Your "How to" Guide
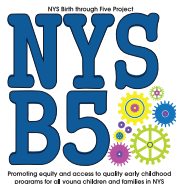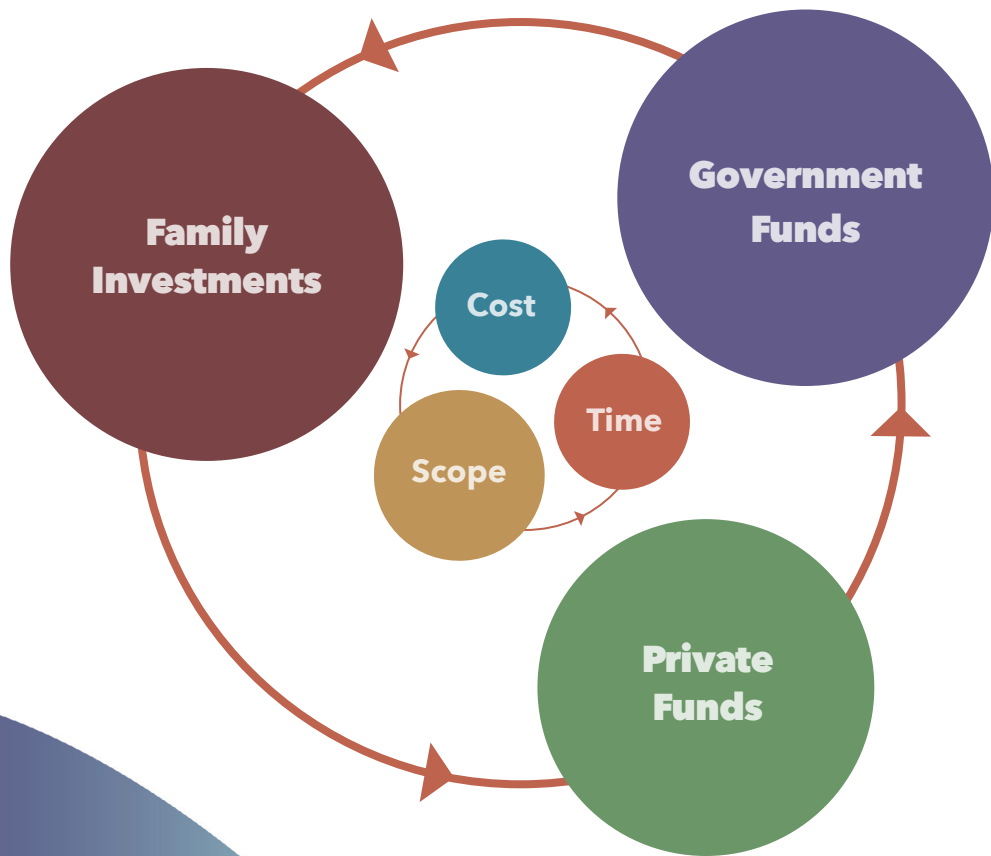
Blending & Braiding Funds
to Support Home Visiting

A special thanks to all the partners that contributed to this Guide.
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Contents

Preface

The intent of the New York State (NYS) Home Visiting Coordination Initiative (HVCI) is to increase access and collaboration within and between the home visiting and early childhood sectors.[1] Multi-disciplinary services that are connected across systems and populations are ideal. This Guide is intended to advance the work of the HVCI by demonstrating how to creatively utilize funding streams to increase family access to existing services, and make more services available to more families.

The development of the Guide is supported by the Preschool Development Grant Birth Through Five Initiative (PDGB5), Grant Number 90TP005902, from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. Its contents do not necessarily represent the official view of the United States Department of Health and Human Services (HHS), Administration for Children and Families.

In October 2018, Prevent Child Abuse New York (PCANY) launched the HVCI, a project committed to improving the continuum of services and supports available from preconception through the earliest years of a child's life. The HVCI works with partners across programs and models. The goals of the HVCI are to share resources, improve service delivery (help programs effectively connect and refer families to appropriate supports), and increase capacity (the number of families receiving home visiting services). These goals pursue the provision of high-quality, responsive, and comprehensive supports for families.

In 2019, the HVCI conducted a needs assessment of the home visiting sector by convening ten "Summits" – facilitated discussions in each of the NYS Regional Economic Development Councils (REDCs).[2] The HVCI subcontracted with ten stakeholders – identified as "Back Bone Organizations" (BBOs) – to lead this effort. The BBOs serve as community conveners with varied experience in direct service and public policy. For example, the Region 3 (Southern Tier) BBO convener is a Maternal, Infant, Community Health Collaborative (MICHC) and the Region 7 (Capital District) BBO is a Child Care Resource and Referral (CCR&R) Agency.

A Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis conducted in each region informed the needs assessment process and identified priority areas. Input was also given in each region incorporated from county stakeholders, parent representatives, home visiting programs, and other early childhood professionals. These conversations were analyzed to identify trends across regions. PCANY released the final report in 2020 with three recommendations: increase home visitor workforce development and support; conduct a public education campaign; and advance a coordinated system for intake and referrals. These priorities coalesce into one overarching recommendation: **universally-offered home visiting for every family across NYS**. Universally-offered is defined as voluntary services, paid for by insurance and extended to every family with a newborn. This vision aims to support child development and strengthen families by connecting them to the robust community resources offered in their local community.

1 www.nyshomevisitcoord.com
2 https://regionalcouncils.ny.gov/

The work of the HVCI has yielded concrete strategies to achieve this vision. For more information, see the HVCI Final Report.[3] Appendix B of this Guide outlines themes that emerged during the 2019 HVCI Summits. Themes demonstrate the need for funding, community resources, and data.

Two Statewide Summits were held during PDGB5 grant years 2020 and 2021. The Summits facilitated conversations about the value of home visiting, the need for increased financial support, and the potential for increased State investment. **The findings of the HVCI emphasize the need to explore financing options for home visiting.**

Introduction to this Guide

This Guide is intended as an update to *Blending & Braiding to Support Early Childhood Home Visiting in New York*, produced by the Sparks Policy Institute for the NYS Early Childhood Advisory Council (ECAC) in January 2014, and as a companion to *Blending & Braiding Funds to Support Early Childhood Education Programs* (2021), which focused on child care and other early childhood education programs.

This Guide: **explores the use of federal, state, and private funding to establish, operate, and expand home visiting programs across NYS; helps home visiting providers establish a braided and/or blended financing strategy to sustain a home visiting program; and supports the implementation of universally-offered home visiting services at either the county, regional, or state level.**

Blending and braiding funds allows home visiting programs to provide services to more families in all regions of NYS. This includes a broader array of services, support for program infrastructure costs, and sustaining programs if funding sources are no longer available or reduced.

The Guide's purpose is to help home visiting programs:

• Review and identify relevant funding streams to support home visiting programs.
• Analyze the funding stream allowances compared to program activities.
• Incorporate the analysis of the funding streams into blended or braided and funding processes.

This Guide is best used to understand:

- The concepts of blending and braiding funds.
- Key funding streams that can be braided to support home visiting programs.
- How to access key funding streams.
- Appropriate uses and limitations of the funding streams.
- A process for planning a blended and braided financing model.
- How to apply the concepts of blending and braiding funds for establishing and/or maintaining a home visiting program.
- How to establish and maintain a county, regional, or state-level universally-offered program.

This Guide is designed for the following audiences:

- Home visiting managers and administrators, including staff with fiscal expertise.
- State and local government agencies, non-profits, and collaborative coalitions interested in funding programs.
- State policymakers at both the Executive and Legislative level.

This Guide is best used by:

- Understanding the definitions of blending and braiding.
- Reading the detailed analysis of the funding streams.
- Incorporating the analysis into Stages Three and Four of the Stage-by-Stage instructions for the planning process.
- Using the scenarios and templates provided.

This Guide is NOT:

- A guide to planning and engaging partners.
- A guide to sustainability to learn more about how braiding and blending fiscal models can sustain programs.
- A guide on legal or regulatory advice on funding streams - to learn specifics about funding streams or other fiscal regulations, please contact your funders or perform research as it pertains to your purpose(s).
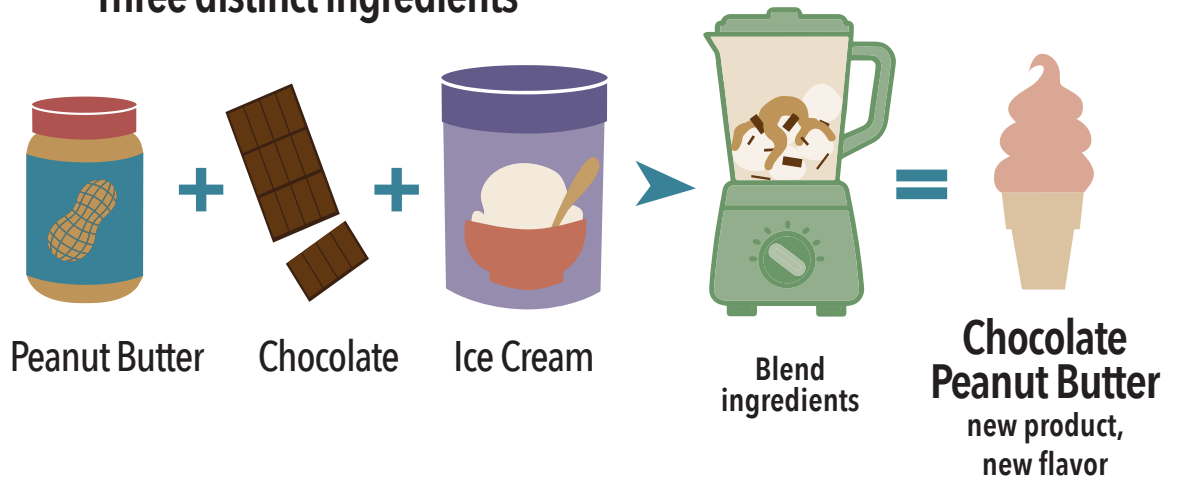
Request for Feedback:

This Guide is intended as a practical, hands-on resource for blending and braiding to support home visiting programs. As you use the Guide, please take a moment to provide feedback, including requests for additional guidance or information. More information can be found at www.nyshomevisitcoord.com.

What is Blending and Braiding?

Blending

Three distinct ingredients

Peanut Butter + Chocolate + Ice Cream → Blend ingredients = **Chocolate Peanut Butter** new product, new flavor

Defining Blending

Blending funding sources involves commingling the funds from multiple sources to support a program.

When funding is blended, it goes into a "blender" and when it is taken out to pay for an expense, the fiscal manager does not report which funding source paid for an expense. Some funding sources cannot be blended while other funding sources allow flexibility on how funds can be spent and reported. For example, instead of a budget that specifies exactly that the funds can be used for, the funding source can outline the projects that can be supported by the funding source. To blend your funds, you will need to work closely with your funders to ensure you can meet their reporting requirements. Consequently, blended reports for the expenditures are not developed based on the exact expenditure; however, the reports are based on the outcome across the population being served.

Once your funders are on board, the blended funding model is less challenging to implement than the braided funding model, largely because reporting involves collective use of funds – so the reporting workload is significantly less. Blended funding can allow you to pay for services that may not be allowable under more categorical funding approaches. However, for many funders, the flexibility associated with blending can make it seem risky, as it often looks as though funds are being supplanted (or replaced). In addition, funders may receive less detailed information about how each of their dollars has been spent.

Example of Blending

Imagine the following three funding streams and eligible populations:

Funding Source	Eligibility	Costs
A	Pregnant women and families with children under three months of age	$25,000
B	Medicaid eligible, low-income women	$25,000
C	Any family that meets Federal Poverty Level (FPL)	$50,000

Program Capacity: 100 families.   **Cost per Family**: up to $1,000.00

Let's explore how $100,000 across the three funding streams can support this program using a blended fiscal model. All the funders benefit by having more eligible families served than one funding stream can support. To make sense of this let's consider the example below.

The eligibility of the 100 families consists of the following:

- 20 families have children age 0 to 3 months (eligible for only funding stream **A**).
- 50 are enrolled in Medicaid (eligible for only funding stream **B**).
- 10 have children age 0 to 3 months who are eligible for or enrolled in Medicaid (eligible for both funding streams **A & B**). *The costs between these two funding streams can be blended between A & B because of the families' eligibility.*
- 100 families (all) meet FPL (funding stream **C**). *This funding stream can support families who are eligible for funding streams A or B. When the funding for A & B is fully obligated, the program can support families using funding stream C.*

20
people who are pregnant or families with children under three months of age

Funding Stream A

10
People who are pregnant or families with children under three months of age who are eligible or enrolled in Medicaid

Funding Stream A & B

50
families enrolled or eligible for Medicaid

Funding Stream B

100
families that meet FPL

Funding Stream C

Funding Stream A $25,000

Funding Stream B $25,000

Funding Stream C $50,000

The example on the previous page also highlights some of the things a program must do to report blended funding to the funders:

Document the cost of providing services.

To prepare for a blended funding model, you must demonstrate the cost of providing services. This means creating the "family rate" or the cost per family that includes the cost per visit, salary and training of staff, and additional services/materials such as books and diapers. (See Appendix C for a breakdown by home visiting program of startup costs, average cost to maintain the model, and approximate cost per child/family). The family rate lets funders know what to expect from the funding provided. The basis for the family rate comes from your existing accounting information and is tied to your staff's capacity – how many families they can serve and the length of time available for providing those services.

By knowing the family rate for your program(s), you can assure your funder that you are not supplanting another funding source with their funding. Instead, you are expanding the capacity of your program to enroll additional families. A typical blended funding contract or grant will clearly articulate the number of additional families who will be served because of the added funding and flexibility of the funding source.

Once you know the family rate for your program(s), you can enroll other families who could benefit from your program(s). See Appendix C for more information.

If you have multiple funding sources covering all the families in your program, it is critical to assess the eligibility of families served by each funding source. This is one part of how you will report the leveraging of funds to your funders. It will also prepare you to ask the funder for additional funding if your families' eligibility covers a larger portion of the population served than the funder's initial funding supports. **It is critical to point out that families who are eligible for two funding sources will not be served twice by the same program.**

Measure the outcomes of your services.

In a traditional model, a funder knows exactly how funds are spent and understands the services provided to a clearly defined population. In a blended model, the funder loses that level of detail. However, by evaluating holistic outcomes of your program, the detail is replaced with data. Providing data helps the funder understand the impact of the funding/program in the community. For example, tracking the rates of child abuse and neglect in the community can be correlated with service delivery of home visiting (Fig. 1). Data on reductions in calls to Child Protective Services (CPS) (community outcomes) and data on reductions in emergency room visits (maternal and infant health) builds a case to funders. Blended funds create a robust, stable flow of fiscal support for a continuum of services. Impact is felt on both an individual level (per child and family) and more widely on a community, cross-county, and even regional level. Case Study 1 explores how a community in Oswego, NY engaged in this process.

If your program currently lacks data or has no mechanism in place to track outcomes, try starting with a braided fiscal model, and transition to a blended fiscal model as you:

- ✔ collect and analyze your costs,

- ✔ build improved relationships with funders,

- ✔ clearly identify your eligible populations, and

- ✔ start assessing the outcomes of your services.
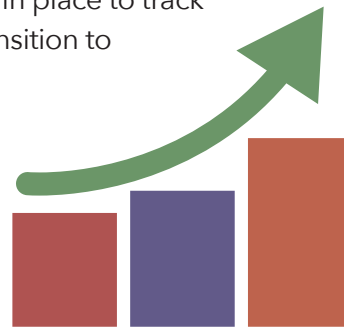
To understand audit requirements, take the time to meet with contract managers, accountants, and auditors prior to spending funds. Not only do you need assurance from your program officer that the approach you're designing meets the expectations programmatically, you need to know from your contract manager and auditor whether it will pass fiscal requirements.

Blending

Braiding

Three distinct flavors

Vanilla + Strawberry + Chocolate

Packaged or served together =

Neapolitan
new product,
3 separate flavors

Defining Braiding

Braided funding involves leveraging multiple funding sources to pay for all the services needed by a given population, with careful accounting of how every dollar from each funding source is spent.

The term braiding is used because each funding source is initially separate, brought together to pay for a service, program, or operations that any one funding source would not be able to support. After the service, program, or operations are underway, the fiscal manager carefully pulls back each element of the braid to report to funders on how the money was spent.

A braided funding model is often the only option. Federal or state funding sources, for instance, require careful tracking of staff time and expenses, to ensure that a federal or state funding source only pays for what the funding intends. Consequently, when multiple funding sources are paying for a single program, a system will need to be carefully designed to allow for sufficient reporting to ensure each funding source is only paying for activities eligible under that funding source.

A braided funding model requires significant effort to create the systems for tracking how each funding source is utilized. The design of a braided fiscal model can respond to the individualized needs of many types of families. Staff must have the authority to decide which services will be paid for by which funding source(s). Ideally, this decision happens after the needs of the family being served are identified, so the funding responds to needs. This type of braided model requires a clear understanding of the eligible populations and the eligible services, so that decisions on how to fund the services can be made post-hoc, rather than prior to discussing service needs with families.

Fiscal Braiding

Using the same scenario as the blended funding model example, let's imagine a braided fiscal model was used to support your program. Instead of reporting to your funder that your program costs $1,000 per family on average, you will be reporting to the funder exactly what you spent their money on. Imagine the following funding sources and populations:

Funding Source Eligibility

A. Pregnant women and families with children under three months of age

B. Medicaid eligible, low-income women

C. Any family that meets the FPL

Using the ice cream graphic below, imagine families arrive at the ice cream shop for the first time. They are not quite sure what flavor of ice cream they want. The ice cream shop staff begins to describe the flavors they have. This is considered the **Front Door**. Program staff determine which program (flavor) will best meet the needs of the family and then determines which funding sources can support the per-family costs. In this example, a family could be eligible for funding sources A and C (multiple flavors). This means any family can be enrolled in program A or C. Upon approval, a case file is developed with the applicable documents that indicate the eligible services for the family. Each family goes through the **Front Door** eligibility process until all the programs (1, 2, 3) are filled. Although the family can receive services from any of the programs, at the **Front Door** the family is enrolled in program 1 and funding source A supports the expenses. Based on the service being provided to the family, the **Back Door** staff bill the appropriate funding sources (charge for the cones). It is the fiscal officer's responsibility to choose the applicable funding source that will pay for the time and resources related to the program. The fiscal officer should start with the more restrictive funding sources and allocate expenses based on the family's eligibility until funds are fully expended.

Family arrives at Front Door

The family can receive one of three flavors
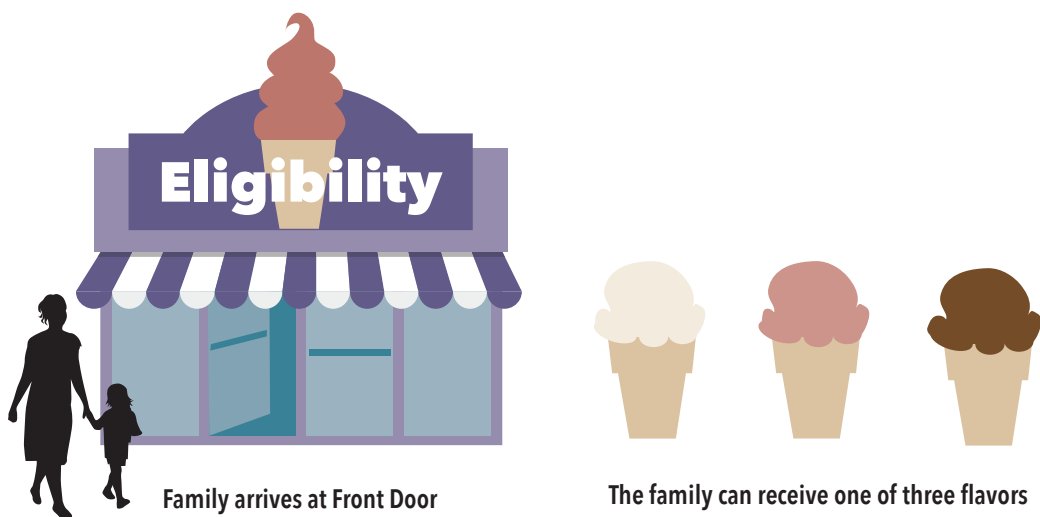
Ice Cream Parlor staff (Front Door staff) determines if the family is eligible for funding stream A, B or C.

This example highlights some things a program must know in order to braid funding successfully:

Know exactly what each funding source can and cannot pay for.

A braided model may be necessary due to limits on eligible populations across your various funding sources. Braided funding may also be necessary due to limits on types of services you can provide under certain funding sources. It is likely that your braided fiscal model is the result of a combination of both issues. Before spending any of your funds, it is important to develop a Coordinated Financing Plan (See Appendix E and Appendix F for more information). The Coordinated Financing Plan distributes funding appropriately by funding source. Stage 5 (Page 24) provides guidance to develop a Coordinated Financing Plan in context with funding streams that are: critical for home visiting, currently available for home visiting, and potential fiscal opportunities.

Understand reporting and auditing requirements of each funding source.

A braided funding model can also be helpful when you have funding sources that are equally eligible to pay for the services you are providing to all the children and families being served. Federal requirements for cost allocation can make it very difficult, though not impossible, to use a blended fiscal model. To understand audit requirements, take the time to meet with auditors prior to spending any of the funds. Often, program managers are the only point of contact between a grantee and the funder. However, the contract manager or auditor can be a critical resource to your organization as you develop blended and braided fiscal models. Not only do you need assurance from your program manager that the approach you're designing meets the expectations programmatically, you need to know from your contract manager and auditor that it will meet fiscal requirements.

How to develop decision-making protocols if some populations you serve will not be eligible for all services due to funding limitations.

A braided funding model needs very clearly defined decision-making authority processes and systems. You will need to clearly define what populations are eligible for services through your model and make sure the *Front Door* staff (receptionists, intake officers, referral agents) know who is eligible. These are the individuals who make sure that the people seeking services can actually receive services with the program. They not only know the services being delivered but they also know the funding sources.

For example, when a parent enters through the *Front Door*, the staff assigned to that part of the process must have the authority to determine enrollment eligibility for each program. Ideally, you will have identified enough funding sources with

Cost

Time

Scope

Braiding

enough flexibility that any eligible family has been through your program or system protocols. However, it may be that some programs are limited to a specific population. Program staff responsible for working with families must have the authority to assign and assess the program to identify the eligible population, and need sufficient information to understand if there are limitations to who can be enrolled in the program.

The last stage of decision-making is the financial component, which should occur at the *Back Door* (administrative), not the *Front Door* (direct service). After services are provided, you need financial staff who can take responsibility for assigning the funding sources that will cover the costs. If your *Front Door* is well designed, your *Back Door* will never run into a situation where a service has been provided that has no funding source. **It is important to ensure the *Front* and *Back Door* are in harmony and also synchronous with the Coordinated Financing Plan of the organization or program.**

How to develop tracking systems that allow you to account for how every dollar is spent, including things such as personnel time and supplies.

If you are using any federal or state funding sources, you will most likely need detailed time and effort reporting by all personnel and contractors. Ideally, your system will not ask your personnel to allocate their time to funding sources, but rather it will request they allocate their time to activities. Then, your fiscal staff can determine which funding source is appropriate and/or needs to be spent down at any given time. This ensures that fiscal braiding is occurring, not simply braiding of programs.

Tracking systems will need to include the following:

✔ Eligibility of the children and families you're serving,

✔ Decisions regarding eligibility, services to be provided, and funding sources that will pay for the home visiting expenses,

✔ A report of time and effort reporting of staff, tied to the allowable activities of each funding source,

✔ Expense logs associated with staff time and activities or services being delivered, which can be used to justify the expenses allocated to each grant,

✔ Anything else you, your funder, your auditor and your fiscal staff identify as necessary.

The most important thing to remember with a braided fiscal model is that each of your funding sources will retain its original requirements and expectations, including all the tracking and reporting requirements. You must manage your funds as if they are independent, even if you are utilizing them collectively to support a program.

Decision-Making Process

Gather facts

Brainstorm

Pros/Cons

Decide

Follow through

Define/ Clarify

17

Programmatic Braiding

Most non-profits are already braiding, but it is more accurately described as *programmatic braiding*, not *fiscal braiding*. Programmatic braiding is when you have multiple funding sources, each covering populations and services. The funding is largely used to pay for staff time, and each staff person is responsible for keeping a timesheet that allows them to allocate their time to each grant. The program staff make decisions on how to allocate funding by using their own time and effort reporting.

In contrast, fiscal braiding requires that program staff report enough information on their activities for fiscal staff to allocate their hours, allowing flexibility in which funding sources are used and how quickly each funding source is spent down. It also allows greater flexibility in how funding is utilized, such as contracting out for a service that cannot be provided in house.

> The term *braiding*, as seen by itself throughout this Guide, refers to fiscal braiding.

"Blending" and "Braiding" Other Resources

You may determine that you (or your funders) are not comfortable blending or braiding and want to keep multiple home visiting programs separate from a financial standpoint. If this is the case, there are still opportunities for cross-program collaboration.

Home visiting models differ in length, number, and frequency of visits. Program curricula and specified outcomes also differ. See Appendix A for an overview of select evidence-based and evidence-informed home visiting programs. Home visitors in each program receive training relative to the respective model, such as learning about critical periods in child development, exploring best practices in nurturing early literacy skills (such as language acquisition), and working with care-givers to improve attachment or enhance parenting skills. Programs emphasize different outcomes. For example, HFNY emphasizes addressing risk factors of child abuse and neglect, while NFP favors maternal and child health outcomes. Another example would be ParentChild+, which emphasizes early literacy education and the incorporation of cultural values within these goals.

The crucial consideration is the potential for home visitors – regardless of program model – to have access to the same standardized training opportunities. Standardized training gets us one step closer to universally-offered home visiting.
Joint and job-embedded training around common needs (i.e. the opioid epidemic, or supporting immigrant populations) can be offered across programs. A model-neutral space, – like the MIECHV-funded institute for family support professionals, competency-based, robust, and free, – is an ideal avenue to pursue. This space should educate home visitors through a strengths-based lens, about a variety of concepts to produce the most desirable outcomes for children and families.

A first step in supporting the workforce would be collecting baseline demographic data (education level, race/ethnicity, gender). Then NYS could analyze training requirements across programs in order to understand similarities and determine need. The State could offer incentives to pursue continuing education and professional development (currently, the Educational Incentive Program, EIP, is not open to home visitors).

In addition to exploring training opportunities, the State could embed a specific data collection component in all contracts. Programs would collect, evaluate, and report on at least one data point, such as their connection to other community supports like child care or number of referrals to WIC. In the same spirit of looking across programs in a model-neutral way, NYS could conduct a financial scan of home visiting programs to determine the administrative costs that are consistent across programs. This would help identify opportunities to streamline sometimes burdensome (and pricey) requirements.

Note: This Guide is intended to explore ways in which programs/communities/ regions can think creatively and comprehensively. Blending and braiding funding streams are fiscal models to consider when planning for systems coordination.

Funding Sources

Table 1 provides a snapshot of potential funding sources (both federal and state) currently available to support and sustain home visiting. The table also details the intent of the funding stream, the relevance of home visiting under the funding stream, and the hypothetical potential to leverage the funds for use in home visiting (to support a program, strengthen connections between programs, support the workforce, etc.).

This section of the Guide will assist with Stage 3: Explore Your Financing Options (See Appendix D). The sections to follow include detailed information about specific funding streams, all of which were identified by leaders in NYS as critical for home visiting.

The Funding Streams

A core team of NYS early childhood leaders helped identify a set of funding streams to explore to support home visiting: Community Based Child Abuse Prevention Program (CBCAP), or Title II of the Child Abuse Prevention and Treatment Act (CAPTA); Foundation Funds; State General Funds (which currently fund HFNY); Maternal Child Health Block Grant (MCHB); Medicaid Managed Care (MMC) and Targeted Case Management (TCM); Article 6 General Public Health Work Program; and Social Services Block Grant (SSBG). See Appendix F for a sample of how these funding streams are broken down by eligibility, staff qualifications, services, and infrastructure expenses (*Template A: Analyzing Your Funding Sources*).

These funding streams were then analyzed against typical home visiting program activities and costs to arrive at a priority list of funding streams. **The funding streams were selected based on a set of criteria including ease of access, ability to support a broad array of home visiting activities, and geographic availability. They are: CBCAP, General Fund (example HFNY), Medicaid (MMC and TCM), General Public Health Work, SSBG, MIECHV, TANF, Title V, and private/philan-thropic funds**. Some of these may be used by your organization already, while others will be external funding streams that organizations in your community or at the state level already access and that might contribute to your home visiting program. In addition to the chart below, the authors of this Guide encourage critical thinking about opportunities for other funding sources to supplement ' conventional' funds for home visiting.

This Guide does not suggest that NYS should embark upon large-scale systems re-ordering and change. Rather, the Guide serves as a framework, to be used for consultation and periodic reference, and posits how existing funding streams might be maximized.

Other states, such as California, are mentioned in the Guide to inspire creative use of federal funding mechanisms alongside existing state fiscal infrastructure. For example, California is exploring the use of Temporary Assistance to Needy Families (TANF) to support and sustain the implementation of PAT, NFP, and HFA for a targeted high-risk population. Furthermore, California's Medi-Cal program has embarked upon an initiative to fund Community Health Workers (CHWs).[5] This affords opportunity to examine the role of CHWs on the social services continuum – to better interact with and support operating home visiting programs. Due to the flexible nature of federal funding mechanisms, NYS continues to have the opportunity to reimagine, innovate, and collaborate.[6]

Table 1. Funding streams critical for home visiting

Name	Intent of Funding Stream
CBCAP Program	Prevent and respond to child abuse and neglect. Evidence-based programs are strongly encouraged. **Responsible State Agency:** NYS Office of Children and Family Services (OCFS) **How Home Visiting Fits:** Programs themselves are a demonstrated prevention strategy to decrease child maltreatment. **Opportunities for Growth:** Additional avenues for exploration include the role of financing Family Resource/Enrichment Centers (FRCs/FECs) with CBCAP dollars. FRCs/FECs not only play a role in linkage and referral of families to home visiting programs in the community, but also serve as a physical space for home visits to occur. Neighborhoods with FRCs[7] had a 26% lower rate of child abuse and neglect investigations than similar neighborhoods without them.[8]
General Fund	HFNY supports "credentialed or affiliated" programs to provide a wide range of wrap-around services to better equip new parents with resources needed to ensure their child thrives. HFNY is an evidence-based program. **Responsible State Agency:** State Division of Budget (DOB) **How Home Visiting Fits:** Funding is allocated within the NYS General Fund to evidence-based home visiting programs because services of home visitors provide NYS children and families with the resources to thrive. **Opportunities for Growth:** Other evidence-based and evidence-informed programs currently in operation in NYS include PAT, NFP and ParentChild+. There is potential to further expand use of General Funds to support more evidence-based and evidence-informed programs in NYS.

5 Braided Funding for Home visiting: How States are leveraging TANF (Start Early) https://zoom.us/rec/play/_qUKqUdNFkrmeN4lOLRUfSyeQT8Y4xPdkUZ6ByhotGWs8Mlwtc4JxegKF1X-d2e1g07 BUdbZe_mCs-6L.HDgpLwuyd3_Oqk_n?startTime=1619545447000
6 https://www.chcf.org/blog/california-poised-major-expansion-community-health-workers/?_cldee=cm1hcmF2aWWxsYUB1Y21lcmNlZC5lZHU%3d&recipientid=contact-85d55a7ebdbfe911a985000d3a199 795-be4cb95f81c 6479aa311517e77861534&utm_source=ClickDimensions&utm_medium=email&utm_campaign=Essential%2 0Coverage_2021_Q3&esid=20fab111-bffb-eb11-94ef-002248237c4f
7 https://www.nationalfamilysupportnetwork.org/family-support-programs
8 Ibid

Table 1. Funding streams critical for home visiting

Name	Intent of Funding Stream
Social Services Block Grant **Title X**	Strengthen families so that they can live together in stable living arrangements and provide specialized care in residential settings when necessary and appropriate. **Responsible State Agency:** NYS Office of Children and Family Services (OCFS) **How Home Visiting Fits:** Home visiting promotes resilience by strengthening the Protective Factors of a family. Protective Factors promote safe, stable, and nurturing living environments for children and families.[9] **Opportunities for Growth:** The purposes of this federal funding stream are flexible and complement other grants, such as Title V, Child Welfare, and State funding mechanisms, such as the Children and Family Trust Fund. SSBG has the potential to supplement and offset current funding landscapes.
General Public Health Work	Support the State's 58 local health departments to provide core public health services in their communities. Use of evidence-based practices are strongly encouraged. **Responsible State Agency:** NYS Department of Health (DOH), local/county health departments **How Home Visiting Fits:** Local health departments play a critical role in intake and referral of eligible families to home visiting services in the community. **Opportunities for Growth:** Many local health departments also operate or partner with the local Maternal, Infant Community Health Collaborative (MICHC) site, which collaborates with community partners to support maternal and infant health (including home visiting programs). MICHCs are funded by a combination of State General Fund (dedicated line item in the NYS Executive Budget), Title V, and Medicaid. This funding stream could potentially be leveraged to also support programs on the continuum of home visiting services.
Medicaid	Make covered health and medical services available to eligible individuals. An important Medicaid service is Early Periodic Screening, Diagnosis and Treatment (EPSDT), which provides a comprehensive array of preventative health and treatment for Medicaid recipients from birth until 21 years of age. **Responsible State Agency:** NYS Department of Health (DOH) **How Home Visiting Fits:** NYS uses Medicaid to finance TCM; managed care, waiver, and local pilot projects (First 1,000 Days on Medicaid).

9 https://cssp.org/our-work/projects/protective-factors-framework/

Table 1. Funding streams critical for home visiting

Name	Intent of Funding Stream
Medicaid	**Opportunities for Growth:** The current use of these funds is a sub-state approach and not statewide. States such as New Mexico, Illinois, and California are exploring and implementing reimbursement of home visits and other family support services through Medicaid for every family, after the birth of the baby.[10]
Maternal, Infant, Early Childhood Home Visiting (MIECHV)	Federally-funded program that supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.[11] **Responsible State Agency:** NYS Department of Health (DOH) **How Home Visiting Fits:** In partnership with the Administration for Children and Families (ACF), MIECHV funds states, territories, and tribal entities to develop and implement home visiting programs. **Opportunities for Growth:** This funding can be used to support and sustain home visiting as a primary source of funding for home visits (under evidence-based models) and to promote promising practices.
Temporary Assistance for Needy Families (TANF)	The TANF program, which is time limited, assists families with children when the parents or other responsible relatives cannot provide for the family's basic needs. The federal government provides grants to states to run the TANF program. **Responsible State Agency:** NYS Office of Temporary and Disability Assistance (OTDA) **How Home Visiting Fits:** State TANF programs are designed to accomplish four goals: to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; to end the dependency of needy parents on government benefits by promoting job preparation, work, and marriage; to prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; to encourage the formation and maintenance of two-parent families.[12] Home visiting programs promote parental self-sufficiency and use the Protective Factors Framework to equip parents with knowledge of parenting/child development and connection to concrete supports. **Opportunities for Growth:** TANF may be used to fund home visiting services, though not all states have approved home visiting for these purposes.

10 Medicaid Financing for Home Visiting and Advocacy Strategies (Start Early). For access to webinar recording, please contact

11 https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview

12 https://www.hhs.gov/answers/programs-for-families-and-children/what-is-tanf/index.htm

Table 1. Funding streams critical for home visiting

Name	Intent of Funding Stream
Title V Maternal Child Health (MCH) Block Grant	Partnership between the federal government and states. Goal is to support the health and well-being of all mothers, children, and families. **Responsible State Agency:** NYS Department of Health (DOH) **How Home Visiting Fits:** Funds from the Title V MCH Block Grant help: assure access to quality maternal and child health care services to mothers and children, especially those with low incomes or limited availability of care; reduce infant mortality; provide access to prenatal, delivery, and postnatal care to women, especially pregnant women who are low-income and considered at-risk; increase regular screenings and follow-up diagnostic and treatment services for children who are low-income; provide access to preventive and primary care services for children who are low-income and rehabilitative services for children with special health needs.[13] Home visiting programs provide support to families by connecting parents to resources such as health/nutrition assistance and nurturing child development via parent-child interaction and promoting attachment. Home visitors receive training to assist with breastfeeding, education about pre/postnatal care, and screening for the health of parent and baby. **Opportunities for Growth:** The majority of these funds are likely already obligated, and are typically not used for direct services. However, there is opportunity to use the funding stream for short-term initiatives and to increase data/research on home visiting.
Private and Philanthropic Funds	Philanthropic giving supports a variety of activities, including research, health, education, arts and culture, as well as alleviating poverty. **Responsible State Agency:** Foundation grants and private dollars **How Home Visiting Fits:** Depending upon the goals and interests of the funder, this "pot" of giving may be leveraged to directly fund a home visiting program, offset program costs, and support in other supplementary ways. **Opportunities for Growth:** A number of national and state level philanthropic foundations and funders exist, with long-term and short-term opportunities for projects and initiatives. Think creatively about how a home visiting program may be applicable.

13 https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program

Appendix D: *Stages of Blending and Braiding* provides information on how to conduct a funding stream analysis and how to complete **Template A: Analyzing Your Funding Sources**, which requires the review of fiscal guidance from the funders. For the funding streams included in this Guide, the analysis is up to date (as of August 2021) and documented below in charts that match Template A. Refer to Appendix F for a completed sample of Template A with the federal funding stream CBCAP as an example. For additional completed samples of Template A with funding streams pertinent to home visiting, please reference the Sparks Policy Institute Blending and Braiding to Support Early Childhood Home Visiting Guide (2017).[14]

How to Blend and Braid

Planning for a blended and braided fiscal model is not just a fiscal process; it is also a process of identifying what your community or families need, what your funding can support, and what outcomes you want to achieve. Research on successful funding coordination suggests that you must do the following:

✔ Begin with a clear vision of what you are trying to finance
✔ Engage in collaborative planning
✔ Understand your resources
✔ Create a strategy that maximizes your resources
✔ Focus on outcomes
✔ Engage families as leaders
✔ Collect data to provide feedback on the strategies

Below are six stages of the planning process to help you go through these steps. See Appendices D and E for in-depth, step-by-step guidance.

1 **Stage 1:** Identify Your Vision and Your Partners. This stage will help you focus on setting your goals on how to support children and families.

2 **Stage 2:** Define Your Program. This stage will outline how to define your program by identifying a specific set of services, population, and strategy.

3 **Stage 3:** Explore Your Financing Options. This stage will show you how to use templates to help analyze your fiscal options.

4 **Stage 4:** Explore Funding Gaps. This stage will walk you through how to identify your funding gaps.

5 **Stage 5:** Develop Your Coordinated Financing Plan. This stage will teach you how to develop a process of documenting your overall approach related to your fiscal model (i.e. developing key materials and protocols).

6 **Stage 6:** Implement, Track, and Improve. This is the final stage! This is where you will learn how to implement and track your fiscal model. It is also where you will gather important information on how to maintain your plan and how to continue to engage funders, community members, families, and other stakeholders.

14 McHugh, D.W., Lynn, J., Obee, K., Portman-Marsh, N. (2013) Blending and Braiding to Support Early Childhood Home Visiting in New York. Denver, CO: Spark Policy Institute.

Stage 1: Identify Your Vision and Your Partners.

What are you considering? Establishing a universal program where everyone gets a visit, or improving equitable access to existing programs to increase capacity? The latter goal may not look like reaching 100% capacity, but filling more slots to reach more families is a necessary first step.

It is easy to fall into the trap of designing programs to match the funding rather than the needs of children and families. This stage is intended to avoid that pitfall and focus, from the beginning, on what your program is trying to accomplish on behalf of children and families in your community. Before you start defining the policy, program, or system, decide who needs to be involved. Stage 1 in Appendix D offers the steps on how to identify your vision and your partners and Case Study 1 provides you with an example of how to use the planning process to identify your vision and your partners.

Stage 2: Define Your Program.

Prior to developing your fiscal model, you and your partners must identify what you hope to accomplish by blending and braiding funds. Fiscal coordination strategies are only a means to an end, and to be successful the end needs to be well-defined. The end may be a specific set of services, a specific population reached, a strategy for how to identify and meet service needs, or even a design for a system that serves a broad population through collaboration across many providers and services in the community. Regardless of the scope of your goals, you need to clearly define them and outline what you will be funding.

Define services that could work together to improve program capacity. If you'd like to establish a home visiting program to reach a community goal (i.e. reduce the rates of child maltreatment) or to serve a specific community population (i.e. low-income, first-time mothers), research home visiting models, objectives, and program implementation. Some funding sources can be combined in accordance with specific regulatory statutes to support establishing a new program. Other funding sources may be leveraged depending on the evidence-base, population served, and goals of the program model. The ideal end-result is a collaborative network with robust home visiting services to support pregnant/parenting persons and families during preconception, perinatal, and postpartum phases. See Appendix A for comparison breakdown of home visiting programs and eligibility requirements.

Stage 2 in Appendix D offers the steps on how to define your program.

Stage 3: Explore Your Financing Options.

Regardless of whether you are designing a new program or changing the financial practices associated with an existing program, it is critical to take the time to analyze your financing options. Stages 1 and 2 should have provided you a clear understanding of what can be funded. Stage 3 will help identify which funding sources to consider as you explore your financing options.

Streamline services by identifying opportunities to "spend wisely" and be creative with financing options - avoid rigid thinking about what money could go toward home visiting! Think about what other opportunities exist. Home visiting programs aren't a one-size-fits-all, quick fix for families. They may be viewed with a trauma-informed, family-strengthening lens that could be a relevant angle for a grant opportunity or a Request For Proposal (RFP). You want your program to connect families to additional services and to be a permanent fixture in the community.

Stage 3 in Appendix D provides steps on how to explore financing options, the funding streams critical for home visiting programs, and includes a blank *Template A: Analyzing Home Visiting Funding Sources*, which can support programs. Case Study 2 provides information on messaging to different audiences, an effort that will facilitate more flexible financing options.

Stage 4: Explore Funding Gaps.

After completing an analysis of each of your potential funding sources, the next step is to explore the allowable and non-allowable costs for each funding source and identify gaps. To identify gaps in your funding source, use Template B. You can find a blank Template B in Appendix D, Stage 4, of this Guide. Populate Template B with details about your population and their service needs with the ultimate goal of determining the funding gaps. A sample of a completed Template B is included in Appendix G of this Guide.

By using information entered in *Template A: Analyzing Your Funding Sources*, and translating it to *Template B: Analyzing Your Funding Gaps*, you can identify the populations and services that can be supported by current funding sources and see where the gaps are. A finance map relative to your organization or program is a crucial asset when planning for a blended/braided financing model. You may realize that you cannot fund some expenses from any of the identified funding sources. If the expenses are not on your list of priorities, this is the time to decide which children and families you cannot support, or identify how to find additional funds to close the gap. Either way, this must be settled by the agency and be part of the *Front Door* decision-making process. Thus, when a family comes to the program or asks about enrollment during the *Front Door* process, a decision can be made.

Template B is an example of what should be considered when analyzing funding gaps for your program. As you complete the Guide templates, break down each

issue into detailed pieces to make sure you will have the most comprehensive view possible. Using home visiting programs as an example, this is a good time to narrow down:

✔ What do you want to fund?
✔ Can it be funded with a one-time investment?
✔ If not, how would you sustain funding?

In the wake of the COVID-19 pandemic, home visiting programs pivoted to a virtual service delivery format. In addition to direct service, many programs adapted "frontline" duties such as connecting community members to personal protective equipment (PPE) or sanitization products and handing out diapers, formula, and food to families. One-time federal stimulus relief, in the form of supplemental MIECHV appropriations, was utilized to fund allowable expenses such as overhead costs, emergency supplies for clients, and home visitor salaries/hazard pay.

Consider: Many funding sources can be heavily restricted. However, this Guide encourages creative thinking about uses of new funding (emergency or stimulus). How can you strategically invest to best support your program?

Stage 5: Develop Your Coordinated Financing Plan.

Identify programs that need more investment. Fuse siloed programs by identifying gaps and making connections for a holistic community approach.

Stage 5 consists of information on how to develop a coordinated finance plan. *Template C: Coordinated Financing Plan* (Appendix F) provides an outline of how to combine seven key components that will guide your implementation of a blended and braided fiscal model.

Walking through Template C will help address all the remaining topics included in this stage of the Guide. To develop a Coordinated Financing Plan, you will go through a process of documenting your overall approach. The documentation will include key materials that will be regularly used by staff and key protocols that will be a core part of implementing a blended and braided fiscal model. This includes a documented process of how all the pieces fit together.

Appendix E includes
✔ Key terms to develop an administrative process to create a blending and braiding fiscal model
✔ Instruction on how to use *Template D: Budget and Cost Allocation* and where you can get additional resources
✔ Administrative protocols such as *Front* and *Back Door* Protocols for decision-making processes to give staff the authority to accept or deny families into the program

Stage
5

✔ Tracking and reporting materials that can be used during intake, service delivery and exit

✔ Information on how to align financial systems to develop a blended or braided approach

✔ Information on how to use contracts to pay for services outside of your home visiting program

✔ Information on why quality control and staff training are important to the successful implementation of a new fiscal model; key staff will need to be trained and provided with ongoing technical assistance

✔ Information on how and what funds to use to support a blended or braided financing strategy

✔ A budget & cost allocation plan
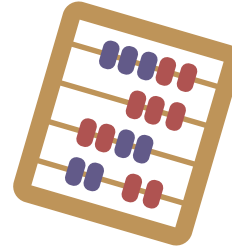
Stage 6: Implement, Track, and Improve.

The final stage of developing your blending or braiding fiscal model is implementation. At the **Front Door,** an intake coordinator will review the family's eligibility for enrollment in the home visiting program. Take time to collect feedback from your staff and families on their experience of the process. Use the information to improve program quality by identifying strengths and challenges. Make any necessary adjustments on an ongoing basis. Plan to revisit your Coordinated Financing Plan at least yearly and as funding sources change.

Collect data, track, and report on outcomes opposed to outputs.

Stage

6

Case Studies

Case Study 1
### Increasing Access and Capacity
[Healthy Families Oswego]

Home visiting can be viewed as a peg on the early childhood continuum. Certain communities may need services more than others, and some populations may be more responsive to different elements of the home visiting programs. As outlined in the previous section, once you have finalized your vision and goals, the programs and your capacity must be defined. If the goal is to establish a home visiting program in the community, decide whether the organization, community, and current staff can support and sustain a program. To explore which home visiting model is the best fit for families in your community, consider the following questions: How many visits are recommended by each model? What is the recommended length of visits? Type of home visitor? Training and credential requirements? How long does the program last before families graduate? See Appendix A for a comparison chart of NYS Home Visiting Programs.

Once a decision is made about whether a program (or multiple programs) can be funded and supported, opportunities for collaborative interaction with existing community supports (the local MICHC, Help Me Grow (HMG), the local United Way, the child care sector – early intervention, home- or center-based care, after school programs – and other home visiting programs (listed below)) should be explored. In addition to the social/human services sector, programs are encouraged to explore relationships and potential partnerships with healthcare facilities and providers, policymakers, and other family support professionals (such as doulas and midwives).

Potential Community Home Visiting Programs:

✔ Catholic Charities
✔ Early Head Start/Head Start
✔ Early Intervention
✔ HFNY
✔ MICHC

✔ NFP
✔ ParentChild+
✔ PAT
✔ Power of Two
✔ SafeCare

In 2014, the Oswego County Health Department identified the need to reduce rates of child abuse/neglect in the community. A group of stakeholders (local Department of Social Services, maternal/child health programs, home visiting programs) convened to discuss, strategize, and address the issue. The Healthy Families home visiting program, an evidence-based model that provides wraparound services for at-risk families, was identified as a viable avenue to pursue. This program was initially locally funded and affiliated with Healthy Families America (HFA) directly, but now receives state funds and has joined the Healthy Families Network that is accredited through HFA as a multi-site system.
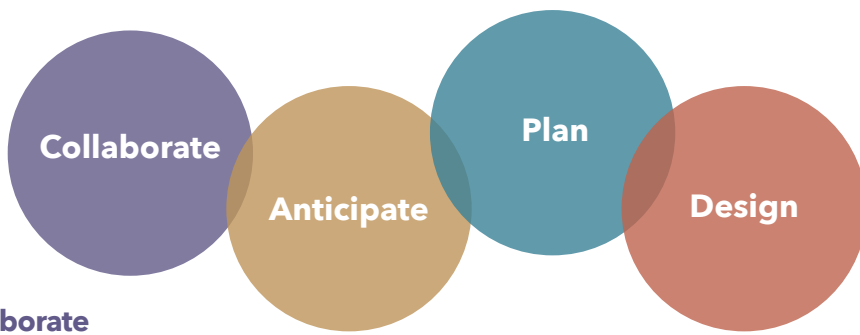
Collaborate

Convene stakeholders, including providers, funders, and insurers. Oswego County convened relevant stakeholders to establish a dialogue and community-level collaboration in the realm of early childhood and maternal/infant services.

Anticipate

Conduct an environmental scan and an analysis of community need/capacity across all sectors.

✔ Once the goal and call to action were devised (establish a Healthy Families program to meet the community's need to decrease child abuse/neglect), the program manager at the local health department analyzed the community capacity. How does a home visiting program become sustainably funded?

Plan

Evaluate programs, determine cost and benefit, apply relevant metrics.

✔ Oswego applied for local and foundation grants, as well as for state funding (state funding was only added when more funds became available through an RFP application process). The county began funding home visiting services using existing local health department staff, including public health nurses.

✔ The county accessed Article VI funding (State aid for general public health work) to attend and participate in certain meetings.

✔ The program manager applied for and secured a trauma-informed training grant to develop a trauma-informed champion collaborative and provide training. This frame demonstrates a comprehensive understanding of health and education metrics.

✔ The site was piloted with the county picking up about half of the funding and the balance paid for by private foundations and the NYS Children and Family Trust Fund. Eventually, more state funding began to flow; while approved in 2016, full HFNY funding from OCFS did not come through until 2020.

Oswego's ability to be proactive, persistent, creative, and flexible allowed the county to stand-up a program long before State funding was available.

Design

Define whether a community-driven, integrated portfolio of investment is needed to build capacity, and who might contribute.

✔ Oswego designed a system for sustainable funding, adaptable as grants were awarded.

✔ Oswego allocates a percentage of staff time to one funding stream, and a percentage to another. They serve 60 families.

Case Study 2
Moving Toward Universally-Offered Home Visiting
[Monroe & Chemung counties]

A theme throughout this Guide has been supporting and sustaining a statewide universally-offered model of home visiting in NYS, where every family (regardless of number of children, socioeconomic status, age, race, etc.) receives a light touch home visit.

This approach does not favor one home visiting model over another, and would refer families who may need additional supports to an existing program for additional services. It will require dedicated investments, but the Return On Investment (ROI) will pay dividends for multiple generations.

Imagine: Upon delivery, the doula, midwife, OBGYN, hospital or birthing center staff connects the family with a community entity that oversees the universal implementation. One home visit, performed by a nurse, paraprofessional, or community health worker (depending on the community), is matched with the family, funded by insurance (i.e. Medicaid, county, or other private dedicated funding mechanism). This initial visit serves as a "wellness check" for parents and baby. The visit occurs in a setting the family is most comfortable with: in-person in the home; in-person at the park, hospital, local library, etc.; or via a phone/Facetime/Zoom call. This visit serves as a check-in, a nonjudgmental forum in which questions about safe sleep, post-partum depression, breastfeeding, and child development (to name a few topics) can be answered. This visit also serves as an opportunity to promote existing NYS initiatives , such as Talk, Read, Sing (in which the "trusted professional messenger" can connect the family with resources about the importance of talking, reading, and singing to a baby in the crucial first year of life) and the NYS Parent Portal (which identifies child care programs in each region, mental health resources, information about food and nutrition, etc.).[15]

The home visitor possesses knowledge not only about the benefits of home visiting, but is able to bestow up-to-date information about the current programs operating in the county and services offered in the community at large. If the family is eligible for a referral to an established home visiting program, a teen parenting support group, or the local SNAP/WIC office, this one visit is a touch point to connect the family to resources. Although a referral to established home visiting programs in the community will be based on family need, eligibility, and existing program capacity, other referrals not based on these factors (such as connecting parents with a local toy drive) could make all the difference.

The Finger Lakes Region of NYS is geographically diverse, with both rural populations and more concentrated, urban city-centers such as Rochester. **ROC Family Teleconnects** is designed to provide up to four home visits for every family in the Rochester and Monroe County areas, starting in the first week of life.

15 https://www.nysparenting.org/resources

Visits are performed by nurses that are trained in a standardized, scripted protocol. ROC Family Teleconnects has worked in partnership with **Family Connects**, a model evaluated by the Home Visiting Evidence of Effectiveness (which meets all HHS outcomes) since 2019 to exchange lessons learned and apply successful aspects of Family Connects such as the scripted protocol used by nurses and telehealth. Other partners are identified in bold throughout this case study.

The region is currently in the process of aligning respective county systems of universally-offered home visiting and targeted home visiting, in which some families may receive more frequent visits or services tailored to specific needs, such as first-time parenting, connection to community resources like the local WIC office, or assistance with finding employment. Targeted home visiting is based on individual family need, and can seamlessly compliment a universally-offered model.

The crucial element of this model of home visiting, universally-offered to every family, is the buy-in obtained from the private regional insurer, Excellus. Excellus covers a large percent of children and families (including families on Medicaid). The four visits outlined above are covered by the region's primary insurer, supplemented by Medicaid.

All Kids Thrive, an initiative operated in partnership with community stakeholders, aims to integrate a comprehensive and coordinated early childhood system. Policy and regional priorities include evidence-based home visiting and comprehensive early intervention, screening, and assessment. At the time of writing this Guide, the **First 1,000 Days on Medicaid Initiative** is operating two-year pilots "to strengthen the maternal-infant care efforts and foster connectivity between medical practices and community-based organizations who care for children 0 – 3 and pregnant people considered high risk. These initiatives will be implemented in areas that have been identified as priority communities based upon the percentage of families who are below the FPL, the published infant and maternal mortality rates, and the number of Medicaid births."[16]

The First 1,000 Days has identified home visiting, data integration, and behavioral health as key priorities. Efforts aim to address these core issue areas. As evidenced in Monroe County, Medicaid supplements efforts privately funded by the primary insurer. While the First 1,000 Days team does not pay directly for the home visits or salaries of the RNs, 1,000 funding supports the role of the Peer Family Navigators (PFNs) and Licensed Master Social Workers (LMSWs) to support the ROC teleconnects work being done in this region.

Monroe County and Rochester model an example of universally-offered home visiting. The state-funded First 1,000 Days project facilitates an opportune moment to realize and provide a substantial mechanism of family support. **This case study is an example of how to leverage federal/state fiscal support with local and private funding and, even more importantly, the importance of partnerships.**

16 Language from the NYS DOH https://docs.google.com/document/d/12ok7s7-ymysubRxOYwqE0ohiRtY6jkH0IMCv-cOTfqE/e dit

1

2

3

4

5

6

Stages

Overview of Select Evidence-Based and Evidence-Informed Home Visiting Programs

Program and Description

Program	Description
Early Head Start (EHS)	Service provided through center-based, home-based or mixed models, with visits by trained home visitors. Focus on: prenatal outcomes, health, family functioning & school readiness.
Family Connects (FC)	Evidence-based program that connects parents of newborns to the community resources they need through postpartum nurse home visits. FC also conducts rigorous research and evaluation of the model, as well as innovative research on early childhood well-being and parent-child relationships.
Healthy Families New York (HFNY)	Intensive home-based services to expectant families and new parents. Trained home visitors provide support, child development & parenting information to reduce family stress. Participants screened to identify risk factors & stressors.
Maternal and Infant Community Health Collaborative (MICHC)	Community Health Workers (CHWs) assess individuals and families for needs, provide education and assistance, and connect individuals/families to supports within their community.
Nurse-Family Partnership (NFP)	NFP is an evidence-based community health program that partners low-income, first-time mothers with a Registered Nurse from early in pregnancy through the child's second birthday. Through ongoing home visits, NFP nurses provide preventive health services, education and guidance, and care coordination. The model focuses on personal and environmental health, maternal-child attachment, nurturing child-caregiver interactions, and maternal life course development.
Parents as Teachers (PAT)	Evidence-based home visiting model offered to families prenatally – kindergarten with a focus on family well-being, parent-child interaction, and development – centered parenting. Program provides individualized personal visits, combined with child health screenings and assessments, family group connections, and resource referrals.
ParentChild+	Through a research-proven model, ParentChild+ prepares children for school success by increasing language & literacy skills, enhancing social-emotional development, and strengthening parent-child relationships. Parents become children's teachers & advocates: reading, playing, talking & learning together.
Power of Two	Uses Attachment and Biobehavioral Catch-Up (ABC), a proven parenting program. ABC gives children a foundation for success in school and life by fostering a strong and healthy attachment between parent and child.

Overview of Select Evidence-Based and Evidence-Informed Home Visiting Programs

Program Goals	Population Served	Service Delivery
Promote healthy prenatal outcomes for pregnant women. Enhance the development of very young children. Promote healthy family functioning.	Families from pregnancy until child turns 3.	By trained professionals
Improve child and family health and well-being. Create access to a continuum of community-based care to support health and success. Values: equity; collaboration; excellence; integrity. The nurse may recommend longer-term programs, such as Early Head Start.	Home visits begin 2 to 3 weeks after birth, offering one to three home visits in total. The child may be enrolled until they are 6 months of age.	By trained & registered nurses
Identify families who will benefit from additional support. Promote positive parent-child interaction. Ensure optimal prenatal care. Promote healthy growth & development. Enhance family functioning. Prevent child abuse & neglect. Promote parental self-sufficiency.	Expectant parents and parents with an infant less than 3 months old; serves until age 5.	By specially-trained paraprofessionals.
Improve maternal and infant health outcomes, while reducing racial, ethnic and economic disparities. Assess needs and barriers to accessing services. Connect to community resources. Maintain healthy behaviors and reduce or eliminate risky behaviors.	Medicaid-eligible/ low-income women across the lifespan (and their families).	By trained CHWs
NFP is designed to (1) Improve pregnancy outcomes by helping women engage in good preventative health practices; (2) Improve child health and development by helping parents provide responsible and competent care; and (3) Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan for future pregnancies, continue their education, and find work.	Low-income, first-time mothers in pregnancy (first two trimesters) and serves until child turns 2.	By registered nurses
Prevent child abuse and neglect through increased parent knowledge of early childhood development and improved parenting practices. Provide early detection of developmental delays and health issues. Support improved family well-being and healthy births. Increase school readiness and success.	Families from pregnancy to kindergarten entry.	By early childhood specialists, social workers or nurses. Intentional, flexible qualifications so not to exclude BIPOC and immigrant communities
Prepare children challenged by poverty for success in school. Stimulate parent-child verbal interaction. Enable children to gain critical language and literacy skills.	Families with 2- and 3-year-olds (can enroll as young as 16 months and stay until age 4).	By specially-trained paraprofessionals
With ABC, pre-school age children showed higher levels of executive functioning than their peers, are more likely than their peers to develop secure attachments to their parents, and have normalized stress hormone levels after only 10 coaching sessions in the home.	Families from 6 month - 2 years of age who live in NYC.	By parent coaches trained in ABC

HVCI Emergent Themes*

Region	1	2	3	4	5	6	7	8	9	10
Workforce	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Staff Retention		✔		✔	✔	✔	✔	✔		
Staff Characteristics		✔	✔	✔						✔
Professional Development	✔	✔		✔		✔				
Staff Qualifications	✔		✔					✔		
Staff Wages		✔		✔					✔	
Staff Burnout					✔			✔		
Staff Recruitment						✔				
Collaboration and Coordination	✔	✔	✔	✔	✔	✔	✔	✔	✔	
Coordinated Intake and Referral		✔	✔	✔	✔	✔	✔		✔	
Develop Partnerships with PCPs and OB/GYNs				✔		✔	✔			
Develop Partnerships with the Early Childhood System								✔		
Awareness and Stigma	✔	✔	✔	✔		✔	✔	✔	✔	✔
Stigma About Home Visiting	✔		✔							✔
Absence of Education/Misinformation			✔	✔	✔					
Lack of Funding	✔	✔	✔	✔	✔	✔	✔	✔	✔	
Universal Home Visiting		✔	✔		✔					
Social and Economic Issues	✔	✔			✔		✔	✔	✔	
Language Barriers					✔			✔		
High Poverty Rates					✔					
Housing for Families		✔				✔	✔	✔	✔	✔
Basic Needs for Families		✔								
High Unemployment Rates					✔					
Immigration Concerns		✔						✔		
Rural Access to Programs	✔	✔								
Program Standards and Requirements		✔	✔	✔				✔	✔	
Program Restrictions-Eligibility Requirements		✔						✔	✔	
Program Restrictions-Program Capacity		✔	✔							
Program Restrictions-Scheduling					✔			✔		
Community Resources		✔		✔	✔		✔			
Limited Community Resources-Mental Health		✔		✔			✔			
Limited Community Resources- Early Intervention				✔			✔			
Limited Community Resources-Trauma Experts		✔								
Limited Community Resources-Early Childhood					✔					
Limited Community Resources-Medical Providers					✔					
Limited Community Resources-Home Visiting Programs					✔					
Limited Community Resources-Child Care					✔					
Individual Program Issues				✔		✔	✔			
Worker Safety				✔						
Share Vehicles						✔				
No Standardized Risk Assessment/Plan Development							✔			
Parent Voice		✔		✔			✔			
Include Fathers	✔						✔			
Include Parent Voice	✔	✔		✔						
Data	✔		✔					✔		
Inadequate Data/Evaluation	✔		✔					✔		
Advocacy										✔
Legislative Advocacy										✔
Other Issues								✔		✔
Review Home Visiting Regulations								✔		
Develop Standard Definition of Home Visiting								✔		
Develop a Registry of Home Visiting Services								✔		
Develop Home Visiting Core Competencies										✔

**Data does not necessarily reflect holistic discussions at Summits.

Home Visiting Models in New York State

Information in this Appendix was obtained from a variety of sources including interviews with home visiting program contacts, U.S. Department of Health and Human Services Home Visiting Evidence of Effectiveness, and written correspondence. Please direct questions about the specific source of data to the authors of this Guide: joconnor@preventchildabuseny.org and mdickson@preventchildabuseny.org.

NYC Newborn Home Visiting Program

In 2004, the New York City Department of Health and Mental Hygiene (DOHMH) launched the Newborn Home Visiting Program (NHVP), in an effort to promote the agency's Take Care New York goal of "Having a Healthy Baby." The program offers home visits to families residing in select neighborhoods in NYC with an infant 0-3 months of age to help facilitate the adjustment to parenthood, assure a safe living environment for families, provide topic-specific education, and identify health and social issues that require referral to community-based services. Families can receive up to three home visits and a follow-up phone call, which includes screenings for maternal depression and anxiety. In 2015, the program expanded and established a formal partnership with the Department of Homeless Services (DHS) to offer visits to all families residing in shelters. Through the New Family Home Visits program, NHVP will further expand its services in 2021-2022 to first-time parents living in neighborhoods identified by the Taskforce on Racial Inclusion & Equity (TRIE) – communities most impacted by the COVID-19 pandemic, families residing in the NYC Housing Authority (NYCHA) housing in TRIE neighborhoods, and families engaged with the Administration for Children's Services (ACS) citywide.

The cost to NYC to get the model up and running: approximately $3.0 Million (2021).

Family Connects:

To get the model up and running (2020): Varied
Purchase of model & cost of operating license dependent upon scale and complexity of site's implementation plan.

Cost of materials: Varied
Site training and ongoing certification fees include all required assessment and visit documentation materials. Sites may choose to spend more on materials to give families other support, such as baby bags that include resources and supplies. Sites may also choose to develop outreach materials.

Average annual cost (2016): $500 - $700 per child
Includes oversight, family recruitment, staff salaries and benefits, local travel reimbursement, and materials. Costs vary by community based on local wages, extent of travel, population size, existing data systems, other factors.

Healthy Families NY (HFNY):

To get the model up and running (2020): $500 initial site application/affiliate fee
✔ $5,000 annual startup fee
✔ $250 accreditation application fee

Cost of materials: Free

Average annual cost (2021): $5,000 - $6,100 per family
Includes costs related to personnel, non personnel, model fidelity (including training), data system, evaluation, and measurement tools, & Healthy Families America affiliate fee.

Does **not** include the cost of services and supports provided by HFNY Central Administration (i.e. core model training, Quality Assurance or Technical Assistance provided by HFNY Central Administration, Data System or Evaluation). HFNY Central Administration includes OCFS (Bureau of Program and Community Development and Bureau of Reasearch, Evaluation, and Performance Analytics), Prevent Child Abuse New York, and the Center for Human Services Research.

TA/training (2020): $700/participant
Includes materials, time, travel costs of trainers.

Nurse-Family Partnership (NFP): (on average, rate by location)
To get the model up and running: Costs are varied and are dependent upon several factors, including geographic location and team size.

Cost of materials: Included in the average cost per family estimate

Average annual cost (2021): $14-$24 per family per day
Estimate covers costs the implementing agency incurs, including program materials, training, salaries for nursing staff, administrative expenses, promotional costs, and use of the centralized electronic data collection management and reporting system. Primary factors affecting range in costs: (1) nurses' salaries vary by geographic region and setting; (2) indirect costs individual agencies incur.

Parents As Teachers (PAT):
To get the model up and running (2021): Varied

Average annual cost (2021): Varied
Factors that contribute include education level/qualifications of parent educator, needs of population served, type of agency operating the program, need for translation services, whether there are additional requirements associated with a particular funding source, ratio of parent educators to supervisors, startup costs, level of parent educator turnover, travel needed to reach families.

TA/training (2021): Varied
Average cost to train a parent educator (not including travel costs) includes the three-day foundational training and the two-day model implementation training.

For the most transparent information about cost estimates for a PAT program in your community, please consult the following resources:**

✔ **Pricing Sheet:** A document that outlines the initial and on-going fees to the model specifically for training, affiliation, and curriculum subscription.

✔ **Affiliate Plan Budget:** Document is part of the larger Affiliate Plan document that new and prospective PAT affiliates complete as they are preparing to implement the model. Provides some ideas of cost estimates for new affiliates. These are broad estimates that vary widely and are meant to represent general national figures.

✔ **PAT Budget Toolkit:** Document that is currently due to be updated to reflect updated pricing/updated guidance in regards to changes related to COVID-19. However, the toolkit provides guidance on the kinds of costs that should be factored into budgeting for a PAT program.

** *The PAT National Center provides implementation support and guidance on the budget process. Contact mdickson@preventchildabuseny.org for links to these resources.*

ParentChild+:

To get the model up and running (2021): $10,000 fee (includes all training and first two years of TA) which covers the training institute, follow-up training, virtual and print training materials, unlimited access to learning management system, and intensive technical assistance (TA).

Cost of materials: Approximately $350 per family per cycle for curricular materials (books and toys), included in average cost per family below.

Average annual cost/family (2021): $4,500 - $6,500
Includes labor costs, administrative costs, travel time, technology, the annual program fee, the cost of materials for families, and facility/overhead expenses. Serving diverse/multilingual populations (hiring staff who are bilingual and purchasing multilingual program materials) and working in high-cost locations will increase the cost per family in order to ensure that staff are paid a thrive-able wage with benefits.

TA/training: After the two-year startup fee, the annual TA fee starts at $400/year for a site working with 50 or fewer families annually, and increases in steps to $1,000 for a site working with 500 families annually. Training for new coordinators at an existing site is $5,000.

Stages of Blending and Braiding

Stage 1: Identify Your Vision and Partners
To better understand how to develop a blended or braided fiscal model, think about home visiting programs and services on a continuum – different early childhood programs and home visiting models serve families with different levels of eligibility and unique backgrounds (i.e. prenatal vs. one-month old child, first-time mother vs. the parent of two children that are different ages – such as a newborn and a school-age child). The program administers home visiting services (an affiliated HFNY site, PAT, ParentChild+, or NFP program) or a local home visiting program, such as through Catholic Charities, United Way, or a MICHC. The program also provides wrap-around services for eligible children and families, including referrals and supportive measures like connecting families to the local food bank or mental health services, providing diapers and food, or even helping the parent/caregiver prepare for a job interview. Ideally, the program collaborates with the MICHC, so CHWs can supplement and support the work of the home visitors with additional knowledge and information about the community.

The home visiting program is administered year-round, though regularity and duration of visits vary by model. Referrals for the program can come from a variety of sources, including local departments of social services and healthcare facilities (OBGYN office, doula/midwifery services, hospital or birthing center, pediatric and primary care practices). Information about home visiting programs may also be available from other local entities, such as the WIC office, library, bus stops, and grocery stores. An ideal funding model would pursue a coordinated system of referral, such as a local Help Me Grow.[17] This infrastructure ensures a source of updated knowledge about the programs currently in operation. The one source serves as a "one stop shop" for

referral based on need and inquiry. This system of coordinated intake and referral aims to provide one access point (one location or one phone line) that all families can use as a resource (perhaps they saw a flyer in the grocery store about the benefits of home visiting and their potential eligibility). This centralized *Front Door* point will perform the necessary assessment and determine the best resources to connect the family with. This is a comprehensive planning process. However, if the blended or braided fiscal model you are developing is less complex, it may not need all the components. Additionally, if you are exploring how to change a current program's fiscal model to a braided model, much of this work may already be done. You may be ready to skip right to Stage 3. However, we recommend you take the time to read through the stages and select those activities that will help you design the best fiscal model possible.

It is easy to fall into the trap of designing programs to match the funding rather than the needs of children and families. This stage is intended to avoid that pitfall and focus, from the beginning, on what you are trying to accomplish on behalf of children and families in your community. Before you start defining the policy, program, or system, decide who needs to be involved. Below are some questions to help guide you in making that decision.

Which partners are needed?

✔ Internal staff, families your serve or community stakeholders
✔ External partners, including potential providers and funders
✔ Community leaders, including your funders
✔ Staff from the local department of social services or school district
✔ Other early childhood professionals that may interact with your organization's programs (do not limit yourself in this arena, think creatively!) Child care providers? Afterschool programs?
✔ Who else?

Who can help clarify the need for home visiting and possible services? Who can help articulate the outcomes?

✔ Direct service staff involved with the target population
✔ Families with lived experience and relevant needs
✔ Leaders with a personal commitment to the issue
✔ State and local staff with knowledge of statewide and community needs
✔ Who else?

Identify your Vision and Partners

What existing group has authority to make decisions about funding for policies, programs, and decisions?

✔ Mandated groups with authority and existing funding
✔ Voluntary planning groups with high levels of buy-in
✔ Groups with family involvement
✔ Who else?

✔ Groups with assessment data or skills to collect it

✔ Staff within and outside of your organization that may have utilization data and fiscal information

✔ Staff within and outside of your organization with expertise in financing or specific funding sources

✔ Who else? What else?

Depending on the scope of your blending and braiding efforts, you can have anything from a small planning group of internal staff and family leaders to a large, community-wide collaboration with researchers, funders, providers, families, and other community members.

Engaging Families

One of the best reasons to engage families in braided or blended fiscal models is to ensure that your program or system is flexible and able to respond to the individualized needs of the children and families you serve. Engaging the recipients of services in your planning process is critical. It will help you understand what your program needs to include that will improve outcomes for the children and families you serve. It will also help keep the focus on the ultimate benefit of the program even if the conversation is, by necessity, about the funding.

Over the course of the 2019 Summits, the HVCI engaged more than 200 parents either currently participating in (at the time of the convenings) or who had previously participated in home visiting. Parent insight about their experience helped to further shape the statewide themes detailed in this Guide.

Collaborating with Funders

Collaborative program development is almost the norm (coalitions, planning groups, task forces, etc.). However, collaboration with funders can be a new concept to many organizations and communities. To implement a successful blended or braided funding model, working closely with your funder is critical for three reasons:

✔ **Avoid Pitfalls:** The last thing you want to do is design an amazing program utilizing multiple funding sources and meeting important community needs and then have one of your funders tell you that you did not meet one of their requirements for accountability or expending their funds.

✔ **Build Commitment:** Working closely with a funder can increase their investment in your program by building their understanding of what your program needs to be successful. If you are transparent with your funder about the design of your program, you may be surprised at how flexible they will be to make sure they enable the success of your program.

✔ **Preempt Fears of Supplanting:** Most public funding sources require that funds are not used to supplant another funding source. Many funders look at blended and braided fiscal models, and, instead of seeing how you are leveraging funds

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they see a risk that you are replacing other funds with their funding. Bringing your funder into the conversation early is an important part of changing that perception. If the funder understands the scope of what can be accomplished by utilizing multiple funding sources, and how that differs from what you can accomplish using their funding source alone, reservations about supplanting of funds can be addressed (See 'Defining Blending' on pages 6-7 of this Guide for a theoretical example).

You may also need to employ strategies such as defining a per family rate, carefully tracking eligibility, and ensuring that accounting and budgeting are aligned. By working with your funder in this early stage, you will know what they need to know/understand to feel confident about your model.

Stage 2: Define Your Program

Are you ready to define your program? Before you move on to designing your program, confirm that the following is true.

Question	Yes	No
1. An agency decision-maker or his or her representative is involved in your planning process.		
2. Funders are involved in your planning process at the appropriate level, creating opportunities for them to learn about your approach and support it.		
3. The community and families you serve are involved in your planning process, ensuring your program will align with their needs and expectations.		
4. Both buy-in and involvement from staff with fiscal expertise who will be responsible for implementing the coordinated financing model exist.		

Prior to developing your fiscal model, you and your partners must identify what you hope to accomplish by blending and braiding funds. Fiscal coordination strategies are only a means to an end, and, to be successful, the end needs to be well-defined. The end may be a specific set of services, a specific population reached, and a strategy for how to identify and meet service needs, or even a design for a system that promotes collaboration across many providers and many types of service needs. For example, well-established home visiting program models have specific requirements with respect to income eligibility ('low-income,' Medicaid eligible, TANF eligible, etc.). Although these populations are a priority to receive services,

deemed "at risk" by standardized assessments, support for parents is an entitlement - babies do not come with a manual, and home visiting services are a nonjudgmental, non-mandated, confidential forum. Thus, a universally-offered model of home visiting is an ideal end goal of the programmatic fiscal model. Regardless of the scope of your goals, you need to clearly define them and outline what you will be funding. Here are some questions to help guide you.

What population do you need to serve?

✔ Demographics of the population (age, income, race/ethnicity)
✔ Needs of the population (connection to special education services, healthcare providers, mental health support, child care, etc.)
✔ Strengths/Protective Factors of the population
✔ Other resources and systems likely to be serving the population. Families enrolled in home visiting or family support programs are likely also enrolled in other early childhood community services (child care, afterschool programs, parent support groups). Gaining insight about these intersections, and how families in the community interact with them, can delineate priority areas for later stages.

For more information about the overlap of early childhood systems and opportunities for growth, see the Raising NY Brief: Strengthening the intersect between home visiting and child care programs In New York State.[18]

What does the "Front Door" of the program look like?

✔ Strategy for accessing the population (marketing, referrals, etc.)
✔ Assessment/screening tools that will be used
✔ Other elements of the intake process (forms, referrals, application, etc.)

What are the services or interventions that are part of your program?

✔ Services provided, including case management
✔ Services that will be referred out
✔ Services that will be purchased
✔ Priority of services planned – which ones must be provided, which ones are preferred, but not critical
✔ Average length of services to be provided
✔ Evidence-base of the planned services

What will the services accomplish and how will you know?

✔ Desired outcomes of the services
✔ Plan for monitoring, evaluation, and quality assurance

What are the specifics of the program?

✔ Make sure you know the number of home visitors/staff, number of families enrolled

✔ Account for the number and location of other programs in the community

✔ Keep capacity in mind

✔ Know the staffing ratios and caseload capacity per person

Who will deliver the services?

✔ Qualifications of all staff in respective positions

✔ Qualifications of program managers, training and technical assistance providers, direct service staff

✔ Number of home visitors needed to support the program

✔ Number of staff needed to support model implementation

What infrastructure is needed to support the program?
(For cost breakdown of the different program model expenditures, see Appendix C)

✔ Indirect expenses (e.g., phones, supplies, physical space, etc.)

✔ Daily direct expenses (e.g., staff, equipment, transportation, etc.). In context: Some home visiting models include cost of supplies/equipment in the yearly program cost. ParentChild+, for example, requires an additional $250/year for books and supplies. A strength of this model is the focus on literacy and language, necessitating these expenses. However, understanding the existence of these costs and their place in your budget relative to the model is crucial.

✔ Other direct expenses (e.g., supervision, training, evaluation, etc.)

Many of these questions should sound familiar – they are common in grant writing and in the way you may administer your programs. However, they are less common as part of a planning process for how to use long-term funding sources most effectively, which is exactly when this level of planning is most important.

Make sure you are reaching consensus among your key partners with respect to the questions below.

✔ Have you matched what your family, community, and advocacy leaders have identified as necessary?

✔ Does the program design align with the best practices in service delivery?

✔ Have you integrated evaluation into the program design so you can improve the program over time?

✔ Have you explored data collection mechanisms and opportunities to track outcomes?

Stage 3: Explore Your Financing Options

Are you ready to explore financing options? Before you move on to assessing your resources, confirm that the following are true:

Question	Yes	No
1. The program/system design is clearly defined, with all questions answered in detail.		
2. The executive decision maker of your agency and all the agency staff involved with the program support the vision, goal, and program design.		
3. You have consensus on the program vision, goal, and design from your key partners, internal and external, including the staff who will implement the program and the family, community and advocacy leaders involved in designing it.		

Regardless of whether you are designing a new program or changing the financial practices associated with an existing program, it is critical to take the time to analyze your financing options.

Stages 1 and 2 should have provided a clear understanding of what should be funded. Stage 3 will help identify which funding sources you consider as you explore your financing options.

Identifying Funding Sources

The first step in this stage is to list the funding sources you believe might help serve your population. Some of the funding sources you will have access to already, while others may be external funding sources that organizations in your community or at the state level already access and might be willing to contribute to your program. This stage facilitates the opportunity to explore current grant applications and private funding opportunities.

What are the internal funding sources already available to support your program?

✔ Funding appropriate for the children and families based on eligibility requirements
✔ Funding appropriate for the service needs based on eligibility requirements
✔ Funding appropriate for the providers identified based on their qualifications

What funding sources do you currently use to support your program (including federal, state, and local funding)?

✔ Funding that is available within your community (i.e. community grants)
✔ Funding available at the federal level
✔ Funding available at the state level
✔ Funding available at the local level

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What non-public funding sources could serve as a match?

✔ Private sector funding sources, such as local foundations or corporate giving programs, in your community

✔ Fee-for-service models appropriate for your population, services, and service delivery providers

Analyzing Funding Sources

Once the funding sources have been identified, it is time to analyze those funding sources and compare them to the needs of your program. Analyzing your funding sources is an important first step towards blending and braiding funds. For each funding source that appears to be a good fit for the families you serve and the service delivery providers you are working with, you will want to analyze the funding sources carefully to find out what parts of the funding source can support your program.

Analyzing funding sources can be intimidating! Most funding sources have detailed information available at the agencies that oversee the funding or within the private foundation's organization. Consequently, it is not always the most accessible information. You may want to explore a mix of the following activities to collect sufficient information about the funding sources:

✔ Meet with the funder's fiscal staff to collect information and discuss allowable expenses, documentation of expenses, and reporting requirements.

✔ Download fiscal guidance from funders' websites, including such things as - State Plans which often outline eligible services, rules and regulations, statutes, and agency letters.

✔ Call your funders and ask questions to better understand the funding sources. Take the time to do some background research.

✔ Talk to community partners currently funded through the funding sources of interest to you. Ask for documentation they have received from their funders.

Identify the funding sources you already use to support your program (or agencies involved in your planning process). You will want to record information not only about what the funding source can be used for, but what it is already used for within your agency.

✔ Find the number of children served historically (i.e., last two fiscal years) by the funding source, and the costs per child.

✔ Find out whether you have any waivers or other special permissions from your funder for how you currently use the funding.

Finally, you may want to review the reporting requirements to better understand the funder's expectations. With funding sources you don't use in your agency, you will want to make sure there is a reasonable chance the funding can be made accessible to support your program. Some things to consider:

- ✔ Is there a competitive process to release funds to community providers and other partners?
- ✔ Do you have an existing relationship with the funder or local partner who manages the funding?
- ✔ Is your program meeting a core function of the funding source?
- ✔ Is the funding available based on population and services provided (e.g., Medicaid funding)?
- ✔ If you believe you can access the funding source, is it worth analyzing what portion of your program it can fund?
- ✔ Length of funding period

Template A: Analyzing Your Funding Sources

If you already have funding sources in mind, begin with those, but you should consider the information collected and identified in Stages 2 and 3.

Template A: Analyzing Your Funding Sources is designed to allow you to make an analysis tool that can help you review existing and potential funding sources, and to help compare each funding source relative to the design of your program. This template helps analyze the information you collect.

When conducting a funding stream analysis, you'll start by filling in *Template A: Analyzing Your Funding Sources*, which requires reviewing fiscal guidance from the funders. For the typical funding streams for NYS home visiting programs, refer to pages 17-20. Refer to Appendix F for a completed sample of Template A with the federal funding stream CBCAP. For additional samples of Template A completed with funding streams pertinent to home visiting, please reference the Sparks Policy Institute Blending and Braiding to Support Early Childhood Home Visiting Guide (2017).[19]

19 McHugh, D.W., Lynn, J., Obee, K., Portman-Marsh, N. (2013) Blending and Braiding to Support

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Template A: Analyzing Your Funding Sources

Name of Funding Stream • Funding Stream Overview	
Entity Overseeing Funds	
Intent of Funding Stream	
Fiscal Year	
Eligible Entities	
Process to Access Funding	
Funding Source	
Reimbursement Type	
Timeline of Reporting	
Reporting Requirements	
Other Notes	
Eligible Populations	
Required Eligibility	
Priority Populations	
Income Status	
Geographic Location	

Template A: Analyzing Your Funding Sources

Staff Qualifications	
Required Staff Qualifications	

Services	
Encouraged Services	
Allowable Services	
Disallowed Services	
Evidence Based Programs	

Infrastructure Expenses	
Encouraged Infrastructure	
Allowable Infrastructure	
Disallowed Infrastructure	

For more information on the types of funding sources that support home visiting see the next page.

Name	Intent of the Funding Stream
Community Based Child Abuse Prevention (CBCAP) Program	Prevention of and response to child abuse and neglect.
General Public Health Work	Supports local health departments. Evidence-based programs are strongly encouraged.
General Fund	Healthy Families New York (HFNY) supports "credentialed or affiliated" programs to provide a wide range of wrap around services to better equip new parents with resources. HFNY is an evidence-based program.
Social Services Block Grant (SSBG)	Provides services for families and individuals that strengthen the ability of related persons to live together, encourage stability in living arrangements, and provide for specialized care in residential settings when necessary and appropriate.
Medicaid	Makes covered health and medical services available to eligible individuals. An important Medicaid service is Early Periodic Screening, Diagnosis and Treatment (EPSDT), which provides a comprehensive array of preventive health and treatment for Medicaid recipients from birth until 21 years of age.
Medicaid Targeted Case Management (TCM)	Provides case management services to help first time mothers and their newborns access needed medical, social, psycho-social, educational, financial and other services. Certification by a nationally recognized organization with an evidence-based program is preferred.

Stage 4: Explore Funding Gaps

After completing your analysis of each of your potential funding sources, the next step is to explore the allowable and non-allowable costs for each funding source or gap. To identify the gaps in your funding source, use *Template B: Analyzing Your Gaps*. You will need to populate the template with details about your population and their service needs.

Template A: Analyzing Your Funding Sources vs. Template B Analyzing Your Gaps	
Template A	**Template B**
Defines the child and family's **ELIGIBILITY** as it relates to the funding sources.	Identifies the **GAPS** in funding when the program chooses to provide services to families for which the agency does not have a designated funding source.

By taking the information entered in *Template A: Analyzing Your Funding Sources*, translating it to *Template B: Analyzing Your Gaps*, you can identify the populations and services that can be supported by funding sources. You may realize that you cannot fund some expenses from any of the identified funding sources. If the expenses are not on your list of priorities, this is the time to decide which services you cannot support, or to find additional funds to close the gap. Either way, this must be settled by the agency and be a part of the *Front Door* decision-making process. Thus, when a family comes to the program or asks about enrollment during the *Front Door* process, a decision can be made.

Template B is an example of what should be considered when analyzing funding gaps for your program. As you fill the template(s) out, break down each issue into detailed pieces to make sure you will have the most comprehensive view possible. Reference Appendix G for a completed Sample of *Template B: Analyzing Your Gaps* with Federal/State funding streams relevant to home visiting.

Template B: Analyzing Your Funding Gaps

Eligible Population and Services	Current Funding		Funding Source	Program
	Yes	No		
Ex. Pregnant people				
Ex. Families with young children birth through age 2				

Stage 5: Develop Your Coordinated Financing Plan

In Stage 5 you are ready to develop your *Coordinated Financing Plan*.
Before you move on to designing your plan, confirm the following:

Question	Yes	No
1. Have you chosen funding sources?		
2. Do you have a clear understanding of what each funding source can fund, including eligible populations and allowable expenses?		
3. Has the program been redefined and does it align with the available funding? Were these changes made in partnership with all the stakeholders involved in the planning process?		
4. Do the fiscal staff (and ideally your funders) agree on your analysis of funding sources, either because they conducted it or they reviewed your work?		

A *Coordinated Financing Plan* can serve multiple purposes. It can:

✔ be a tool for talking with funders so they can clearly understand the design of your blended and braided fiscal model

✔ help your programmatic and fiscal staff and your board understand how and why each decision is being made

✔ increase everyone's confidence that funding is being used appropriately, including that blending or braiding multiple funding sources will not result in supplanting

Walking through *Template C: Coordinated Financing Plan* will help address all the remaining topics included in this stage of the Guide.

To develop *Template C: Coordinated Financing Plan*, you will go through a process of documenting your overall approach (see Appendix F). The documentation will include developing key materials that will be regularly used by staff and key protocols that will be a core part to implementing a blended and braided fiscal model. This includes a documented process of how all the pieces fit together.

✔ **Program Budget:** The program budget is based on the revised funding design developed during the previous stages.

✔ **Cost Allocation:** Cost allocation is a budgeting and accounting mechanism used throughout the implementation of your program to account for spending and to support the program's budget.

✔ *Front Door* **and** *Back Door* **Protocols:** The program documents a decision-making process to give staff adequate training to perform assessment. A family may not be accepted into a home visiting program due to capacity or eligibility. In this case, the staff possesses adequate knowledge and training to refer the family to other appropriate services (*Front Door*). Staff provides sufficient information for each decision to be supported by an appropriate funding source (*Back Door*).

✔ **Tracking and Reporting:** Tracking and reporting materials are to be used during service delivery, including intake, ongoing services, and exit. This will include forms filled out by and with families, forms filled out by providers, and timesheets for staff and providers.

✔ **Financial Systems:** Financial practices and systems must be aligned with the blended or braided approach. This will require additional work because you will need to set up segregated funding sources or develop a special system.

✔ **Contracting:** If you are paying for services outside of your agency, your contracting process can be a critical component of your overall blended or braided funding design. For example, there could be an opportunity to subcontract with the local MICHC and partner on initiatives to improve oral hygiene, increase postpartum visits, or increase the rates of prenatal care in the community. This may take the form of local initiatives (supported by public education campaigns and community-driven efforts). As these contracts align with the overall mission of improving maternal/child health, funders may be more apt to discuss blending of funds, as stipulated in contracts, in pursuit of larger goals.

✔ **Quality Control and Staff Training:** To successfully implement a new fiscal model, key staff will need to be trained and provided with ongoing technical assistance.

Program Budget

Create a budget with the usual line items/categories based on the expenses for the program you are now planning to implement. Feel free to use whatever format you typically use, or use the Estimated Budget worksheet in *Template D: Budget & Cost Allocation*. At this point, don't worry about which funding source will pay for which family, but limit what you include in your budget. To do this, design a realistic budget tied to your finalized program design.

As you develop the *Template C: Coordinated Financing Plan*, make sure to document any decisions you made about the budget in *Template D: Budget & Cost Allocation*. For example, if you are basing the budget on the assumption that you can serve 50 families, explain why 50 is the appropriate number. Some questions that can guide you:

What expense categories do you need to pay for your program?

✔ Personnel and contractors
✔ Supplies, equipment, travel, and other direct costs that support activities you will undertake
✔ Stipends, incentives, meals, and other benefits to the family
✔ Indirect costs (rent, phones, internet, etc.)

During the COVID-19 pandemic, home visiting programs pivoted to virtual service delivery and stepped up to connect families with supplies and services when they were in desperate need. Many programs began purchasing diapers and formula to distribute directly to families. Other programs realized a need for cell phones, tablets, access to wireless internet services, and even SIM cards to pay for cell phone minutes (enabling easier virtual visits).

When evaluating your program expenses, explore incidental costs or roles of your program that may fit needs in a variety of circumstances.

✔ Purchased services from your community partners, at whatever case or service rate they quote
✔ Purchased or in-house evaluations and quality improvement services

For example, what training and technical assistance efforts might be funded/made available to the entirety of the staff (beyond what is supported and provided through the model)? You might consider the cost of hiring a consultant for matters of Diversity, Equity, and Inclusion, employee assessment and review initiatives, and opportunities for education/information about other community resources that may complement or interact with your program.

How many families do you plan to serve per year?

✔ Identify a realistic level of need in your community – how many families are likely to need home visiting services? How many will be eligible? In addition to considering need/eligibility, consider your program capacity relative to need.
✔ Identify how home visiting is messaged within the community – how many families know about the program, and understand the value/purpose?
✔ When planning how many families to serve per year, consider the supplemental outreach/education efforts that must accompany the program to increase capacity and promote a sustained, supported model.
✔ Know your capacity level for each home visitor — what is the caseload each staff member can handle?

How much do you need in each category to serve children and families each year?

✔ What will it cost to provide home visiting as outlined in your program design for the number of families you have estimated?

✔ How many families will require services? Number/frequency of visits and supplemental support from the home visitor (i.e. texting, travel, support as needed) will vary from family to family.

✔ How many families may decline or be unable to continue services? If you have access to existing program data, or programs of your own, use about two years of data to determine the turnover rate.

✔ What will it cost to sustain your non-service delivery activities, such as evaluation, advisory groups, etc.?

Prior to finalizing your budget, review it with key stakeholders and determine whether any expenses are missing. This process should be familiar – it is the same process used to develop any grant or program budget.

Cost Allocation

The next step in creating your *Template C: Coordinated Financing Plan* is to create a *Cost Allocation Plan*. This provides you with upfront information to ensure you can cover all your expenses across all your funding sources and ongoing information on the progress of spending down your funding sources. You should start your cost allocation plan by deciding whether you will be blending or braiding funding sources to support your program. Carefully review the stages in this Guide.

Template D: Budget and Cost Allocation	
Blending	If you are blending your funding, *Template D* will support a static budget that you can set in advance. Your priority will be to make sure you track sufficient information on eligibility and outcomes to report back to your funders. The template is often treated as a series of grant budgets with pre-defined monthly expenses in pre-defined categories of spending.
Braiding	If you are braiding your funding, *Template D* is a flexible budget and accounting tool that tracks spend down across your funding sources. In a braiding context there are living documents that begin with estimations, but help you keep track of how you can flexibly allocate resources to meet monthly needs, based on eligible populations and services.

To design your *Cost Allocation Plan*, use *Template D: Budget and Cost Allocation*. *Template D* is designed to have a summary page that helps keep track of spend-down across all your funding sources and a cost allocation page for each of your funding sources. Most likely, this template will need to be adapted to better fit your program.

Template D is only a tool. It is not your process for allocating costs, but rather your tool for tracking how you have allocated your costs as you implement your program. As you create it, make sure you pay close attention to your analysis of your funding sources. If one funding source can pay for special services and another cannot, ensure that you are including the line item for special services only under the budget for the funding source that allows it.

Front Door Decision Points

At the **Front Door**, an intake coordinator will review the family's eligibility to ensure the allowability for children and families to participate in a given program. In addition to eligibility, potential connection and referral to other resources to meet family needs may be determined. As previously discussed, the ideal model employs an intake coordinator (or organizing entity such as Help Me Grow) that is well-versed in community resources and connections. For example, a family may call the organization looking for diapers. The intake coordinator is ideally trained to recognize that this request can be followed up with an inquiry about the age of the child and other potential needs of the family. This is an administrative function to ensure the family can be served and the program has the money. After this initial phone contact, the **Front Door** may refer to a home visiting program and postpartum support in addition to connection with concrete resources such as diapers.

- ✔ **Eligibility** refers to the children/families who will be eligible for some or all the services provided by your blended or braided fiscal model (See Appendix A for a breakdown of the evidence-based home visiting programs available in NYS and corresponding eligibility criteria).
- ✔ **Allowability** refers to the program and services that each child and family will be allowed to receive, based on eligibility.

At the **Front Door**, the intake coordinator will need to clearly determine eligibility and allowability prior to enrolling the family in home visiting.

- ✔ Who is responsible for determining allowability? In other words, who has the tools and authority to decide which services are options for a new enrollment in the program?
- ✔ What referrals can be accepted to enroll the family into one of the programs?

You will want to create an easy to use document so the **Front Door** staff can make the right decision. This should include questions to clarify *eligibility*. In addition to a quick-reference document, it is ideal that the **Front Door** and staff in your organization have received training, and possess knowledge about home visiting. This knowledge includes but is not limited to:

- ✔ Benefits of home visiting
- ✔ Ability to explain home visiting (what it is, what it is not)
- ✔ Eligibility requirements
- ✔ A general overview of each core model (especially the models available to families in the community). If there is more than one model present, what is the difference between them? How do they overlap, compliment, and support each other?

Appendix E

It is crucial that *Front Door* staff have an understanding about the importance of these services within community infrastructure, as well as how your organization supports, sustains and interacts with these services.

> **Tip:** A "quick-guide" chart document might be helpful for staff to reference. The Guide might include a sample set of questions related to the family's age, needs, and income. The document could include a decision-tree to help the intake staff screen and determine, referrals in a quick, standardized manner.

As part of your *Front Door* protocols, an eligibility case file might include a quick checklist that includes the following:

- ✔ Family is eligible due to family's income.
- ✔ Family is eligible due to a referral to receive services
- ✔ Family is eligible because they are receiving TANF (or other public assistance benefits).

This checklist can help remind administrators to update the eligibility and allowable services if a family's situation changes, such as their income increases.

Back Door Decision Points

At the *Back Door*, you will identify how allocation of costs to funding sources will be determined. The *Back Door* is responsible for making sure that all allowable services are paid from the appropriate funding sources, with appropriate services, as defined by the *eligibility* of a family. Additionally, the *Back Door* is responsible for maintaining appropriate spend-down across the funding sources; using a protocol can help guide the process.

The protocol should help the *Back Door* staff understand which funding sources to use first. **If your *Front Door* is well designed, your *Back Door* will never run into a situation where a service has been provided that has no funding source.** The scenarios provided in this Guide will provide a detailed method of how *Back Door* protocols can be used. To develop protocols, you may want to consider what can be funded by using *Template A: Analyzing Your Funding Sources*. Here are some questions to consider:

Which funding sources need to be spent down steadily?

- ✔ Large funding sources accounting for a significant portion of your budget
- ✔ Use-it-or-lose-it funding sources (where a no-cost extension is not an option)
- ✔ Funding sources that allow a percentage of administrative/indirect costs, as you may need to also show direct costs

Which funding sources should be used whenever possible?

✔ Highly restrictive funding sources that may be hard to spend-down fully due to limited eligibility or allowability

✔ Funding sources with no cap, such as entitlement programs, allowing you to spend as much as needed

✔ Funding sources with earlier end dates than most of your other funding sources

✔ Funding sources with a longer length of service allowable

Which funding source should be used as a last resort?

✔ Highly flexible funding sources, particularly those that account for a small portion of your budget

✔ Funding sources that mandate that they are the payer of last resort

In general, you will want to use the least restrictive funding sources last, as it is better to finish up your funding year with a highly flexible funding source than a funding source that can only fund small parts of your program. Also, you want to be able to report steady progress in using your funding – your funders want to know how critical their funding is to your program! This does not mean you have the same expenses, the same number of clients, or the same amount of spend-down every month; rather, it means that you use the funds where they can best support your program, steadily and with flexibility. In general, make sure you do not ignore a funding source for multiple months – this may cause you to lose the funding source due to a perceived lack of need. This does not necessarily mean you need to create an entirely new program or undertake a new initiative to fulfill requirements of the funding source. Refer to Case Study 1 for an example of creativity when appealing to funding sources. Your organization can also actively work with a funder (a federal project officer, private insurer, etc.) to discuss appropriate use of the funds. Some funding is flexible, especially paired with a thoughtful and intentional proposal about how your organization can apply the funds to support and sustain home visiting.

After developing a protocol for general spend-down, you will want to make sure you have a summarized document that clarifies the eligible populations and allowable costs for each funding source. This is the tool your fiscal staff can use as they make decisions on what to allocate. It should match your *Template D: Budget & Cost Allocation* and *Template A: Analyzing Your Funding Sources*.

Tracking and Reporting

Your *Back Door* procedures will ensure all the information required by funders is submitted by all the required deadlines. Make sure you are aware of all reporting requirements and create a calendar of deadlines. Some funders will have multiple types of reporting, such as monthly invoicing, monthly data entry into their case management system, and quarterly outcome reports. Document all these requirements.

Next, document all the information needed for each report. Create a chart to determine what information your program staff will need to capture about each client for the reports to the funders. Many funders have databases they may require you to use, which can be challenging in a blended or braided fiscal model when programmatic staff are unaware of which funding source is being used to fund their program. The *Back Door* process may need to include entering reported information by program staff into required databases.

Tip: A critical component to a successful braided model is to track personnel time by eligible populations/allowable services. Staff salaries paid for by a braided model should keep time sheets with specific codes to indicate their role for supporting the program.

Financial Systems

Your *Coordinated Financing Plan* will also cover the financial systems that will be used to meet funder requirements. If any of your funding sources require segregated accounting, this is where you can describe and plan for how that will be supported. You can also use this part of your plan to document how you will maintain the data needed to respond to your funders' audit requirements. Often, the requirements for what must be documented and available during an audit are far more extensive than the requirements associated with monthly or quarterly reporting. It is imperative to include your fiscal staff in this process as they will know exactly what is required by the funders.

Contracting

You may have contracts with providers outside your organization. You will want to define the contents of those contracts and how the reporting associated with invoicing will match the requirements of your many funding sources. Make sure your contracts include any required language by your various funders. Hopefully, your funders will allow you to have one contract with each provider that covers all funding sources. However, some funders will expect you to have funding source-specific contracts with your service providers. In this case, you will need to be thoughtful about how you define the total amount of funding in each contract, as you do not want to limit your flexibility in your braiding model.

You can document the reimbursement strategies for your contractors as part of your *Coordinated Financing Plan*. Some options include:

✔ Creation of a pre-approved partner list with no guarantees of usage. This is the most flexible option for you, but can be hard for small specialty providers.

✔ Fixed-price contracts that predefine how many families can be enrolled in a program. This requires that you track how many families are enrolled or how services have been delivered within a given timeframe (Referrals tracked? Data on outcomes?). This is often preferred by your contractors because it guarantees them a steady income.

✔ Performance-based contracts can be incorporated into any of the above strategies.

Quality Control and Staff Training

You will want your plan to address the following:

- ✔ Monitoring the appropriateness of decisions being made
- ✔ Training staff on the procedures
- ✔ Providing technical assistance in response to questions

Also, it is important to plan for how time-sensitive issues will be addressed, such as questions about eligibility when a family is going through an intake process at the *Front Door*.

Stage 6: Implement, Track, and Improve

Before you move on to designing your program, confirm the following is true:

Question	Yes	No
1. Is there a program budget that is realistic for the number of families you plan to serve?		
2. Does the program's budget fully address non-programmatic expenses, such as indirect costs and evaluation/quality control?		
3. Is there a Cost Allocation Plan in place to help spend-down your funding appropriately?		
4. Is there a *Front Door* and a *Back Door* that carefully define decision points and provide tools to make decisions?		
5. Is there an appropriate financial system in place that includes contracts?		
6. Is there training on how to implement the tools and information on who to ask for help?		

This Guide does not cover general principles of good contracts, nor does it address specific requirements of your funders. Take the time to work with your funders and fiscal staff to design contracts that are appropriate and meet all the legal and regulatory requirements associated with your funding sources.

The final stage of developing your blended or braided fiscal model is implementation. Throughout the process of developing your plan, you must engage funders, your community, families, and community stakeholders. This remains true during implementation. Although the model is now designed, it will not be static. As your funding sources change or funding requirements change, you will need your stakeholders to help you modify your program.

Take time to collect feedback from your staff and families on their experience of the process, asking questions such as:

✔ Is the process seamless and transparent to families?
✔ Do **Front Door** staff have the level of decision-making they need to expedite access to services, make referrals, and answer questions?
✔ Do **Back Door** staff have enough information from program staff to make good decisions regarding allocation of funds?
✔ Do your funders feel confident that you are spending their money appropriately and achieving good outcomes?

Use this information on an ongoing basis to improve program quality by identifying strengths and challenges and to make any necessary adjustments.

Plan to revisit your *Coordinated Financing Plan* at least yearly and as funding sources change. **Make sure someone is responsible for taking new information from funders and incorporating it into the plan.** As needed, make changes, such as redoing your fiscal analysis for a funding source to ensure it is being used appropriately even after it changes its rules, or update your eligibility and allowability documentation when you secure a new funding source.

Sample Template A: Analyzing Your Funding Sources

Funding Stream: Community Based Child Abuse Prevention (CBCAP)

Under Title II of the Child Abuse Prevention and Treatment Act, CBCAP is a federal funding stream administered by the NYS OCFS's Division of Child Welfare and Community Services (CWCS). Its purpose is to prevent and respond to child abuse and neglect. CBCAP can fund a broad range of services that early childhood home visiting programs provide. Approximately every four years NYS OCFS releases a competitive RFP through its Children and Family Trust Fund, which is supported by both state general funds and federal CBCAP funds. Evidence-based programs are strongly encouraged and applicants to the RFP process must talk about their capacity for implementation.

Template A: Analyzing Your Funding Sources

Community Based Child Abuse Prevention (CBCAP) • Funding Stream Overview	
Entity Overseeing Funds	New York State Office of Children and Family Services' (OCFS) Division of Child Welfare and Community Services (CWCS)
Intent of Funding Stream	Prevention of and response to child abuse and neglect.
Fiscal Year	On the federal fiscal year (October 1st to September 30th). CBCAP is administered through New York State OCFS's Children and Family Trust Fund and grantee funding periods are contingent upon the release of request for proposals (RFP) and federal spending deadlines.
Eligible Entities	Local government and non-profit providers. Public and private partnerships are encouraged.
Process to Access Funding	Approximately every four years OCFS releases a competitive RFP through its New York State Children and Family Trust Fund, which is supported by both state general funds and federal CBCAP funds. Projects that are funded receive four years of funding. If New York receives an increase in federal CBCAP funding or additional state general funds are appropriated, they will release a competitive RFP at that time and expand the number of projects they support.
Funding Source	Federal funding stream under Public Law 108-36, the Child Abuse Prevention and Treatment Act managed by New York State
Reimbursement Type	Funded projects generally receive four years of funding. Grantees submit a budget prior to receiving funding for their expected costs that year with a breakout of budget line-items. Unless the funded project has completed its 4th year of funding, the grantee's 4th quarter report serves to generate the annual renewal of funding and is accompanied by a budget that details the next year's expected programmatic expenses.
Timeline of Reporting	Grantees have to submit four quarterly reports to OCFS. The 4th quarter report serves as the final report and includes a fiscal summary. Each quarter, grantees are asked to review their expenditures, to date, and assess the need for budget adjustments.
Reporting Requirements	Many CBCAP and Trust Fund Programs are required to collect and enter participant-level data into the OCFS Community – Based Prevention Services Data Management System. This system collects demographic services, and protective factors outcomes data and is used to support program monitoring continuous quality improvement, evaluation, and state and federal reporting requirements.

Template A: Analyzing Your Funding Sources

Other Notes	NYS Children and Family Trust Fund grantees are strongly encouraged to blend and braid Trust Fund funding with other funding streams and are asked, in their quarterly reports, to document what other sources of funding they have leveraged to better support their programs.

Eligible Populations

Required Eligibility	Families at greater risk of child abuse, maltreatment or foster care placement.
Priority Populations	Parents with children 0-5; single/teen parents; parents with substance abuse, mental health, domestic violence or disability issues; non-custodial or incarcerated parents; relatives raising young children; military families; and families with children with disabilities.
Income Status	No income restrictions
Geographic Location	Statewide

Staff Qualifications

Required Staff Qualifications	No required certifications or licensing for staff. OCFS does strongly encourage that program staff receive professional development and relevant training (e.g., family development credential).

Services

Encouraged Services	Culturally competent and reflective of the special needs of the community served; geographically accessible to population being served; strength-based; aligned with the local social service district child welfare strategies/priorities; focused on improving family protective factors linked to risk of abuse.
Allowable Services	Very broad range of services allowable including such things as screening and assessment, parenting programs, home based services, referral to services, training and education for parents, school readiness, health promotion, mental health, case/care management, transportation reimbursement for families, and supplies for families. Grantees are also required to use the Protective Factor Instrument (PFI). The PFI was adapted from the Protective Factors Survey, a pre/post evaluation tool for use with caregivers receiving child maltreatment prevention services to measure Protective Factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. The PFI was adopted from the Protective Factors Survey by OCFS researchers, and validated with a diverse population of community caregivers. The PFI demonstrates strong reliability and internal consistency.

Template A: Analyzing Your Funding Sources

Services	
Disallowed Services	Primary healthcare services
Evidence-Based Programs	Evidence-based programs are strongly encouraged and applicants to the RFP process must talk about their capacity to implement them.

Infrastructure Expenses	
Encouraged Infrastructure	Encouraged to use staff time to more effectively coordinate resources across systems. Required to report on improvements in family Protective Factors linked to risk for abuse, suggesting a need for some level of quality assurance/evaluation.
Allowable Infrastructure	Very broad range of infrastructure staff. Also allows for public information campaigns if focused on the healthy and positive development of parents and children, the promotion of child abuse expenses are allowable including staff training and professional development, support staff, data and information systems, quality assurance, food and meals, stipends for families, indirect rate subject to certain requirements, and cell phones for neglect prevention activities. In addition funds can be used to support employee staff mileage/travel, licensing, security/safety, insurance, and membership dues.
Disallowed Infrastructure	Lobbying

Template C: Coordinated Financing Plan
*(contribution from Sparks Policy Institute)*

Program Design
- Provide a short overview of the program design, including eligible populations, direct services, and non-service delivery activities.

Funding Sources
- Briefly list each funding source, the contact information, the amount, duration, and any critical information to understand the purpose of the funding source in supporting the program. For example, one funding source might be comprehensive, supporting all components, while another funding source is for primary health care services only.
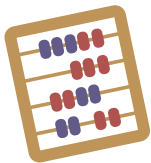
Program Budget
- Briefly describe the program budget, as outlined in *Program Budget*
- Indicate any key decisions made that relate to the budget, such as the total population to be served.
- Your program budget, based on the revised design developed during the previous stage.
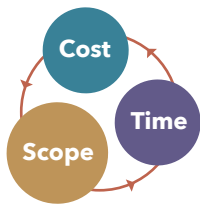
Cost Allocation
- Briefly describe your overall cost allocation model, as outlined in *Template D: Cost Allocation Plan*.
- Indicate whether you are blending or braiding.
- Include a list of all the sources of financial information and how to access them.

Front Door Protocols
- Outline who has the authority to accept families into the program and determine the services to be provided.
- Outline what tool will be available to assist the *Front Door* in making appropriate decisions on eligibility and allowability.
- Outline what technical assistance that will be available to *Front Door* staff, such as access to key fiscal staff if eligibility or allowability questions arise.
- Identify *Eligibility and Allowability*.
- Outline what information will be needed to ensure ongoing awareness of eligibility for families.

Appendix F

Back Door Protocols

- Include a protocol for spending down the funding sources supporting your blended or braided model.

- Include the specific eligibility and allowability requirements for each funding source to assist your *Back Door* staff in making appropriate funding decisions and answering questions from *Front Door* staff. This information will come from *Template A: Analyzing Your Funding Sources*.

Tracking and Reporting

- Include a timetable for your reports to your funders, including fiscal and programmatic reporting.

- Include your tracking and reporting tools. These tools should capture all the information needed for all your funders. They must include a timesheet to track personnel time spent on specific children and on non-children-based activities.

- Include your protocol for completion of reports using the information collected. You will want to indicate how frequently staff must complete the tracking tools and the process for inputting data into various funders' databases or reporting templates.

Financial Systems

- Include a brief description of how your *Coordinated Financing Plan* aligns with existing financial practices and systems.

- Indicate where the *Coordinated Financing Plan* requires additional practices or systems and include protocols for those.

- Address potential need for segregating your funding in your accounting systems. This is critical for many public funding sources, and particularly important if you are a faith-based organization.

Contracting

- Include an explanation of your contracting system (pre-approved providers, fixed-price contracts, capitated contracts, case-rate contracts for multiple services, performance-based contracts).

- Include an explanation of your reporting requirements to ensure contractors provide sufficient information to meet reporting needs.

Quality Control and Staff Training

- Describe quality control measures to ensure continued compliance with funding source requirements throughout the implementation of the program.

- Describe the plan to train and support staff who will be implementing the *Front Door* and *Back Door* of the program.

- Address staff turnover.

Appendix F

Template B: Analyzing Funding Your Gaps

Eligible Population and Services	Community Based Child Abuse Prevention (CBCAP)	General Fund (HFNY)	Social Services Block Grant (SSBG)	Article 6 Health
	Yes / No	Yes / No	Yes / No	Yes / No
Pregnant people	**Yes** Universal primary/ secondary prevention to build Protective Factors.	**Yes** Pregnant people must reside in targeted service area and screen positive for elevated risk of negative child outcomes.	Services for pregnant people could fall under different service categories and thus eligibility requirements, such as income limits, vary based on factors such as if a service is state mandated or not.	**Yes**
Families with young children birth through age two	**Yes** Universal primary/ secondary prevention to build Protective Factors.	**Yes** Family must have a child under 3 months of age, reside in a targeted service area, and screen positive for elevated risk of negative child outcomes.	Families receiving Flexible Funding for Family Services (FFFS) must be at or under 200% FPL. For more detailed information on eligibility requirements, please visit: http://ocfs.nny. gov /main/ reports/FFY%20 2014%20NY S%20SSBG%20 1UR.pdf The same information captured above related to service eligibility requirements for pregnant people is applicable to young children and their families birth through age two.	**Yes**

Appendix G

Template B: Analyzing Your Gaps

Eligible Population and Services	Community Based Child Abuse Prevention (CBCAP)	General Fund (HFNY)	Social Services Block Grant (SSBG)	Article 6 Health
	Yes / No	Yes / No	Yes / No	Yes / No
Families with young children who are three through five years of age	**Yes** Universal primary/ secondary prevention to build Protective Factors.	**No** Only if the family was already enrolled when the child was under three months.	Please see eligibility information above (previous page). Also applicable to young children (3-5 years) and their families.	**Yes**
Pregnant people and families who are not low-income	**Yes** Universal primary/ secondary prevention to build Protective Factors.	**Yes** A family must have a child under 3 months of age, reside in a targeted service area, and screen positive for elevated risk of negative child outcomes.	See Above	**Yes**

What does the Front Door of our program look like?

Intake - Child Screening and Assessment	**Yes**	**Yes**	**Yes**	**Yes** To assess preconception, prenatal, postpartum & interconception.

What are the services or interventions that are part of our program?

Referral to Services	**Yes**	**Yes**	**Yes**	**Yes**
Case Management	**Not Required**	**No**	**Yes**	Case specific, if it is basic case management, that is often provided by local social services.
Parent Training & Education	**Yes**	**Yes**	**Yes**	Only to provide information to promote positive birth outcomes and child health.

Template B: Analyzing Your Funding Gaps

Eligible Population and Services	Community Based Child Abuse Prevention (CBCAP)	General Fund (HFNY)	Social Services Block Grant (SSBG)	Article 6 Health
	Yes / No	Yes / No	Yes / No	Yes / No
School Readiness Services	Yes	Yes	Yes	Yes
Health Promotion Services	Yes	Yes	Yes	Yes
Health Care Services	No	No	Eligibility varies. Direct provision of medical services is not eligible for funding. Identification, referral & monitoring follow-up services are eligible.	Yes
Mental Health Services	No but provides support and referral.	No but provides support and referral.	Yes	No
Transportation	Yes	Yes	Yes	Yes
Supplies for Families	Yes	Yes	Yes	Yes
Staff Qualifications	No required certifications or licensing for staff.	HFNY education and experience requirements depending on role.	No required staff qualifications.	Staff qualifications for some titles used by local health departments (i.e. public health nurse) are in the state sanitary code.
Staff Training	Yes	Yes	Yes	Yes
Staff Support	Yes	Yes	Yes	Yes
Data and MIS	Yes	Yes	Yes	Yes
Quality Assurance	Yes	Yes	No	Yes

Template B: Analyzing Your Gaps

Eligible Population and Services	Community Based Child Abuse Prevention (CBCAP)	General Fund (HFNY)	Social Services Block Grant (SSBG)	Article 6 Health
	Yes / No	Yes / No	Yes / No	Yes / No
Insurance	Yes	Yes	No	Yes
Security (on-call staff & escort services)	Yes	Yes	No	Yes
Membership Dues	Yes	Yes	No	Yes
Licensing	**No** unless program model requires.	Yes	No	Yes
Indirect Rate	Yes	Yes	Yes	No
Food/Meals	Yes	Yes	Yes	No
Stipends	Yes	Yes	Yes	No
Travel Reimbursement	Yes	Yes	No	Yes
Cell Phones	Yes	Yes	No	Yes