

# Cost Modeling Goal Guide

## Children's Funding Project

### Clearly Articulate Your Goal with a Goal Statement

An important part of building a cost model is articulating a clear, specific, and measurable goal statement that explains the purpose for your cost model. Various types of cost models can help communities tackle different problems. To determine which type of cost model suits your situation, you need to identify the problem you want to solve and the goal your cost model will help you achieve.

Goal statements can take many forms, but they generally include the following components:

1. **Key action.** This explains the overall purpose of the cost model or why you are creating it. Examples include expanding an existing program or service, serving more children, or increasing provider wages and benefits.
2. **What.** This clarifies what program, service, or initiative your cost model will support. Some examples include infant early childhood mental health (IECMH) services, home visiting, community-based child care, etc.
3. **Who.** This part of the goal statement articulates the population on which the cost model focuses. Examples include infants or toddlers, professionals who work with families with young children, or teachers and staff in child care programs.
4. **Where.** This refers to the geographic region reflected in your cost model. For example, it may include a city, a county, specific zip code(s), several neighboring counties, or an entire state.

The final goal statement could look like one of the following:

- Our cost model should enable us to understand the cost of **[key actions]** for **[what]** for **[whom]** in **[where]**.
- Our cost model will help us estimate the cost of **[key action]** for **[number of children/other specific and quantifiable grouping]** in **[types of facilities]** in **[geographic location]**.

### Questions to consider when building a goal statement:

- If your goal is to increase availability of an existing IECMH treatment program, by how many individuals/cases, for whom, and in what settings?
- Will you model the cost of serving currently eligible infants, toddlers and the adults that care for them or the cost of expanding eligibility?
- How are you ensuring that the problem you identified for your territory, state, or community will consider the needs/priorities of those farthest from resources?

# Create Your Own Goal Statement

Use the following chart to build your own goal statement. In each section, check the items that apply to your cost model or add your own responses.

<p><b>Overall goals:</b> Why are you creating the cost model? What goals will it help you accomplish?</p>	<input type="checkbox"/> Expand a program or services (e.g., increase access to current IECMH consultation or home based treatment programs) <input type="checkbox"/> Serve currently eligible infants, toddlers, young children and the adults that care for them (e.g., fill the gap in funding or increase reimbursement rates) <input type="checkbox"/> Serve more infants, toddlers, young children and the adults that care for them (e.g., increase number of IECMH consultants or IECMH treatment providers) <input type="checkbox"/> Increase IECMH workforce wages and benefits (e.g., obtain compensation parity with youth and adult mental health providers) <input type="checkbox"/> Expand service area (e.g., offer services in other locations including the home, community, child care settings, primary care pediatric offices, child welfare settings, etc.) <input type="checkbox"/> Improve service/program quality (e.g., increase the number of IECMH endorsed professionals; insure fidelity to evidence-based models) <input type="checkbox"/> Develop system infrastructure at the state, regional and community levels (e.g., establish a permanent state government level IECMH position, establish statewide data base/data gathering and sharing agreements; referral coordination among local/regional service providers) <input type="checkbox"/> Other: _____
<p><b>Age range:</b> Which age group(s) is your cost model meant to address? (check all that apply)</p>	<input type="checkbox"/> Prenatal <input type="checkbox"/> Birth – 1 year <input type="checkbox"/> 2 – 3 years <input type="checkbox"/> 4 –5 years <input type="checkbox"/> 6 – 8 years <input type="checkbox"/> adult caregivers <input type="checkbox"/> adult service providers Other: _____
<p><b>Service or Population types:</b> Are there certain services or target populations that you need your cost model to address? (Check all that apply.)</p>	<input type="checkbox"/> Infants and young children at risk of mental health/social emotional/behavioral concerns due to exposure to poverty, violence, or instability <input type="checkbox"/> Infants and young children with developmental disabilities <input type="checkbox"/> Infants and young children in poverty <input type="checkbox"/> Multilingual families <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Infants, toddlers and families involved in the child welfare system <input type="checkbox"/> Native children and youth <input type="checkbox"/> Infants and young children with serious physical health issues <input type="checkbox"/> Parents with mental health or substance abuse issues <input type="checkbox"/> Other Program(s): _____

<p><b>Facility types:</b> What types of facilities should your cost modeling effort include? Facility type will reflect where programs and services that you are cost modeling operate (Check all that apply.)</p>	<input type="checkbox"/> Community mental health agency settings <input type="checkbox"/> Home visiting <input type="checkbox"/> Various child care settings (describe): _____ <input type="checkbox"/> School-based preschool settings <input type="checkbox"/> Child welfare settings <input type="checkbox"/> Settings where Early Intervention/Part C services take place <input type="checkbox"/> Primary Care Pediatric offices <input type="checkbox"/> Shared community-based sites (faith-based, college and/or university buildings, etc.) <input type="checkbox"/> Private practice clinical treatment programs <input type="checkbox"/> Substance abuse treatment facilities (residential or drop-in) <input type="checkbox"/> Domestic Violence shelters <input type="checkbox"/> Other facility type(s): _____  
<p><b>Geography:</b> What geographic area will your cost model assess?</p>	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Territory <input type="checkbox"/> Other: _____ 
<p><b>Program/service dosage:</b> What amount of time are you modeling for services?</p>	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____ 
<p><b>Time frame/fiscal year:</b> What fiscal year(s) or period of time will the cost data in your cost model cover?</p>	<input type="checkbox"/> Calendar year <input type="checkbox"/> Current fiscal year (or most recent fiscal year with reliable data) <input type="checkbox"/> Previous three fiscal years <input type="checkbox"/> Other: _____ 
<p><b>Previous cost models:</b> Are you aware of any previous cost models related to the goals or programs you selected above?</p>	<input type="checkbox"/> Yes If yes, please specify what the cost model covered: _____ <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't know and this is who I can reach out to find out more information _____ 

<p>Goal statement: Combine your selections from the sections above to write your goal statement in the space provided.</p>	
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