

## Braiding and Blending Funds to Support Community Health Improvement: A Compendium of Resources and Examples

**H**ealth conditions and risk factors often overlap and co-occur, and are intimately tied to social and structural determinants of health. As a result, it is essential that health improvement efforts center on prevention and policy, systems and environmental changes that cut across sectors.

There is widespread recognition that such multi-sector/collective impact work is necessary to improve health, education and broader well-being outcomes in communities across the U.S. Many organizations and individuals are exploring the intersection of health with [housing](#), [community development](#), [education](#), and other sectors.

Within the realm of public health, we have seen the proliferation of efforts like:

- **[Accountable Communities for Health \(ACHs\)](#)**, described in detail in briefs by the [Center for Health Care Strategies](#) and [Prevention Institute](#) - which bring together health, social service and other sectors to improve population health and clinical-community linkages and are being tested by several states participating in the Center for Medicare and Medicaid Innovation's (CMMI) State Innovation Models (SIM) initiative;
- **[Purpose Built Communities](#)** – which take a holistic approach to revitalizing distressed neighborhoods that includes housing, education and comprehensive community wellness resources; and
- **[Invest Health](#)** – an initiative of the Robert Wood Johnson Foundation and Reinvestment Fund that supports multi-sector partnerships in 50 mid-sized U.S. cities, aiming to increase private and public investments to improve health outcomes in low-income neighborhoods.

As noted in Trust for America’s Health’s [Blueprint for a Healthier America 2016](#), these local, multi-sector, health improvement partnerships require bringing together a diverse range of funding streams in order to be sustainable.

There has been much momentum around this issue recently, including delineation of the various types of financing structures that can support [community prevention](#) and population health (including an outline of [innovations in financing population health](#), as well as a [typology of potential financing structures for population health](#)); discussion of what a [balanced portfolio](#) for community health might look like and [what it will take to get there](#); development of a model to provide the [local infrastructure](#) necessary to manage complex coordination of funding streams for community health improvement; [federal agency policy guidance](#); and a federally authorized pilot program ([Performance Partnership Pilots for Disconnected Youth](#), described in detail in a [2017 annual report to Congress](#)) enabling states and localities to combine multiple federal funding streams to improve outcomes for disconnected youth.

This issue brief focuses specifically on two key *mechanisms* by which to bring funding streams together to support community health improvement – braiding and blending. **Braiding** refers to coordinating funding and financing from several sources to support a single initiative or portfolio of interventions (usually at the community level). Braiding keeps funding/financing streams in distinguishable strands, so each funder can track resources. On the other hand, **blending** refers to combining different streams into one pool, under a single set of reporting and other requirements, which makes streams indistinguishable from one another as they are combined to meet needs on the ground that are unexpected or unmet by other sources.

These are not new concepts and have been explored in depth as early as 2003, with the publishing of a guide, [Blending and Braiding Funds to Support Early Care and Education Initiatives](#). While guides focused on braiding and blending at the [federal](#), [state](#), and [local](#) levels have been published in recent years, there is not a compendium of resources on braiding and blending to help inform state and local endeavors to braid and blend funds in order to support health improvement efforts in their community – that is what this brief aims to do, pulling together key resources and highlighting key examples. Notably, resources and examples were selected to reflect the breadth of work in this area, and do not constitute a comprehensive list.

## GUIDES AND TOOLKITS

### [Blended and Braided Funding: A Guide for Policy Makers and Practitioners](#)

This 2014 guide from the Association of Government Accountants (AGA) provides “how to” information on increasing efficiency and effectiveness of funds through blending and braiding for those who set government policy, including Congress and presidential administrations, state legislators, governors, city councils, and mayors. The guide provides an overview of blending and braiding, including challenges of the current federal funding system; highlights several federal statutes that authorize blended funding or increase flexibility in other ways; and concludes with key lessons learned from existing initiatives and a decision framework for those considering blending or braiding funds.

## **Blending, Braiding, and Block-Granting Funds for Public Health and Prevention: Implications for States**

This 2017 publication of the National Academy for State Health Policy (NASHP) provides recommendations for states interested in maximizing their ability to coordinate work and resources across programs through blending and braiding, based on insights gleaned from a convening of state public health and Medicaid policymakers. The paper examines historic and existing sources of federal funding to states to support public health, explores how use of those funds intersects with Medicaid waiver authorities to support public health goals and proposes state responses – including blending and braiding – to various federal funding scenarios.

## **Braiding & Blending Funding Streams to Meet the Health-Related Social Needs of Low-Income Persons: Considerations for State Health Policymakers**

This 2016 NASPH brief highlights non-Medicaid funding sources states can blend or braid to address social determinants of health and other needs not typically covered by Medicaid and provides a continuum of options state Medicaid, public health and other policymakers can consider to coordinate funding to better serve adult Medicaid beneficiaries.

## **Spark Policy Institute Blending & Braiding Toolkit**

This toolkit walks communities through various phases of beginning to blend and braid funds, from identifying a vision and partners to defining the program/services provided to exploring finance options to developing – and then implementing, tracking and improving – a coordinated financing plan. The toolkit also includes some case studies and additional resources to help communities identify potential funding streams for blended or braided models.

## **Accountable Communities for Health – Strategies for Financial Sustainability**

This brief outlines a host of strategies intended to provide guidance for communities wishing to implement effective Accountable Communities for Health. One of the key implementation strategies highlighted is braiding and blending funding across efforts in the areas of clinical services, social services and community resources, clinical-community linkages, broader policy, systems and environmental changes as well as backbone functions (e.g., convening, coordinating programs and funds, providing oversight).

## **Blending and Braiding Early Childhood Program Funding Streams Toolkit**

This 2013 toolkit from the Ounce of Prevention Fund is designed to provide state advocates and policymakers with strategies, tools, resources and options to make policy choices that facilitate blending and braiding funding streams to improve early learning programs for vulnerable children and working families. The toolkit includes state data tables and worksheets to facilitate an understanding of the current funding landscape within a state.

## **Blending and Braiding Funds and Resources: The Intermediary as Facilitator**

This 2006 brief by the National Collaborative on Workforce and Disability focuses on how intermediary organizations can facilitate the blending and braiding of funds and resources to encourage cross-systems collaboration. While the brief focuses on blending and braiding within the context of improving educational and employment outcomes for youth, including those with disabilities, the strategies outlined and discussion of the role of intermediaries in blending and braiding are relevant across issues. The brief includes a tables outlining state- and local-level intermediary activities to facilitate use of alternative funding strategies.

## FEDERAL INITIATIVES

There are a few Federal initiatives designed to encourage braiding and blending of Federal funding streams, including:

- **Performance Partnership Pilots for Disconnected Youth** – This program brings together the U.S. Department of Education (ED), the U.S. Department of Labor (DOL), the U.S. Department of Health and Human Services (HHS), the Corporation for National Community Service, the Institute of Museum and Library Services and other related agencies to provide opportunities for communities to test innovative ways of improving outcomes for disconnected youth. Because of statutory authority granted to the agencies for this program, pilot sites can propose blending funds from various federal programs and may have certain intra-program requirements waived. This model for blending funds, combined with accountability for results, is intended to ease administrative burden and improve outcomes for youth.
- **Promise Neighborhoods** – Inspired by initiatives such as the Harlem Children's Zone, this Department of Education program supports projects that are designed to create a comprehensive continuum of education programs and family and community supports, with great schools at the center, that will significantly improve the educational and developmental outcomes of children from birth through college and career, in the nation's most distressed communities. In addition to the funds awarded directly through Promise Neighborhood grants, recipients are required to acquire substantial matching funds (sources include private entities and government agencies), which are braided together to build cradle-to-career continuums.
- **Now is the Time** – This plan to reduce gun violence, make schools safer and increase access to mental health services, began in 2013. The U.S. Department of Education (ED), Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Justice (DOJ) created three grant programs designed to work in collaboration under this umbrella – requiring applicants for grants from one of these agencies to also apply for grants from another (and sometimes only allowing recipients of one grant to apply to another or requiring partnership with an entity that applied to another grant); aligning application timelines; requiring submission of grant coordination and implementation times (for successful applicants to more than one grant under this initiative); and coordinating training and technical assistance through a single provider.

## STATE AND LOCAL EXAMPLES

State and local public and private entities are successfully braiding and blending funds, particularly when they have the appropriate infrastructure to support these efforts, as demonstrated by the examples provided here. These examples exist in a range of sectors, including health, children and family services, early education, education, domestic violence, housing and community development.

### Local Examples

#### **Family League of Baltimore**

The Family League of Baltimore is a nongovernmental local management board, established in 1991 by

the Maryland General Assembly, to target government resources to local organizations and coordinate services for child and family services. Family League partners with a variety of organizations, including My Brother's Keeper Baltimore and the Family Literacy Coalition, to fund and support capacity building; collaboration; the reduction of duplicate services among public and private stakeholders; wider implementation of evidence-based programs; and the promotion of policy and practice system changes. The program receives support from around 40 different funders to support a total budget of \$29.6 million (in 2016), including around \$13 million from state grants; \$13 million from local government grants; \$1.5 million in private grants; and \$500,000 in federal grants. Around 93 percent of funds are from government grants. Eighty percent is distributed to local organizations, 10 percent supports technical assistance and 10 percent supports management and administration. As one example effort, through B'more for Healthy Babies, the Family League of Baltimore is working with the Baltimore Health Department to reduce infant mortality and improve the health of mothers and babies through fitness and nutrition for postpartum women, hosting breastfeeding support groups and conducting intensive community outreach to connect women with services. Infant mortality has been reduced by 28 percent since the start of the initiative and is at the lowest point in history. And the disparity between White and Black infant deaths has been reduced by nearly 40 percent.

### **Florida Children's Services Councils**

In Florida, state legislation enables counties to levy a tax or set aside a portion of their annual budget – subject to voter approval – to fund a government entity called a Children's Services Council (CSC). These councils help fund organizations that serve children and families in the county where a council exists. The councils also help make sure dollars are invested in programs that will provide the best outcomes for children and families in their communities, with priorities aligned with the community's needs. Among other activities, councils monitor program/provider performance and serve as a hub, convening child advocacy partners and providing leadership, coordination and oversight.

### **Spectrum's School Health Program at Grand Rapids Public Schools**

The School Health Program in Grand Rapids Public Schools (GRPS) in Michigan is a partnership between the school district and Spectrum Health (a large health system in the area). The program utilizes school health teams composed of registered nurses, licensed practical nurses and health aides to provide direct services to students in 48 schools, including via four full-service school based health centers. The program coordinates funding from several sources to support their school nurses (Spectrum Health, the district budget, the local school district budget, and the State Department of Education – including grants and funds set aside for students deemed high risk), and further braids together public and private funding streams to allow for reimbursement and service provision under a variety of health delivery models beyond the traditional school nurse reimbursement model. This enables GRPS to provide services outside of the traditional school nurse model, such as dental services. GRPS also partners with a local Federally Qualified Health Center (FQHC) to deliver health services in their school-based health centers and via a traveling dental program. Because these services are provided through an FQHC, they are eligible for Medicaid reimbursement and receive the FQHC enhanced reimbursement rate. The School Health Program has produced significant improvements in key school health indicators. In FY 2015, 97% of students at participating schools met current immunization requirements to attend school and 98% of problems identified were resolved on-site by the school health care team.

### **Public Health Improvement Fund in Allegheny County, Pennsylvania**

In Allegheny County, Pennsylvania, a group of foundation executives established a joint fund known as the Public Health Improvement Fund in order to coordinate the various streams of foundation funding

available for the public health department. The fund, run out of the Pittsburgh Foundation, centralizes and blends funds initially made up of contributions from five local foundations to support public health infrastructure and more recently, a local health improvement plan (A Plan for a Healthier Allegheny). The two largest health care/insurance systems in the county have also joined the fund and there are plans to approach large universities in the area as well.

### **Chicanos Por La Causa**

Chicanos Por La Causa (CPLC), a multistate Community Development Corporation, focuses on economic development, education, housing development and delivering of social services. CPLC serves over 200,000 low-income individuals annually through program sites in Arizona, Nevada and New Mexico. It provides a range of services, including youth and adult education, scholarships, behavioral health, domestic violence services, substance abuse treatment, parenting classes, HIV services, senior and immigration services, workforce development, real estate, housing and loans for entrepreneurs and small businesses. CPLC generates more than \$50 million in revenue from the housing, health and other services it provides. In Phoenix, Arizona, via a [partnership with UnitedHealthcare](#) (which has 25,000 members within a 3 mile radius of the center), all clients are screened for social needs and referred to social services including job training, housing, financial services and transportation. A new data system enhances communications between social service providers, including referrals. To finance the effort, UnitedHealthcare has committed to provide CPLC access to up to \$20 million in capital to acquire, develop and operate multifamily housing units and to provide a variety of need-based services for residents.

### **Sojourner Family Peace Center**

Sojourner, originally founded in 1975, is the largest nonprofit provider of domestic violence prevention and intervention services in Wisconsin. The new Sojourner Family Peace Center, which opened in February 2016, provides a broad array of co-located services, including crisis housing, emergency services, law enforcement, assessments, counseling, and referrals. The new Center was financed through braiding of funds from innovative sources, including leveraging of New Market Tax Credits, community benefit dollars and other support from the Children’s Hospital of Wisconsin, and money from a State Building Commission matching grant. Sojourner braids funds from public sources (federal, state, county and city funding) (42 percent), United Way (9 percent), and private sources (48 percent).

## **State Examples**

### **Virginia Children’s Services Act**

Virginia’s Children’s Services Act is a case management model that blends funding streams across state agencies (social services, juvenile justice, education, and behavioral health) and allocates these funds to localities to support the needs of at-risk youth and families. It is overseen by a cross-agency State Executive Council for Children’s Services. The local funds are received and managed by the local Community Policy and Management Team (CPMT), which is appointed by the local governing body. The CPMTs authorize the funds to pay for the services recommended by the local Family Assessment and Planning (FAPT) teams. Localities also contribute matching funds to the CSA state pool and report to the state on pool expenditures as a whole; they do not report on expenditures by stream. At-risk youth are referred through a range of individuals or organizations or schools — and assigned to the local assessment and planning team who develop an individualized plan. A case manager helps the youth navigate and receive available services including education, healthcare, housing, transportation

and food assistance. Through improved coordination of services and funding streams, case managers have the flexibility to focus on tailoring services to the youth's needs and avoiding unnecessary bureaucracy.

### **Colorado Department of Education's School Behavioral Health Services**

The Colorado Department of Education provides behavioral health and substance use prevention support in schools by funding full-time psychologists, social workers, counselors and nurses; professional development and training; and resources to implement evidence-based programs for substance use prevention, including universal screening. These efforts are financed by braiding funds from marijuana taxes with funds from Medicaid and grants from the Substance Abuse and Mental Health Services Administration as well as state-level personnel development and bullying prevention and education grants.

### **Colorado Department of Human Services Blending and Braiding Initiatives**

[Colorado's Trauma Informed System of Care](#) (COACT Colorado) involves all child and youth service agencies in the state (including the public mental health system, child welfare, juvenile justice and education) and aims to develop a sustainable infrastructure to coordinate and fund services for families of children and youth with complex needs. COACT Colorado is currently supporting 15 communities across 17 counties. In El Paso County, the state is piloting a care management entity, a centralized organization that blends funding, organizes services and supports, and serves as a hub of accountability across agencies.

The Colorado Department of Human Services has also embarked on a [Blending and Braiding Your TANF](#) (BBYT) Initiative, which includes technical assistance, tools, training, and demonstration projects in six counties to help local communities learn to blend and braid multiple funding streams with their Temporary Assistance for Needy Families (TANF) funds to support evidence-based and best practice services, while still complying with TANF's transparency and accountability requirements. As part of this initiative, BBYT collaborated with Spark Policy Institute and others to produce guides on [blending and braiding](#), [TANF for local communities](#) and [partnering with funders](#).

### **Blending and Braiding to Support Early Childhood in New York**

To support efforts to blend and braid funds, the New York State Early Childhood Advisory Council Finance Work Group commissioned Spark Policy Institute to produce state-specific guides, [Early Childhood Guide to Blending and Braiding in New York](#) and [Blending and Braiding to Support Early Childhood Home Visiting in New York](#). As highlighted in these guides, New York is home to a number of examples of blending and braiding models to support early childhood programs and organizations. For example, the [Parent-Child Home Program](#) (PCHP) is a research-validated program that equips parents with young children with knowledge, skills and materials to foster their children's academic success via community-based early literacy specialists who conduct home visits during which they model behaviors that enhance children's development, such as the use of engaging books and stimulating toys. New York's 24 PCHP sites receive 95% of their funding from private foundations, United Ways and individual and corporate donors, much of which can be blended into one pot given the flexibility of these private funding sources. These funds are then braided with the 5% of funding sites receive from federal, state, local and school district governments, since these public funders have specific eligibility, reporting and tracking requirements.

## **Blending and Braiding to Support Early Childhood at the State Level**

A number of other states are blending and braiding funds to support early childhood. For example, in Arizona, Colorado, California, Florida, Georgia, Illinois, Louisiana, Nebraska, New Mexico, New York and Oklahoma, state regulations allow for applying Child Care and Development Block Grant (CCDBG) funds to support additional care before and after state pre-K program hours. In California and Florida, non-CCDBG state funds can be used to continue subsidies for families who no longer meet CCDBG eligibility. In Arizona, California, Colorado, Georgia, Nebraska, New York and Oklahoma, Head Start comprehensive service components can be extended during pre-K program participation hours.

## **Louisiana’s Permanent Supportive Housing Program**

Louisiana’s permanent supportive housing program is a cross-agency partnership administered jointly by the state’s Medicaid agency and housing authority. Permanent supportive housing combines housing assistance with optional individualized services including counseling, addiction services, and support with daily living skills and activities – in Louisiana’s case, specifically for those with substantial physical and/or behavioral disabilities that require housing supports to live in the community. The program braids funding (from Community Development Block Grant disaster recovery funds, federal rental assistance programs, housing development support from the Low Income Housing Tax Credit, and funding for services from Medicaid, the U.S. Substance Abuse and Mental Health Services Administration, and other sources) to serve vulnerable cross-disability populations, address homelessness, reduce institutionalizations, and save money for the state.

## **Rhode Island’s Health Equity Zones**

Rhode Island’s Health Equity Zone initiative braids together funds from several federal, state and local sources of prevention, categorical disease and population health funding to create place-based “Health Equity Zones”. These geographic areas are “designed to achieve health equity by eliminating health disparities and promoting healthy communities”. Instead of the traditional model of providing communities separate sources of funding to implement specific programs or address specific health issues, the Rhode Island Department of Health provides communities with combined funding that enables these communities to work together – [realigning staff, breaking down organizational silos, and promoting cross-sector collaboration](#) – to achieve shared goals for sustained community health and well-being.

## **Washington State’s Accountable Communities of Health**

Part of Washington State’s Healthier Washington initiative, the state’s Accountable Communities of Health (ACHs) focus on community based, cross-sector work to improve health in their respective regions. The ACHs braid together federal State Innovation Model (SIM) grant funding and/or funds set aside by the state legislature with grants and contributions from private and public sector organizations. Healthier Washington is being spearheaded by the Washington State Healthcare Authority (HCA) in partnership with the Department of Health and the Department of Social and Health Services. In addition to funding, this initiative offers the state’s nine ACHs other resources, including technical assistance.



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## **Supplement: Braiding and Blending Funds to Support Early Childhood**

### **Resources**

#### **Blending and Braiding Early Childhood Program Funding Streams Toolkit**

This 2013 toolkit from the Ounce of Prevention Fund is designed to provide state advocates and policymakers with strategies, tools, resources and options to make policy choices that facilitate blending and braiding funding streams to improve early learning programs for vulnerable children and working families. The toolkit includes state data tables and worksheets to facilitate an understanding of the current funding landscape within a state.

#### **Leveraging Individuals with Disabilities Education Act (IDEA) Funds**

This 2017 presentation from the IDEA Fiscal Forum discusses ways to leverage funds to meet the needs of students with disabilities, including braiding or blending IDEA funds with Title I and Title III funds and consolidating IDEA and other federal funds with state and local funds to support schoolwide programs.

#### **Braiding, Blending, and Layering Funding Sources to Increase access to Quality Preschool**

This 2016 state technical assistance report from Preschool Development Grants (PDG) examines braiding, blending, and layering funding streams to support and sustain high quality preschool programs. The report outlines these strategies in the context of Early Head Start and related funds, describes benefits and challenges of these strategies, and profiles examples of states implementing these strategies – Illinois, Pennsylvania, and Vermont.

### **Local Examples**

#### **Family League of Baltimore**

The Family League of Baltimore is a nongovernmental local management board, established in 1991 by the Maryland General Assembly, to target government resources to local organizations and coordinate services for child and family services. Family League partners with a variety of organizations, including My Brother's Keeper Baltimore and the Family Literacy Coalition, to fund and support capacity building; collaboration; the reduction of duplicate services among public and private stakeholders; wider implementation of evidence-based programs; and the promotion of policy and practice system changes. The program receives support from around 40 different funders to support a total budget of \$29.6 million (in 2016), including around \$13 million from state grants; \$13 million from local government grants; \$1.5 million in private grants; and \$500,000 in federal grants. Around 93 percent of funds are from government grants. Eighty percent is distributed to local organizations, 10 percent supports technical assistance and 10 percent supports management and administration. As one example effort, through B'more for Healthy Babies, the Family League of Baltimore is working with the Baltimore Health Department to reduce infant mortality and improve the health of mothers and babies through fitness and nutrition for postpartum women, hosting breastfeeding support groups and conducting intensive community outreach to connect women with services. Infant mortality has been reduced by 28 percent since the start of the initiative and is at the lowest point in history. And the disparity between White and Black infant deaths has been reduced by nearly 40 percent.

#### **Florida Children's Services Councils**

In Florida, state legislation enables counties to levy a tax or set aside a portion of their annual budget

– subject to voter approval – to fund a government entity called a Children’s Services Council (CSC). These councils help fund organizations that serve children and families in the county where a council exists. The councils also help make sure dollars are invested in programs that will provide the best outcomes for children and families in their communities, with priorities aligned with the community’s needs. Among other activities, councils monitor program/provider performance and serve as a hub, convening child advocacy partners and providing leadership, coordination and oversight.

### **Spectrum’s School Health Program at Grand Rapids Public Schools**

The School Health Program in Grand Rapids Public Schools (GRPS) in Michigan is a partnership between the school district and Spectrum Health (a large health system in the area). The program utilizes school health teams composed of registered nurses, licensed practical nurses and health aides to provide direct services to students in 48 schools, including via four full-service school based health centers. The program coordinates funding from several sources to support their school nurses (Spectrum Health, the district budget, the local school district budget, and the State Department of Education – including grants and funds set aside for students deemed high risk), and further braids together public and private funding streams to allow for reimbursement and service provision under a variety of health delivery models beyond the traditional school nurse reimbursement model. This enables GRPS to provide services outside of the traditional school nurse model, such as dental services. GRPS also partners with a local Federally Qualified Health Center (FQHC) to deliver health services in their school-based health centers and via a traveling dental program. Because these services are provided through an FQHC, they are eligible for Medicaid reimbursement and receive the FQHC enhanced reimbursement rate. The School Health Program has produced significant improvements in key school health indicators. In FY2015, 97% of students at participating schools met current immunization requirements to attend school and 98% of problems identified were resolved on-site by the school health care team.

## **State Examples**

### **Virginia Children’s Services Act**

Virginia’s Children’s Services Act is a case management model that blends funding streams across state agencies (social services, juvenile justice, education, and behavioral health) and allocates these funds to localities to support the needs of at-risk youth and families. It is overseen by a cross-agency State Executive Council for Children’s Services. The local funds are received and managed by the local Community Policy and Management Team (CPMT), which is appointed by the local governing body. The CPMTs authorize the funds to pay for the services recommended by the local Family Assessment and Planning (FAPT) teams. Localities also contribute matching funds to the CSA state pool and report to the state on pool expenditures as a whole; they do not report on expenditures by stream. At-risk youth are referred through a range of individuals or organizations or schools — and assigned to the local assessment and planning team who develop an individualized plan. A case manager helps the youth navigate and receive available services — including education, healthcare, housing, transportation and food assistance. Through improved coordination of services and funding streams, case managers have the flexibility to focus on tailoring services to the youth’s needs and avoiding unnecessary bureaucracy.

### **Colorado Department of Education’s School Behavioral Health Services**

The Colorado Department of Education provides behavioral health and substance use prevention support in schools by funding full-time psychologists, social workers, counselors and nurses;

professional development and training; and resources to implement evidence-based programs for substance use prevention, including universal screening. These efforts are financed by braiding funds from marijuana taxes with funds from Medicaid and grants from the Substance Abuse and Mental Health Services Administration as well as state-level personnel development and bullying prevention and education grants.

### **Colorado Department of Human Services Blending and Braiding Initiatives**

[Colorado's Trauma Informed System of Care](#) (COACT Colorado) involves all child and youth service agencies in the state (including the public mental health system, child welfare, juvenile justice and education) and aims to develop a sustainable infrastructure to coordinate and fund services for families of children and youth with complex needs. COACT Colorado is currently supporting 15 communities across 17 counties. In El Paso County, the state is piloting a care management entity, a centralized organization that blends funding, organizes services and supports, and serves as a hub of accountability across agencies.

The Colorado Department of Human Services has also embarked on a [Blending and Braiding Your TANF](#) (BBYT) Initiative, which includes technical assistance, tools, training, and demonstration projects in six counties to help local communities learn to blend and braid multiple funding streams with their Temporary Assistance for Needy Families (TANF) funds to support evidence-based and best practice services, while still complying with TANF's transparency and accountability requirements. As part of this initiative, BBYT collaborated with Spark Policy Institute and others to produce guides on [blending and braiding](#), [TANF for local communities](#) and [partnering with funders](#).

### **Blending and Braiding to Support Early Childhood in New York**

To support efforts to blend and braid funds, the New York State Early Childhood Advisory Council Finance Work Group commissioned Spark Policy Institute to produce state-specific guides, [Early Childhood Guide to Blending and Braiding in New York](#) and [Blending and Braiding to Support Early Childhood Home Visiting in New York](#). As highlighted in these guides, New York is home to a number of examples of blending and braiding models to support early childhood programs and organizations. For example, the [Parent-Child Home Program](#) (PCHP) is a research-validated program that equips parents with young children with knowledge, skills and materials to foster their children's academic success via community-based early literacy specialists who conduct home visits during which they model behaviors that enhance children's development, such as the use of engaging books and stimulating toys. New York's 24 PCHP sites receive 95% of their funding from private foundations, United Ways and individual and corporate donors, much of which can be blended into one pot given the flexibility of these private funding sources. These funds are then braided with the 5% of funding sites receive from federal, state, local and school district governments, since these public funders have specific eligibility, reporting and tracking requirements.

### **Blending and Braiding to Support Early Childhood at the State Level**

A number of other states are blending and braiding funds to support early childhood. For example, in Arizona, Colorado, California, Florida, Georgia, Illinois, Louisiana, Nebraska, New Mexico, New York and Oklahoma, state regulations allow for applying Child Care and Development Block Grant (CCDBG) funds to support additional care before and after state pre-K program hours. In California and Florida, non-CCDBG state funds can be used to continue subsidies for families who no longer meet CCDBG eligibility. In Arizona, California, Colorado, Georgia, Nebraska, New York and Oklahoma, Head Start comprehensive service components can be extended during pre-K program participation hours.

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