



Braided and Blended Funding

Braiding and blending are strategies that local health departments may implement to combine funding streams and increase support around a goal or initiative. “Braiding” refers to lacing together funds from multiple sources to support a common goal or idea such that each individual funding source maintains its specific program identity and can be tracked independently from planning through evaluation. Braiding funds typically can be done without statutory authority.

“Blending” refers to mixing funds from multiple sources to support a common goal or idea such that each individual funding source loses its specific program identity. Blending funds typically requires statutory authority, and the leading agency or coalition must report on the use of the funds as a total, rather than reporting on the funds from each program and agency.

Benefits

- Budget planning is coordinated within and across agencies
- When funding is blended, the accomplishments of the entire program are evaluated instead of the “widgets”, because it is difficult to attribute any specific aspect of the program to individual results
- Braiding and blending break down budget silos and align funds from different sources to reach a common objective
- Braiding and blending encourage the coalition or agency to expand their engagement of nontraditional voices and funders within the community

Challenges

- Braided funding requires significant effort to create systems for using the funding
- It can be challenging to evaluate programs because it is difficult to measure return on investment (of both finance and quality) to any funding source
- Blending funding is politically challenging since many funding streams simply cannot be combined
- Stakeholders and beneficiaries may be very resistant to increased budget flexibility for fear of running afoul of federal auditors
- Start-up cost in addition to the cost of the implementation and management of internal systems (IT, HR, legal, etc.) may be deterrents for the use of this innovation.

Considerations and Recommendations

- Engage the recipients of services in your planning process
- Seek additional, nontraditional voices in your community as additional sources of funding
- Work closely with funders throughout the planning process
- Maintain flexibility as you work with partners of the community and decide on your common goals for collaboration
- It is a long-term process, so start small and grow over time

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FIELD EXAMPLE #1



The Western Idaho Community Health Collaborative (WICHC) was established in 2019 as a public-private partnership across two health districts (including ten counties) and private sector funders in southwestern Idaho. Using a collective impact model, the goal of the WICHC is to unite and align local leaders in healthcare, social services, and public health to improve healthcare and save costs through upstream, strategic efforts. A list of the funders and private partners (hereafter referred to as partners) can be found [here](#).

The backbone organizations of the WICHC are the Central and Southwest District Health. The WICHC includes funders and partners and emphasizes inclusion and participation of residents to ultimately determine the community's health. The WICHC is steadfast in addressing upstream priorities, including the social determinants of health, to prevent chronic disease, injury, and poor quality of life.

The partners within the WICHC fund its work directly. Using a blended funding model, each partner contributes a set amount of dollars to the collaborative, currently \$10,000 per year, although some partners may contribute more. All funding goes into one pot, and the funders do not make any restrictions on how the funding can be used. The collaborative makes decisions with the community on funding priorities. Primarily, the funding goes towards improving the social determinants of health and initiatives that would not be supported by traditional funding sources, including environmental changes, access to healthcare, and behavioral and mental health.

Establishing this model came with challenges. The first hurdle was to gain the partners' and community's trust that the model would work. Many organizations were hesitant to hand over a check without knowing how the money would be used. In addition, organizations were confused about how decisions would be made within

the collaborative. For example, who would administer it? How would the community be involved? How could this approach address social determinants of health more effectively than prior approaches? Some partners wanted a proof of concept before entering the collaborative.

Nonetheless, healthcare providers in the community knew it was time for a new approach. A state grant for value based and innovative care was ending, and providers knew that they needed to continue this work in public health systems. The community decided on this collaborative approach to continue funding for services addressing mental health, suicide, drug overdose, child welfare, and more. The state provided some seed money to start the collaborative while partners joined. Partners were wary about the approach, but the collaborative hired a well-respected individual among the group as the administrator, which helped ensure that the group would function together well.

It is difficult to create this kind of model, and there is no perfect method, but the WICHC shared some advice. First, a collaborative should be community driven, bring in multi-sector partners from the community, and gather diverse membership to help with the work. Additionally, new collaboratives should take some time to learn about other groups in the community and conduct a landscape analysis to understand their methodology. It is also helpful to be flexible as the model is built and continue to bring the "right" people at the table – those who want to help do the work to improve the community. Health equity also needs to be at the center of the conversation for all programs funded by the collective. Finally, everyone must understand that this is a long-term process, and that changes will not occur overnight. It is most ideal to focus on a few projects at a time.

While the WICHC hopes to continue to be a self-sustaining group, they are considering talking to state and federal funders about contributing dollars to this effort at the local level that would be flexible enough to support the collective's projects. In addition, the WICHC would like to help other districts set up the model across the state of Idaho, which will take time, money, and commitment from communities across the state.



FIELD EXAMPLE #2



COVID-19 Response Allegheny County, PA

In March 2020, health departments felt the pressure of responding to the emerging threat of COVID-19 while simultaneously responding to routine requests and providing regular services. Many had to strike this balance without an increase in funding or capacity. In Allegheny County, Pennsylvania, which encompasses Pittsburgh and the surrounding area, health officials used blending and braiding methods to help address this challenge. The initiative began by recruiting community health workers to work in the federally qualified health centers (FQHCs) throughout Allegheny County. Initially, they assisted with pandemic response at the FQHCs, and then they served as surge staff for the health department to assist with contact tracing. Initially, their positions were funded through a foundation grant, but when it was clear that the pandemic and its response needs would continue, Allegheny County used funding from additional sources to keep the positions alive and evolving as needed. Allegheny County has been able to fully fund these positions for three years largely due to how successful they have been in pandemic response.

Initially, the department requested grant funds and solicited interest from FQHCs to assess their interest in this type of support. The initial proponents of this arrangement worked with the epidemiology team to develop a scope for what the community health workers would do. When the initial funds were set to run out, the team at Allegheny County submitted budgets for various funding sources that would allow for COVID-19 needs to be met throughout the community. Every six months there is a plan to anticipate the refunding of these positions and revisit the scopes of service to potentially update them.

Kell Wilkinson is the health equity lead at Allegheny County Health Department. Kell says that it has been difficult to secure funding for community health workers, despite the evidence supporting CHWs as a valued resource and the costs saved through grassroots, direct education. Funding CHWs to provide vital services to meet the immense needs created by the pandemic has helped to highlight their value. The CHWs held many roles in response to needs and surges, including contact tracing and vaccination outreach efforts.

This endeavor involved multiple grants and required strong partnerships. In the beginning, Allegheny County Health Department met with the FQHCs to develop a realistic and relevant scope of services for the community health workers before they began their work. The FQHCs also provided important insight on the community's needs to help the local health department apply for future funding, including a larger, more long-term grant from the CDC.

One of the biggest challenges has been identifying individuals to hire for the community health worker positions. To mitigate this, Allegheny County Health Department was intentional with its professional development and pay rate to encourage qualified applicants to fill the openings. It has been pivotal for the smaller organizations they work with to be able to offer the community health workers a livable, full-time wage for an extended period.

The jurisdiction has seen many successes of this strategy. Specifically, the model supported organizations providing direct, on-the-ground outreach to marginalized populations. Community based organizations also used the flexible funding to guarantee funding for community health workers. Additionally, the CHWs helped the health department understand the community's specific needs, as well as develop and apply for community-based grants. Lastly, the strategy helped the health department coordinate closely with FQHCs in their COVID response.

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