The purpose of this worksheet is to help an agency consider the potential benefits and costs of implementing a particular research-based treatment. There are three cost considerations to think about when implementing a new treatment (training, ongoing support, and monitoring fidelity). Within each consideration you will calculate three general categories of cost (salaries, direct costs, and reimbursement loss). The information that is needed to complete this worksheet is provided below.

**Information required for each implementation consideration:**

1. Identification of staff who will be involved
2. Salary or hourly pay of staff involved
3. Estimate of the number of hours each staff member will be involved
4. Necessity of consultants
5. Necessity of travel
6. Necessity of materials and equipment
7. Necessity of additional facilities

|  |
| --- |
|  |

**Treatment you are considering:**

|  |
| --- |
| **Benefit Considerations** |

For each benefit consideration, indicate whether or not the treatment you are considering will yield that benefit. Then rate how important each benefit is to your agency on a scale from 0 (*not important*) to 2 (*very important*).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Client Progress*** | | **Yes** | **No** |  | **Importance (0-2)** |
| 1. Do you think this is going to improve client outcomes? | |  |  |  |  |
| 1. If so, what outcomes do you expect to improve? |  | | | |  |
| ***Client Satisfaction*** | | | | |  |
| 1. Do you think this is going to improve client/parent satisfaction? | |  |  |  |  |
| ***Client Retention*** | | | | |  |
| 1. Do you think this is going to improve client retention? | |  |  |  |  |
| ***New Clientele*** | | | | |  |
| 1. Do you expect to reach new clientele? | |  |  |  |  |
| 1. Have you had inquiries from potential new clientele? | |  |  |  |  |
| ***Reimbursement Rates*** | | | | |  |
| 1. Is it possible to be reimbursed for this service? | |  |  |  |  |
| * 1. Who is going to reimburse these services? |  | | | |  |
| * 1. What are the reimbursement rates? |  | | | |  |
| ***Appropriate Termination*** | | | | |  |
| 1. Could this lead to appropriate termination of clients? | |  |  |  |  |
| ***Reputation and Marketability*** | | | | |  |
| 1. Could this improve your agency’s reputation? | |  |  |  |  |
| 1. Could this increase your marketability? | |  |  |  |  |

***Benefits Summary***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Not important (0)*** | | ***Somewhat Important(1)*** | | ***Very Important(2)*** | |
| Yes | No | Yes | No | Yes | No |
|  |  |  |  |  |  |

|  |
| --- |
| **Cost Considerations** |

This section contains descriptions and instructions on how to calculate the costs of the three areas of cost that should be considered for each implementation consideration and instructions on how to calculate these costs. **Please refer to these instructions when calculating the costs for each consideration of implementation**. If you don’t know the precise number for a calculation, include your best estimate.

|  |
| --- |
| ***Salaries*** |

The *Salaries* section is designed to calculate the salary or pay for each staff member involved in each implementation consideration. Salaries should only be calculated when the implementation consideration requires additional time **over and beyond the time your agency already spends on that task.**

* ***Hourly wage*** is the amount a non-salary employee is paid per hour. This number should be readily available and does not require calculation.
* ***Hourly salary*** is the amount that a salary employee is paid per hour. This number will need to be calculated using the equation below.

*How it’s calculated:*

* Calculating ***Hourly Salary*** *(* for employees who are not paid hourly*)*: (Salary) ÷ (Number of work days per year) ÷( 8) = Hourly salary
  + *Tip for calculating trainee salary*: If the hourly salary/wage varies within a trainee position, average the hourly salary for each trainee in the same position and use this averaged number as the hourly salary/wage.
* Resource for calculating number of work days per years: <http://www.workingdays.us/workingdays_holidays_2013.htm>

|  |
| --- |
| ***Direct Costs*** |

Direct costs are theexpenses paid directly for each implementation consideration **over and above what you already pay for at your agency**, including:

* Consultants
* Travel (airfare, gas, rental cars, hotel)
* Materials, equipment, and fees (training, job-aids, software, computers, etc.)
* Fees (i.e. conference fees, certifications, workshop fees)
* Facilities (training rooms, meeting rooms, redesigned facilities)

*How it’s calculated:*

* (Consultant costs) + (Travel) + (Materials) + (Fees) + (Facilities) = ***Direct Costs***

|  |
| --- |
| ***Reimbursement Loss*** |

Reimbursement loss is designed to calculate the amount of revenue that is lost when staff are involved in each implementation consideration as opposed to performing reimbursable services. **If the staff involved will not be losing reimbursement from delivering services (i.e. therapy with clients), it is not necessary to complete this section.**

* ***Number of reimbursable hours lost*** is the number of hours of delivering reimbursable services that were missed by participating in each implementation consideration.
* ***Hourly profit*** is the hourly profit that is earned by the agency when staff deliver reimbursable services.
  + *Tip for calculating trainee hourly profit*: If the hourly profit varies within a trainee position, average the hourly profit for each trainee in the same position and use this averaged number as the hourly profit.

*How it’s calculated:*

* Calculating ***Hourly Profit***:
  + (Hourly reimbursement rate) – (hourly pay rate) = ***Hourly Profit***
* Calculating ***Reimbursement Loss***:
  + (Number of people involved)× (Hours involved) × (hourly profit) = ***Reimbursement Loss***

|  |
| --- |
| ***Consideration 1: Training*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will training for the treatment be offered?

*If yes, proceed to question 2, otherwise proceed to* ***consideration 2****.*

|  |
| --- |
| ***Salaries*** |

*Trainer Salaries*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will trainers need to be compensated for working additional hours to deliver training?

*If yes, complete question 3. Otherwise, proceed to* question 4.

|  |
| --- |
|  |

1. Who will perform training?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Salaries 1** | Duration of training (hours) | Number of trainings | Hourly salary/wage  (See page 2 to calculate) | Total  (Hours × number of trainings × hourly wage) |
| Trainer 1 |  |  |  |  |
| Trainer 2 |  |  |  |  |
| Trainer 3 |  |  |  |  |
|  |  |  | ***Total trainer salary =*** |  |

*Trainee Salaries*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will trainees need to be compensated for working additional hours to receive training?

*If yes, complete question 5. Otherwise, proceed to* question 6.

|  |
| --- |
|  |

1. Which staff positions (i.e., direct providers) will be trained?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Salaries 2** | Trainee Position | | Number of trainees | Duration of training  (hours) | Hourly salary/wage  (See page 2 to calculate) | Total (# of trainees × hours × hourly wage) |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  | ***Total trainee salary =*** | |  |

|  |
| --- |
|  |

***Total salary costs***

1. ***Total trainer salary*** + ***Total trainee salary*** =

|  |
| --- |
| ***Direct Costs*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will consultants be needed to assist with training?

|  |
| --- |
|  |

* If yes, list ***consultant costs*** for training

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will any staff need to travel for training?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Travel 1** | Destination | Travel expense (i.e., airfare, gas) | Lodging expense | Other expenses | Total |
| Person 1 |  |  |  |  |  |
| Person 2 |  |  |  |  |  |
| Person 3 |  |  |  |  |  |
|  |  |  | ***Total travel costs***= | |  |

*If yes, complete* ***Travel 1.*** *Otherwise, proceed to question 9.*

1. Will materials or equipment need to be purchased for ongoing training support? (i.e. manuals, handouts, projector, software)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*If yes, complete* ***Materials 1.*** *Otherwise, proceed to question 10.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Materials 1** | Materials | Unit price | Quantity | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | ***Total material costs*** = | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Are there fees for training (i.e. conference fees, certifications, workshop fees)?

*If yes, complete* ***Fees 1****. Otherwise, proceed to question 11.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fees 1** | Fees | Unit price | Quantity | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | ***Total fees =*** |  |

1. Will facilities (i.e., meeting rooms) need to be rented or purchased for training?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*If yes, complete* ***Facilities 1****. Otherwise, proceed to* question 12***.***

|  |  |  |
| --- | --- | --- |
| **Facilities 1** | Facilities | Price |
|  |  |
|  |  |
|  | ***Total facility costs*** = |  |

|  |
| --- |
|  |

***Total Direct Costs***

1. ***Consultant costs + Total travel costs*** + ***Total materials costs*** + ***Total fees*** + ***Total facility costs*** =

|  |
| --- |
| ***Reimbursement Loss*** |

1. Will the time required by staff to deliver training interfere with providing reimbursable services?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*If yes, complete* ***Reimbursement Loss 1****. Otherwise, proceed to question 14.*

*For trainers*:

|  |  |  |  |
| --- | --- | --- | --- |
| **Reimbursement Loss 1** | Number of reimbursable hours lost | Hourly profit  (See page 2 to calculate) | Total  (Hours missed X hourly profit) |
| Trainer 1 |  |  |  |
| Trainer 2 |  |  |  |
| Trainer 3 |  |  |  |
|  | ***Total trainer reimbursement loss =*** | |  |

1. Will the staff receiving training be missing reimbursable services to deliver the training?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*If yes, complete* ***Reimbursement Loss 2****. Otherwise, proceed to question 15****.***

*For trainees:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reimbursement Loss 2** | Trainee Position | Total number of reimbursable hours missed | Hourly profit  (See page 2 to calculate) | Total  (People X hours X hourly profit) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | ***Total trainee reimbursement loss =*** | |  |

|  |  |
| --- | --- |
| ***Total Reimbursement Loss:*** | |
| 1. ***Total trainer reimbursement loss*** + ***Total trainee reimbursement loss*** |  |

|  |
| --- |
| ***Consideration 2: Ongoing Training Support*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will ongoing training support (i.e., supervision or booster sessions) be offered?

*If yes, complete question 2. Otherwise, proceed to* ***Consideration 3.***

1. Will staff need to be compensated for working additional hours to provide ongoing training support?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*If yes, complete question 3. Otherwise, proceed to* question 4.

|  |
| --- |
| ***Salaries*** |

|  |
| --- |
|  |

1. Who will be involved in ongoing training support?

|  |  |  |  |
| --- | --- | --- | --- |
| **Salaries 3** | Number of hours to provide ongoing training support | Hourly salary/wage  (See page 2 to calculate) | Total (Hours X hourly pay) |
| Person 1 |  |  |  |
| Person 2 |  |  |  |
| Person 3 |  |  |  |
|  |  | ***Total salary costs =*** |  |

|  |
| --- |
| ***Direct Costs*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will consultants be needed to assist with ongoing training support?

|  |
| --- |
|  |

* If yes, list ***consultant costs*** for ongoing training support

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will any staff need to travel for ongoing training support?

*If yes, complete* ***Travel 2.*** *Otherwise, proceed to question 6.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Travel 2** | Destination | Travel expense (i.e., airfare, gas) | Lodging expense | Other expenses | Total |
| Person 1 |  |  |  |  |  |
| Person 2 |  |  |  |  |  |
| Person 3 |  |  |  |  |  |
|  |  |  | ***Total travel costs***= | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will materials or equipment need to be purchased for ongoing training support? (Software, computers)

*If yes, complete* ***Materials 2****. Otherwise, proceed to question 7.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Materials 2** | Materials | Unit price | Quantity | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | ***Total material costs*** = | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will facilities (i.e., meeting rooms) need to be rented or purchased for ongoing training support?

*If yes, complete* ***Facilities 2****. Otherwise, proceed to* question 8*.*

|  |  |  |
| --- | --- | --- |
| **Facilities 2** | Facilities | Price |
|  |  |
|  |  |
|  | ***Total facility costs*** = |  |

***Total Direct Costs***

|  |
| --- |
|  |

1. ***Consultant costs + Total travel costs*** + ***Total material costs + Total facility costs*** =

|  |
| --- |
| ***Reimbursement Loss*** |

1. Will the staff be missing reimbursable services to perform ongoing training support?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*If yes, complete* ***Reimbursement Loss 3****. Otherwise, proceed to* ***Consideration 3.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Reimbursement Loss 3** | Number of reimbursable hours lost | Hourly profit  (See page 2 to calculate) | Total  (Hours missed X hourly profit) |
| Person 1 |  |  |  |
| Person 2 |  |  |  |
| Person 3 |  |  |  |
|  |  | ***Total reimbursement loss =*** |  |

|  |
| --- |
| ***Consideration 3: Monitoring Fidelity*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will treatment fidelity be monitored?

*If yes, complete question 2. Otherwise, proceed to the* ***Consideration 4*** *section.*

|  |
| --- |
| ***Salaries*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will staff need to be compensated for working additional hours to monitor fidelity?

*If yes, complete question 3. Otherwise, proceed to question 4.*

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Salaries 4** | Number of hours required for monitoring fidelity | Hourly salary/wage  (See page 2 to calculate) | Total  (Hours X hourly pay) |
| Person 1 |  |  |  |
| Person 2 |  |  |  |
| Person 3 |  |  |  |
|  |  | ***Total salary costs =*** |  |

1. Who will be involved in monitoring fidelity?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Direct Costs*** | | | | | |
| 1. Will consultants be needed to assist with monitoring fidelity? |  | **Yes** | |  | **No** |
|  |  |  | |  |  |
| * If yes, list ***consultant costs*** for monitoring fidelity? | | |  | | |
|  |  | |  | | |
| 1. Will any staff need to travel for monitoring fidelity? |  | **Yes** | |  | **No** |
| *If yes, complete* ***Travel 3****. Otherwise, proceed to question 6.* | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Travel 3** | Destination | Travel expense (i.e., airfare, gas) | Lodging expense | Other expenses | Total |
| Person 1 |  |  |  |  |  |
| Person 2 |  |  |  |  |  |
| Person 3 |  |  |  |  |  |
|  |  |  | ***Total travel costs***= | |  |

1. Will materials or equipment need to be purchased for monitoring fidelity? (Software, computers)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*If yes, complete* ***Materials 3****. Otherwise, proceed to question 7.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Materials 3** | Materials | Unit price | Quantity | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | ***Total material costs*** = | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will facilities (i.e., meeting rooms) need to be rented or purchased for monitoring fidelity?

*If yes, complete* ***Facilities 3****. Otherwise, proceed to* ***Total Direct Costs.***

|  |  |  |
| --- | --- | --- |
| **Facilities 3** | Facilities | Price |
|  |  |
|  |  |
|  | ***Total facility costs*** = |  |

***Total Direct Costs***

|  |
| --- |
|  |

1. ***Consultant costs + Total travel costs*** + ***Total material costs + Total facility costs***

|  |
| --- |
| ***Reimbursement Loss*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will the staff be missing reimbursable services to monitor fidelity?

|  |  |  |  |
| --- | --- | --- | --- |
| **Reimbursement Loss 4** | Number of reimbursable hours lost | Hourly profit  (See page 2 to calculate) | Total  (Hours missed X hourly profit) |
| Person 1 |  |  |  |
| Person 2 |  |  |  |
| Person 3 |  |  |  |
|  |  | ***Total reimbursement loss =*** |  |

*If yes, complete* ***reimbursement Loss 4****. If not, proceed to the* ***Consideration 4*** *section.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Consideration 4: Delivering Services*** | | | | | | | | |
| ***Direct Costs*** | | | | | | | | |
| 1. Will delivering this new treatment require purchasing new materials? | | | |  | Yes | |  | No |
| *If yes, complete* ***Materials 4****. Otherwise, proceed to the* ***Cost Summary*** *section.* | | | | | | | | |
| **Materials 4** | Materials | Unit price | Quantity | | | Total | | | |
|  |  |  | | |  | | | |
|  |  |  | | |  | | | |
|  |  |  | | |  | | | |
|  |  | ***Total direct costs*** = | | | |  | | | |

***Costs Summary***

1) What is the total amount of money your agency can devote to implementing a new treatment?

|  |
| --- |
|  |

**2) Total expected cost of implementation**: Add the total of each subcategory of cost from each consideration of implementation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Considerations** | **Salaries** | **Direct Costs** | **Reimbursement Loss** | **Total** |
| **Training** | (GK) | (GK) | (GK) |  |
| **Ongoing Training Support** | (GK) | (GK) | (GK) |  |
| **Monitoring Fidelity** | (GK) | (GK) | (GK) |  |
| **Delivering Services** | N/A | (GK) | N/A |  |
|  | ***Total expected implementation costs =*** | | |  |