The Case for Expanding Boulder County’s Community Infant Program: Paying for Success in Preventing Child Abuse and Neglect
Presentation Outline

Pay for Success

Background of study

The case for early childhood maltreatment prevention

The costs of maltreatment

Boulder child welfare context

PFS analysis
Pay for Success
What is Pay for Success?

Pay for Success Financing (PFS), uses private capital for upfront investment in social programs where the government agrees to pay for certain measurable results after they are achieved.
Elements of Pay for Success

Pay-for-Success projects require a payer, service providers, and funders to agree on targeted outcomes around a social challenge. These partners then enter into a multi-year contract, in which the payer agrees to make success payments if targeted outcomes are achieved.

- **Successful Intervention / Provider**—supported by data
- **Payer**—usually a government who commits to repay the investors if project outcomes are achieved
- **Investor(s)**—usually private investors for up-front funding for services (operating costs)
- **Independent Evaluator**—third-party who evaluates success metrics focused on outcomes
- **Intermediary**—coordinates parties and contracts
1. Investment of Principal
2. Coordinate, Structure Deal, & Manage Performance
3. Deliver Services
4. Achieve Outcomes
5. Evaluate Impact
6. Pay for Success
7. Return of Principal plus Interest

INVESTORS

INTERMEDIARY

OUTCOME FUNDER

SOCIAL SERVICES PROVIDER

EVALUATOR

POPULATION IN NEED
Invest in Prevention

<table>
<thead>
<tr>
<th>Status Quo</th>
<th>Desired State</th>
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<tbody>
<tr>
<td>Percentage of Budget</td>
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<tr>
<td>Remedial</td>
<td>Preventative</td>
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</table>

Needed Short-Term Funding
Monetize Down-Stream Cost Savings

Program Costs

Break-Even Point

$
Feasibility studies need to evaluate the two main kinds of “success” -- Cost Avoidance and Outcome Improvement.

“Success” has two meanings –

- **Cost avoidance**: actual reductions in government operating costs that are the result of an intervention.
- **Outcome improvement**: measured changes in desired outcomes that are the result of an intervention.
Background
Project Partners

Mental Health PARTNERS
Healthy Minds, Healthy Communities

Boulder County

The Denver Foundation

THE PITON FOUNDATION
at Gary Community Investments

Caring for Colorado Foundation
A Health Grantmaker

early childhood council of BOULDER COUNTY
Building brighter futures together.

The Wolf Family Foundation
ECCBC PFS Feasibility Study

Phase 1
- Collaboration building, assessment of partner priorities, identification and initial analysis of potential interventions. Completed April 2014

Phase 2
- In-depth research on a specific target population, intervention, program outcomes; continued outreach and collaboration building. Completed Oct 2014

Phase 3
- Define specific program outcomes and translate into projected cost savings/avoidance; develop cost-benefit analysis and final report. Completed May 2017
The Case for Early Childhood Maltreatment Prevention
Why Children Under Two?

Human Brain Development
Neural Connections for Different Functions Develop Sequentially

Sensory Pathways (Vision, Hearing)
Language
Higher Cognitive Function

FIRST YEAR
Birth (Months) (Years)

Toxic Stress

The prevalence of adverse childhood events (ACEs) in very young children alters the long-term trajectory of their lives in three ways:

- Impedes healthy development of brain architecture (neural pathways) which impacts social, emotional and cognitive development
- Produces an overabundance of stress hormones that if sustained for prolonged periods have permanent health effects
- The consequences of the two processes begin a vicious cycle of behavioral and social consequences (high-risk and anti-social behaviors)
Figure 1. Distribution of ACE scores among Colorado adults, BRFSS 2014.

Source: Anderson Mellies (2016) Impact of Adverse Childhood Experiences on Adult Health in Colorado (CDPHE)
Figure 2. Prevalence of adverse childhood experiences, by type, BRFSS 2014

- Parents separated/divorced: 29.8%
- Emotional abuse: 28.0%
- Substance abuse in household: 27.6%
- Physical abuse: 18.9%
- Mentally ill household member: 17.0%
- Household domestic violence: 16.4%
- Sexual abuse: 10.5%
- Household member in prison: 6.0%

Source: Anderson Mellies (2016) Impact of Adverse Childhood Experiences on Adult Health in Colorado (CDPHE)
Child Maltreatment Risk Factors

- **Child Risk Factors**
  - Children younger than 4
  - Physical/cognitive/emotional disability

- **Parental/Family Risk Factors**
  - Lack of understanding of children’s needs, child development and parenting skills
  - Parent’s history of child maltreatment
  - Substance abuse and/or mental health issues
  - Young age
  - Low education
  - Single parent
  - Large number of dependent children, low income
  - Low income

- **Community Risk Factors**
  - Community violence
  - Concentrated neighborhood disadvantage

Source: CDC
# Boulder County Risk Factors

<table>
<thead>
<tr>
<th>Birth statistic 2015</th>
<th>Count</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Education of mother $&lt; \text{ HS}$</td>
<td>257</td>
<td>8.81%</td>
</tr>
<tr>
<td>Low income</td>
<td>929</td>
<td>31.85%</td>
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<tr>
<td>Concentrated neighborhood disadvantage</td>
<td>742</td>
<td>25.44%</td>
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<tr>
<td>Unmarried</td>
<td>530</td>
<td>18.17%</td>
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<tr>
<td>Mother under 20 years</td>
<td>94</td>
<td>3.22%</td>
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<tr>
<td><strong>Total births</strong></td>
<td><strong>2917</strong></td>
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</table>
Boulder County Risk Factors

Although not mapping the risk factors for child maltreatment, an analysis of the co-occurrence of some factors in Boulder County births in 2015 found:

<table>
<thead>
<tr>
<th>Birth characteristics crosstabs</th>
<th>no factors</th>
<th>one factor</th>
<th>two factors</th>
<th>three factors</th>
<th>four factors</th>
<th>five factors</th>
<th>six risk factors</th>
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<td></td>
<td>1404</td>
<td>1486</td>
<td>390</td>
<td>287</td>
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<td>48.58%</td>
<td>51.42%</td>
<td>13.49%</td>
<td>9.93%</td>
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<td>3.84%</td>
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</table>

Factors included: foreign born, other than White, non-Hispanic, unmarried, government source of payment, income under $25,000, mothers education less than HS, and very low birth weight. (Source CDPHE)
Risk Factor: Age of Child

- In 2015, 24% of all screened-in abuse and neglect referrals in Boulder County were for children under the age of 2.

- National research indicates one of the greatest risk factors for abuse and neglect is the age of the child, with the youngest children disproportionately victims.

- For fatal abuse and neglect the youngest children are even more disproportionately represented—children younger than 3 accounted for more than 70% of fatalities from abuse and neglect. (National Child Abuse and Neglect Data System, ACF, US Dept. HHS)
Special Focus on Children With Known Ages: Child Victims by Age Group

The rate of victimization for all victims increased slightly from 9.2 per 1,000 children in the population in 2010 to 9.4 per 1,000 children in the population in 2014. However, examining the data by age group show that this increase is largely driven by victims in the <1 age group. Rates for the other age groups remained consistent across all 5 years. (See exhibit 3–H.)

Exhibit 3–H The victimization rate of children age <1 had the largest increase of all age groups for the past 5 years

Risk Factor: Age of Child

Number of Children Who Entered Foster Care, by Age at Removal in the United States, 2015.

AGE

- 5,000 10,000 15,000 20,000 25,000 30,000 35,000 40,000 45,000 50,000

Source: AFCARS Data, 2016

Note: Estimates based on all children who entered foster care during Fiscal Year.
Costs of Child Maltreatment
Objectives: To present new estimates of the average lifetime costs per child maltreatment victim and aggregate lifetime costs for all new child maltreatment cases incurred in 2008 using an incidence-based approach.
What’s included

– Child Welfare costs (direct)
– Health
  • Short-term (direct)
  • Long-term (indirect)
– Education (indirect)
– Justice system (indirect)
  • Juvenile justice
  • Adult justice
– Lost productivity (indirect)
The Effects of Child Maltreatment

Child Abuse & Neglect

- Development, speech, and language delay
- Mental, physical, behavioral health problems
- Involvement with criminal justice
- Issues related to educational achievement
Total Lifetime Costs for All Victims of Maltreatment in Boulder County under Two in 2015

Total lifetime costs for all new victims under two in 2015: $108,650,113

Lifetime cost per victim: $218,612

Child Welfare Costs
Education
Juvenile Justice
Adult Justice
Short Term Health Care
Long Term Health Care
Productivity Loss

$71,578,740, 66%
$21,600,322, 20%
$5,045,267, 5%
$4,017,808, 4%
$3,526,739, 3%
$521,832, 0%
$2,359,406, 2%
Total Lifetime Costs for Each Victim of Maltreatment in Boulder County under Two in 2015

Graph excludes productivity losses
Cost of Child Maltreatment: Education

$101,854 for each child requiring Special Education

Average $8,923 per each victim

$4,434,588 for all victims under two combined

Estimated lifetime costs of the victims of maltreatment in Boulder County under two in 2015
The average SPED expenditure, above general education costs, is:

- $12,393 for Boulder Valley School District
- $7,833 for St. Vrain Valley School District
In addition to SPED and remedial literacy interventions, research shows many other educational outcomes associated with maltreatment, including:

- Lower academic achievement—57% lower (Kendall-Tackett and Eckenrode (1996))
- Lower IQ--neglected infants had significantly lower IQ (Gowen (1993))
- Greater incidence of grade repetition—2.5 times more likely to repeat a grade (Meadows et al. (2011))
- Lower high school graduation rates—41% lower (Meadows et al. (2011))
- Increased absenteeism (Leiter (2007), Slade (2007))
- Increased disciplinary referrals and suspensions (Eckenrode et al. (1993))
Cost of Child Maltreatment: Juvenile Justice

$14,676 for each youth in juvenile justice

Average $1,050 per each victim

$521,832 for all victims under two combined

Estimated lifetime costs of the victims of maltreatment in Boulder County under two in 2015
Cost of Child Maltreatment: Criminal Justice

$97,048 for each victim that is incarcerated

Average $4,747 per each victim

$2,359,406 for all victims under two combined

Estimated lifetime costs of the victims of maltreatment in Boulder County under two in 2015
Cost of Child Maltreatment: Criminal Justice

- Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53%, as an adult by 38%, and for a violent crime by 38% (Kempe and Kempe (1976))

- 27% of victims of maltreatment are involved in juvenile crime (Noor and Caldwell (2005))

- In some studies, nearly 80% of all incarcerated juvenile offenders report a history of child abuse or neglect (Noor and Caldwell (2005))

- Over 60% of people in drug rehabilitation report being abused or neglected as a child (National Institute on Drub Abuse (1998))
Cost of Child Maltreatment: Short-Term Health Care

$51,900 increased health care costs for each child

$43,461 per each victim (after PV discount)

$21,600,322 for all victims under two combined

Estimated lifetime costs of the victims of maltreatment in Boulder County under two in 2015
Cost of Child Maltreatment Nationally: Annual Medicaid Payments

Medicaid expenditures were >$2,600 higher per year for ARO/maltreated children.
Cost of Child Maltreatment: Long-Term Health Care

$29,072 increased health care costs

$10,151 per each victim (after PV discount)

$5,045,267 for all victims under two combined

Estimated lifetime costs of the victims of maltreatment in Boulder County under two in 2015
ACEs: Health Correlation

Colorado Adults with 4 or more ACEs demonstrated a greater number and increased intensity of associations with poor health indicators:

- Being in fair or poor health
- Frequent physical distress
- Frequent mental distress
- Frequent activity limitations
- Depression
- Arthritis
- COPD
- Cardiovascular disease
- Cancer
- Smoking
- Binge drinking
- Obesity

Odds ranged from 2X to nearly 6X as high as those without any ACEs

Source: Anderson Mellies (2016) Impact of Adverse Childhood Experiences on Adult Health in Colorado (CDPHE)
Cost of Child Maltreatment: Lifetime Earnings

$294,400 in reduced lifetime earnings

$144,022 per each victim (after PV discount)

$71,578,740 for all victims under two combined

Estimated lifetime costs of the victims of maltreatment in Boulder County under two in 2015
According to the CDC, the reduction in annual earnings associated with child maltreatment is higher than many other childhood health events.

Loss in Annual Earnings: CM Victims V. Other Childhood Health Events

<table>
<thead>
<tr>
<th>Health Event</th>
<th>Loss in Annual Earnings</th>
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<tbody>
<tr>
<td>OBESITY</td>
<td>$1,938.00</td>
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<tr>
<td>TEEN PREGNANCY</td>
<td>$1,129.00</td>
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<tr>
<td>SMOKING</td>
<td>$2,306.00</td>
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<tr>
<td>CHILD MALTREATMENT</td>
<td>$5,855.00</td>
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</table>

Source: Mercy (2011) CDC
Boulder Child Welfare Context
## Boulder Child Welfare Costs

### Cost of Child Welfare Services in Boulder County

<table>
<thead>
<tr>
<th>Total Costs</th>
<th>Total All 2015</th>
<th>Cost per Case Receiving Services</th>
<th>Cost per Each Victim</th>
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<tbody>
<tr>
<td></td>
<td>New Cases under Two</td>
<td></td>
<td></td>
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<tr>
<td>Child Welfare</td>
<td>$1,164,655</td>
<td></td>
<td>$2,343</td>
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<tr>
<td>Screen In/Out</td>
<td>$89,258</td>
<td>$119</td>
<td>$180</td>
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<tr>
<td>FAR/HRA Assessment</td>
<td>$114,799</td>
<td>$231</td>
<td>$231</td>
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<tr>
<td>Ongoing Cases</td>
<td>$960,598</td>
<td>$12,639</td>
<td>$1,933</td>
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<tr>
<td>Core Services</td>
<td>$579,339</td>
<td>$7,623</td>
<td>$1,166</td>
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<tr>
<td>Out-of-Home Placement</td>
<td>$593,880</td>
<td>$16,968</td>
<td>$1,195</td>
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<tr>
<td>Subtotal DHHS</td>
<td>$2,337,873</td>
<td></td>
<td>$4,704</td>
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<tr>
<td>Court Costs</td>
<td>$1,679,935</td>
<td>$16,153</td>
<td>$3,380</td>
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<tr>
<td>Total CW Costs</td>
<td>$4,017,808</td>
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<td>$8,084</td>
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## Completed Interviews

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<th>Organization</th>
<th>Staff Member</th>
<th>Organization</th>
<th>Staff Member</th>
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<tr>
<td><strong>Department of Housing and Human Services</strong></td>
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<td><strong>Court</strong></td>
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<tr>
<td>Executive Director</td>
<td>Frank Alexander</td>
<td>Dependency and Neglect Court</td>
<td>Mag. McLean</td>
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<tr>
<td>Division Director</td>
<td>Kit Thompson</td>
<td>Guardian ad Litem/Respondent Parent Counsel</td>
<td>Sharon Plettner</td>
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<td>Visitation</td>
<td>Emma Webster</td>
<td>County Attorney</td>
<td>Jeanne Bergman</td>
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<tr>
<td>Intake</td>
<td>Terrie Ryan-Thomas</td>
<td>County Attorney</td>
<td>Cheryl Sicotte</td>
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<td>IMPACT</td>
<td>Sara Boylan</td>
<td>Public Health</td>
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<td>Child Services</td>
<td>Barbara Park</td>
<td>Executive Director</td>
<td>Jeff Zayach</td>
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<td>Early Intervention</td>
<td>Wade Branstetter</td>
<td>Nurse Family Partnership</td>
<td>Jane McKinley</td>
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<td>Ongoing</td>
<td>Wendy Ingham</td>
<td>Family Health</td>
<td>Heather Matthews</td>
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<td><strong>Mental Health Partners</strong></td>
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<tr>
<td>Community Infant Program</td>
<td>Andrea Foote</td>
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</tbody>
</table>

Additional meetings conducted with ECCBC Board Members and data meetings with MHP and the County. Additional meetings still planned with law enforcement and other members of HHS.
Child Welfare Process: Department of Housing and Human Services (DHHS)

Referral (4684)

RED Team

Screen Out (2957)

Screen In (1754)

Family Assessment Response (FAR) (1136)

Early Intervention Team

No official action except potential referrals

High Risk Assessment (HRA) (618)

FAR Service Plan

Do not open case

Open case

Voluntary treatment

Court

Note: Data from 2015
Child Welfare Process: Dependency and Neglect (D&N) Court

Agree wt. Petition (76) $1,108,550
- Temporary Custody/Initial Hearing (88) $1,303,457
  - Agreement/Disposition Hearing
  - Deny Petition (11) $194,907
    - Contested Adjudicatory Hearing or Jury Trial
      - Petition Sustained
        - Treatment Plan/Disposition Hearing
          - Petition Not Sustained
            - Case Closed
        - Treatment Plan
          - Child is out of Home (59) $910,861
            - Appearance Review
              - Permanency Hearing
                - Reunification/Kin/Other Placement (53) $767,724
                  - Termination (5) $128,527
                    - Relinquishment (1) $14,610
          - Child is in Home (29) $392,596
            - Paper Review
              - Case Closed

Child Welfare Process: Family Integrated Treatment Court (FITC)

Temporary Custody/Initial Hearing (16) $376,478

Agreement/Disposition Hearing

Agree wt. Petition

Treatment Plan/Disposition Hearing

Treatment Plan

Child is in or out of home

Appearance Review

Permanency Hearing

Meet every two weeks after adjudication. Hearings are incorporated into bi-weekly meetings.

Reunification/Kin/Other Placement

Termination

Relinquishment
Boulder County All Child Welfare

BOULDER COUNTY REFERRALS AND ASSESSMENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>All CW referrals</th>
<th>Screen Outs</th>
<th>Total Assessments</th>
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<tbody>
<tr>
<td>2011</td>
<td>4079</td>
<td>2307</td>
<td>1772</td>
</tr>
<tr>
<td>2012</td>
<td>4053</td>
<td>2438</td>
<td>1615</td>
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<td>2013</td>
<td>4039</td>
<td>2535</td>
<td>1504</td>
</tr>
<tr>
<td>2014</td>
<td>4181</td>
<td>2617</td>
<td>1564</td>
</tr>
<tr>
<td>2015</td>
<td>4684</td>
<td>2957</td>
<td>1754</td>
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<tr>
<td>2016 proj.</td>
<td>4850</td>
<td>3134</td>
<td>1710</td>
</tr>
</tbody>
</table>
Boulder County All Child Welfare

BOULDER COUNTY OPEN INVOLVEMENTS AND OUT-OF-HOME PLACEMENTS

173 156 148 153 156 274
124 186 119 137 166 174

Note: 2016 YTD data has been adjusted to project end of year (straight-line projection).
Child Welfare Referral/Case Trends

All Referrals: Increase in total referrals over the 6 year period (19% increase)

Screen Outs: Increase in screened out referrals (36% increase)

Total Assessments: Corresponding to the increase in screened out referrals, the number of total assessments is slightly down over the period (3.5%).

Open Involvements: From a low in 2014, the number of open involvements has spiked in 2016 and is 58.5% higher than 2011 (and double the low of 2014)

Out-of-Home Placement: Increase in the number of children in out of home placement (40% increase since 2011)

Note: 2016 YTD data has been adjusted to project end of year (straight-line projection).
Trends in Maltreatment: Rising Opioid Use

Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States, 2000 to 2015

This represents an 86% increase since 2000

↑ 15.9%

Note: Estimates are based on all children in out-of-home care at some point during Fiscal Year.

Source: AFCARS Data, 2000–2015
Trends in Maltreatment: Rising Opioid Use

Percentage Change in Reasons for Removal in the United States, 2009 to 2015

Studies put the % of removals in which substance abuse is a factor between 60%-75%.

Source: AFCARS Data, 2010–2016
Trends in Maltreatment: Rising Opioid Use

Colorado is above the national average at 37%
Rising Opioid Use in Boulder County

Works Program Unique Clients Served (2010-2016)

Source: Boulder County Public Health

Each Works client provides supplies for roughly 2.5 individuals (as of 2014) = 3,337 individuals served in Boulder County
Rising Opioid Use in Boulder County

Total Number of Encounters by Year (2012-2016)

Source: Boulder County Public Health

5,520 exchange encounters in 2016 total at all 4 sites
PFS Analysis
The Opportunity for Prevention

- Lower educational attainment
- Poor health outcomes
- Adult justice involvement
- Reduced lifetime earnings
- Increased chance of child victimization to begin cycle again

Abuse and neglect for very small children

ACEs/toxic stress

Immediate direct impacts

Opportunity for Prevention

Programs designed to prevent maltreatment

Long-term consequences

• Child protection services
• Abuse-related hospital and outpatient care

SOCIAL IMPACT SOLUTIONS
Community Infant Program

- A prevention and early intervention program focused on improving parent-child health outcomes, promoting positive parent-child relationships and preventing child abuse and neglect by providing mental health and health services through home visitation.
- Service delivery includes: Parent-infant psychotherapists and nurse visitors
- Mission includes: 1) Ensure the health, safety, and developmental progress of infants zero to three years; 2) strengthen family development during the early parenting experience, and 3) engage in community education concerning the importance of prevention for infants aged zero to three years.
- 280-300 families served per year, community assessment indicates 1500 families in need
- No income requirements although 95% of current population income < $50,000
- Visit schedule customized to client needs
An Evidenced Based Service

- Evaluation 1985 Robinson, Dean
- Published 1993 Huxley, Warner research
- Published 1999 Pipp, Siegal, Dean study
- Retrospective evaluation and case study 2007/2008 JVA consulting, Sheridan Green
Summary of 1993 Outcomes

- Significant differences in Child Abuse and Neglect when compared to control group: (CIP 1, Control 4)
- Significant differences in CIP treated group in emotional and verbal responsiveness of mother
- Significant difference in Mental Development Index favoring CIP treated group
- Statistically significant: Control group produced the only cases of traumatic injuries all requiring emergency room treatment
CIP Works in the Long Run: 2007/08 7 year follow up study

- Avoidance of out-of-home placements and opening of DSS cases
- Avoidance of negative patterns of behavior and development seen in maltreatment samples
- Positive home environments
- Positive child development and behavior trajectories
- Positive representations of family life
PFS Analysis Monetizes Only a Fraction of the Costs

Lifetime Costs of Child Maltreatment

- Child Welfare
- Education
- Juvenile Justice
- Adult Justice
- Short Term Health Care
- Long Term Health Care

Cost vs Age

- $0 to $120,000
- 2 to 64 years

Social Impact Solutions
# CIP Expansion Scenario

## CIP Expansion Scenario -- Three Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
<th>Year 7</th>
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<th>Year 9</th>
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<td>New enrollment</td>
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<td>Cumulative children served</td>
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<td>Cohort 1 retained</td>
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<td>Cohort 2 retained</td>
<td>45</td>
<td>41</td>
<td>36</td>
<td>33</td>
<td>30</td>
<td>27</td>
<td>24</td>
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<tr>
<td>Cohort 3 retained</td>
<td>45</td>
<td>41</td>
<td>36</td>
<td>33</td>
<td>30</td>
<td>27</td>
<td></td>
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<tr>
<td>Cohort 4 retained</td>
<td>45</td>
<td>41</td>
<td>36</td>
<td>33</td>
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<tr>
<td>Cohort 5 retained</td>
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<td>41</td>
<td>36</td>
<td>33</td>
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<tr>
<td>Total children retained</td>
<td>45</td>
<td>86</td>
<td>122</td>
<td>155</td>
<td>184</td>
<td>166</td>
<td>149</td>
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<tr>
<td><strong>Program Costs</strong></td>
<td>$353,989</td>
<td>$364,609</td>
<td>$375,547</td>
<td>$386,814</td>
<td>$398,418</td>
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<td>$1,879,377</td>
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<tr>
<td><strong>Impacts</strong></td>
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<tr>
<td>CW/CPS involvement</td>
<td>$48,869</td>
<td>$48,869</td>
<td>$48,869</td>
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<td>$244,343</td>
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<td>SPED district share</td>
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<td>$210,505</td>
<td>$250,666</td>
<td>$225,599</td>
<td>$203,039</td>
<td>$182,735</td>
<td>$1,072,545</td>
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<td>SPED state share</td>
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<td>$14,153</td>
<td>$28,305</td>
<td>$42,458</td>
<td>$56,610</td>
<td>$70,763</td>
<td>$212,288</td>
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<td>Injury-related ER visits</td>
<td>$14,010</td>
<td>$14,010</td>
<td>$14,010</td>
<td>$14,010</td>
<td>$14,010</td>
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<td>$70,052</td>
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<tr>
<td><strong>Public revenues</strong></td>
<td></td>
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<td>$819,454</td>
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<tr>
<td>Medicaid</td>
<td>$154,347.82</td>
<td>$158,978</td>
<td>$163,748</td>
<td>$168,660</td>
<td>$173,720</td>
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<tr>
<td><strong>Total revenues toward costs</strong></td>
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<td></td>
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<td>$2,418,681</td>
</tr>
</tbody>
</table>

*Cost increase adjustment: CIP program costs are inflated by 3% annually. There is no corresponding inflation for benefit values.*
Benefits not Captured in PFS Scenario

- The PFS scenario does not monetize:
  - Half of education costs
  - 98% of short-term health costs
  - Any long-term health costs
  - Any justice system costs (juvenile or adult)
  - Any loss in tax revenue associated with lower lifetime earnings

There would be an additional $6,600,000 in savings as a result of the 5-year CIP expansion

- Additional social benefits not captured in the cost analysis:
  - Education
    - Higher achievement
    - Reduced grade repetition
    - Reduced dropout
    - Increased graduation
    - Increased postsecondary
  - Reduced crime and victims of crime
  - Reduced homelessness
  - Reduced substance abuse
  - Increased mental health
  - Reduced social safety net spending
Key Observations

In the Scenario benefits exceed costs

5 Year Expansion
50 additional children served a year

Benefits > Costs by $539,304
ROI ~$1.29 for every $1.00 invested

Education benefits (primarily special education) are by far the largest component
Questions?
Contact Social Impact Solutions

Mary Wickersham
mary@socialimpactsol.com
303-717-2319