BRAIDING AND LAYERING FUNDING FOR ADVERSE CHILDHOOD EXPERIENCES PREVENTION

Executive Summary

Preventing adverse childhood experiences (ACEs) involves addressing risk and protective factors at the individual, relationship, community, and societal levels (e.g., child abuse and neglect, housing instability, mental and behavioral healthcare, and structural inequities). ACEs prevention is crosscutting and pans across multiple program areas, lending itself well to the concept of braiding and layering funds.

The Association of State and Territorial Health Officials (ASTHO) developed this report to help state and territorial health agency staff understand the process of braiding and layering funds and identifying opportunities to maximize ACEs prevention resources and impact. This report was created with input from state and territorial health agency senior directors, other senior leadership, federal partners, and internal ASTHO subject matter experts.

Target Audience

This report is for state and territorial health leadership and ACEs programmatic staff. Injury and violence prevention, child maltreatment prevention, maternal and child health promotion, chronic disease prevention, behavioral health, and substance misuse prevention program staff. This material involves focusing on and addressing risk and protective factors for ACEs (e.g., economic mobility, community connectedness).

Background Information

In recent years, states and territories struggling with limited and/or siloed funding have begun to look at braiding and layering funding streams as a way to leverage existing resources to achieve population-level impact. Adverse childhood experiences (ACEs) is one area that lends itself well to braiding and layering funds since the risk and protective factors for ACEs span across multiple program areas, including maternal and child health, violence prevention, substance misuse, behavioral health, housing, chronic disease, and early childhood education.

Braiding and **layering** refers to using two or more funds in a coordinated manner to achieve a common set of goals. Using braiding and layering funding mechanisms allows state and territorial health agencies to implement crosscutting initiatives while achieving the program goals set forth in categorical cooperative agreements and grants.

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Braided funding means that (1) funds are allocated from multiple sources to support a single contract or initiative, (2) that combined, detailed reporting ensures accountability to funders, (3) that expenditures are tracked and reported by the fund source, (4) and that program reporting incorporates requirements of individual funding streams but may include reporting on broader goals.

Layered funding means that (1) funds from multiple sources are coordinated to support a common set of goals, (2), that funds may or may not be awarded through a single contract, (3) that expenditures are tracked and reported by the fund source or contract, and (4) that program reporting may be separate or combined and may include broader initiative goals. Below is a roadmap for how to braid and layer funds:

- **Phase 1: Identify your vision and your partners.**
- **Phase 2: Define your program.**
- **Phase 3: Explore your financing options.**
  1. Identify funding streams.
  2. Analyze funding streams.
  3. Explore gaps in funding.
- **Phase 4: Develop your coordinated financing plan.**
  4. Create a budget.
  5. Determine cost allocation.
  6. Implement a tracking and reporting system.
  7. Ensure financial systems are aligned.
  8. Train and provide ongoing technical assistance to staff.
- **Phase 5: Implement, track, and improve.**

State Examples

Below are examples of ways that states have employed braided and layered funding to achieve maximum impact with their financial resources.
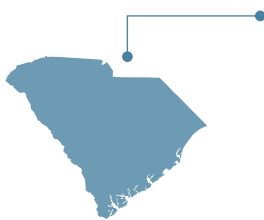
South Carolina

South Carolina's Nurse-Family Partnership Pay-for-Success program braids 1915(b) Medicaid waiver funding with private philanthropic donations. This funding supports an evidence-based program that aims to reduce preterm births and improve health outcomes through public health nurse visits to low-income new mothers in their homes. Additional state funds are contingent on the program's success. If independent evaluators find positive results, South Carolina's Department of Health and Human Services will make up to $7.5 million in success payments to sustain the program's services. To protect the funds and shield them from shifts in leadership, the braided funds are all collected and held in escrow by an outside trustee. Trial outcomes of the Nurse-Family Partnership program include a 48% reduction in child abuse and neglect, 56% reduction in ER visits for accidents and poisonings, 50% reduction in language delays, and 67% less behavioral/intellectual problems.

Virginia

Virginia braids Medicaid funds with pooled state funds, supporting a coordinated wraparound approach to care. Juvenile and criminal justice outcomes (arrests) for youth who completed their services under Virginia's Children's Services Act were lower than those who had not (33.0% vs. 24.1% arrest rates). Virginia's Children's Services Act pools funds from across state agencies—including social services, juvenile justice, education, and behavioral health—to address the needs of at-risk youth. The funding is then allocated to local regions that contribute matching funds to best suit the needs of children and families in those areas. This pooled funding approach allows for flexibility in services and reporting, as localities can report on pool expenditures as a whole rather than by funding stream.

Elements of Successfully Braided Funds

There are six common elements to successfully braiding and layering funds: leadership, assessment and prioritization, methods, management, strategies, and value. These concepts are described in more detail below.

I. Leadership

Develop a vision, secure buy-in, and implement cross-functional, high-level governance to lead work within the agency.

TIPS

- Start with the vision (not the money) and a clear definition of the goal.
- Involve fiscal and administrative staff.
- Use collaborative practices to bring staff together to build direction, alignment, and commitment.
- Establish governance of the initiative early in the process (can be an existing or new crosscutting team).
- Keep department leadership engaged in the initiative.
- Leverage agency or state strategic plans and priorities (e.g., gubernatorial priorities) and use them as a communication tool.
- Build internal champions to help create and sustain cultural change within the department.
- Communicate early and often with stakeholders, state leadership, staff, and impacted communities.
- Develop a communication plan and key talking points for leadership to communicate with managers and staff (see Top Concerns from Staff and Key Talking Points below).
- Use data and the evidence base to build support for the vision and goals.
- Consider incorporating the initiative into an existing process within the department (e.g., state health assessment, state health improvement plan, or strategic plan).

TOOLS AND RESOURCES

Center for Creative Leadership: Boundary Spanning Leadership Enables Breaking Down Silos

LEADERSHIP TALKING POINTS

Top Concerns from Staff	Key Talking Points
My grant funds can't be comingled.	Braiding and layering are not mechanisms for commingling funds. Detailed budgeting and reporting processes will be used to ensure accountability.
Taking on new work means there are other programmatic things we won't be able to do.	Working on social determinants of health and other upstream factors will allow us to be more impactful and efficient by addressing underlying causes of poor health. It also enables us to impact multiple health outcomes at once.
My grant requires funding evidence-based interventions only and doesn't allow innovation.	Programmatic interventions will continue to be evidence-based, but the funding strategy and mechanisms used will be new.

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Top Concerns from Staff	*Key Talking Points*
My federal project officer won't allow braiding and layering.	Braiding and/or laying funds can help programs achieve the goals outlined in a funding announcement in a more efficient or more robust way. Try calling the project officer to listen to and address any specific concerns.
My grants are becoming less flexible, and this will require more flexibility from my funder.	We will continue to advocate for the necessary flexibility in grant guidance but know there may be reasons for certain requirements. If there are specific conditions in your grant, please detail those, and we will make sure to adhere to them.
This doesn't apply to my program/this shouldn't only apply to my program	We may not know today all the programs that need to participate in addressing social determinants of health in the community. We will begin with the programs that have common elements and expand as community needs and synergies become clearer.

II. Assessment and Prioritization

Undertake functional mapping and priority setting for project initiation. Reach an agreement on a direction and determine where and how the intervention will be targeted.

TIPS

Assess candidate programs for braiding and layering by mapping common elements:

- » Program, grant, or cooperative agreement functions (e.g., community assessment and community funding requirements).
- » Risk and protective factors (e.g., CDC's Connecting the Dots report).
- » Similar or same evidence-based interventions that can be upscaled.
  - Shared outcomes.
- Consider leveraging existing initiatives with some resource or infrastructure in place.
- Be prepared to let go of less impactful program interventions in order to leverage braided funding initiatives.
- Assess grant or cooperative agreement guidance to ensure it supports the initiative and innovative funding mechanisms.

TOOLS AND RESOURCES

- Association of State and Territorial Health Officials: ASTHO *Report*: Data-Driven Primary Prevention Strategies for Adverse Childhood Experiences
- Centers for Disease Control and Prevention (CDC): Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence
- Colorado Department of Public Health and the Environment: Communities That Care Community and Society Menu of Strategies
- Thriving Communities Colorado: Shared Risk and Protective Factor Peer to Peer Network

III. Methods

Develop cost allocation, tracking, and reporting processes. Implement standard operating procedures and systems to review work plans, budgets, and proposals to ensure inclusion of key, standardized language.

TIPS

- Fully read grant and cooperative agreement guidelines and understand their limitations before braiding and layering funding.
- Proactively state in competitive or recurring grant applications that you will be braiding funds for the initiative and use a consistent template language.
- Develop reporting and accounting processes in advance.
- Consider reporting (programmatic and financial) requirements back to funders when establishing or modifying reports.
- Have a well-developed cost allocation process and communicate it.
- Track budget and expenditures in detail and make necessary budget adjustments regularly.
- Consider using Medicaid waivers to braid and layer funds (e.g. 1115 waivers).
- Simplify reporting for communities or contractors as much as possible but ensure department staff can account for and easily separate reports to individual fund sources.

TOOLS AND RESOURCES

- Association of State and Territorial Health Officials: ASTHO *Brief*: Interconnecting Behavioral and Public Health
- Medicaid.gov: Section 1115 Demonstrations
- National Association of Community Health Centers: Summary of State Waiver Options
- National Conference of State Legislatures: Understanding Medicaid Section 1115 Waivers: A Primer for State Legislators
- National Association of Community Health Centers: Model State Legislation Requiring Legislative Approval of Submission of Section 1115 Waiver Proposal
- National Association of Community Health Centers: Section 1115 Waiver Transparency Process

IV. Management

Empower collaboration and communication between program and fiscal staff. Apply cost-allocation and collaborative budgeting. Form and implement collaborative units or crosscutting positions, as necessary. Develop braiding and layering proposals and redirect existing funding.

TIPS

- Consider hiring or redirecting individuals specifically to manage braiding and layering and crosscutting social determinants of health (SDOH) initiatives. (Examples include director of health equity and director of strategic fiscal management.)
- Develop a process to review the cooperative agreement and grant applications before submission to ensure the inclusion of braiding and layering and allocation language.
- Create regular meeting opportunities for program managers to update one another on current projects and encourage collaboration around the programs' vision and goals.
- Consider the need to train existing and new staff to support the vision and goals.
- Establish communication channels to provide regular information to managers, staff, and stakeholders.
- Modify job descriptions as necessary to reflect crosscutting or SDOH work.
- Ensure leadership is prepared to manage priorities and expectations as funding is redirected into crosscutting efforts.
- Consider the training needs of communities addressing SDOH and managing braided or layered funding.

TOOLS AND RESOURCES

- Prevention Institute: Accountable Communities for Health: Opportunities and Recommendations
- Prevention Institute: THRIVE: Tool for Health & Resilience in Vulnerable Environments
- University of Kansas: Community Tool Box
- Washington University in St. Louis: Program Sustainability Assessment Tool

V. Strategies

Implement processes to identify challenges and barriers, develop solutions, and incorporate them into future proposals. Make recommendations and advocate for needed change at the national and state level.

TIPS

- Be transparent about the initiative with all stakeholders.
- Establish and maintain relationships with federal project officers and communicate early and often with them.
- Begin as a pilot with programs that have common elements or overlap and expand over time.
- Incorporate continuous quality improvement processes into initiative governance, learn from challenges, and incorporate improvements.
- Look for natural opportunities to expand the pilot (e.g., competitive grant cycles).
- Be persistent: keep federal partners and state business staff focused on the overall goal and seek advice on how to achieve it legally.
- Advocate for changes in the cooperative agreement and grant processes to allow the following:
  » More flexibility in cooperative agreements.
  » Standard language in a notice of funding opportunities that permits funding for crosscutting foundational capabilities and SDOH.
  » Training for federal project officers on innovative funding mechanisms, SDOH and foundational capabilities.
- Advocate at the state level for business processes that ensure accountability but provide the necessary flexibility to implement the initiative

TOOLS AND RESOURCES

- Institute for Healthcare Improvement: Improving Health and Healthcare Worldwide
- National Association of County and City Health Officials: The ABCs of PDCA
- Public Health Foundation: Quality Improvement in Public Health

VI. Value

Evaluate results to show value back to funders and policymakers. Incorporate Healthy People 2020/2030 and other crosscutting metrics.

TIPS

- Establish outcomes and metrics to define success at various stages of project implementation (including short, intermediate, and long-term objectives).
- Establish routine reporting mechanisms to monitor progress in achieving goals.
- Incorporate measures that demonstrate value to funders and state leadership.
  - » Efficiency
  - » Return on investment
  - » Funds leveraged

TOOLS AND RESOURCES

- 100 Million Healthier Lives: Wellbeing in the Nation (WIN) Measurement Framework
- Association of State and Territorial Health Officials: ASTHO*Brief*: Adverse Childhood Experiences: The Case for Funding Primary Prevention
- Center for Applied Research and Engagement Systems: CARES Engagement Network
- NYU Langone Health: City Health Dashboard
- Office of Disease Prevention and Health Promotion: Healthy People 2020
- Opportunity Nation: Opportunity Index
- University of Wisconsin Public Health Institute: Explore Health Rankings

FREQUENTLY USED HEALTH EQUITY OUTCOME MEASURES

Domain	Determinants	Data Sources
Integrated Healthcare	• Healthcare access • Social services • Behavioral health	• Behavioral Risk Factor Surveillance System (BRFSS) • Supplemental Nutrition Assistance Program (SNAP) • US Census Bureau
Community Resiliency	• Civic engagement • Social vulnerability • Equity in policy	• Centers for Disease Control and Prevention (CDC) Social Vulnerability Index • Agency for Toxic Substances and Disease Registry (ATSDR) • Comprehensive Housing Affordability Strategy
Physical Environment	• Natural environment • Transportation • Environmental hazards	• US Department of Agriculture (USDA) Forest Service i-Tree Tools • US Department of Housing and Urban Development (HUD) Low-Cost Transportation Index
Socio-economics	• Housing cost burden • Food insecurity • Education	• American Community Survey • Feeding America
Community Trauma	• Discrimination • Criminal Justice • Public Safety	• BRFSS • US Census Bureau • FBI Uniform Crime Reporting Program

Appendix A: Braiding and Layering Elements Quick Tips Table

Braiding and Layering Element

Leadership includes developing a vision, securing buy-in, and implementing cross functional, high-level governance.

Tips
- Start with the vision and a clear definition of the goal based on data and an evidence base to leverage strategic plans and priorities.
- Use collaborative practices to bring fiscal, administrative, and department leadership together to build direction, alignment, and commitment.
- Establish governance of the initiative early in the process.
- Build internal champions to help create and sustain cultural change within the department.
- Communicate early and often with stakeholders, state leadership, staff, and impacted communities.
- Develop a communication plan and key talking points for leadership to communicate with managers and staff.

Assessment and prioritization include undertaking the functional mapping and priority setting necessary for project initiation. It also requires reaching agreement on a direction and determining where and how the intervention will be targeted.

Tips
- Assess candidate programs for braiding and layering by mapping common elements.
- Consider leveraging existing initiatives with some resources or infrastructure in place.
- Be prepared to let go of less impactful program interventions to leverage braided funding initiatives.
- Assess grant or cooperative agreement guidance to ensure it supports the initiative and innovative funding mechanisms.

Methods include developing cost allocation, tracking, and reporting processes. It also necessitates implementing standard operating procedures and systems to review work plans, budgets, and proposals to ensure inclusion of key, standardized language.

Tips
- Fully read grant and cooperative agreement guidelines and understand limitations before braiding and layering.
- Include braided funding in grant applications.
- Develop reporting and accounting processes in advance.
- Have a well-developed cost allocation process and communicate it.
- Track budget and expenditures in detail and make necessary budget adjustments regularly.
- Simplify reporting for communities or contractors.

Management includes empowering collaboration and communication between programs and fiscal staff to apply cost-allocation and collaborative budgeting. It also requires forming and implementing collaborative units or crosscutting positions, as necessary, and developing braiding and layering proposals and redirecting existing funding.

Tips
- Consider hiring or redirecting individuals specifically to manage braiding and layering, and crosscutting initiatives.
- Develop a process to review grant applications before submission for inclusion of braiding and layering language.
- Create regular meetings on current project updates and encourage collaboration around vision and goals.
- Consider the need for training for existing and new staff.
- Establish communication channels to provide regular information to managers, staff, and stakeholders.
- Modify job descriptions to reflect crosscutting or social determinants of health (SDOH) work.
- Ensure leadership is prepared to manage priorities and expectations.
- Consider the training needs of communities addressing SDOH and managing braided or layered funding.

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Braiding and Layering Element – continued

Strategies include implementing processes to identify challenges and barriers, developing solutions, and incorporating them into future proposals. It also requires making recommendations and advocating for needed change at the national and state levels.

Tips

- Be transparent about the initiative with all stakeholders.
- Establish and maintain relationships with federal project officers and communicate early and often with them.
- Begin as a pilot with programs that have common elements or overlap and expand over time.
- Incorporate continuous quality improvement processes into initiative governance, learn from challenges, and incorporate improvements.
- Look for natural opportunities to expand your pilot.
- Advocate for changes in the cooperative agreement/ grant processes to allow for flexibility in cooperative agreements and training for project officers on innovative funding.

Value includes evaluating results to show value back to funders and policymakers. It also requires incorporating Healthy People 2020/2030 and other metrics focused on SDOH.

Tips

- Establish outcomes and metrics to define success.
- Establish routine reporting mechanisms to monitor progress in achieving goals.
- Incorporate measures that demonstrate value to funders and state leadership.

Appendix B: Supplemental Resources

The resources below may help you as you move through the process of braiding and layering your funding.

Issue Briefs/ Reports:

- Education Resources Information Center: Braiding, Blending, and Layering Funding Sources to Increase Access to Quality Preschool. State Technical Assistance Report
- Journal of Public Health Management and Practice: Braiding and Layering Funding: Doing More with What We Have
- Journal of Public Health Management and Practice: Consideration of an Applied Model of Public Health Program Infrastructure
- National Academy of Medicine: Accountable Communities for Health for Children and Families: Approaches for Catalyzing and Accelerating Success
- National Academy of Medicine: Elements of Accountable Communities for Health: A Review of the Literature
- Practical Playbook: Braiding, Blending, or Block Granting? How to Sustainably Fund Public Health and Prevention in States
- The National Academy for State Health Policy: Blending, Braiding, and Block-Granting Funds for Public Health and Prevention: Implications for States
- Trust for America's Health: Braiding and Blending Funds to Support Community Health Improvement: A Compendium of Resources and Examples

Toolkits/ Presentations:

- Association of State and Territorial Health Officials: Intro to Braiding and Layering
- The Ounce of Prevention Fund: Blending and Braiding Early Childhood Program Funding Streams Toolkit

State Examples:

- Colorado:
  - » Behavioral Health 101: Exploring Best Practices for Behavioral Health in Schools
  - » Blending and Braiding Your TANF (BBYT) Initiative
  - » Behavioral Health Reform
  - » Child Welfare Financing in Colorado: Current Landscape and Recommendations

- Florida:
  - » Children's Services Council

- Louisiana:
  - » Braiding Funds to House Complex Medicaid Beneficiaries: Key Policy Lessons from Louisiana

- New York:
  - » Early Childhood Guide to Blending and Braiding

- Oklahoma:
  - » Layering Funding

- Rhode Island:
  - » Health Equity Zones: Building healthy and resilient communities across Rhode Island
  - » Health Equity Zones (HEZ) Initiative
  - » Lessons from Rhode Island: How to Effectively Blend, Braid, and Use Block Grant Funds to Improve Public Health

- Washington:
  - » State Levers to Advance Accountable Communities for Health Washington State Profile