that wish to monitor the fidelity of the program’s implementation.

To address these variations in program characteristics and implementation, we tailored some sections of the data collection instruments to each trauma-specific EBP. For example, we developed separate versions of the survey instrument for each of the three programs. The survey for staff implementing PCIT includes questions regarding the specific training activities the program requires. The version for staff implementing Seeking Safety includes options for recording time spent in either group or individual sessions with clients.

Integration into other services. Agencies may deliver trauma-specific EBPs to individuals and families with a range of needs and circumstances. Therefore, the EBPs may be woven into or delivered at the same time as other services. Among the RPG grantees, parents participating in trauma-specific EBPs also were likely to be receiving substance use disorder treatment in residential or nonresidential programs. In addition, for agency staff members, delivering or overseeing trauma-specific EBPs might be one responsibility among many, and

individual staff may deliver multiple types of therapeutic interventions to different clients. Estimating the costs of trauma-specific EBPs (or other services that are integrated or bundled with others) requires isolating their costs from those of other services an agency might provide.

The instruments we developed facilitate separating the costs of delivering trauma-specific EBPs from other agency costs. The instruments collect information on the amount of time that staff members spend in initial and ongoing training to deliver the EBP and on specific activities related to delivering EBP services during the data collection period. This information is needed to estimate personnel costs directly related to delivering the EBP (as described in Section V). In addition, for nonpersonnel resources, the instruments prompt data collectors to indicate the proportion or amount of the resource required to deliver the trauma-specific EBP. For example, data collectors can indicate the percentage of a facility space that was used for delivering the program so that an appropriate portion of facilities costs can be allocated to the trauma-specific EBP.

III. DEVELOPING THE DATA COLLECTION INSTRUMENTS



The process of developing the data collection instruments included several steps: (1) identifying research questions, which would influence the overall purpose and content of the instruments; (2) gathering information on the implementation of trauma-specific EBPs in RPG grantee sites; (3) pilot testing the instruments to assess their functionality and performance in three grantee sites; and (4) revising the instruments based on the results of the pilot test. This section briefly describes each of these steps.

A. Identifying research questions

To specify the cost-related research questions that should be prioritized, the Mathematica team consulted with the cost work group. In considering the cost-related topics that would guide instrument development, work group members prioritized three research questions:

1. What resources are necessary to deliver trauma-specific EBP services at a steady state and how are costs allocated across resource categories?
2. What are the start-up costs associated with trauma-specific EBP services? What types of resources are necessary to plan for and initiate service delivery?
3. What is the average cost to implementing agencies of providing trauma-specific EBP services to a child or adult enrolled in an RPG program?

Based on these questions, Mathematica proposed and the work group endorsed developing two types of data collection instruments: a cost workbook and a staff survey and time log. The cost workbook (a spreadsheet-based instrument) would gather information on the type, quantity, and value of resources used to implement the trauma-specific program over a pre-defined period. The staff survey and time log would collect data on the amount of time staff members typically spend training for and delivering the program, in order to allocate personnel costs appropriately to the trauma-specific EBP.

B. Gathering information on EBP implementation

In the next step of the process, we gathered information needed to inform the development of the instruments. This step was important for fully understanding the program models and tailoring the instruments. Specifically, we aimed to (1) confirm the types of resources that grantees use to implement trauma-specific EBPs; (2) identify the categories of program activities to be included in time use logs and understand how these categories can be defined for each grantee and trauma-specific EBP; and (3) gather additional information about implementation that could affect instrument development, such as frequency of service

delivery, approaches to training and supervising staff, and activities and expenditures related to program start-up.

Three RPG grantees volunteered and participated in the instrument development and testing process: Children’s Research Triangle (Chicago, Illinois); Preferred Family Healthcare (Springfield, Missouri); and Helen Ross McNabb Center (Knoxville, Tennessee). Each grantee was a nonprofit organization implementing one of the focal trauma-specific EBPs (in addition to other programs). In inviting and selecting grantees to participate, we considered whether the implementation of the focal trauma-specific EBP appeared to be consistent with program developers’ guidelines and whether enrollment in the focal EBP was relatively high (10 clients or more), based on data collected for the cross-site evaluation.

To inform the development of the instruments, Mathematica reviewed information from site visits to RPG grantees and conducted interviews with program directors and other managers, and direct service and supervisory staff who work with clients.

Working with these grantees, the Mathematica team undertook several activities:

- **A review of information gathered through site visits that Mathematica conducted as part of the RPG cross-site evaluation.** For each of the three grantee sites, our team reviewed write-ups from site visits conducted in late 2015. We gathered information to help define the scope of trauma-specific EBP services and the resources required to provide them, including staffing configurations, training, frequency and setting for service provision, supervision and feedback procedures, the roles of organizational partners, and other topics.
- **Interviews with program directors and other program managers.** During two semistructured telephone interviews with grantee leadership at each site, we confirmed and gathered additional information on the provision of trauma-specific EBP services and the types of resources required for service delivery. (Table III.1 lists the resource categories we discussed). We also discussed when the trauma-specific EBP service was first implemented and the activities that were required to start it up, and explored whether records and information were available to estimate the cost of start-up.
- **Interviews with direct and supervisory staff at each site.** We conducted 90-minute conference calls with groups of direct service and supervisory staff in each grantee site. Seventeen staff members participated in the calls. We asked participants in the calls to describe the steps they take to enroll, assess, and deliver services to clients. They also reviewed a proposed list of activity categories, indicated whether each category was relevant to their provision of the trauma-specific EBP, and provided examples of activities they usually complete under each category. (Table III.1 lists the activity categories we proposed.) In addition, we asked participants to estimate how often they engage in each type of activity during a typical week or month.

Table III.1. Resource and activity categories discussed during interviews with grantee staff

Resource categories	Activity categories
Paid staff	Outreach
Volunteer labor	Screening, assessment, and enrollment
Contracted services	Session planning and preparation
Supplies and materials	Clinical service delivery
Durable equipment	Case documentation and monitoring
Facilities	Supervision, clinical support, and training
Training and professional development services or materials	Case management and service coordination
Indirect costs/overhead	Program administration and management
Other miscellaneous expenditures	Travel/transportation

These activities yielded several findings important for developing the instruments. They included the following:

- Staff indicated that most or all of the proposed activity categories are relevant to their work, but not all are essential to delivering trauma-specific EBP services. In general, five categories could be considered central to program delivery: (1) screening, assessment, and enrollment; (2) session planning and preparation; (3) clinical service delivery; (4) case documentation and monitoring; and (5) supervision, clinical support, and training.
- The frequency of providing trauma-specific EBP services varied across grantees and individual staff members. Some staff delivered these services weekly, whereas others did so multiple times per week. To ensure the pilot test could collect sufficient data to assess the performance of the instruments, especially the time logs, the data collection window would need to accommodate these differences.
- Start-up costs involved different types of expenditures and occurred at different times across the grantees. For grantees implementing Seeking Safety and TF-CBT, initial staff training and purchasing some supplies necessary for service delivery (for example, handouts and toys for use in therapy sessions) were start-up costs. For the grantee implementing PCIT, start-up costs included retrofitting facilities to install a treatment room and purchasing audio equipment. Therefore, the instruments would need to allow for documenting costs of varied types and enable respondents to indicate the length and timing of the start-up period.

C. Pilot testing the instruments

Drawing on information gathered from the grantees and instruments that Mathematica had created for prior cost studies, we developed draft instruments and pilot tested them with the three RPG grantees that volunteered to participate. The two instruments were:

- The cost workbook, a spreadsheet-based questionnaire that requested information on the types and value of resources required to implement each trauma-specific EBP during the most recently completed fiscal year. The workbook also requested information on start-up costs related to the planning and initial implementation of the trauma-specific EBP.

- The staff survey and time log, which included two parts: (1) a brief survey on staff members' positions, working hours, and training received related to the trauma-specific EBP and (2) a daily log for entering the number of hours each staff member spends on activities related to the trauma-specific EBP during the data collection window. As noted above, to accommodate expected differences in service delivery among the trauma-specific EBPs, we created a version of the staff survey/time log tailored to each program.

The Mathematica team distributed the instruments to respondents at each participating grantee. Respondents to the staff survey and time log included direct service staff and supervisors with duties related to the trauma-specific EBPs. Respondents to the cost workbook were administrators or managers familiar with each agency's financial records. Across the three grantees, 14 staff members completed the staff survey and time log, and 3 (1 at each agency) completed the cost workbook. We requested that respondents to the staff survey and time log record entries in the time log for four weeks. The Mathematica team communicated with respondents regularly during the data collection period to check on progress completing the instruments and address questions.

After the grantees returned the completed instruments to Mathematica, the team reviewed them using a template to document the completeness of responses and identify entries that were unclear or outside expected ranges. To collect additional information on respondents' experience with the instruments, we conducted group discussions with respondents from each grantee. We asked staff about issues identified during the review of completed instruments and requested feedback on respondents' experience with the instruments. In particular, staff shared their impressions of the clarity of instructions and response options and recommended improvements to the instruments' content and format.

D. Revising the instruments

Based on the review and debrief calls, we took several steps to revise the instruments. For example, in the cost workbook, we added examples for reporting costs in several expenditure categories. We also made edits to ensure that the start-up period definition was clear and consistent within the instrument. In the staff survey and time use log, we modified the items related to training to better align with the training requirements for each trauma-specific EBP. To help respondents enter information accurately, we also made changes to enhance the visual presentation of the time logs and distinguish between categories related to providing direct service to clients and those related to general program implementation. For the Seeking Safety version, we made revisions to more clearly distinguish activities related to group sessions from those involving services for individual clients.

IV. USING THE INSTRUMENTS



The cost workbook and staff survey and time log are designed to fulfill two of the three data requirements for a cost analysis: (1) data on resource use and dollar values and (2) data on personnel time use.⁴ Users can ensure these instruments collect accurate and complete data by understanding their content and following specific procedures in administering them. In this section, we summarize the key features of the instruments and provide general guidance on their administration.

A. The cost workbook

The purpose of the cost workbook is to collect information about the quantity and dollar value of resources used to implement the trauma-specific EBP during a specified period. It is a

⁴ The third needed component, data on program participation and the frequency of service provision, might be available in agency records or management information systems.

Microsoft Excel-based spreadsheet with tabs for entering information about different categories of resources. A printed version of the cost workbook is included in Appendix A.

The purpose of the cost workbook is to collect information about the quantity and dollar value of resources used to implement the trauma-specific EBP during a specified period.

1. Content

Each tab of the cost workbook contains instructions, space for entering responses, and a notes field to enter explanatory information about the data provided. These notes can offer helpful context when the data are analyzed to produce a total cost estimate. The 10 tabs in the workbook include the following:

1. **Tab A. Your agency.** This tab collects basic information about the agency and the respondent, such as the name of the agency, the name of the trauma-specific EBP for which cost information is being collected, and contact information for the respondent. It also provides space for defining the start and end date of the cost period (the “reporting period.” See below for guidance on defining the reporting period). Finally, the tab includes space for entering information that can provide useful context for a cost analysis: the agency’s total expenditures across all programs during the reporting period, and any unusual circumstances that affected expenditures during the reporting period.
2. **Tab B. Salaries and fringe benefits.** This tab collects individual-level data on salaries and fringe benefits for each staff member who spent time delivering or supporting implementation of the trauma-specific EBP. This group might include staff involved in program management and planning, delivery of direct services to clients, communication and outreach, professional development and training, fidelity monitoring, evaluation activities, and administrative functions. To support complete reporting of data on personnel compensation, the tab also includes space to record information on staff turnover and overtime incurred during the reporting period.
3. **Tab C. Contracted services.** This tab includes questions about services purchased to support implementation of the trauma-specific EBP from organizations or individuals who operate independently. Examples include training on EBP implementation, other professional development education or training, consultation or clinical supervision services, or administrative services.
4. **Tab D. Volunteer labor.** This tab collects information about the type and estimated value of any labor contributed at no cost to implement the trauma-specific EBP (by independent volunteers or staff from other agencies) during the reporting period. It asks for information necessary for estimating a dollar value for the volunteer labor, such as the position or type of work completed, the number of volunteers in the position, the total number of hours worked per month, the number of months volunteers worked during the reporting period, and the estimated hourly wage for similar duties when paid.
5. **Tab E. Supplies and materials.** This tab provides space for itemizing the cost or value of supplies and materials used to implement the trauma-specific EBP during the reporting period. Supplies and materials are defined as items used and replenished regularly. Examples include educational materials, office supplies, assessment instruments, workbooks, and toys or other items used during the delivery of clinical services.
6. **Tab F. Equipment.** This tab includes questions about durable equipment and capital assets used to implement the trauma-specific EBP. Durable equipment includes items with an expected useful life of more than one year. Examples include computer systems, automobiles, and office furniture. The cost workbook includes space for listing purchased, donated, or leased equipment. For equipment that was purchased or donated, respondents are asked to enter the expected useful life in years and the original purchase price or estimated value at the time it was received. This information is needed to amortize the value of the equipment (and thereby calculate its annual cost).

7. **Tab G. Facilities.** This tab requests data about the office space or other facilities used to implement the trauma-specific EBP during the reporting period. For buildings and facilities for which rent or other payments were made, the workbook requests the amount paid for the building during the reporting period and the percentage of total building space used to implement the trauma-specific EBP. For facilities used at no charge to the agency, the workbook asks for the total size of the building, the size of space used or the percentage of the total building space used to implement the trauma-specific EBP, and the frequency the space was used to provide trauma-specific EBP services. (This information can be used in combination with any information about the market cost for renting similar space to estimate the value of space used at no cost to the agency.) The tab also requests information about payments for utilities.
8. **Tab H. Miscellaneous.** This tab records expenditures not reported elsewhere in the workbook. Examples of miscellaneous items include fees paid to program developers; travel costs related to service delivery (transportation/mileage); travel costs not related to service delivery (for example, costs associated with professional development, training, conferences); and incentives for program participants.
9. **Tab I. Indirect costs.** Indirect costs (sometimes called “overhead”) are costs for shared agency functions that might benefit multiple programs or departments, such as accounting, human resources, and marketing. Costs for these functions are often allocated through an indirect cost rate or a total charge for indirect expenses. Agencies differ in the way they calculate and allocate indirect costs. This section asks about the indirect cost rate method and either the indirect rate or amount. It also offers respondents opportunities to clarify whether other expenditures reported in the cost workbook are included in the agency’s indirect cost rate. (If the cost estimate for the trauma-specific EBP includes indirect costs, the analyst would need to adjust the estimate to avoid “double counting” them.)
10. **Tab J. Start-up costs.** Start-up costs are resources or expenditures that were related to the initial planning and launch of trauma-specific EBP services, for example, initial training of staff or the initial purchase of supplies or materials required to implement the program. Respondents should complete this tab if estimating start-up costs is an objective of the cost analysis. Respondents completing the workbook define the start and end date of the start-up period, which might not coincide with the cost period defined for the remainder of the workbook. This tab gathers information on personnel time required to plan for and launch the program (if this information is available), contracted services, supplies and materials, durable equipment, facilities, and miscellaneous costs incurred during the start-up period. If information about personnel time required for program start-up is not available, it is possible to estimate start-up costs without including this resource, but analysts should note this omission in reporting the results of the analysis.

The cost workbook should be completed by someone familiar with an agency’s financial records and with the implementation of the trauma-specific EBP.

2. Administration

The cost workbook should be completed by someone familiar with an agency’s financial records and with the implementation of the trauma-specific EBP. For some organizations, this may require coordination of two or more staff members. Based on the experience of pilot test participants and on those in other, similar data collection efforts, the estimated completion time for the cost workbook is eight hours per response. This includes time for the respondent to collect necessary information and records and consult with other staff, as needed. The actual completion time might differ depending on the format and availability of an agency’s financial records and other factors.

Defining the reporting period. The reporting period for the cost workbook should (1) coincide with the timeframe defined for the cost analysis and (2) include the data collection period for the staff survey and time log. To ensure that necessary data are available, the workbook should be completed as soon as possible after the end of the reporting period. It is also possible to complete the cost workbook multiple times during the timeframe of the cost

analysis. For example, if the timeframe for the analysis is one year, the workbook could be completed at the end of each quarter during the year.

To align data on staff time allocations with data on agency expenditures, data collection for the staff survey and time log should occur within the reporting period defined for the cost workbook. This means that the cost workbook generally will be completed after data collection for the staff survey and time log.

Guidelines for completing the cost workbook. To complete the workbook as accurately as possible, respondents should follow several guidelines:

- Use expenditure records, rather than budget documents, as information sources for completing the workbook. Information from program budgets does not always represent actual expenditures or resource use.
- Consult with individuals leading the cost study to select an appropriate reporting period. The reporting period often is the most recently completed fiscal year, because complete financial records are likely to be available for that period. However, it can be defined differently if the design of the cost analysis suggests another period is suitable. In defining the reporting period, designers of the cost analysis should take into consideration whether the time frame is representative of typical program operations. In addition, ideally, the reporting period will include the weeks during which staff members record time use through the staff survey and time log.
- Ensure that expenditures or costs are not duplicated in multiple sections of the workbook. Avoiding duplicate entries will help prevent double-counting of costs during analysis. One exception to this guideline relates to costs reported in Tab J: Start-up costs. Some resources purchased during start-up might continue to be used during the primary cost reporting period. Respondents should record information about such resources in the relevant tab for the primary cost reporting period. (For example, information on equipment purchased during program start-up but used during the primary reporting period should be reported under both Tab J: Start-up costs and Tab F: Equipment.)

In addition to these general guidelines, respondents should give attention to their approach to estimating (1) the percentage of line items to allocate to the trauma-specific EBP and (2) the value of donated services and goods used to implement the trauma-specific EBP, if applicable. To isolate the costs of delivering trauma-specific EBP services, the cost workbook asks respondents to indicate the percentage of certain costs that should be allocated to program. Several options are available for estimating this percentage, depending on the resource category and information available. They include:

- Allocating personnel costs based on the percentage of personnel time spent on trauma-specific EBP activities. In addition to entering information on staff compensation, respondents should provide the percentage of time individual staff members spent on trauma-specific EBP activities. This allows for an appropriate proportion of compensation to be allocated to the program. Respondents can use information collected through the time log to estimate this percentage. (See Section V for guidance on calculating an estimate.)
- Identifying resources or line items used solely to implement the trauma-specific EBP. If a respondent is able to identify expenditures that are related only to the delivery of trauma-specific EBP services, 100 percent of these costs can be allocated to the program. Some organizations use accounting frameworks that track the itemized costs of implementing individual programs. Such frameworks might include charge codes for purchases to easily identify all costs associated with implementing the trauma-specific EBP.
- Seeking input from staff implementing the trauma-specific EBP. Staff members delivering the trauma-specific EBP might be able to provide rough estimates of the amount of some

resources used for that program specifically. For example, staff might be able to approximate the volume of office supplies they generally use or the proportion of a facility they use for trauma-specific EBP services.

Respondents also will need to estimate the dollar value of resources that were received at no cost and used to implement the program. This estimated value should be based on the amount that the agency would have spent to purchase the item or resource. For example, a respondent might estimate the value of space that is used at no cost to the organization by applying the average price per square foot for renting commercial space in the local area to the total square footage the organization uses. Similarly, respondents can estimate the value of volunteer labor that an organization might receive by using the average wage paid for similar types of labor in the local area. This information is available from such sources as the U.S. Bureau of Labor Statistics and state departments of labor.⁵

B. Staff survey and time log

The staff survey and time log collects information on the number of hours staff members spend training for and implementing the trauma-specific EBP. This information is needed to estimate personnel costs associated with the program. The instrument allows respondents to record the amount of time they spent on activities related to the trauma-specific EBP each day. The logic behind the daily log is that, compared to a retrospective report of time use, it might support more precise cost estimates.

1. Content

There are three versions of the staff survey and time log—one for each of the trauma-specific EBPs included in the pilot test. (The three versions are included in Appendix B.) Each version includes sections covering similar topics: (1) the respondent's job and typical working hours, (2) the amount of time the respondent has spent in initial and ongoing training related to delivering the trauma-specific EBP, and (3) the amount of time the respondent spends on activities related to the trauma-specific EBP each day during the data collection period. Elements of the instrument that differ among the three versions include questions on training, the descriptions of activities related to implementing the program, and whether the time log is formatted to include space for recording time spent in both individual and group sessions.

The main sections of the instrument include the following:

Section A. Position and working hours. In this section, the survey asks respondents to indicate their positions, primary responsibilities, and employment status (full-time or part-time). Additional questions ask for the number of both hours per week the respondent is scheduled to work and hours per week she or he typically works. This information provides a denominator for calculating the percentage of time that a staff member spends on activities related to the trauma-specific EBP. It also can help analysts interpret the time log data. For example, a staff member whose responsibilities are primarily related to administration and management is likely to record relatively few hours providing direct services to a client.

Section B. Training. This section requires respondents to provide details on the initial and ongoing training they received to implement the trauma-specific EBP. Initial training refers to training that staff members completed before implementing the trauma-specific EBP. Additional or ongoing training refers to formal or structured training in which staff members participated during the past 12 months and after they began implementing the trauma-specific EBP. For each training session respondents received, they should indicate (1) the training type, (2) who paid for it, (3) when it occurred, (4) the number of hours it took, and (5) whether the

The staff survey and time log collects information on the number of hours staff members spend training for and implementing the trauma-specific EBP. This information is needed to estimate personnel costs associated with the program.

⁵ The U.S. Bureau of Labor Statistics provides national, state, and metropolitan-area wage data on its website at <https://www.bls.gov/bls/blswage.htm>.

training occurred within or outside normal working hours. This information will help the analyst estimate the cost of personnel time associated with training, identify costs incurred by the implementing agency, and allocate costs to the appropriate period (start-up or ongoing implementation). Questions in each version of the instrument reflect the particular training requirements of the different trauma-specific EBPs.

Section C. Time log. In this section, for each day of the data collection period, respondents record the number of minutes they spend on each of a defined set of activities related to the trauma-specific EBP. By asking respondents to record time spent on specific activities, rather than on the trauma-specific EBP generally, the instrument facilitates more accurate reporting of time use.

The activities are divided into two groups: (1) client-focused activities, which are activities a staff member would do directly with a client or on behalf of a client (screening, assessment, and enrollment; session planning and preparation; clinical service delivery; case documentation; case management; travel and transportation) and (2) other activities to support implementation of the trauma-specific EBP (providing or receiving supervision and clinical support, outreach and recruitment, and program administration and management). These categories are the same for all versions of the instrument. The instrument includes a table listing the categories and providing examples for each category of specific tasks staff members might complete. The examples of specific tasks differ across the three versions of the instruments, reflecting the particular content and approaches of the trauma-specific EBPs and the input from staff at each of the pilot test sites.

To complete the log, respondents first fill in the dates during which they will record their time use. The top section of the log includes a space for respondents to indicate the number of clients they served that day and, for the Seeking Safety version, the number of group sessions conducted that day. For each client served, the log asks respondents to indicate the client's initials and how many minutes the respondent spent completing one of the listed activities with or on behalf of that client that day. The Seeking Safety version of the instrument also includes space for respondents to indicate the number of minutes they spent on three activities related to planning or delivering group sessions. The lower section of the time log includes a grid for respondents to record the time they spent on activities that are not directly related to an individual client or a group session.

2. Administration

The staff survey and time log instrument contains detailed instructions for respondents. It can be fielded as a hard-copy survey, which respondents return at the end of the data collection period. We estimate that the survey portion will take approximately 20 minutes to complete, and the time log portion will take 5 to 10 minutes to complete each day during the data collection period. When administering the instrument, users should give attention to five considerations: (1) the sample of respondents, (2) the length of the data collection period, (3) increments for recording time, (4) reminders to support complete and accurate responses, and (5) confidentiality of responses.

Sample. The data collection should include all staff who spend time delivering or managing and administering the trauma-specific EBP. The instructions provide examples of the types of staff who might participate, such as clinicians or therapists, case managers, supervisors, and agency administrators or managers. To ensure that the data collection is comprehensive, ideally, even staff members who spend only a small portion of their time on activities related implementing the trauma-specific EBP or whose responsibilities include a subset of the listed activities will participate. For example, client advocates or family support staff might be involved mainly in conducting outreach to potential participants in program

The data collection for the staff survey and time log should include all staff who spend time delivering or managing and administering the trauma-specific EBP.

services. Compensation information for all staff who respond to the survey and time log should be recorded in Tab B of the cost workbook.

Length of the data collection period. The length of the data collection period is flexible, but it should take into consideration the number of individual or group sessions per week that staff members providing direct services conduct and how often other key activities occur. For respondents who are direct service providers, a suggested minimum number of sessions to include per respondent is five. This threshold is based on the frequency of session delivery among pilot test respondents and the likelihood that it will reflect the amount of time required, on average, for planning and implementing a session. To accommodate variation in staff activity from week to week, we piloted the staff survey and time log for a period of four weeks; however, some participating staff indicated that this period did not necessarily cover seasonal variation in staff and client activity.

Several additional considerations should inform decisions about how long to collect data on staff time use. Collecting data over a longer period may support more precise cost estimates by providing more comprehensive information on staff time use and covering periods of seasonal variation in service delivery. However, this potential advantage needs to be balanced against the burden that a longer data collection period places on respondents. A longer period will reduce data quality if respondents experience fatigue and complete the daily time log less consistently. For this reason, four to six weeks is the suggested maximum length for the data collection period. An option for covering periods of seasonal variation is to collect time log data periodically throughout the year, for example, for two weeks per quarter.

To better accommodate a variety of data collection periods, the instrument includes a version of the time log that covers one week. Researchers fielding the survey and time log can duplicate the two-page weekly time log as needed to fit the data collection period they have selected.

Increments for recording time. The time log requests that respondents record time use in minutes. To reduce burden on respondents, researchers fielding the instrument may give respondents the option of recording the time spent on individual activities in 5- or 10-minute increments.

Reminders. To ensure complete and consistent responses to the survey and time log, it might be helpful for respondents to receive regular reminders during the data collection period to complete the time log. Data collectors fielding the survey also should remind respondents to (1) check that they have completed both pages of the two-page time log each day and (2) confirm that the total amount of time they record each day does not exceed the total time they spent working.

Confidentiality of responses. It is possible that respondents will perceive the staff survey and time log as an effort by supervisors to monitor staff activities for the purpose of performance reviews. As a result, respondents might be subject to desirability bias (the tendency to provide answers that may be viewed favorably). To reduce this bias and provide appropriate respondent protections, data collectors should communicate this commitment to confidentiality clearly to respondents and ensure that it is maintained. Methods for protecting confidentiality include ensuring that only researchers conducting the cost analysis view the data collected through the survey and time log. For example, researchers can request that respondents return completed surveys directly to the research team by sending hard copies in a sealed envelope or electronic copies to a secure file server. In addition, reports should present study results in a way that does not allow readers to identify responses from individual staff members. For example, if reports of results include information on staff time allocations, they should present findings in aggregate, rather than by individual staff member or position.

V. ANALYZING THE COST DATA



Analyzing the data collected with the instruments will yield estimates of the total cost of delivering a trauma-specific EBP during the cost period and the cost of starting up program services. With the addition of data on client participation—for example, how many clients participate in the program, how long they participate, and what services they receive—an analyst can estimate the average cost per client served.

This section presents general guidance for estimating these cost variables. It begins by describing how to estimate personnel and nonpersonnel costs. Summing these costs produces an estimate of total costs for the cost period. It then describes approaches to estimating start-up costs and costs per participant.⁶ Finally, it offers guidance for analyzing costs that occur over multiple years and testing the sensitivity of cost estimates to changes in key assumptions.

A. Estimating personnel costs

For many social services programs, personnel comprise the largest proportion of costs. These costs can include salaries, payroll taxes and fringe benefits, and overtime pay. To estimate the cost of replicating a program, personnel costs should also include the dollar value of any volunteer labor used to implement the program, because such labor might not be available in a replication site.

Estimating personnel costs for implementing trauma-specific EBPs involves three main steps:

1. Estimate the percentage of time that staff members spend on the trauma-specific EBP during the cost period by using responses to the staff survey and time log.
2. Apply the percentage to the dollar value of staff compensation to calculate a base estimate for personnel costs during the cost period.
3. Estimate and add to the base estimate the dollar value of staff time spent in training activities and volunteer labor that contributed to the program.

We describe each of these steps next.

Estimate the percentage of time that staff members spend on the trauma-specific EBP. Analysts should calculate the percentage of time staff members spend on activities to implement the EBP for each respondent to the staff survey and time log. If the data collection period for the time log does not cover the full cost period (the study's timeframe), using this percentage requires assuming that time allocations recorded during the data collection period are representative of allocations during the entire timeframe for the analysis.

The percentage of time allocated to the trauma-specific EBP can be calculated by dividing the total number of hours the respondent spent on trauma-specific EBP activities during the data collection period (as reported in Section C of the staff survey and time log instrument) by the number of hours the respondent was scheduled to work during the data collection period.

The first step in calculating the percentage is to sum the number of hours the respondent spends on activities related to the trauma-specific EBP during the data collection period (as

⁶ The general guidance in this section focuses on analyzing costs of trauma-specific EBPs and refers to the instruments included in this report. Many resources are available that provide detailed guidance on cost analysis principles and methods applicable to a range of programs and services. Two examples are *Cost-Effectiveness Analysis: Methods and Applications* (Levin and McEwan 2001) and *Advancing the Power of Economic Evidence to Inform Investments in Children, Youth, and Families* (National Academies of Sciences, Engineering, and Medicine 2016).

reported in Section C of the staff survey and time log instrument). Then, the analyst divides this sum by the number of hours that a staff member reports she or he is scheduled to work during the data collection period (item A5 in the instrument). If the data collection period for the time log covers more than one week, the numerator should include the total number of hours spent on the trauma-specific EBP during the data collection period, and the denominator should be the number of scheduled weekly working hours (item A5 in the staff survey and time log) multiplied by the number of weeks in the data collection period.

Calculate a base estimate of personnel costs for the cost period. To calculate personnel costs for the cost period, the analyst multiplies the dollar value of each staff member's compensation during the cost period by the percentage of time that the staff member spends on the trauma-specific EBP. Then, this amount is summed across all staff members who spend time implementing the program.

The value of a staff member's compensation includes the amount the staff member was paid as salary or wages during the reporting period plus the value of payroll taxes and fringe benefits.

To estimate personnel costs as accurately as possible, the analyst should match time percentages with compensation for each position or staff member listed in the salaries and fringe tab of the cost workbook (Tab B). To protect confidentiality, neither the staff survey and time log nor the cost workbook requires the names of individual staff members. Therefore, other methods should be used to match the information. For positions with only one staff member, time percentages and compensation amounts might be matched based on the position title reported in the staff survey and time log. If identical positions are held by multiple staff members (making it difficult to match individual compensation and time percentages based on position titles), the analyst can calculate the average compensation for staff members in that position and apply the time percentage for each respondent to the average compensation amount.

If there is no time log data for a staff member, the analyst has two options: (1) calculate an average time percentage for staff members in that position, based on responses to the staff survey and time log by other staff members in that position; or (2) estimate a time percentage based on an interview with a staff member in that position or a manager who is familiar with the duties of that position.

In addition to the time spent on day-to-day activities, the cost estimate for personnel should take into consideration the time that staff members who deliver direct services spend in training to provide the trauma-specific EBP.

Estimate the value of staff time spent in training. In addition to the time spent on day-to-day activities, the cost estimate for personnel should take into consideration the time that staff members who deliver direct services spend in training to provide the trauma-specific EBP.⁷ Information on the time that staff members spent in training during the cost period should be recorded in Section B of the staff survey and time log. The analyst should add the value of these hours to the estimate after confirming that the hours respondents report spending in training activities are not duplicative of hours recorded in the time log. This could occur if the dates of the training activity overlap with the dates of the time log data collection period.

For each training activity reported in Section B of the staff survey and time log, the analyst should examine the response to confirm that the activity occurred during the cost period. If so, the analyst should estimate a dollar value for these hours by summing them for each staff member and multiplying the total by the staff member's hourly compensation rate (including payroll taxes and fringe benefits).

⁷ Training costs might also include nonpersonnel costs, for example, services purchased from consultants or staff travel to offsite trainings, which might appear in other relevant categories in the cost workbook, such as contracted services and miscellaneous items and services.

When deciding how to incorporate the value of training hours into the analysis, the analyst can consider whether the staff member was paid for hours spent in training activities. For each training that respondents report in the staff survey and time log, they are asked to indicate whether they were paid for time spent in the training. If the staff member was not paid, the hours spent in training do not represent a direct expenditure by the implementing agency, but they do represent a cost to society (because the time a staff member spends in training cannot be used productively in some other way). In addition, the cost of replicating the intervention might be estimated more accurately if the value of unpaid hours are included in the estimate, because another agency might choose or be required to pay staff members for this time.

Estimate the value of volunteer hours. Generally, if a program relies on volunteer labor to deliver services, the cost estimate should include the value of this labor. The analyst can estimate the value of volunteer labor by multiplying the number of volunteer hours contributed to the program during the cost period (as reported in Tab D of the cost workbook) by the estimated hourly wage for a paid employee doing similar work. This information might be available from an agency's financial records if paid staff members hold similar positions. An alternative source of wage estimates is the U.S. Bureau of Labor Statistics, which provides information on average wages by state and metropolitan area for a wide range of occupations.

B. Estimating nonpersonnel costs

Developing an estimate of total nonpersonnel costs requires summing the value of items reported under relevant categories in the cost workbook. These categories include (1) contracted services, (2) supplies and materials, (3) equipment, (4) facilities, (5) miscellaneous items and services, and (6) indirect costs, if applicable.

Calculating some types of nonpersonnel costs is relatively straightforward. For contracted services, supplies and materials, and miscellaneous items and services, the analyst should multiply the cost of each line item reported in the cost workbook by the percentage of the cost allocated to the trauma-specific EBP. Then, the value of the line items should be summed for each category. If a program relies on in-kind contributions of goods or services to deliver services, the analysis should incorporate an estimated dollar value for these items, which is the amount the agency would have to pay for a similar item or service.

Estimating the value of facilities, equipment, and indirect costs involves additional considerations and steps. These include the following:

- **Facilities.** The cost workbook collects information to support estimating facilities costs, such as rental or lease payments, the amount of space used for the trauma-specific EBP, and how frequently the space is used. The approach to estimation depends on whether the agency pays to use the space or receives it as an in-kind donation.

For office space or other facilities that the agency pays to use, calculating a cost estimate requires multiplying the total amount the agency paid to use the facility during the reporting period by the percentage of the facility used to implement the trauma-specific EBP. The analyst can calculate the percentage by dividing size of the space (usually in square feet) used for trauma-specific EBP activities by the total size of the facility.

For facilities that the agency receives as an in-kind donation, the analyst should estimate the amount that the agency would have paid for the space based on the fair market value of the space. One method is to multiply the average cost per square foot for leasing commercial space in the local area by the number of square feet of space the program uses.

Finally, an analyst can adjust the estimated cost by considering how frequently the space is used for the trauma-specific EBP. For example, an analyst can calculate the average cost per day for the space the trauma-specific EBP uses and then multiply that amount by the

number of days the program uses the facility during the cost period based on the average number of days per week reported in the cost workbook.

- **Equipment.** Estimates of equipment costs should reflect the cost of owning the equipment during the cost period multiplied by the percentage of that cost that should be allocated to the trauma-specific EBP. For durable equipment purchased to implement the trauma-specific EBP, the annual cost for owning the equipment should be calculated by dividing the expenditure on the equipment by the number of years it will be used (assuming it will have no value at the end of its useful life).⁸ Similarly, equipment received as an in-kind donation should be valued based on the amount the agency would have paid for a similar item and the number of years it will be used. (If the cost period is less than one year, the annual cost of the equipment should be prorated appropriately.)

For leased equipment, the cost estimate should equal the amount paid during the cost period multiplied by the percentage of the cost to be allocated to the trauma-specific EBP.

- **Indirect costs.** Agencies differ in whether and how they calculate indirect costs and the types of expenses that they include. In addition, an agency might report some costs that it considers indirect costs elsewhere in the cost workbook. Therefore, the analyst should understand clearly what these costs comprise and avoid double-counting costs. When appropriate, the analyst can incorporate an estimate of indirect costs into the total cost estimate by applying the same approach the agency uses. For example, if an agency applies an indirect cost rate to salaries and fringe benefits, this rate can be applied to the estimate of personnel costs developed for the trauma-specific EBP. The analyst should deduct the value of costs reported elsewhere in the cost workbook from the estimate of indirect costs, as appropriate.

C. Estimating start-up costs

Estimates of start-up costs can provide useful information to agency administrators and others about the upfront investments that might be required to launch a program. Start-up costs might include personnel time spent on initial planning, developing partnerships, creating program policies and procedures, and training on program delivery. Other types of start-up costs might include initial purchases of materials, equipment, supplies, and consulting or training services.

Total start-up costs are the sum of personnel and nonpersonnel costs incurred during the start-up period, including the value of time that personnel spend in training. The design of the cost analysis should define the beginning and end dates of the start-up period. The cost workbook includes space in Tab J for itemizing start-up costs by category. Time that staff spend in initial training activities during the start-up period should be recorded in Section B of the staff survey and time log. In general, the approach to estimating costs is similar to the one described previously for costs incurred during the main reporting period.

The following considerations can affect how start-up costs are analyzed and interpreted:

- **The availability of data on start-up costs.** If the start-up period occurred years ago, data on these costs might not be readily available, and estimates of staff time spent in activities might not be accurate. For example, staff members might not have recorded the amount of time they spent planning for the trauma-specific EBP during the start-up period. Interviews with staff who participated in the program's start-up phase could provide some information on the amount of time they allocated to these activities, but an analyst should interpret a cost estimate developed using this information with caution. In this circumstance, one option for the cost analyst is to develop alternative estimates of start-up

⁸ The estimate of equipment and other capital costs might also include the value of foregone interest. This is the dollar amount that an agency could have received during the cost period if the money spent to purchase the equipment had been invested and earned interest instead.

costs that include or exclude the value of resources for which data is more or less readily available.

- **The expected size of the program when it is launched.** The estimate of total start-up costs will reflect staffing and expected enrollment for the program at the time the agency begins delivering services. For example, costs for staff training services might depend on the number of staff the agency hires to implement the program, and the cost of materials purchased might depend on the number of clients the agency expects to serve during the first year of a new program's operation. For this reason, the analyst should provide context for the estimate of start-up costs when reporting it. For example, training costs could be reported as the cost per staff member (rather than as a total cost for training), and initial costs for supplies could be reported with information about how long the materials were expected to last before they must be replenished.
- **The presentation of costs for equipment.** The purchase of durable equipment might be one start-up cost an agency incurs. For example, audio-visual equipment is necessary to deliver Parent–Child Interaction Therapy. Although an agency purchases such equipment during the start-up period, the equipment is likely to be used for multiple years. When deciding how to present such expenditures in an estimate of start-up costs, the analyst should consider the purpose and audience for the analysis. If the analysis should estimate the total initial expenditure that an agency might make to start-up program services, then entire amount of the equipment cost could be included in the estimate of start-up costs. However, if the estimate of start-up costs will be combined with estimates of steady-state costs (for example, to estimate program costs over multiple years), then an appropriate portion of the equipment cost should be allocated to the start-up period.

D. Estimating costs per participant

Methods for estimating costs per participant differ in the type of participation data they require and whether they can provide information about how costs might differ among participants. The precision of the estimates depends on the quality and detail of the participation data. Therefore, when selecting a method, an analyst must consider factors such as the availability of participation data, the importance of exploring cost variation, and the level of precision necessary to inform programmatic decisions.

Two general approaches to estimating costs per participant for trauma-specific EBPs include the following (Calculating the Costs of Child Welfare Services Workgroup 2013):

- **Average cost per client served.** Under this method, an analyst divides the total costs for the cost period by the total number of participants during the cost period to create a high-level estimate of per-participant costs. This method produces a single cost estimate for all participants and therefore does not take into account possible variation in service dosage to individual clients.
- **Average cost per core service.** To begin to understand how costs per participant relate to service usage, an analyst can base the estimate on the cost of providing a core service, such as one session with a therapist. This method requires data on the total number of sessions delivered during the reporting period, the average number of sessions participants attended, and, for sessions delivered in a group format, the average number of participants attending each session.

To create an estimate of costs per participant for a program that delivers sessions in an individual format, an analyst can take the following steps:

1. Calculate the average cost per session by dividing the total costs during the cost period by the total number of sessions delivered during the period.

When selecting a method for estimating costs per participant, an analyst must consider factors such as the availability of participation data, the importance of exploring cost variation among participants, and the level of precision necessary to inform programmatic decisions.

2. Calculate an average cost per participant, by multiplying the average number of sessions participants received by the average cost per session.

For a program that delivers sessions in a group format, the steps differ slightly:

1. Calculate the average cost per session by dividing the total costs during the cost period by the total number of sessions delivered during the period.
2. Calculate the cost per session per participant by dividing the average cost per session by the average number of participants per session.
3. Estimate the average cost per participant by multiplying the average number of sessions participants attended by the average cost per session per participant.

A similar method produces estimates of costs per participant by calculating the cost of an hour of direct services. This approach requires data on the number of hours of direct services that a program delivers and the number of hours a participant receives, on average. It might be useful for estimating the per-participant costs of programs that provide a combination of individual and group sessions. To create the estimate, an analyst can take the following steps:

1. Calculate the cost per hour of direct services by dividing the total costs during the cost period by the total number of hours of direct services delivered (in either individual or group sessions).
2. Estimate the cost per participant for a group session by dividing the average cost per hour of direct services by the average number of participants that attended group sessions. This estimate assumes that each group session lasts an hour.
3. Estimate the total average total cost per participant for individual sessions by multiplying the average number of individual sessions participants received by the cost per hour of direct services
4. Estimate the average total cost per participant for group sessions by multiplying the average number of group sessions that participants attended by the cost per participant for group sessions.
5. Estimate total average costs per participant by adding the total average cost for individual sessions and the total average cost for group sessions.

If individual-level data on participation is available, the cost analyst can also estimate average costs per participant by calculating a cost for *each* participant and then averaging this cost across all participants. In general, methods that use more detailed data on the services individual participants receive can produce more precise estimates of costs per participant and might support deeper exploration of how costs vary among different types of participants. However, the designers of a cost analysis must weigh the advantages of such methods against the feasibility and burden on staff of collecting the detailed information on service provision that is required.

In addition to estimating average costs per participant, an analyst can estimate other useful measures of per-participant costs, such as a program's range in costs per participant and its marginal cost. The range in costs is simply the lowest and highest cost among participants served during the cost period. A program's marginal cost is the cost of serving one more child or family at a program's current scale of operation. This information might be helpful to planners considering expanding an existing program. To estimate marginal costs, an analyst must distinguish between the program's fixed and variable costs. Fixed costs are those that generally do not vary according to the number of participants served, including such resources as facilities or equipment. A program's variable costs do change with the number of

participants served. They might relate to such resources as staff time or materials. Calculating marginal costs involves estimating the cost per participant excluding fixed costs.⁹

E. Adjusting for cost periods longer than one year

When cost analyses cover more than one year, adjustments are necessary to account for inflation.¹⁰ This step requires selecting a base year for measurement (for example, the first year covered by a cost analysis) and increasing or reducing the monetary value of costs that occur before or after the base year to base-year prices. The adjustment typically relies on an index of inflation, such as the Consumer Price Index produced by the U.S. Bureau of Labor Statistics.

F. Testing the sensitivity of cost estimates

Cost analyses typically involve a variety of assumptions about the quantity and value of resources required to implement a program. For example, if staff members log their time use during only one portion the cost period, an analyst might have to make assumptions about how staff use their time during other portions of the cost period. To address uncertainty regarding data used for the analysis, an analyst can clearly report the types of assumptions made to produce cost estimates and conduct sensitivity analyses, which examine how changes to those assumptions affect cost estimates. For example, an analyst might explore how cost estimates change based on alternative assumptions about how much time staff members allocate to the trauma-specific EBP each week. The results of sensitivity tests can provide program administrators and policymakers important information about the range of program costs that might be observed under different circumstances.

⁹ More guidance on this topic is available in the National Academies of Sciences publication *Advancing the Power of Economic Evidence to Inform Investments in Children, Youth, and Families* (National Academies of Sciences, Engineering, and Medicine 2016)

¹⁰ When costs and benefits are compared (for example, in a benefit-cost analysis), it is also necessary to apply a discount rate to the value of costs and benefits that occur in the future (that is, in the years after an intervention begins). The discount rate is a factor that reduces the value of future costs and benefits to reflect an assumption that people value having money in the present more than in the future because that money can be invested and having money in the present reduces uncertainty about having it in the future. *National Academies of Sciences, Engineering, and Medicine 2016 discusses best practices in selecting and applying a discount rate.*

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Appendix A

Cost Workbook

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Cost Data Collection Instruments for Trauma-Specific Evidence-Based Programs Cost Workbook

Overview

Please scroll down to read all information for a general overview of the survey.

What is this survey about?

This survey is for organizations implementing trauma-specific evidence-based programs (EBPs). Examples of trauma-specific EBPs include Parent-Child Interaction Therapy, Seeking Safety, and Trauma-Focused Cognitive Behavioral Therapy. The survey is designed to gather information on the value of all resources used by an agency to implement the trauma-specific EBP. These might include resources that the program does not pay for directly and that might not reflect in budgets or expenditure records (such as the value of volunteer time or donated office space).

How is the survey organized?

The survey is organized into nine sections labeled A to J. Each section asks questions about a specific type of cost or resource and appears as a separate tab in this Excel workbook. Tab J asks questions about costs related to program start-up (initial planning and implementation of the trauma-specific EBP). You can access each section by clicking on the tabs at the bottom of this page. You should complete the questions in all sections. Please save this file after completing each section.

What time period does the survey cover?

On Tab B to Tab I, please report costs for the time period selected for your cost analysis. (This period is often the most recently completed fiscal year.) The survey refers to the time period you select as the "reporting period." Please specify your reporting period on Tab A.

Tab J includes questions about start-up costs, which your agency may have incurred prior to the reporting period used in the rest of the survey. Start-up costs are resources or expenditures that were related to the initial planning and launch of trauma-specific EBP services. Entering information on start-up costs is optional; it is not required for calculating the steady-state cost of program operations.

What information or records will I need to complete the survey?

You will need information about agency expenditures and use of resources, such as facilities and equipment. **Please use actual expenditure records rather than budgets when gathering information to answer survey questions. Information from budgets does not always represent actual expenditures or resource use.**

It might be helpful to review the entire survey before starting to identify the kinds of information required. (To print the entire survey, click *Print* and select the *Entire workbook* option under *Print settings*.)

Who should complete the survey?

A person who is familiar with agency expenditures and accounting records should have primary responsibility for completing the survey. This person might have to consult with other people in the agency to gather information required to address some questions.

How do I move through the survey?

Each section of the survey appears on a separate tab in this workbook. Click on the tabs below to view and complete each section of the survey. In each section, enter information or select answers in the appropriate fields. Some fields contain drop-down lists to select responses (indicated by the entry "Click here and select from list"). You can use the tab key or mouse button to move between answer fields. (Areas outside the answer fields are locked to prevent changes.)

Please save your work frequently to ensure your answers are recorded.

This data collection tool has been developed by Mathematica Policy Research, Inc. ("Mathematica"), under contract to the U.S. Department of Health and Human Services, Administration for Children & Families, Contract No. HHSP23320095642WC, and is being issued for public use without the need to request permission of use from Mathematica. However, the tool is provided on an "AS IS" basis, and Mathematica makes no representations or warranties of any kind, express or implied, as to the operation of the tool, or to any information, content, materials, or other services made available to you through the download of this tool, unless otherwise specified in writing. You expressly agree to use the tool at your own risk.

SECTION A: YOUR AGENCY

This section requests basic information about your agency, the time period for cost information you provide, and the trauma-specific EBP for which you are reporting costs. Please scroll down to answer all questions (A1 to A6).

A1. What is the official name of your agency?

A2. What is the name of the trauma-specific EBP for which you are reporting costs in this survey?

A3. Please provide contact information for the person primarily responsible for completing this survey.

Name

Position/Title

Email

Telephone

Address

A4. What is the period for which you are reporting costs (the “reporting period”) in sections C to J? This period should be the 12 months of your agency’s most recently completed fiscal year. Note: the start-up costs will cover a different time period.

[Enter month]	[Enter Year]	TO	[Enter month]	[Enter Year]
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A5. What were your agency’s total expenditures for this reporting period (including all programs/services)?

A6. If any unusual circumstances affected expenditures during the reporting period you indicated (for example, unusually high staff turnover or major changes in agency operations), please use the space below to describe them.

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION B: SALARIES AND FRINGE BENEFITS

This section asks questions about salary and fringe benefit expenses for staff members who spent time on activities related to the trauma-specific EBP during the reporting period. Please scroll down to answer all questions (B1 to B4).

B1a. Using the following table, please indicate expenditures for salaries and fringe benefits for staff positions of the trauma-specific EBP during the reporting period. Include positions for any staff who spent time on the trauma-specific EBP. This should include staff involved in program management and planning, delivery of direct services to clients, communication and outreach, professional development and training, fidelity monitoring, evaluation activities, and administrative functions (for example, accounting, grant management, and so on).

For each position, please enter the following:

- The position or job title for each person
- The initials of each staff person
- The amount paid to the staff member during the reporting period
- The average number of hours worked per week
- The number of weeks the person was employed and paid during the reporting period
- The amount of payroll taxes and fringe benefits for each employee as a percentage of salary or as a total dollar amount. If your center only has a total amount paid for all employees, please record this amount in the workbook under explanatory notes at the bottom of this sheet (question C4).
- The approximate percentage of time each staff member spends on TS EBP activities using the results from the staff survey/time log, if available. If the staff member spends all her or his time on TS EBP services, enter 100%.

Staff position/title	Staff member initials	Amount paid during the reporting period	If reporting information for individual staff members:		Payroll taxes and fringe benefits (enter as a percentage of salary or as a total dollar amount)			Approximate percentage of time allocated to trauma-specific EBP activities
			Average number of hours worked per week	Number of weeks paid during the reporting period	Value as a percentage of salary	or	Total amount paid in dollars	
Example: Therapist	J.D.	\$35,000.00	40	52	32%	or		100%
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B1b. If there were staff transitions or turnover during the cost reporting period, please describe these in the box below, stating the positions where transitions occurred.

B2. Please indicate which payroll taxes and fringe benefits are included in the figures reported in Table B1a. Indicate YES or NO for each type of tax or benefit.

Social Security (FICA)	[Click here and select from list]
Unemployment insurance	[Click here and select from list]
Health insurance	[Click here and select from list]
Life insurance	[Click here and select from list]
Pension/retirement	[Click here and select from list]
Workers compensation	[Click here and select from list]
Disability	[Click here and select from list]
Other benefits	[Click here and select from list]

B3a. Did your organization incur costs for overtime paid to staff members listed above during the reporting period? (Please select YES or NO from the drop-down list.)

[Click here and select from list]

B3b. If you answered YES to question B3a, please enter the total cost of overtime paid to staff members listed above during the reporting year.

[Enter dollar amount here.]

B4. Please use the space below to enter any explanatory notes for the information provided in this section.

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION C: CONTRACTED SERVICES

This section asks questions about services purchased to support implementation of the trauma-specific EBP from organizations or people who operate independently. These services might include training on trauma-specific EBP implementation, other professional development education or training, consultation or clinical supervision services, administrative services, and so on. Please scroll down to answer all questions (C1 to C2).

C1a. Did your agency contract with a company, organization, individual consultant, or other professional to provide services for the trauma-specific EBP during the reporting period? Please use the drop-down box to select YES or NO.

[Click here and select from list]

C1b. If you answered YES to question C1a, please use the table below to enter information on the contracted services purchased and their cost during the reporting period. Please enter a separate line for each type or category of service, even if a contractor provided multiple types of services. If your records provide only a total value for contracted services, leave the table blank and enter the total amount in the appropriate space below.

Name of contractor or service provider	Type of service purchased	Expenditure amount (dollars)	Percentage of cost allocated to the trauma-specific EBP	Description or additional notes
<i>Example: Contractor XYZ</i>	<i>Training</i>	<i>\$5,000.00</i>	<i>100%</i>	<i>Conducted initial training for staff</i>

Total expenses for contracted services during the reporting period, in dollars (if services are not itemized above):

C2. Please use the space below to provide information on calculations and data sources or other explanatory notes for this section.

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION D: VOLUNTEER LABOR

This section asks about the value of any labor donated to implement the TS-EBP (by volunteers or staff from other agencies) during the reporting period. Please scroll down to answer all questions (D1 to D3).

D1. Did any volunteers help your agency provide TS-EBP services during the reporting period? Please select YES or NO from the drop-down list.

[Click here and select from list]

D2a. If you answered YES to question D1, please use the table below to estimate the value of donated labor. For each volunteer, please enter the following:

- position or job description
- number of hours the volunteer(s) worked per month
- number of months the volunteer(s) worked during the reporting period
- your best estimate of the hourly wage that a person paid for this work would receive

Position or job description	Number of hours volunteer worked per month	Number of months volunteer worked during the reporting period	Estimated hourly wage for paid employee (dollars)
<i>Example: Volunteer A - engages children in play-based activities in common area while therapist meets one-on-one with parent</i>	4.0	4.0	\$12.00

D2b. Please describe the sources of information for this section, including estimates of hourly wages.

D3. Please use the space below to enter any additional explanatory notes on the information provided in this section.

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION E: SUPPLIES AND MATERIALS

This section asks questions about the cost or value of supplies and materials used to implement the trauma-specific EBP during the reporting period. Please scroll down to answer all questions (E1 to E4).

E1. Using the following table, please indicate the cost of all supplies and materials purchased to implement the trauma-specific EBP during the reporting period. For the purposes of this survey, supplies and materials are items used and replenished regularly. Examples of supplies and materials include educational materials, office supplies, assessment instruments, workbooks, and toys or other items used during the delivery of clinical services. Please enter the total estimated cost for the item(s) listed. For example, if you purchased various toys and supplies with a total value of \$300, please enter the total expenditure of \$300.

For each item listed, please estimate the percentage of the cost to be allocated to the trauma-specific EBP. For example, if the item was used about half the time for implementing the trauma-specific EBP and half the time for another purpose, please enter 50 percent. If the item was used only to implement the trauma-specific EBP, please enter 100 percent.

Item	Description	Quantity	Total expenditure amount for all items (dollars)	Estimated percentage of cost for the trauma-specific EBP
<i>Example: Toys and art supplies</i>	<i>Miscellaneous toys and supplies for use in therapy sessions</i>	1	\$300.00	50%

E2a. Did your program receive any donated supplies or materials used to implement the trauma-specific EBP in the last reporting period? Please use the drop-down list to select YES or NO.

[Click here and select from list]

E3b. If you answered yes to question E2s, please list the donated items in the following table. Please also estimate how much you would have paid for the item if purchased. Please enter the total estimated cost for the item(s) listed. For example, if you received two television monitors worth \$150 each, please enter \$300, the cost for both monitors.

For each item listed, please estimate the percentage of the cost to be allocated to the trauma-specific EBP. For example, if the item was used about half the time for implementing the trauma-specific EBP and half the time for another purpose, please enter 50 percent. If the item was used only to implement the trauma-specific EBP, please enter 100 percent.

Item	Description	Quantity	Approximate total cost of all items if purchased	Percentage of cost allocated to the trauma-specific EBP

E4. Please use the space below for any explanatory notes on the information provided in this section.

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION F: EQUIPMENT

This section asks questions about durable equipment or capital assets used to implement the trauma-specific EBP during the reporting period. Please scroll down to answer all questions (F1 to F4).

- F1.** Please use the table below to list any durable equipment used to implement the trauma-specific EBP during the reporting period. For the purposes of this survey, durable equipment includes items with an expected useful life of more than one year. Examples include computer systems, automobiles, office furniture, and so on Please indicate the following:
- The type equipment used
 - The number of items
 - The year the equipment was purchased or received (if information is available)
 - The original purchase price or estimated value of equipment received at no cost (in dollars)
 - The expected useful life of the equipment at the time of purchase or receipt (the number of years the equipment will be used before replacement)

For each item listed, please also estimate the percentage of cost that should be allocated to the trauma-specific EBP. For example, if the item was used about half the time for implementing the trauma-specific EBP and half the time for another purpose, please enter 50 percent. If the item was used only for implementing the trauma-specific EBP, please enter 100 percent.

Description of equipment or asset	Quantity	Year purchased or received	Original purchase price per item (dollars)	Expected useful life at time of purchase (number of years)	Percentage of cost allocated to trauma-specific EBP
<i>Example: Computers</i>	3.00	2013	\$900.00	5.0	20%

F2a. Was any equipment leased or rented to support implementation the trauma-specific EBP during the reporting period? Please use the drop-down list to select YES or NO.

F2b. If you answered YES to question F2a, please use the table below to enter the type of equipment leased or rented, the total amount paid during the reporting period, and the percentage of the cost to be allocated to the trauma-specific EBP.

Description of equipment leased or rented	Quantity	Total amount paid during the reporting period (dollars)	Percentage of cost allocated to trauma-specific EBP

F3a. Did the center receive any donated equipment that was used to implement the trauma-specific EBP during the reporting period? Please use the drop-down list to select YES or NO.

[Click here and select from list]

F3b. If you answered yes to question F3a, please use the table below to enter the type of equipment donated, the approximate cost if the equipment had been purchased, and the percentage of the cost to be allocated to the trauma-specific EBP.

Description of equipment donated	Quantity	Estimated cost if equipment had been purchased (dollars)	Expected useful life at time of donation (number of years)	Percentage of cost allocated to trauma-specific EBP

F4. Please use the space below to provide information on calculations and data sources or other explanatory notes for this section.

[Empty text box for calculations and data sources]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION G: FACILITIES

This section asks questions about cost of office space or other facilities used by your trauma-specific EBP during the reporting period. Please scroll down to answer all questions (G1 to G4).

G1. Please use the following table to list all buildings or other facilities regularly used to implement the trauma-specific EBP during the reporting period, including office space and offsite facilities. Include facilities used free of charge or for below market rates. For each building or facility, please indicate the following:

- The building or facility name
- A brief description of the use of the building
- Whether your agency paid to use the building or space or if it was used at no cost to the agency

For facilities that the agency paid to use:

- The total amount paid during to use the building/facility during the reporting period (through mortgage, rent, or lease payments)
- The percentage of the building space used to implement the trauma-specific EBP

For buildings that were used at no cost to the agency:

- The total size of the building (in square feet)
- The size of space(s) used to implement the trauma-specific EBP (in square feet) OR the percentage of the building space used to implement the trauma-specific EBP
- The frequency that the facility was used for trauma-specific EBP services during the reporting period (number of days per week)

				BUILDINGS OR FACILITIES AGENCY PAID TO USE			BUILDINGS OR FACILITIES USED AT NO COST TO THE AGENCY				
				Amount paid to use building during the reporting year (dollars)	Percentage of total building space used to implement the trauma-specific EBP	Number of days per week this space was used for providing trauma-specific EBP services	Total size of building (square feet)	Size of space used to implement the trauma-specific EBP (square feet)	or	Percentage of total building space used to implement the trauma-specific EBP	Number of days per week this space was used for providing trauma-specific EBP services
	Building or facility name	Brief description of use of the building	Did the agency pay to use this facility or was it received as an in-kind donation?								
Example 1	Community center	One room used to deliver group therapy	Received in kind				4000	400	or	0.5	
Example 2	Office	Program staff use this space to conduct administrative tasks such as case file documentation	Paid	\$24,000.00	25%	1.00			or		
Building 1			[Click here and select from list]						or		
Building 2			[Click here and select from list]						or		
Building 3			[Click here and select from list]						or		
Building 4			[Click here and select from list]						or		

G2. What was the total amount the center paid for utilities (for example, gas and electric, water) in this facility during the reporting period? (If the utilities are provided at no cost to the center, please enter 0.)

G3a. Was the amount paid for utilities by the center subsidized? In other words, did the center pay less than market rate for utilities?

G3b. If you answered yes to question G3a, please describe the source of the subsidy (for example, "The center paid a flat amount for utilities to the organization that owns the building.")

G4. Please use the space below to provide information on calculations and data sources or other explanatory notes for this section.

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION H: MISCELLANEOUS

This section is for recording any costs not reported already in other tabs. You should list any outstanding items or services used by your trauma-specific EBP during the reporting period. Please scroll down to answer all questions (H1 to H2).

H1. Using the following table, please enter the cost or estimated value of all miscellaneous items and services purchased or received to support trauma-specific EBP implementation during the reporting period and not reported elsewhere in the survey. If your agency received any miscellaneous items free of charge, please enter 0 under Expenditure and estimate what your agency would have paid to purchase them. Examples of miscellaneous items include fees paid to program developers, travel costs related to service delivery (transportation/mileage), travel costs not related to service delivery (for example, costs associated with professional development, training, and conferences), incentives, and so on.

If the item or service supported multiple programs, please estimate the percentage of the cost to be allocated to the trauma-specific EBP (for example, based on the proportion of time it was used to support the trauma-specific EBP).

Description of item or service	Expenditure (dollars)	Estimated value (if item received at no cost)	Percentage of cost allocated to trauma-specific EBP
<i>Example: Mileage reimbursements to staff delivering the trauma-specific EBP</i>	<i>\$1,500.00</i>		<i>100%</i>

H2. Please use the space below to provide details on calculations and data sources or other explanatory notes for this section.

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION I: INDIRECT COSTS

This section asks questions about indirect costs during the reporting period.

Indirect costs (sometimes called overhead) are costs for shared agency functions, such as accounting, human resources, and marketing. These functions might benefit multiple programs or departments. Costs for these shared functions are often allocated through an indirect cost rate or a total charge for indirect expenses. Agencies differ in the way that they calculate and allocate indirect costs.

Please scroll down to answer all questions (I1 to I7).

I1. Does your agency calculate indirect costs using an established indirect cost rate (for example, a federally negotiated indirect cost rate)? Please select YES or NO from the drop-down list.

I2a. If you answered YES to question I1, please enter the established indirect cost rate your agency used during the reporting period.

Agency indirect cost rate (percentage):

I2b. To what expenses is the established indirect cost rate applied? Please use the drop-down list to select an answer (SALARIES ONLY, SALARIES AND FRINGE BENEFITS, or SALARIES AND FRINGE BENEFITS AND OTHER DIRECT COSTS).

I3a. Does your agency calculate indirect costs without using an established indirect cost rate? Please select YES or NO from the drop-down list.

I3b. If your agency calculates indirect costs for the trauma-specific EBP but does not use an established indirect cost rate, please describe the method your agency uses below. Please also provide an estimated total for indirect costs during the reporting period.

Method for calculating indirect costs:

14. If your agency calculated total indirect costs during the reporting period, please enter that amount below.

Total calculated indirect costs for the reporting period (dollars):

14a. If your agency calculated total indirect costs during the reporting period, please estimate the percentage of cost allocated to the trauma-specific EBP.

Percentage of cost allocated to the trauma-specific EBP:

15. Do indirect costs reported on this tab cover items or services you have reported in other sections of this survey? Please use the drop-down list to answer YES, NO, or NOT APPLICABLE.

[Click here and select from list]

16. Please itemize below the items or services covered under indirect costs, indicating any items or services reported in other sections of the survey.

17. Please use the space below to enter any explanatory notes on the information provided in this section.

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION J: START-UP COSTS

This section asks about costs that that your agency incurred to begin delivering the trauma-specific EBP. Please include only costs associated with launching the program (for example, costs related to initial training of staff or initial purchase of materials required for trauma-specific EBP implementation).

For this section, please define and report costs for the start-up period: the period of time when your agency incurred costs associated with launching the program. The beginning of this period might coincide with the date that your agency first received funding to provide the TS EBP or first began taking steps to prepare to deliver the TS EBP. (It is likely that the start-up period will begin no more than 12 months before you began delivering services.) The end of the start-up period might coincide with the date your agency began delivering services or within 3 months of that date. Your agency might have incurred start-up costs before the reporting period used for the rest of this survey.

Entering information on start-up costs is optional; it is not required for calculating the steady-state cost of program operations. Complete this tab only if your organization would like to calculate program start-up and operations costs.

Please scroll down to answer all questions (J1 to J10).

J1. In what month and year did your agency first begin providing the trauma-specific EBP?

[Enter month]	[Enter year]
---------------	--------------

J2. What is the period for which you are reporting start-up costs (the “start-up period”)? Please see the instructions above for guidance on defining this period.

[Enter month]	[Enter Year]	TO	[Enter month]	[Enter Year]
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J2a. Please describe briefly the factors or activities you considered in defining the start-up period (for example, the timing of funding or other activities related to launching trauma-specific EBP services).

J4.

Please use the table below to enter information on personnel time contributed to the start-up of program services during the start-up period, if you have this information available. This might include time spent on program planning, hiring staff, arranging for resources such as space and supplies, providing oversight, providing or receiving staff training, implementing changes to administrative data systems, and travel time. This table should include all staff who contributed toward program start-up activities. If you record information regarding the staff time spent during the start-up period, please use a table similar to the one in item B1a on Tab B (Salaries and Fringe) to record information related to the compensation of these staff members during the start-up period.

Staff position/title	Staff member initials	Estimated number of hours spent on program activities during the start-up period	Description of activities or additional notes

J4. Please use the table below to enter information on contracted services purchased to support start-up of the trauma-specific EBP. Please include only contracted services required for launching the program (for example, contracted services related to initial training of staff).

Name of contractor or service provider	Type of service purchased	Expenditure amount (dollars)	Description or additional notes	Year purchased

J5. Using the table below, please indicate the cost of supplies and materials purchased during the start-up period to support trauma-specific EBP services. For the purposes of this survey, supplies and materials are items used and replenished regularly. Examples of supplies and materials include educational materials, office supplies, and toys or other items used during the delivery of clinical services.

For each item listed, please estimate the percentage of the cost to be allocated to the trauma-specific EBP. For example, if the item was used about half the time for implementing the trauma-specific EBP and half the time for another purpose, please enter 50. If the item was used only to implement the trauma-specific EBP, please enter 100.

Supply or material	Expenditure amount (dollars)	Description or additional notes	Year purchased	Percentage of cost allocated to the trauma-specific EBP

J6. Please use the table below to itemize any durable equipment purchased to support start-up of trauma-specific EBP services. Please include items that were purchased or donated to the agency.

For the purposes of this survey, durable equipment includes items with an expected useful life of more than one year. Examples include computer systems, automobiles, office furniture, and so on. Please indicate the following:

- The equipment or asset used (and the number of items included)
- The year the equipment was purchased or received (if information is available)
- The original purchase price or estimated value of equipment received at no cost (in dollars)
- The expected useful life of the equipment at the time of purchase (the number of years the equipment will be used before replacement)

For each item listed, please also estimate the proportion of cost that should be allocated to the trauma-specific EBP. For example, if the item was used about half the time for implementing the trauma-specific EBP and half the time for another purpose, please enter 50. If the item was used only for implementing the trauma-specific EBP, please enter 100.

Description of equipment or asset (including number of items)	Year purchased or received	Original purchase price (dollars)	Expected useful life at time of purchase (number of years)	Percentage of cost allocated to trauma-specific EBP

J7. Please use the table below to report the facility-related costs required for start-up of trauma-specific EBP services (for example, facilities improvements). Please indicate the expected useful life of the facility or facility improvement (the number of years the facility or improvement can be used before replacement).

Facility-related cost	Expenditure amount (dollars)	Description or additional notes	Year cost incurred	Expected useful life of facility at time cost incurred (number of years)	Percentage of cost allocated to trauma-specific EBP

J8. Please use the table below to report any miscellaneous costs incurred for start-up of trauma-specific EBP services. For each item listed, please estimate the percentage of the cost to be allocated to the trauma-specific EBP. For example, if the item was used about half the time for implementing the trauma-specific EBP and half the time for another purpose, please enter 50. If the item was used only to implement the trauma-specific EBP, please enter 100.

Item	Expenditure amount (dollars)	Description or additional notes	Year purchased	Percentage of cost allocated to the trauma-specific EBP

J9. Are any of the start-up costs reported in this section also reported in other sections of the survey? If so, please indicate which costs are also reported in other sections.

J10. Please use the space below to enter any additional explanatory notes on the information provided in this section.

THIS IS THE END OF THE COST WORKBOOK. THANK YOU FOR YOUR PARTICIPATION IN THE DATA COLLECTION.

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Appendix B

Staff Survey and Time Logs

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Parent-Child Interaction Therapy version

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Cost Data Collection Instruments for Trauma-Specific Evidence-Based Programs

Staff Survey and Time Log

Parent–Child Interaction Therapy Version

INTRODUCTION

To help expand the available information on the costs of services for families and children, the Children’s Bureau within the Administration on Children, Youth & Families, U.S. Department of Health and Human Services contracted with Mathematica Policy Research to design and pilot test instruments to study the costs of implementing Trauma-Specific Evidence-Based Programs (TS-EBPs). Mathematica developed these instruments as part of the Regional Partnership Grants cross-site evaluation.

This survey asks questions about how much time staff members in your agency spend working on one TS-EBP, Parent–Child Interaction Therapy (PCIT). It also asks about PCIT training that staff members might have received. This information is necessary to estimate the costs of providing this program.

Who should complete the survey? All staff members that spend any time delivering or managing and administering PCIT should complete this survey, including clinicians or therapists, case managers, supervisors, administrators, or other agency personnel.

How to complete the survey. You can answer most questions in Sections A and B by simply placing a check mark or entering a number or date in the appropriate box. For some questions, you will write in a brief response. In Section C, you will enter the number of minutes you spent on specific activities each day during the data collection period.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. Please write legibly and make sure all responses are clearly indicated.

Voluntary participation. Your participation in this survey is important and will help us better understand the costs of PCIT. You may refuse to answer any question.

It will take approximately 10 minutes to complete the time log each day during the data collection period.

Please answer the following question before beginning the survey and time log.

I have read the introduction and agree that the information I provide in this survey and time log may be used in further analyses.

1 Yes

0 No → END SURVEY

SECTION A: YOUR POSITION AND WORKING HOURS

A1. What is the name of the organization where you work?

AGENCY NAME

A2. What is your current job title? (If you have more than one job title, please indicate the titles for all positions you currently hold.)

JOB TITLE

A3. How would you describe your primary responsibilities?

SELECT ONE ONLY

- 1 My primary responsibilities relate to direct service delivery
- 2 My primary responsibilities relate to management and administration
- 3 My primary responsibilities are split between direct service delivery and management and administration

A4. What is your current employment status?

SELECT ONE ONLY

- 1 Permanent full time
- 2 Permanent part time
- 3 Temporary full time
- 4 Temporary part time
- 5 On call

A5. How many hours are you scheduled to work at your agency in a typical or average week?

|_|_| HOURS PER WEEK

A6. How many hours do you usually work in a typical or average week?

|_|_| HOURS PER WEEK

SECTION B: TRAINING

The next few questions ask about time you spent in professional training for PCIT.

B1. Did you receive initial training(s) on PCIT? Initial training refers to formal or structured training you received before delivering PCIT to clients. Please do not include time spent on direct services to meet the certification requirements of completing two PCIT cases.

1 Yes

0 No → GO TO B6

If you answered yes to B1, use the table below to record information about initial trainings you received before delivering PCIT:

	B2. What kind of <u>initial</u> training did you receive? PLEASE MARK ONE ANSWER	B3. Who paid the majority of the costs (if any) of the <u>initial</u> training you received? PLEASE MARK ONE ANSWER	B4. When did you receive this <u>initial</u> PCIT training?	B5a. How many hours do you estimate you spent attending <u>initial</u> training?
Initial online training (PCIT for Traumatized Children Web Course)		1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Didactic training with role-play	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Other initial training activity (specify) _____	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

B6. Have you received any additional or ongoing training on PCIT (not including regular supervision or clinical support) in the past 12 months? Additional or ongoing training refers to formal or structured training you received after you started providing PCIT, such as a session to review PCIT concepts or methods.

1 Yes

0 No → GO TO SECTION C

If you answered yes to B6, use the table below to record up to three additional or ongoing trainings you received in the past 12 months:

	B7. What kind of <u>additional or ongoing</u> training did you receive? PLEASE MARK ONE ANSWER	B8. Who paid the majority of the costs (if any) of the <u>additional or ongoing</u> training you received? PLEASE MARK ONE ANSWER	B9. When did you receive this <u>additional or ongoing</u> PCIT training?	B10a. How many hours do you estimate you spent attending this <u>additional or ongoing</u> training?
Additional training 1	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> During work hours 2 <input type="checkbox"/> Outside of work hours
Additional training 2	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Additional training 3	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

SECTION C: TIME LOG

INSTRUCTIONS FOR COMPLETING THE TIME LOG

We are asking you to track how you spend your time over one or more weeks.

The next page has a table of activity categories related to the delivery of PCIT. The table provides examples of specific activities under each category, although the examples might not reflect all the types of work you do. Please refer to this table as you track your time each day.

The time log includes a two-sided sheet that you can copy as many times as necessary to cover the data collection period. You should complete one two-sided sheet for each week of the data collection period. After you copy the necessary amount of sheets, please indicate the week number on the top of each sheet as well as the staff name and agency name.

Please follow the instructions below when filling out your time log:

- 1) At the end of each work day during the data collection period, please record how much time, in minutes, that you spent on each of these activities under each category.

You might find it helpful to use case notes, appointment schedules, or other materials to help you fill in the time log, but remember to indicate the actual time spent on each activity (which might be longer or shorter than a scheduled appointment).

- 2) If you forget to fill out the time log at the end of the day, please enter the missing information as soon as possible.
- 3) Start by filling in the appropriate date under the corresponding day of the week (Monday to Friday).
- 4) For the **Client-Focused Activities** section of the log, first enter the number of clients receiving PCIT you served that day. In the context of PCIT, the term client can refer to the participating child, the parent/caregiver, or both (for example, if you provide a therapy session in which both the child and parent/caregiver participate, you should count this as one client). Please record the time spent on activities conducted with or on behalf of the child, the parent/caregiver, or both.
- 5) If you report serving one or more clients who receive PCIT, enter the number of minutes you spent on each of the client-focused activities listed. For each entry, please list the initials of the client you worked with or for and how many minutes you spent on that activity with or for the client listed. Please make separate entries for each client you worked with or for that day. If you did not spend any time on an activity that day, please enter 0.
- 6) For the **Other Activities** section of the log, enter the total amount of time, in minutes, you spent on each activity that day. **Please include only the time you spent on activities that support the delivery of PCIT.** If you did not spend any time on an activity that day, please enter 0.

Table 1: Activities for PCIT implementation and examples

Client-focused activities for PCIT implementation	Examples
1. Screening, assessment, and enrollment —activities to screen or assess clients to determine eligibility and inform treatment plans. Activities to enroll clients into services.	<ul style="list-style-type: none"> • Gathering information from referral sources, meetings or talking with people one-on-one • Reading past case documentation and client assessments
2. Session planning and preparation —activities to prepare for each session of PCIT.	<ul style="list-style-type: none"> • Reflecting on the client’s previous session • Identifying worksheets or other materials for clients to use during sessions • Reviewing purposes of the worksheets and considering how to incorporate them into the session
3. Clinical service delivery —delivery of therapeutic services, usually in treatment sessions	<ul style="list-style-type: none"> • Delivering therapy in treatment sessions • Crisis intervention • Communicating with clients outside of sessions if they need support • Completing checklists at the end of each session to indicate which PCIT treatment component was implemented
4. Case documentation —writing and processing case notes	<ul style="list-style-type: none"> • Completing case notes • Completing regular psychological measurements and trauma screenings for grant requirements • Completing treatment plans, mental health assessment, and notes necessary for insurance reimbursement • Completing quarterly reports, and other documentation of meetings and communication • Processing releases of information to other agencies • Contacting other service professionals who are involved in the client’s care
5. Case management —activities related to individual case management and inter-agency coordination or referrals on behalf of a client	<ul style="list-style-type: none"> • Advocating for children in other contexts including at school and in foster care placements • Communicating with caregivers • Meeting with other people in your agency who work on the client’s case • Communicating with other people involved in the client’s case (for example, health care professionals, foster parents, teachers)
6. Travel and transportation —activities related to transporting clients or organizing transportation for clients to PCIT sessions	<ul style="list-style-type: none"> • Arranging transportation for clients • Providing public transportation vouchers or cards to clients as necessary
Other activities	Examples
7. Supervision and clinical support —providing or receiving ongoing training and clinical supervision, including conducting and reviewing fidelity assessments	<ul style="list-style-type: none"> • Intensive trauma-specific individual supervision with clinical supervisors (both supervisors and therapists/clinicians should account for time spent on supervision) • Group meetings for supervision and clinical support
8. Outreach —activities to inform referral agencies and potential new clients about services	<ul style="list-style-type: none"> • Communicating with child welfare agency staff regarding referrals • Communicating with staff at other agencies about referrals
9. Program administration and management —activities related to ongoing general management of PCIT services	<ul style="list-style-type: none"> • Planning, budgeting, and other management activities related to PCIT services • Maintenance and upkeep of PCIT materials and meeting spaces

DATE:	MONDAY ___ / ___ / 20__	TUESDAY ___ / ___ / 20__	WEDNESDAY ___ / ___ / 20__	THURSDAY ___ / ___ / 20__	FRIDAY ___ / ___ / 20__
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CLIENT-FOCUSED ACTIVITIES FOR PCIT IMPLEMENTATION

For how many clients receiving PCIT did you provide services today? (Include clients to whom you provided clinical services, any of the other activities listed below, or both. For this total, please count each client only once.)	___ CLIENTS	___ CLIENTS	___ CLIENTS	___ CLIENTS	___ CLIENTS
--	----------------	----------------	----------------	----------------	----------------

**IF YOU WORKED WITH ONE OR MORE CLIENTS:
How many minutes did you spend per client on each activity related to PCIT?**

	CLIENT		CLIENT		CLIENT		CLIENT		CLIENT	
	INITIALS	MINUTES	INITIALS	MINUTES	INITIALS	MINUTES	INITIALS	MINUTES	INITIALS	MINUTES
1. Screening, assessment, and enrollment <i>Screening or assessing clients to determine eligibility and inform treatment plans. Enrolling clients into PCIT services</i>										
2. Session planning and preparation <i>Activities to prepare for each session of PCIT</i>										
3. Clinical service delivery <i>Delivery of therapeutic services, usually in treatment sessions</i>										
4. Case documentation <i>Writing and processing case notes</i>										
5. Case management <i>Activities related to individual case management and inter-agency coordination or referrals on behalf of a client</i>										
6. Travel and transportation <i>Transporting clients or organizing transportation for clients to PCIT sessions</i>										

PLEASE USE THE NEXT PAGE TO RECORD YOUR TIME FOR OTHER ACTIVITIES.

OTHER ACTIVITIES

DATE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	___ / ___ / 20__	___ / ___ / 20__	___ / ___ / 20__	___ / ___ / 20__	___ / ___ / 20__
	How many minutes did you spend on the activities below? Include only the time you spent on activities that support the delivery of PCIT.				
	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
7. Supervision and clinical support <i>Providing or receiving ongoing training and clinical supervision on PCIT, including conducting and reviewing fidelity assessments</i>					
8. Outreach <i>Activities to inform referral agencies and potential new clients about PCIT services</i>					
9. Program administration and management <i>Activities related to ongoing general management of PCIT services</i>					

PLEASE CONFIRM THAT THE TOTAL TIME YOU HAVE RECORDED FOR ACTIVITIES 1 THROUGH 9 EACH DAY DOES NOT EXCEED THE TOTAL TIME YOU WORKED THAT DAY.

Seeking Safety version

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Cost Data Collection Instruments for Trauma-Specific Evidence-Based Programs

Staff Survey and Time Log

Seeking Safety Version

INTRODUCTION

To help expand the available information on the costs of services for families and children, the Children's Bureau within the Administration on Children, Youth & Families, U.S. Department of Health and Human Services contracted with Mathematica Policy Research to design and pilot test instruments to study the costs of implementing trauma-specific Evidence-Based Programs (EBPs). Mathematica developed these instruments as part of the Regional Partnership Grants cross-site evaluation.

This survey asks questions about how much time staff members in your agency spend time working on one trauma-specific EBP, Seeking Safety. It also asks about Seeking Safety training that staff members might have received. This information is necessary to estimate the costs of providing the program.

Who should complete the survey? All staff members that spend any time delivering or managing and administering Seeking Safety should complete this survey, including clinicians or therapists, case managers, supervisors, administrators, or other agency personnel.

How to complete the survey. You can answer most questions in Sections A and B by simply placing a check mark or entering a number or date in the appropriate box. For some questions, you will write in a brief response. In Section C, you will enter the number of minutes you spent on specific activities each day during the data collection period.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. Please write legibly and make sure all responses are clearly indicated.

Voluntary participation. Your participation in this survey is important and will help us better understand the costs of Seeking Safety. You may refuse to answer any question.

It will take approximately 10 minutes to complete the time log each day during the data collection period.

Please answer the following question before beginning the survey and time log.

I have read the introduction and agree that the information I provide in this survey and time log may be used in further analyses.

1 Yes

0 No → END SURVEY

SECTION A: YOUR POSITION AND WORKING HOURS

A1. What is the name of the organization where you work?

AGENCY NAME

A2. What is your current job title? (If you have more than one job title, please indicate the titles for all positions you currently hold.)

JOB TITLE

A3. How would you describe your primary responsibilities?

SELECT ONE ONLY

- 1 My primary responsibilities relate to direct service delivery.
- 2 My primary responsibilities relate to management and administration.
- 3 My primary responsibilities are split between direct service delivery and management and administration.

A4. What is your current employment status?

SELECT ONE ONLY

- 1 Permanent full time
- 2 Permanent part time
- 3 Temporary full time
- 4 Temporary part time
- 5 On call

A5. How many hours are you scheduled to work at your agency in a typical or average week?

|_|_| HOURS PER WEEK

A6. How many hours do you usually work in a typical or average week?

|_|_| HOURS PER WEEK

SECTION B: TRAINING

The next few questions ask about time you spent in professional training for Seeking Safety.

B1. Did you receive initial training(s) on Seeking Safety? Initial training refers to formal or structured training you received before delivering Seeking Safety to clients.

- 1 Yes
 0 No → GO TO B6

If you answered yes to B1, use the table below to record up to three initial trainings you received before delivering Seeking Safety:

	B2. What kind of <u>initial</u> training did you receive? PLEASE MARK ONE ANSWER	B3. Who paid the majority of the costs (if any) of the <u>initial</u> training you received? PLEASE MARK ONE ANSWER	B4. When did you receive this <u>initial</u> Seeking Safety training?	B5a. How many hours do you estimate you spent attending <u>initial</u> training?
Initial training 1	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Initial training 2	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Initial training 3	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

B6. Have you received any additional or ongoing training on Seeking Safety (not including regular supervision or clinical support) in the past 12 months? Additional or ongoing training refers to formal or structured training you received after you started providing Seeking Safety Services, such as a session to review Seeking Safety concepts or methods.

1 Yes

0 No → GO TO SECTION C

If you answered yes to B6, use the table below to record up to three additional or ongoing trainings you received in the past 12 months:

	B7. What kind of <u>additional or ongoing</u> training did you receive? PLEASE MARK ONE ANSWER	B8. Who paid the majority of the costs (if any) of the <u>additional or ongoing</u> training you received? PLEASE MARK ONE ANSWER	B9. When did you receive this <u>additional or ongoing</u> Seeking Safety training?	B10a. How many hours do you estimate you spent attending this <u>additional or ongoing</u> training?
Additional training 1	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Additional training 2	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Additional training 3	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

SECTION C: TIME LOG

INSTRUCTIONS FOR COMPLETING THE TIME LOG

We are asking you to track how you spend your time over one or more weeks.

The next page has a table of activity categories related to the delivery of Seeking Safety. The table provides examples of specific activities under each category, although the examples might not reflect all the types of work you do. Please refer to this table as you track your time each day.

The time log includes a two-sided sheet that you can copy as many times as necessary to cover the data collection period. You should complete one two-sided sheet for each week of the data collection period. After you copy the necessary amount of sheets, please indicate the week number on the top of each sheet as well as the staff name and agency name.

Please follow the instructions below when filling out your time log:

- 1) At the end of each work day during the data collection period, please record how much time, in minutes, that you spent on each of these activities under each category.

You might find it helpful to use case notes, appointment schedules, or other materials to help you fill in the time log, but remember to indicate the actual time spent on each activity (which might be longer or shorter than a scheduled appointment).

- 2) If you forget to fill out the time log at the end of the day, please enter the missing information as soon as possible.
- 3) Start by filling in the appropriate date under the corresponding day of the week (Monday to Friday).
- 4) For the **Group Activities** section of the log, first indicate whether you led any Seeking Safety groups that day. If you answered yes, then enter the number of minutes you spent on each of the group activities listed. If you did not spend any time on an activity that day, please enter 0.
- 5) For the **Client-Focused Activities** section of the log, first indicate whether you provided Seeking Safety services for any individual clients. If you answered yes, enter the number of minutes you spent on each of the client-focused activities listed. For each entry, please list the initials of the client with or for whom you worked and how many minutes you spent on that activity with or for the client listed. Please make separate entries for each client with or for whom you worked that day. If you did not spend any time on an activity that day, please enter 0. **Please remember to include only the time you spent on activities to deliver Seeking Safety** or activities completed on behalf of clients who receive Seeking Safety.
- 6) For the **Other Activities** section of the log, enter the total amount of time you spent on each activity that day. **Please include only the time you spent on activities that support the delivery of Seeking Safety.** If you did not spend any time on an activity that day, please enter 0.

Table 1: Activities for Seeking Safety implementation and examples

Client-focused activities for Seeking Safety implementation	Examples
Screening, assessment, and enrollment —activities to screen or assess clients to determine eligibility and inform treatment plans. Activities to enroll clients into services	<ul style="list-style-type: none"> • Triaging incoming referrals, including pre-screening cases for the residential program at partner sites and phone screening line • Screening for trauma exposure and childhood adversity • Conducting clinical assessments
Session planning and preparation —activities to prepare for each group or individual session of Seeking Safety	<ul style="list-style-type: none"> • Selecting Seeking Safety treatment topics (from key domains: interpersonal, behavioral, cognitive, or a combination) • Preparing hand-outs or other materials, specifically the Coping Skills handout and other handouts outlined in Seeking Safety handbook related to each session • Tracking interventions used to ensure each client gets each intervention • Continually assessing client status using the stages of change rubric and tailoring topics depending on clients' needs • Reviewing notes from sessions and individual client meetings
Clinical service delivery —delivery of therapy in group or individual sessions	<ul style="list-style-type: none"> • Leading session meetings • Checking in and checking out with clients • Reviewing and discussing Seeking Safety quotations • Introducing of the main concept for the session • Discussing handouts and working on handouts as a group • Conducting exercises for emotional grounding • Leading affirmations and art projects planned around Seeking Safety themes
Case documentation —writing and processing group or individual case notes and progress reports	<ul style="list-style-type: none"> • Writing/processing clinical case notes • Preparing progress reports for key partners (child welfare, other medical providers, probation, court systems, and so on) • Creating and modifying treatment plans that have goals related to Seeking Safety • Completing service activity logs for billing
Case management —activities related to individual case management and inter-agency coordination or referrals on behalf of a client	<ul style="list-style-type: none"> ▪ Administering self-care questionnaire to clients ▪ Helping engage clients in other treatments ▪ Securing prior authorizations • Registering clients for appropriate funding sources • Communication with other people involved in the client's case (for example, health care professionals, foster parents, teachers, and so on)

Table 1 (continued)

Other activities	Examples
<p>Supervision and clinical support—providing or receiving ongoing training and clinical supervision focused on Seeking Safety, including conducting and reviewing fidelity assessments</p>	<ul style="list-style-type: none"> • Providing or receiving individual staff supervision (both supervisors and therapists/clinicians should account for time spent on supervision) • Participating in weekly treatment team meetings to review client progress and needs • Participating in grand rounds to discuss Seeking Safety principles • Participating in trauma-informed training • Individual debriefings and self-care activities to prevent and address challenges in working with families affected by trauma • Seeking Safety role-playing to anticipate challenges working with clients through experiential exercises
<p>Outreach—activities to inform referral agencies and potential new clients about services</p>	<ul style="list-style-type: none"> • Distributing brochures/fliers about services • Presentations to other agencies • Explaining the Seeking Safety model to other organizations
<p>Program administration and management—activities related to ongoing general management of Seeking Safety services</p>	<ul style="list-style-type: none"> • Staffing, planning, budgeting, and addressing insurance/reimbursement issues • Addressing grant requirements • Updating the client handbook • Ensuring clinicians have access to the program manual • Maintenance and upkeep of Seeking Safety materials and meeting spaces

DATE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	___/___/20__	___/___/20__	___/___/20__	___/___/20__	___/___/20__

CLIENT-FOCUSED ACTIVITIES FOR SEEKING SAFETY IMPLEMENTATION

Did you lead a Seeking Safety group today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--	--	--

IF YES: How many minutes did you spend on each activity related to Seeking Safety groups?

	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
1. Session planning and preparation <i>Activities to prepare for group sessions of Seeking Safety</i>					
2. Clinical service delivery <i>Delivery of Seeking Safety sessions</i>					
3. Case documentation <i>Writing and processing notes on group sessions</i>					

Did you provide Seeking Safety services for any individual clients today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--	--

IF YES: How many minutes did you spend per client on each activity related to Seeking Safety?

	CLIENT INITIALS	MINUTES	CLIENT INITIALS	MINUTES	CLIENT INITIALS	MINUTES	CLIENT INITIALS	MINUTES	CLIENT INITIALS	MINUTES
1. Screening, assessment, and enrollment <i>Screening or assessing clients to determine eligibility and inform treatment plans. Enrolling clients into Seeking Safety services</i>										
2. Session planning and preparation <i>Activities to prepare for individual sessions of Seeking Safety.</i>										
3. Clinical service delivery <i>Discussing or reviewing Seeking Safety topics in individual sessions</i>										
4. Case documentation <i>Writing and processing case notes for individual clients</i>										
5. Case management <i>Activities related to individual case management and inter-agency coordination on behalf of a client</i>										

PLEASE USE THE NEXT PAGE TO RECORD YOUR TIME FOR OTHER ACTIVITIES.

OTHER ACTIVITIES FOR SEEKING SAFETY IMPLEMENTATION

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DATE:	___/___/20___	___/___/20___	___/___/20___	___/___/20___	___/___/20___
	How many minutes did you spend on the activities below? Include only the time you spent on activities that support the delivery of Seeking Safety.				
	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
6. Supervision and clinical support <i>Providing or receiving ongoing training and clinical supervision on Seeking Safety, including conducting and reviewing fidelity assessments</i>					
7. Outreach <i>Activities to inform referral agencies and potential new clients about Seeking Safety services</i>					
8. Program administration and management <i>Activities related to ongoing general management of Seeking Safety services</i>					

PLEASE CONFIRM THAT THE TOTAL TIME YOU HAVE RECORDED FOR ACTIVITIES 1 THROUGH 9 EACH DAY DOES NOT EXCEED THE TOTAL TIME YOU WORKED THAT DAY.

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Trauma-Focused Cognitive Behavioral Therapy version

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**Cost Data Collection Instruments for
Trauma-Specific Evidence-Based Programs**

Staff Survey and Time Log

**Trauma-Focused Cognitive Behavioral Therapy
Version**

INTRODUCTION

To help expand the available information on the costs of services for families and children, the Children's Bureau within the Administration on Children, Youth & Families, U.S. Department of Health and Human Services contracted with Mathematica Policy Research to design and pilot test instruments to study the costs of implementing Trauma-Specific Evidence-Based Programs (TS-EBPs). Mathematica developed these instruments as part of the Regional Partnership Grants cross-site evaluation.

This survey asks questions about how much time staff members in your agency spend working on one TS-EBP, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). It also asks about TF-CBT training that staff members might have received. This information is necessary to estimate the costs of providing this program.

Who should complete the survey? All staff members that spend any time delivering or managing and administering TF-CBT should complete this survey, including clinicians or therapists, case managers, supervisors, administrators, or other agency personnel.

How to complete the survey. You can answer most questions in Sections A and B by simply placing a check mark or entering a number or date in the appropriate box. For some questions, you will write in a brief response. In Section C, you will enter the number of minutes you spent on specific activities each day during the data collection period.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. Please write legibly and make sure all responses are clearly indicated.

Voluntary participation. Your participation in this survey is important and will help us better understand the costs of TF-CBT. You may refuse to answer any question.

It will take approximately 10 minutes to complete the time log each day during the data collection period.

Please answer the following question before beginning the survey and time log.

I have read the introduction and agree that the information I provide in this survey and time log may be used in further analyses.

- 1 Yes
- 0 No → **END SURVEY**

SECTION A: YOUR POSITION AND WORKING HOURS

A1. What is the name of the organization where you work?

AGENCY NAME

A2. What is your current job title? (If you have more than one job title, please indicate the titles for all positions you currently hold.)

JOB TITLE

A3. How would you describe your primary responsibilities?

SELECT ONE ONLY

- 1 My primary responsibilities relate to direct service delivery.
- 2 My primary responsibilities relate to management and administration.
- 3 My primary responsibilities are split between direct service delivery and management and administration.

A4. What is your current employment status?

SELECT ONE ONLY

- 1 Permanent full time
- 2 Permanent part time
- 3 Temporary full time
- 4 Temporary part time
- 5 On call

A5. How many hours are you scheduled to work at your agency in a typical or average week?

|_|_| HOURS PER WEEK

A6. How many hours do you usually work in a typical or average week?

|_|_| HOURS PER WEEK

SECTION B: TRAINING

The next few questions ask about time you spent in professional training for TF-CBT.

B1. Did you receive initial training(s) on TF-CBT? Initial training refers to formal or structured training you received before delivering TF-CBT to clients.

- 1 Yes
 0 No → GO TO B6

If you answered yes to B1, use the table below to record up to three initial trainings you received before delivering TF-CBT:

	B2. What kind of <u>initial</u> training did you receive? PLEASE MARK ONE ANSWER	B3. Who paid the majority of the costs (if any) of the <u>initial</u> training you received? PLEASE MARK ONE ANSWER	B4. When did you receive this <u>initial</u> TF-CBT training?	B5a. How many hours do you estimate you spent attending <u>initial</u> training?
Initial training 1	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Initial training 2	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Initial training 3	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	____ / 20 ____ MONTH/YEAR TRAINING BEGAN ____ / 20 ____ MONTH/YEAR TRAINING ENDED	HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

B6. Have you received any additional or ongoing training on TF-CBT (not including regular supervision or clinical support) in the past 12 months? Additional or ongoing training refers to formal or structured training you received after you started providing TF-CBT, such as a session to review TF-CBT concepts or methods.

1 Yes

0 No → GO TO SECTION C

If you answered yes to B6, use the table below to record up to three additional or ongoing trainings you received in the past 12 months:

	B7. What kind of <u>additional or ongoing</u> training did you receive? PLEASE MARK ONE ANSWER	B8. Who paid the majority of the costs (if any) of the <u>additional or ongoing</u> training you received? PLEASE MARK ONE ANSWER	B9. When did you receive this <u>additional or ongoing</u> TF-CBT training?	B10a. How many hours do you estimate you spent attending this <u>additional or ongoing</u> training?
Additional training 1	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Additional training 2	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Additional training 3	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

SECTION C: TIME LOG

INSTRUCTIONS FOR COMPLETING THE TIME LOG

We are asking you to track how you spend your time over one or more weeks.

The next page has a table of activity categories related to the delivery of TF-CBT. The table provides examples of specific activities under each category, although the examples might not reflect all the types of work you do. Please refer to this table as you track your time each day.

The time log includes a two-sided sheet that you can copy as many times as necessary to cover the data collection period. You should complete one two-sided sheet for each week of the data collection period. After you copy the necessary amount of sheets, please indicate the week number on the top of each sheet as well as the staff name and agency name.

Please follow the instructions below when filling out your time log:

- 1) At the end of each work day during the data collection period, please record how much time, in minutes, that you spent on each of these activities under each category.

You might find it helpful to use case notes, appointment schedules, or other materials to help you fill in the time log, but remember to indicate the actual time spent on each activity (which might be longer or shorter than a scheduled appointment).

- 2) If you forget to fill out the time log at the end of the day, please enter the missing information as soon as possible.
- 3) Start by filling in the appropriate date under the corresponding day of the week (Monday to Friday).
- 4) For the **Client-Focused Activities** section of the log, first enter the number of clients receiving TF-CBT you served that day. In the context of TF-CBT, the term client can refer to the participating child, the parent/caregiver, or both (for example, if you provide a therapy session in which both the child and parent/caregiver participate, you should count this as one client). Please record the time spent on activities conducted with or on behalf of the child, the parent/caregiver, or both.
- 5) If you report serving one or more clients who receive TF-CBT, enter the number of minutes you spent on each of the client-focused activities listed. For each entry, please list the initials of the client you worked with or for and how many minutes you spent on that activity with or for the client listed. Please make separate entries for each client you worked with or for that day. If you did not spend any time on an activity that day, please enter 0.
- 6) For the **Other Activities** section of the log, enter the total amount of time you spent on each activity that day. **Please include only the time you spent on activities that support the delivery of TF-CBT.** If you did not spend any time on an activity that day, please enter 0.

Table 1: Activities for TF-CBT implementation and examples

Client-focused activities for TF-CBT implementation		Examples
1. Screening, assessment, and enrollment —activities to screen or assess clients to determine eligibility and inform treatment plans. Activities to enroll clients into services	<ul style="list-style-type: none"> Gathering information from referral sources, meetings or talking with people one on one Reading past case documentation and client assessments 	
2. Session planning and preparation —activities to prepare for each session of TF-CBT	<ul style="list-style-type: none"> Reflecting on the client's previous session Identifying and reviewing worksheets or other materials for clients to use during sessions 	
3. Clinical service delivery —delivery of therapeutic services, usually in treatment sessions	<ul style="list-style-type: none"> Delivering therapy in treatment sessions Crisis intervention Communicating with clients outside of sessions if they need support Completing checklists at the end of each session to indicate which TF-CBT treatment component was implemented 	
4. Case documentation —writing and processing case notes	<ul style="list-style-type: none"> Completing case notes Completing regular psychological measurements and trauma screenings for grant requirements Completing treatment plans, mental health assessment, and notes necessary for Medicaid reimbursement Completing quarterly reports and other documentation of meetings and communication Processing releases of information to other agencies Contacting other service professionals who are involved in the client's care 	
5. Case management —activities related to individual case management and interagency coordination or referrals on behalf of a client	<ul style="list-style-type: none"> Advocating for children in other contexts including at school and in foster care placements Communicating with caregivers to make sure they bring clients to the session Meeting with other people in your agency who work on the client's case Communicating with other people involved in the client's case (for example, health care professionals, foster parents, teachers) 	
6. Travel and transportation —activities related to transporting clients or organizing transportation for clients to TF-CBT sessions	<ul style="list-style-type: none"> Arranging transportation for clients Providing public transportation vouchers or cards to clients as necessary 	
Other activities		Examples
7. Supervision and clinical support —providing or receiving ongoing training and clinical supervision, including conducting and reviewing fidelity assessments	<ul style="list-style-type: none"> Intensive trauma-specific individual supervision with clinical supervisors (both supervisors and therapists/clinicians should account for time spent on supervision) Group meetings for supervision and clinical support 	
8. Outreach —activities to inform referral agencies and potential new clients about services	<ul style="list-style-type: none"> Communicating with child welfare agency staff regarding referrals Communicating with staff at other agencies about referrals 	
9. Program administration and management —activities related to ongoing general management of TF-CBT services	<ul style="list-style-type: none"> Planning, budgeting, and other management activities related to TF-CBT services Maintenance and upkeep of TF-CBT materials and meeting spaces 	

DATE:	MONDAY ___ / ___ / 20__	TUESDAY ___ / ___ / 20__	WEDNESDAY ___ / ___ / 20__	THURSDAY ___ / ___ / 20__	FRIDAY ___ / ___ / 20__
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CLIENT-FOCUSED ACTIVITIES FOR TF-CBT IMPLEMENTATION

For how many clients receiving TF-CBT did you provide services today? (Include clients to whom you provided clinical services, any of the other activities listed below, or both. For this total, please count each client only once.)	_____	_____	_____	_____	_____
	CLIENTS	CLIENTS	CLIENTS	CLIENTS	CLIENTS

IF YOU WORKED WITH ONE OR MORE CLIENTS: How many minutes did you spend per client on each activity related to TF-CBT?

	CLIENT		CLIENT		CLIENT		CLIENT		CLIENT	
	INITIALS	MINUTES	INITIALS	MINUTES	INITIALS	MINUTES	INITIALS	MINUTES	INITIALS	MINUTES
1. Screening, assessment, and enrollment <i>Screening or assessing clients to determine eligibility and inform treatment plans. Enrolling clients into TF-CBT services</i>										
2. Session planning and preparation <i>Activities to prepare for each session of TF-CBT</i>										
3. Clinical service delivery <i>Delivery of therapeutic services, usually in treatment sessions</i>										
4. Case documentation <i>Writing and processing case notes</i>										
5. Case management <i>Activities related to individual case management and interagency coordination or referrals on behalf of a client</i>										
6. Travel and transportation <i>Transporting clients or organizing transportation for clients to TF-CBT sessions</i>										

PLEASE USE THE NEXT PAGE TO RECORD YOUR TIME FOR OTHER ACTIVITIES.

OTHER ACTIVITIES					
DATE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	___/___/20___	___/___/20___	___/___/20___	___/___/20___	___/___/20___
	How many minutes did you spend on the activities below? Include only the time you spent on activities that support the delivery of TF-CBT.				
	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
7. Supervision and clinical support <i>Providing or receiving ongoing training and clinical supervision on TF-CBT, including conducting and reviewing fidelity assessments</i>					
8. Outreach <i>Activities to inform referral agencies and potential new clients about TF-CBT services</i>					
9. Program administration and management <i>Activities related to ongoing general management of TF-CBT services</i>					

PLEASE CONFIRM THAT THE TOTAL TIME YOU HAVE RECORDED FOR ACTIVITIES 1 THROUGH 9 EACH DAY DOES NOT EXCEED THE TOTAL TIME YOU WORKED THAT DAY.

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