Thank you for joining us today!

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The webinar will begin shortly.

Overview of Learning Academy
Module Format

- Polling Questions
- Questions for Presenters
- Webinar Evaluations
- FDC Blog
How Do I Ask Questions?

Please type and send your questions through the **Question and Answer** box located on the bottom half on your panel/dashboard.
Today's Presenters

Jocelyn Gainers
Baltimore, Maryland

Sid Gardner
Phil Breitenbucher
Irvine, California

Overview of FDC Learning Academy

Module 1
Planning Community
- Mission and Underlying Values
- Principles of Collaborative Practice
- Screening & Assessment
- Engagement & Retention
- Information Sharing & Data Systems

Module 2
Early Implementation Community
- Services to Children
- Trauma-Informed Services
- Responses to Behavior
- Critical Issues: A Panel Discussion
- Joint / Shared Outcomes

Module 3
Enhanced Community
- Engaging Defense Attorneys
- Engaging Fathers in FDC
- Marketing to Stakeholders
- Budget & Sustainability
- Moving Towards System-Wide Change
FDC Learning Academy - 2012

- Use of Jail as a Sanction
- Evidence Based Parenting
- Trauma-Informed FDC
- Judicial Leadership & Ethics
- Child Well-Being Services to Children
- Effective Drug Treatment
- FDC Models: Parallel vs Integrated
- Sustainability

8 Webinars

Polling Question # 1

How are you viewing today’s webinar presentation?

1. I am viewing it by myself.
2. I am viewing it with one (1) other colleague.
3. I am viewing it with two (2) colleagues.
4. I am viewing it with three (3) or more colleagues. *
Polling Question # 2

Please indicate your FDC’s current status on sustaining planning.

1. We have not had any discussions about sustainability
2. We have had initial discussions, but no specific actions steps or formal plan developed
3. We have engaged in active planning; have a formal plan in place
4. Not certain

Built to Last? A National Perspective

Sid Gardner, President, Children and Family Futures
The Policy Environment

- Fiscal pressure from state and local deficits; long-term pension deficits
- A new Congress: domestic discretionary freeze proposed by both parties; age-driven polarization
- Congressional focus on cuts in discretionary programs
- Yet: New federal funding from health care reform and selected initiatives: FDCs, VTCs, HV
  - Challenges to treatment system capacity
  - Managed care environment, primary care ascendancy, parity conflict; state roll-back attempts
- Legal conflicts over federal role and entitlement cuts
- Recent federal and State elections; new Governors
- Child welfare cross-trends
  - Foster care entries declining
  - Poverty increases → neglect cases increasing

Does your FDC have an infrastructure able to withstand tough fiscal times?

Beginning to lay the groundwork for a strong case for new or redirected funding in 2013-2014 needs to happen now!
Title IV-E Waiver
- Title IV-E waiver authority and cost neutrality makes cost analysis even more important

Affordable Health Care Act
To download the presentation, please visit:
http://www.cffutures.com/presentations/webinars/category/health-care-reform
Potential Funding for FDCs

Federal Direct Funding (FY 2012): $19 million

$13.6 billion
Primarily Title IV-E, TANF, SSBG, Medicaid, IV-B

Redirection of Resources Already Here

The “Real” Resource in the Community

Pilots, Demos and Grant-funded Projects
**Why Evaluation Is Needed**

- How do we know FDCs are effective and if they work? Measured by what goals?
- How can the efforts and resources needed to operate the FDC be sustained?
  - Does the FDC save money?
  - Is there an ability to conduct a cost analysis?
- If the FDC is effective, should it be expanded?
  - What is the scale of the FDC?

**Outcomes & Effectiveness of the Innovation**

- Who cares enough about the results of this project/innovation to pay for it?
- What outcomes would be credible to prospective funders – who do we save money for?
- Is our information system strong enough to document results—and costs?
FDC Dashboard – Performance Indicators?

- Re-entry to foster care
- Timeliness to reunification
- Prevention of substance-exposed newborns
- Access to treatment
- Connected to support services

Show

- Show that it works
- Show that it saves money
- Show that you’re working collaboratively (working across agencies, serving shared clients)
Tell

• Data: The nuggets that are emerging
• Stories: Who are we helping and how can we and the beneficiaries—clients and other agencies—tell the story?
• Marketing approaches: Describing the innovation in clear, persuasive language

Tell

• Testing data and stories on policy leaders as early as possible
• Which themes are most likely to make the case
  - Prevalence
  - Developmental
  - Intergenerational
  - Outcomes
  - Cost savings
There is no single, off-the-shelf model that will work for all sites.

<table>
<thead>
<tr>
<th>Cost Analysis: Collection of data to determine the program costs</th>
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</thead>
<tbody>
<tr>
<td><strong>Cost Effectiveness</strong></td>
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<tr>
<td>• Calculates cost of a program</td>
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<tr>
<td>• Examines whether program led to its intended positive outcomes without actually putting a cost to those outcomes</td>
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<tr>
<td><strong>Cost Benefit</strong></td>
</tr>
<tr>
<td>• Calculates costs of a program to determine whether the benefits outweigh the costs, and by how much</td>
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<tr>
<td>• Cost-benefit ratio</td>
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<tr>
<td><strong>Cost Offsets</strong></td>
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<tr>
<td>• Calculates the savings resulting from the program in current budgets</td>
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<tr>
<td>• Examples: out-of-home care; criminal justice, income support services</td>
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</tbody>
</table>
We Can Help

For technical assistance, please contact us: fdc@cffutures.org

Look Inside: Components of FDC Budget

- Inventory of staff, volunteers, roles and responsibilities
- Program coordination
- Case management
- Recovery/Treatment staff
- CWS liaison
- Screening & assessment
- Judicial leadership & staffing
- Children’s services
- Evaluation and information systems
- Training & overhead

Deconstruct the whole budget
What does it cost?

Any credible funder will ask:

1. Why should we pay more? What benefits result?
2. How much more does it cost?
3. Costs: Getting to the Next Level

- Costs begin with project budget, but must go beyond that budget to reflect full costs of innovation.
- Questions that must be answered:
  - What are start-up costs?
  - How do costs vary with service model and clients’ characteristics?
  - What costs are borne by other agencies?
  - What costs are supported by clients’ entitlements, e.g. TANF, child care, Medicaid?
The Importance of Knowing Baseline Costs

Without baseline costs, the cost savings cannot be credibly estimated.

Human services projects often lack solid data on cost; especially difference between base costs of “business as usual” and costs of enhanced model.

Small is fine, if...

- The eventual payoff is high for high-needs, high-dosage families, or
- If the % of total need is significant in smaller counties, or
- For priority groups such as prenatally exposed infants or 0-3 year-olds
- SEN hospital costs, special education costs, failed adoption and foster placements
Cost Offsets
• Public safety, court, and corrections costs
• Out-of-home care re-entry to care
• Lower-level of placement
• Faster access to treatment
• Drug-free births

One Model Cost Evaluation Method: TICA
- Transactional and Institutional Cost Analysis (TICA)
- Utilized by NPC Research - www.npcresearch.com
- Views individual's interaction with public agencies as a set of transactions
- Transactions take place within multiple tax-payer-funded organizations and institutions that work together to create the FDC
TICA - Six Steps

1. Determine flow/process
2. Identify transactions that occur within this flow
3. Identify the agencies involved in each transaction
4. Determine resources used by each agency for each transaction
5. Determine the cost of resources used by each agency for each transaction
6. Calculate cost results

TICA - Program Cost Per Participant

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Transaction unit cost</th>
<th>Average number of transactions per FDC participant</th>
<th>Average Cost per FDC per participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDC Court appearance</td>
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<tr>
<td>Case Management</td>
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<td>Outpatient drug treatment</td>
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<td>Residential days</td>
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<tr>
<td>Detoxification days</td>
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<td>Drug tests</td>
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<td>Total FDC</td>
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</tbody>
</table>
Caveats and Cautions

Do your own arithmetic and compare to costs of other programs in your area

- The “wicked arithmetic” problem is real; numbers served divided by total budgets will harm sustainability efforts without serious cost analysis
- The lack of benchmark costs remains a problem; a particular challenge for collaborative models that use funding from multiple agencies

Be Strategic

Moving from cost analysis of a single project and its clients to assessing costs in the larger systems—does the project “move the needle” in CFSR or other outcomes? What would it cost to do so?
Sustainability Planning is About Collaboration

Are agency providers willing and able to provide cost data? Share costs?

“But Why Are Costs So High?”

- Collaboration takes time and money
- Good treatment and enhanced services to children and families are more expensive than business as usual
- Low-referrals, CW buy-in, effects of cutbacks, other startup costs
- Parallel data systems had to be built for many sites
**Sustainable and Flexible Funding Sources**

- Sufficient stable funding needed to attract committed full-time professionals
- Short-term funding allocations or grant funding will make it difficult to attract well-qualified and motivated personnel
- Flexible funding is needed to allow program revisions that arise as the needs of the system change over time

**Key Questions**

- Which are the critical components in your FDC that drive positive outcomes?
- Which of the critical components can you expand without additional funding?
- Which of the critical components require additional funding? (ie. case management, Substance Abuse Specialist, early screening, COSA)
Polling Question # 3

What is your FDC’s biggest barrier to sustainability?

1. Lack of knowledge about available funding streams
2. Do not know which key stakeholders to engage in discussions
3. Lack of knowledge about current SA/CWS resources in our region
4. No data to identify effective of program or key components of program
5. Uncertain on what to sustain (ie. whole model, specific services)

Saving the from the Chop Block: Funding Case Manager Positions

*Phil Breitenbacher, MSW*
“Collaborators are always the first to be cut.”

The Chopping Block

Who Can Fund This?

1. What is the job description?
2. What are the funding sources?
3. What is the best match—who has the money to fund it?
Break-Out the Strands of the FDC Program

- Substance Abuse Treatment
- Mental Health and Trauma
- Housing and Transportation
- Child Care
- Parenting and Family-Centered Services
- Drug Testing
- Evaluation
- Case Management

What is the Job Description?

Case Manager
- Substance Abuse Specialist
- FDC Case Manager
- Recovery Support Specialist
- Recovery Resource Specialist
- FDC Services Coordinator
- Parent Recovery Specialist
What is the Job Description?

<table>
<thead>
<tr>
<th>Purpose of the Program</th>
<th>Substance Abuse Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building linkages and improving communication and collaboration between systems</td>
<td><strong>Formal liaison</strong>, responsible for building and enhancing the relationship between systems</td>
</tr>
<tr>
<td>Improve parents’ access to assessment and treatment</td>
<td><strong>Treatment broker</strong> or front-line service provider</td>
</tr>
<tr>
<td>Improve ability of CWS and Court staff to manage caseloads in which substance abuse is a factor</td>
<td><strong>Advisor</strong> about the nature of substance use disorders as they relate to parents and families</td>
</tr>
</tbody>
</table>

Substance Abuse Specialist

- Monitor participant progress and compliance
- Facilitate access to treatment by addressing barriers and identify local resources
- Link participants to ancillary supports; identify service gaps
- Enter case data
- Communicate with FDC team, staff, and service providers
- Educate community; garner local support
Take a Good Look Outside
Current Resources and Future Funding

- Inventory - current resources, potential resources, including redirected funding
- Targets for negotiation about future funding based on outcomes
- Choice of priority targets

Resource:
Funding Family-Centered Treatment for Women with Substance Use Disorders

By:
Kimberly Dennis
Nancy K. Young
Sidney L. Gardner
Children and Family Futures
May 2008

To download a copy, visit:
http://womenandchildren.treatment.org/documents/FINAL_Funding_Paper_508V.pdf
### Funding Sources & Allowable Services

#### Table 1. Primary Federal Funding Sources and Potential Allowable Substance Abuse Treatment and Related Support Services for Adults

<table>
<thead>
<tr>
<th>Major Federal Funding Source</th>
<th>Service/Support</th>
<th>Ensuring Treatment Continuity</th>
<th>(For) the Clinician</th>
<th>(For) the Consumer</th>
<th>Planning &amp; Discharge Planning</th>
<th>Ongoing Treatment Management</th>
<th>(For) the Consumer</th>
<th>(For) the Clinician</th>
<th>(For) the Consumer</th>
<th>(For) the Clinician</th>
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<tbody>
<tr>
<td>Substance Abuse Prevention and Treatment Block Grant (SAMHSA)</td>
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<td>Federal Medicaid Title XIX (Medicaid and CHIP)</td>
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<td>Medicaid Waivered Treatment for Adult Program</td>
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<td>Community-Based HIV/AIDS Prevention (HRSA)</td>
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<td>PrEP/PEP (HIV Clinical Trials)</td>
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<td>Community Mental Health Services Block Grant</td>
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<td>Community Substance Abuse Block Grant</td>
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**Adults**
### Funding Sources & Allowable Services

**Table 1. Primary Federal Funding Sources and Potential Allowable Services for Children and Youth Affected by a Parent or Caregiver with a Substance Use Disorder**

<table>
<thead>
<tr>
<th>Major Federal Funding Source</th>
<th>Case Management</th>
<th>Treatment</th>
<th>Detoxification</th>
<th>Medical Pharmaceutical</th>
<th>居住</th>
<th>Social Services</th>
<th>Education</th>
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<th>Legal Services</th>
<th>Nutrition Services</th>
<th>Transportation</th>
<th>Substance Use Services</th>
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<td>Community-Based Drug Abuse Prevention Program</td>
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<td>Child Welfare Services TANF Sub-Grant</td>
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<td>Preventing and Reducing Family Risk - Subpart 2</td>
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<td>Early Care and Development Developmental Milestone Award (DPA)</td>
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<td>Early Days Support Service Award (EDSSA)</td>
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<td>State Children's Health Insurance - Medicaid</td>
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<td>Community Mental Health Services Block Grant</td>
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**Table 2. Primary Federal Funding Sources and Potential Allowable Services for Children and Youth Affected by a Parent or Caregiver with a Substance Use Disorder**

<table>
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<tr>
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<tr>
<td>Community Services Block Grant</td>
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Best Bets

Take stock of all options, then target a few best bets based on:

- Where resources are most significant
- Where new flexibility may be available
- Where champions of an integrated funding approach may already exist

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Resource: Substance Abuse Specialist in Child Welfare Agencies and Dependency Courts

To download a copy, visit: http://www.ncsacw.samhsa.gov/files/SubstanceAbuseSpecialists.pdf

Funding Inventory: 6 Case Studies

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Goals of FRP
FRP History
Who do we serve?
What do we provide?
How do we do it?
Challenges
Opportunities
Creative Programming
Creative Financing
How to Create Excellent Partnerships
Evaluation
Our goals:
1. Reduce the length of stay in foster care for children
2. Reduce the substance abuse of FRP participants
3. Promote inter-agency collaboration and coordination between the Juvenile Court, child welfare and treatment systems to assist with maintaining healthy families and safe, permanent placements for children.

Our History
- 2005-Visit to a family dependency court in San Diego, California
- Pilot Program-2 Case Managers and Judge Martin Welsh presiding
- Voluntary Program- One year in length
- Public and Private funding
  - Juvenile Court
  - Baltimore Substance Abuse Systems
  - Reason to Believe Fund
  - The Abell Foundation
  - Law firms and many more...
WHO DO WE SERVE?

- Parents of children ages 0-5 that have been removed by the Baltimore City Department of Social Services
- Children have to be drug-exposed or there must be a showing of neglect due to the parents’ substance abuse
- Parents may be referred in at the Emergency Shelter hearing, Preliminary hearing, Adjudicatory hearings, and the 10-month Permanency planning hearing
- At the Disposition hearing, parents may be ordered into FRP by a Judge or Master

WHAT DO WE PROVIDE?

- Intensive substance abuse case management
- 24 hour drug treatment referral and placement
- Immediate supportive housing through local recovery providers
- Onsite licensed Mental health clinician, Psychiatrist and Nurse
- Immediate transportation assistance through local cab company and bus tokens
- Assistance with medications
- Onsite evidence based parenting program “Celebrating Families!”
- Random drug testing
- Incentive Store, Clothing Closet
- Referrals to agencies focused on client life improvement
- Comprehensive reports for the court and other partners
- Weekly hearing before Judge Robert Kershaw
- On site active Alumni Group and other supportive groups
- Peer Recovery Advocates
- Opportunity!
HOW DO WE DO IT?
- Willing participants
- Dedicated and patient staff
- Responsive Programming
- Informed Local Community
- Informed Court System
- Solid Funding
- Partnerships, Partnerships, Partnerships!

CHALLENGES
- Referrals
- Funding
- Client barriers to reunification
  - Housing
  - Unpaid utility bills
  - Legal history
  - Relapse
OPPORTUNITIES

- Referrals
  - Creative Programming
- Funding
  - Maryland Opportunity Compact
- Client Barriers to Reunification
  - Intensified community partnerships

CREATIVE PROGRAMMING

- Assessments and drug treatment referrals within 24 hours of referral to the program
- Intensive engagement and reengagement strategies
- Peer Recovery Advocate
- Positive reinforcement
- Tracks for
  - Marijuana only clients
  - Clients who need a second chance after their year has ended
  - Non-court involved clients
Maryland Opportunity Compact

- Policy and Financing Innovation designed to create more opportunity, demand more responsibility and deliver more results
- FRP was designed to reduce the length of stay in foster care and to produce savings to the State through children’s reduced length of stay
- A portion of those savings would be returned to FRP for continued programming

Current Funding

- Two streams of funding currently
  - Department of Human Resources (DHR)
  - Office of Problem Solving Courts (OPSC)

- Future funding needs
  - Housing development
  - Programmatic development
For each child reunited with a stable loving parent or placed with an adoptive family the state has the potential to save $30,000 per child.

Original data showed that children were remaining in care on average 3.85 years at a cost of $12,800 per child per year or $35.07 per day.

Once permanency has been achieved FRP could receive 40% of those savings to continue operations.

- Identify need
- Determine a leader who can assist
- Set up meeting to introduce to current partners
- Be able to show results
- Show them how they could make a difference
- Make them want to be on your team
- Share informative program materials
- Invite them to an event (ex. graduation)
- Stay in contact!
**CLIENT MARKETING STRATEGIES 4P’S**

- **Product**: Effective and innovative programming, Time sensitive, Client centered
- **Place**: Located directly across from the court house, centrally located, convenient to mass transportation, convenient hours
- **Promotion**: Created interesting brochures, encourage client public speaking, visit hospitals, social service offices, visit legal providers, client word of mouth
- **Price**: Free—all services are free!

**PARTNERSHIP MARKETING STRATEGIES 4P’S**

- **Product**
  - Insure product relativityness
  - Ability to show good results
- **Place**
  - Encourage visits to the office
  - Show client use of program
- **Promotion**
  - Create exciting, informative brochures
  - Encourage client public speaking, visit hospitals, social service offices, visit legal providers, client word of mouth
- **Price**
  - Show prospective partners how their support allows program sustainability
  - Share budget information before their support and after their support
GEETING COMMITMENTS 4 P’S

- Persistence
- Positioning
- Plan
- Persuasion

Our core partners and their roles

- DSS
- DSS Legal
- FRP
- OPD
- Juvenile Court
- Children's Legal Providers
- Judges
- Masters
NPC Research conducted an independent outcome and cost study of the Baltimore City Family Recovery Program in 2008.

**Key Findings:**

- **Less foster care:** Children in families served by the FRP spent 252 days in non-kinship foster care as compared to 346 days for children in non-FRP served families.
- **Greater reunification:** FRP families were more than 1.5 times more likely to be reunited than non-FRP families.
- **More treatment completion:** Of the families that reached permanency, FRP parents were almost twice as likely to complete treatment than non-FRP parent.
- **More time in treatment:** On average, FRP parents spent 138 days in treatment, whereas non-FRP parents spent 82 days in treatment.
- **Reduced cost to the child welfare system:** Because FRP families utilized less foster care and were more likely to achieve reunification, FRP cases were less costly to the child welfare system than other CINA cases. Thus, the total net cost savings per year of Baltimore City FRP operations was nearly $1,004,456 or approximately $5,022 per served family.

**CONCLUSION**

- **Our programs can be sustained by**
  - Sharing our successes
  - Creating opportunities for partnerships
  - Being willing to think outside of the box when faced with challenges
  - Seeking creative funding strategies
Baltimore City Family Recovery Court


To download a copy, please visit: http://www.npcresearch.com/Files/Show%20Me%20the%20Money_Summer%202011.pdf
Questions & Discussion

Please type and send your questions through the *Question and Answer* box located on the bottom half on your panel/dashboard.

Next Steps & Resources

*Phil Breitenbucher, MSW*
Next Steps

- Add in all project costs, including leveraged funds—not just project budgets
- Subtract one-time, start-up costs and determine the time period you will use for counting clients
- Make clear whether you are counting all clients or just successful “graduates”
- Separate fixed costs from variable costs: what would it cost to sustain or expand the project at current scale?
- Break out costs of the most important benefits your program achieves—less out-of-home cost, fewer dropouts
- Determine the unit of cost: child, parent, family?
• Compare your costs to current operations and other enhanced models;
  - begin a dialogue with agency staff about their data on costs of current programs;
  - compile data on costs of “business as usual” model from child welfare, treatment, and other participating agencies
• Select those costs where your model is most likely to improve outcomes, and focus data collection on those areas

• Determine costs of clients who drop out vs. those who graduate
• Work with agency fiscal staff to break out detailed costs of current operations for different categories of placement, treatment categories, and different clients
• Refine cost data to reflect costs of different kinds of treatment and children’s services
• Determine how long you will track your clients for longer-range outcomes after they leave your program
Cost Evaluation Reports – NPC Research

- **Jackson County (OR) Community Family Court**
- **Marion County (OR) Fostering Attachment Treatment Court**

To learn more about NPC’s drug court evaluations including cost-benefit evaluations, see:

Resources – NPC Research


Please see:
Resource: Impact and Value – Telling Your Program’s Story

Centers for Disease Control and Prevention, 2007


Family Drug Court Program

Baltimore City Circuit Court, Juvenile Division
Maryland
Judge: Robert B. Kershaw

Chatham County Juvenile Court, Family Dependency Treatment Court
Georgia
Judge: Patricia P. Stone

Hillsdale County Family Drug Court
Michigan
Judge: Michael E. Nye

Pima County Juvenile Court
Arizona
Judge: Karen S. Adam

Jackson County Family Drug Court
16th Judicial District
Missouri
Commissioner: Molly Merrigan

FOR MORE INFORMATION OR TO SCHEDULE A SITE VISIT:
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Thank you for joining us! See you in 2013!
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RESOURCES
Please visit:
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