Institute for Child Success

“Hello Family” Playbook:
A guide to developing continua projects to support families in South Carolina

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Background and Goals

The Institute for Child Success (ICS) is a key partner in the development and implementation of the unique "Hello Family" initiative in Spartanburg, South Carolina.[1] Hello Family seeks to improve outcomes for young children and their families by providing services and resources for all children born in the city of Spartanburg through a carefully curated continuum of services and programs. Hello Family utilizes outcomes financing, which enables the government to align its spending with positive, measurable outcomes in communities. This way of funding services brings accountability and transparency to human services and focuses government and other stakeholders squarely on improving people's lives

ICS has been at the table for Hello Family since its earliest days in 2015, when the city of Spartanburg received a federal Social Innovation Fund (SIF) Pay for Success technical assistance grant to explore opportunities to invest in families. ICS and our partners in the community have shared this vision with many external partners in the years since, including conducting a similar study for a community in Connecticut, as well as helping a local community in Greenville County begin exploring options. We have presented this project, from idea to implementation, at dozens of national conferences since then.

The model has a clear and measurable impact on the community. The 2021-2022 report on the model shared the following highlights:

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[1] We would like to thank the City of Spartanburg, the Mary Black Foundation, the Spartanburg Regional Healthcare System, the Blue Cross Blue Shield of South Carolina Foundation, the Duke Endowment, and the Barnet Foundation Trust. This work is a true partnership.

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BirthMatters	*Family Connects*	*Quality Counts*	*Triple P*	Hello Family

• *provides free community doula services for young expectant mothers in Spartanburg.*
• 28 babies born
• 85.7% non-NICU admission
• 82.1% healthy birth weight
	• *provides home visits from a registered nurse to support the health and well-being of newborns and their families in the Spartanburg area.*
	• 334 participants enrolled (of 497 eligible)
	• Most common referrals:
	  • Primary care physician
	  • Utility assistance
	  • WIC/DHEC
	  • Medical transportation
		• *provides professional development, mentorship and coaching to support early educators of our youngest students.*
		• 290 books provided to 42 classrooms
		• 467children received 2 books each
			• *provides support and resources for the entire family, in their homes or in a group setting.*
			• 382 received Triple P; 73 completed Protective Factors Survey (PFS)
			  • 80.8% saw gains in family functioning/resilience
			  • 75.3% in child development/knowledge of parenting
			  • 58.9% in social support
				• Overarching operations
				• 7,864 Hello Family website visits
				• 95 hotline connections
				• 140 attendees at community baby shower events
				• 40 organizations attending newly launch of Hello Connect
				• 35,579 people reached on social media

Based on the success of this model so far and interest in the broader early childhood community, **ICS has created this "playbook" for communities to conduct their own studies to gauge a continuum model for family interventions, focusing on the principles, relationships, and steps needed to assess feasibility, secure financing, and eventually launch.**

This playbook will provide templates, guidance, and real-life examples from the process in Spartanburg in the following areas:

- Collecting and assessing data on local populations, demographics, needs, and opportunities – related to child health, education, and child welfare outcomes.
- Determining key areas of community focus and projected potential impacts.
- Working with organizations, government, and individual stakeholders in the community to build true buy-in for a continuum model.
- Identifying potential funding opportunities, including government and private funds.

While the specifics of each "Hello Family" type continuum model will differ by local needs and goals, we believe this playbook can help to catalyze opportunities to make a significant difference in the lives of families and create a broader community of communities work towards these goals. It will also reduce the time and costs of the foundational work of such projects by streamlining the process, creating a roadmap for philanthropic investors and allowing families and communities to benefit sooner.

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Data Landscape Analysis

Making data indicators navigable
ICS is thrilled to have developed the *Data Indicators Crosswalk*, a powerful resource with information on where to find 500+ indicators related to child well-being to support work in the field. We are preparing to launch this as both an Excel spreadsheet downloadable on our website as well as a dynamic web-based database.

This resource serves as a "menu" of available data indicators in a range of domains frequently encountered in our work, along with easy references to access the data and understand what is available. ICS and other organizations routinely exist data from a range of sources to make decisions about priority areas and needs. While there are many data sources available from government and non-profit entities, this can often feel like "drinking from a fire hose" in navigating which data sources align with which indicators, finding the most recent data, and understanding what geographic levels of analysis are available.

The search for data is a foundational step in basically every project ICS undertakes, but this phase can often be quite time-consuming. The Crosswalk allows us to get a sense of the data landscape more quickly, and tailor projects more narrowly. The Data Indicators Crosswalk does not contain the actual data points from each indicator (in the interest of navigability) but does include a direct link to the source so data can be pulled for each project as needed. Efforts have been made to include a range of sources (government administrative data; data collected by other research groups or determined by their methodologies; survey data); some indicators are even listed more than once, if they have been determined with different methodologies by trustworthy source. There is a heavy focus on South Carolina specific sources, in line with the goals of this project.

Domain: ACES/Vulnerability indicators
Categories: Adverse Childhood Experiences (ACEs); Vulnerability index

Domain: Child safety & welfare
Categories: Child welfare system; Safety (non-CW injury & death)

Domain: Early care & education
Categories: Child care; Elementary; Head Start; Home-visiting; Pre-K/preschool; Workforce

Domain: Economic security
Categories: Community; Employment; Housing; Income; Income support; Poverty

Domain: Food/nutrition
Categories: Food insecurity; Food programs; Obesity

Domain: Maternal, prenatal, postpartum indicators
Categories: Adolescents; Birth outcomes; Health care system; Maternal mortality; Prenatal care; Social Drivers of Health (SDOH)

Domain: Mental/developmental well-being
Categories: Adolescents; Developmental; Early childhood special education; Early intervention; Health care system; Mental health

Domain: Pediatric health
Categories: Health care system; Immunization; Oral health; Physical health; Vision

Domain: Population
Categories: Age; Births; Family composition

Data identification was an extremely important step in the Spartanburg *Hello Family* project; we have taken lessons learned from that work and other projects to build this resource to make data more navigable for those who do not work deeply in data regularly. We will also be developing a training resource for both versions of the database as well as offering a training webinar available for anyone.

Navigating existing data formats
Public data sources can provide incredibly robust information to understand existing trends in a community, if you know how to access the data in a usable format; in some situations, a data request to the agency or entity which holds the data may also be necessary for a project. In this section, we briefly review strategies for utilizing data in whatever format it is available as well as basic guidance on data request submissions.

In general, most data will do well in a Excel worksheet or in a table within Word. Excel is often nimbler to work in, and is especially the better choice over Word if any calculations need to be done. To begin understanding community indicators and considering opportunities for improvement, you do *not* need complex data analysis software!

In our Data Indicators Crosswalk, we provide a link to existing data sources, but not the data itself, to keep the document a reasonable file size. Many of these sources present data in a table that can be easily "copy-pasted" into Excel, or allow data to be downloaded as an Excel file itself, which you can then combined with other files if needed. The Census Bureau provides helpful documentation on how to export and copy-paste data tables from its Data Finder tool. The Annie E. Casey Kids Count data tool has a clear "Download Data" link under each generated table; on the other hand, the Data Resource Center for Child & Adolescent Health does not include a download link and data should be copy-pasted from this source. Each of these major sources

includes a citation as well to help ensure researcher keep track of where data came from.

In some sources, though, you may find data much more challenging to bring into a spreadsheet format. This is often the case when the data is part of a larger report; these are often PDF files. Even tables within PDFs also do not copy/paste with the table formatting. Luckily, there are many workarounds to get this information. If you only need one or two data points from a PDF, you may consider simply transcribing it into your spreadsheet; but, for more than a few data points, **there is almost always a better option than transcribing a whole data table.** Hand transcription can be extremely time consuming but, more importantly, it is also more likely to result in errors from typos. These errors can impact the entire meaning of your data!

Here are some other options to avoid hand transcription:

- Many research organizations are happy to share a more navigable data file upon request. For example, NIEER now makes many of the data points from their *State of Preschool Yearbook* available in a database tool. FRAC and ZTT both have an option on their website to request their full data files rather than having to transcribe from PDFs or webpages; generally, these organizations want to know a bit about how you or your organization will use the data, but the files are usually available at no cost. If you need a significant portion of data that is currently inaccessible, reaching out is always an option, though there is no guarantee a file will be sent in the timeframe you hope for.
- Several tools are available online to help convert PDFs to excel-friendly formats. Adobe makes a free tool available online that is quite accurate:
- If you plan to use your data in Excel, you may be able to use built-in tools to acquire the data. In Office365, Excel has straightforward data import options.
    - Data>Get Data>From File>From PDF
    - Data>From Web (paste link; likely not great for large reports with paragraphs too)

Requesting Data

We strongly encourage the use of publicly available and aggregated data, particularly in the early stages of a project. Individual-level data will likely only be necessary for potential evaluation down the line in a project (and even then, aggregate data may be sufficient). However, there may be data which is collected by the government but not easily available online which can be accessed with a data request. ICS has previously done this for a range of questions in South Carolina, including information on the capacity of all child care providers in the state; specific child immunization data in areas of the state; and emergency room visits for specific diagnosis codes in one city. Requests can take a varying amount of time to process based on the amount of data requested, specificity of request, and internal considerations. Note also that the state reserves the right to charge a fee for data requests *if* deemed necessary based on the amount of time it will take for their staff to generate. This price will be made available before completing a request, which will give you the opportunity to confirm or decline.

For data related to child care and child welfare, you should submit a request through the external research process of **the Department of Social Services.** The External Research, Evaluation and Aggregate Level Data Request Form ¡s available online and can be submitted by mail or email to diana.tester@dss.sc.gov *and* andrew.johnson@dss.sc.gov. You may be contacted for additional details regarding how the information will be used and privacy protections. Once approved, the request will be forwarded to a staff member who can provide the requested data. Requesters must provide justification of how they will use the information as well as how privacy protections will be ensured. Note that this form does *not* include a checklist of available data elements to request. You should aim to be as clear as possible in your request. We suggest doing research before submitting of the types of data the state already collects and using language that aligns with this as close as possible. For example, ICS needed data on the operating hours of all child care providers in the state, along with their addresses, capacity, and other basic information. We could see that some of this information was collected in each providers' profile under DSS's Find Child Care tool, and that other elements were indicated in inspection reports only. We submitted a request specifying these elements as we know they are collected by the state, just reported in separate tools. Being as clear as possible in your request makes it more likely to have the data shared in a timely manner and be exactly what you had hoped for.

For health care data, **the South Carolina Data Oversight Council** is a public/private collaboration under the umbrella of SC Revenue & Fiscal Affairs Office (RFA). The Council is intended to control the release of "encounter-level data" – essentially, specific data on health care service utilization that may contain personal information. It is also a valuable resource for requesting deidentified data which is not otherwise available online but is collected by the state. Their website and Protocol document

contain important information for submitting a request. Importantly, the Committee meets **quarterly** (February, May, August, and November). While aggregate data requests may be handled in between meetings, anyone requesting encounter-level data or restricted data should ensure their request is submitted in line with their calendar. Requests and questions can be submitted to dataintegration@rfa.sc.gov. A summary of the differences in data type for these requests is below.

Data type	Encounter-level and aggregate data	Restricted data
Description	Encounter-level data: data on individual patients/encounters which may contain personal information.	Data which is more tightly controlled because it can be used either as-is or in combination with other data sources to identify individual patients, facilities, or health care professionals.
Data elements	• Length of stay, dates of admission and discharge • Patient age in five-year age cohorts at • Patient demographics: gender, race/ethnicity, age in 5-year cohorts • County of patient's residence • Admitting Diagnosis • Diagnosis and procedure codes (primary and all secondary) reported to RFA • Primary expected payer classification (i.e., Medicare, Medicaid, TriCare, Worker's Compensation, Commercial, HMO, Self-pay, Indigent and Other) • Charges by summary revenue codes and total • Days in special units (e.g. ICU, CCU, etc) The requester may choose *one* facility characteristic: • Urban/rural status	• Zip code and other location information below county level • Exact times and dates of admission and discharge • Patient birth date • Patient age in years (below 5-year cohort) • Medical record number • Patient number, facility assigned • Unique patient number, RFA assigned • Procedure dates • Encrypted Carrier codes – health care insurer • Health care professional identifier • Unique Health care professional number, RFA assigned • Health care facility identifier • Unique Health care facility number, RFA assigned

	• Bed Size • Teaching status • Level of trauma service or perinatal service	
Request process	Data can be requested at the encounter-level *or* aggregate level. The review process will be longer for encounter-level. You will need to explain the goals of the research and how the data will be used. For encounter-level requests, you must submit information on each individual who will have access to the data; signatures are required from the Principal Investigator, IT director, and organization CEO or similar. The form must be notarized.	Data can be requested in the restricted access form. You will be required to submit detailed plans on how the data will be used and how data privacy will be protected both procedurally and with technical processes. You must submit information on each individual who will have access to the data; signatures are required from the Principal Investigator, IT director, and organization CEO or similar. The form must be notarized.

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Making sense of your data

It is ideal to have someone on your team who is able to conduct some basic analysis of the data to help identify trends and opportunities. However, this does not require advance statistics training – often, tracking change over time, percentages, and averages can go a long way to identifying an area to focus on. It *is* important to have someone with a stronger analytic background as a project moves on, particularly if it will have a heavy focus on measuring outcomes; you need to be sure that the existing data were accurately interpreted, that caveats and measurement issues are understood, and that any projections of impact are realistic. But for what we will call the "landscape analysis" of a community's data, you can focus on descriptive statistics more than anything else. Often, data can begin to tell the story just by being reported out.

For those who have not worked closely with data before, we suggest using the below sample table below to get started. It provides a quick way to capture major elements of what you are finding in the data and can help all stakeholders at the table begin to determine where to focus their energy and attention. It also gives enough context to stand on its own while also having space to flag points of interest.

Sample table: Data indicators of interest

Indicator (description)	Data point	Source	Population measured for	When collected/ reported	Additional notes
ex: Child food insecurity rate	*12.7%*	*Feeding America*	*Children in Greenville County, SC*	*2022*	*2022 is noticeably higher than 2021.*
ex: Child food insecurity rate	*7.5%*	*Feeding America*	*Children in Greenville County, SC*	*2021*	

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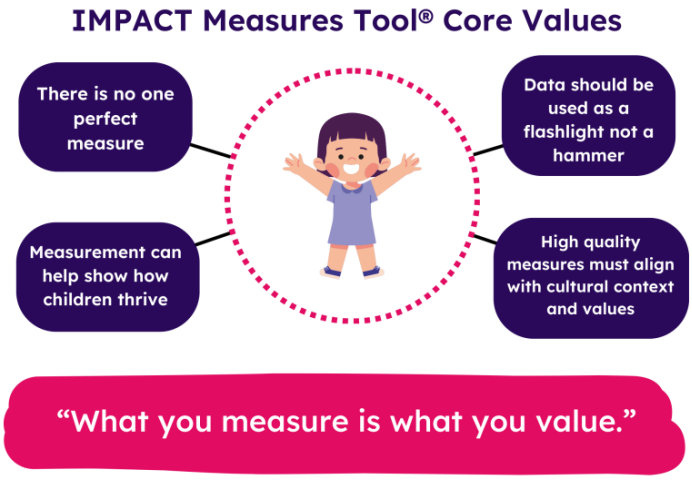
Determining focus areas

Some projects start with a specific focus on an outcome of concern or even a specific program as the anchor; other projects start with a determination to improve outcomes for children, but less certainty on where to start. Each of these approaches is viable! The process will just be different to find alignment between what the data can tell us and where the interests and opportunities are.

What is a good data point for my project?

Measurement and data are full of nuance, and there is rarely a clear "good" measure for any particular scenario. All measurement efforts are a series of trade-offs to find the best alignment of needs, time, skills, resources, and more. Here we borrow some language from ICS's team working on the IMPACT Measures Tool:



There is no one perfect measurement or data point for a project. Project partners should work to understand each other's areas of interest, concern, and opportunity in considering what data points to consult. Local context is tremendously important in determining how to focus a project, and often needs the space to develop organically. (See the stakeholder engagement session for discussion of this as well).

That said, some indicators may register more powerfully than others to stakeholders or community members, and it is helpful to have some language around understanding this. ICS has done significant work in the Pay for Success (PFS) world, also called "outcomes-based financing." In these projects, "outcome payors" pay out based on payment terms they help shape which define success (for example, investing in a prenatal home-visiting program based on meeting certain goals of reducing preterm births rates). These projects are significantly more complex that more traditional

government or philanthropic funding (though they offer other benefits). Outcomes that are the focus of the program must meet a high threshold of interest by the funder, in addition to being an area implementing partners *want* to focus on. For the purposes of these projects, we have categorized program outcomes into two categories: **impact outcomes** and **intermediate outcomes**.

Impact Outcome
• If a program is shown to improve a societally-important outcome or desired long-term outcome to such a degree that it spurs the public and/or investors to action, then that outcome can stand on its own as an indicator that the program has succeeded. It is, thus, an impact outcome. • **Examples:** • High School Graduation is considered to be a good long-term outcome of early childhood programming, and the early childhood community is generally pleased if high school graduation is the only result. Kindergarten readiness historically spurs both the public and investors to action. This is because it is a strong and accepted indicator of future academic achievement and success later on in life. It has been used as a payment term in a PFS contract. Thus, both high school graduation and kindergarten readiness can be considered impact outcomes.

Intermediate Outcome
• An intermediate outcome is a result of an intervention that indicates the intervention has changed the behavior or condition of its participants, but is not an end in and of itself. Its achievement does not generally spur the public and/or investors to action unless it is sufficiently linked to a societally-important outcome or desired long-term outcome for which it can serve as a proxy. • **Example:** • Improved executive functioning is a positive result of some early childhood interventions. The goal of each of these interventions, however, is not solely to improve executive functioning. Rather, the program aims to improve executive functioning because better executive functioning skills are linked to improved academic outcomes (math and literacy), results that would spur the public and/or investors to action. Thus, improved executive functioning skills can be considered an intermediate outcome that is a proxy for the impact outcomes of academic success.

Outcomes funded through more traditional mechanisms of government and/or philanthropic funding may not need to hold itself to as intense of a standard for consideration. However, we find this terminology useful in conceptualizing different ways to view outcomes. Even outcomes that are determined not to be feasible or a good fit for a PFS contract— whether because they occur outside an investor's timeframe or because they are intermediate outcomes rather than impact outcomes— may still be valuable to track as part of a PFS project even if they are not used as a payment term. They may be outcomes that are important to government or society or good indicators of program effectiveness. Indeed, PFS projects in the US have tracked outcomes beyond those in the PFS contract.

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Stakeholder Engagement Planning

A continuum-based project can develop in many ways, and there is no "right" or "wrong" way. Based on ICS's experience, we generally see one or two organizations, or individuals, begin developing the idea organically as they identify points of alignment. This is often realizing the overlap in either services they provide, or families/children they serve in different ways. Communities already engaging in collective impact work may find this begins to percolate quite easily, as a continuum model is a natural step from the collaborative already built into collective impact projects.

Who's at the table?

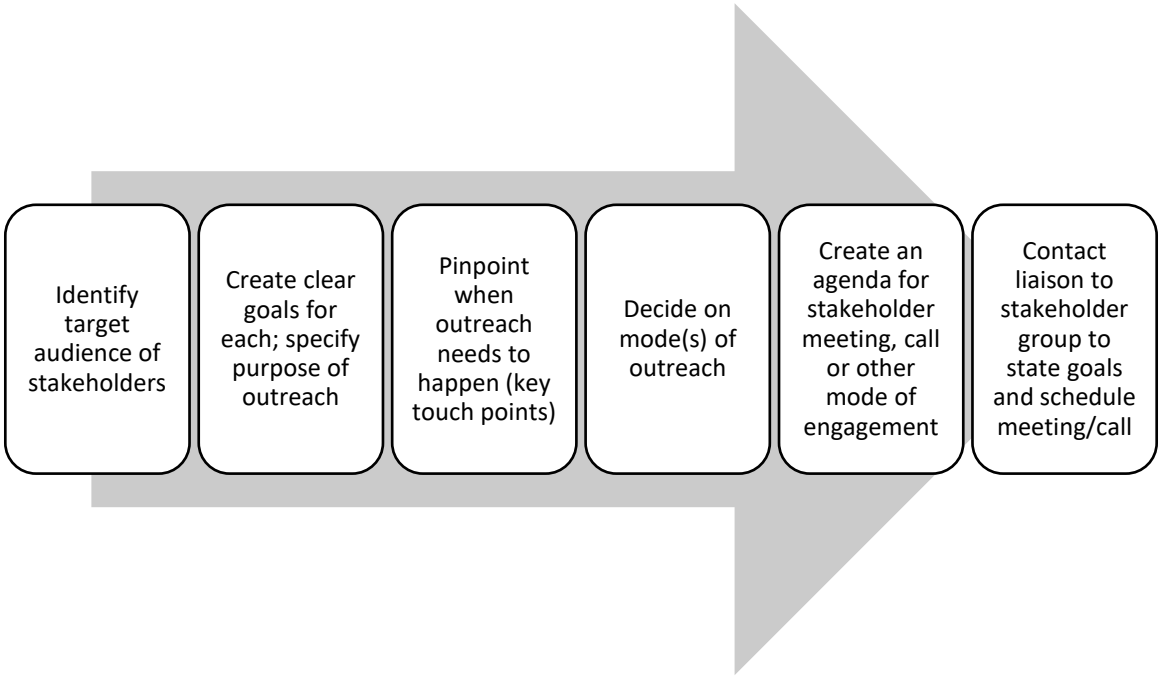
Those working in the community will likely already have an idea of what parties should be engaged. We provide the graph below to help support brainstorming.

"Lead" organization(s) – those originating the idea	Government agencies with vested interest in the issue (including health agencies, school districts, etc.) – beginning with the closest level of geographic alignment	Service providers working with families/population of interest within the geographic
Members of the population of interest for programs or interventions (often, service providers may already be engaging with families receiving services and can bring them into the conversation)	Nonprofit organizations working on the topic or related topics	Philanthropic entities in the area, beginning with those with closest mission alignment
Business and commerce communities, particularly those with a track record of investment in related programming	Educators and education administrators	Policymakers

It may be useful in the early days of a project to engage those who are already likely to support the efforts; this helps build momentum and sets a strong foundation. However, projects *should* seek to engage those who may not immediately be supportive to strengthen the eventual buy-in on the project. There must be voices at the table who raise concerns, objections, and clarifications in order to ensure the project is truly developed in a feasible way. Additionally, if these individuals can be brought around to be true supporters through incorporating their feedback, they help to improve eventual buy-in for the full community through a broad group of stakeholders.

Stakeholders are not window dressing. They actively shape and reshape the project, and each voice must be equally welcomed and valued at the table. Stakeholder meetings and other communicate should focus on sharing information; gathering information; and engaging feedback.

The process of stakeholder engagement begins well before any kick-off meeting. We recommend the following internal prep work be completed:



The power of a backbone agency

This type of project—large-scale, with multiple service providers—is precisely where backbone agencies are most useful. The role of a backbone agency is to create and manage the aggregate impact expected by all interventions and stakeholders; as such, it requires a different skillset from organizations that provide services directly. A backbone agency will be needed to eventually launch a continuum-project in order to centralize operations and messaging; often, this will be creating a specific new organization or an offshoot of an existing organization. Informally, the lead organization(s) working to lead the development of the project serves as a de facto backbone agency.

The work of a backbone agency can be thought of as the following:[2]

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[2]Each bolded header is excerpted directly from this report: T Turner, S., Merchant, K., Kania, J. & Martin, E. (2012). Understanding the Value of Backbone Organizations in Collective Impact: Part 2. Stanford Social Innovation Review.

1. **Guide vision and strategy**: Backbone agencies often serve as a sort of thought leader, passing along and disseminating information to stakeholders. They serve as a central leader to provide directions to all agencies to ensure similar goals and vision.
2. **Support aligned activities**: Ensuring that all stakeholders are working in concert with one another without being duplicative of one another's work, or at cross purposes, is another role of a backbone agency. For instance, a backbone agency can ensure that all referrals amongst the programs are followed through on and that no individual can fall through the cracks and not receive services needed.
3. **Establish shared measurement practices**: Without a shared system for collecting and aggregating data, it is nearly impossible to get the type of data needed to draw insights about program performance and impact.
4. **Communications**: The backbone agency will be responsible in particular for high-level communications, such as developing the messaging around the initiative, as well as the channels for sharing this information. Ongoing communication to the community is also valuable.[3]
5. **Build public will**: Upon establishing impact, it is backbone agencies who are the primary drivers of sharing results broadly with the public and thus building public will toward further funding and advancing initiatives.
6. **Advance policy**: Educating policymakers about the impacts of the programs is the role of the backbone agency, using impact data to drive policy.
7. **Mobilize funding**: Using data and findings about the impact of programs, backbone agencies can use these results to seek funding for continuation and expansion of the programs and services.

Capabilities of a Backbone Agency

To guide the selection process, we recommend prioritizing the following qualities in an agency:

1. **Demonstrated success at capturing and analyzing data**: Data collection, measurement, and analysis is a critical part of any continuum project, and the backbone agency must demonstrate a clear history of success in data management. Since the agency will also be managing this data across various organizations, previous experience with such complex data management will also be a plus.
2. **Strong network within the community**: In particular, strong connections and relationships with funders and influencers (i.e. media, thought leaders within the community) are important to the success of the backbone agency. It is

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https://ssir.org/articles/entry/understanding_the_value_of_backbone_organizations_in_collective_impact_2. The clarifying text in each subheader is original text.

[3] Strive Together. (2017). *Building the Backbone.* https://www.strivetogether.org/wp-content/uploads/2017/03/finalbuildingthebackbone.pdf

important that the backbone agency be trusted by everyone in the community and without a perception of hidden agendas or alliances. Also important is independent convening power to know that important community leaders will respond to and respect the backbone agency.

3. **Sufficient staffing** (or capacity to staff): Managing the work of multiple organizations and programs will require a substantial amount of manpower, and the backbone agency should have sufficient and well-qualified staff to do so. In particular, a strong operating team will help ensure success. The backbone agency will be instrumental in onboarding new employees brought on to support the initiative.
4. **Patience and Persistence**: The backbone agency should be willing to make a patient investment, as the work of such a multi-partner long-term initiative is far-reaching and requires commitment. Alongside that is the persistence required to manage various programs and keep moving forward towards the desired outcomes.
5. **Leadership**: In this case, the organization must be willing to lead without prioritizing its own interests. If the network is viewed as just a tool of the backbone agency, or one of its pet projects, then the network fails.

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Prospective Funding Guidance

Goal: Document a range of resources to be considered for child-focused continuum programs. This will include identifying key federal and state funding opportunities, as well as eligibility and practical considerations for accessing this funding.

This memo is a key step in understanding the financing landscape for a continuum model should it move forward. Key steps include:

- Identify possible funders and/or investors who are or could be interested in programs and/or outcomes under consideration.
- Estimate how much funding each funder and/or investor may be able to provide and over what time horizon.
- Plan for outreach to and engagement of potential funders and/or investors.

Blending and Braiding

"Blending" and "braiding" are common practices in funding early childhood services to maximize available funding, though both strategies have barriers to their efficiency. The Ounce of Prevention defines these concepts as:[4]

- Blending: "funds from two or more separate funding sources are wrapped together within one full-workday, full-year program budget to pay for a unified set of program services to a group of children. In blending, costs are not necessarily allocated and tracked by individual funding source."
- Braiding: "two or more funding sources are coordinated to support the total cost of services to individual children, but revenues are allocated and expenditures tracked by categorical funding source. In braiding, cost allocation methods are required to assure that there is no duplicate funding of service costs and that each funding source is charged its fair share of program and administrative costs."

Blending or braiding funding is generally a response to align multiple funding sources and take advantage of opportunities, but they can require considerable staff time and administration tasks, particularly as different funding streams can have different eligibility requirements.[5] Given the complexity of a continuum model, it is unlikely that blending and/or braiding can be avoided. Efforts should be made to prioritize funding which is not earmarked for certain expenses as much as possible; to select a Backbone agency with experience in blending and braiding or

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[4] Wallen, M. & Hubbard, A. (2013). *Blending and braiding early childhood program funding streams toolkit: Enhancing financing for high-quality early learning programs*. Chicago: The Ounce

[5] Wallen & Hubbard, 2013

other complex accounting practices; and to ensure clear communication among all partners. For example, some funding may come through the Backbone agency and then be distributed to participating entities for service provision or used for expenses necessary for the Backbone. Other times, individual service providers participating in the Bundle may receive funding for their programming directly from a source. It is essential that all parties understand how the funding flows, their individual compliance and reporting requirements, and that this conversation be revisited each time there are significant funding changes.

Identifying possible financial partners

When considering the financial engagement of both governmental and philanthropic funding streams, it is useful to consider two paths by which an agency or stream may be engaged:[6]

Financial

Interest is based on monetary benefits such as the return on investment per dollar spent and/or the direct impact on an agency or organization's budget.

Mission-Based

Interest is based on a direct link to the agency or organization's stated mission and/or the societal value that would be brought about by improving a certain outcome.

Often, innovative social programs fall victim to the "wrong pockets" problem—the agency who would be responsible for funding and/or implementing a program with documented impacts is *not* the entity who will receive the financial benefit of those outcomes.[7] This can often be seen in investments with cross-sector benefits or programs whose outcomes accrue well into the future. Thus, it makes sense to consider

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[6] Institute for Child Success. (2018). *Outcome Payor Memo Template.*

[7] Roman, J.K. (2015). *Solving the wrong pockets problem: How Pay for Success promotes investment in evidence-based best practices.* Urban Institute. http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000427-Solving-the-Wrong-Pockets-Problem.pdf

both mission and financial alignment of all agencies potentially at the table to identify opportunities.

Questions that must be answered include:

- What, if any, specific philanthropic support is interested in supporting the project?
- What, if any, investment institutions have an interest in investing in supporting the project?
- What is the level of engagement between the project partners and each potential funder investor thus far?
- Among those that have not yet expressed interest in the project, which funders / investors may be good fits for this project, and why? How will project partners work to engage them?
- To the extent it is possible to know at this stage, what is the range of funding that might be possible from each potential funder / investor?

Project partners should work collaboratively to develop these lists of possible financial partners, the rationale for engagement, and engagement strategies.

Consider the table on the next page which was created in support of a continuum project in Connecticut. It works to systemically, but accessibly, capture potential funding alignment with state agencies. It is *not* a comprehensive list of all possible or worthy interventions for children but rather a starting point based on previous engagement by ICS and others in the Carolinas.

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An "X" indicates where there is either a **strong and direct link** to an agency or a **less direct but still compelling link**. For example, reducing preterm births among Medicaid mothers have **direct** benefits for DSS in terms of cost savings to the program reducing preterm births is also associated with a range of improvements in development and school readiness, with potential to improve cost efficiencies for other departments. The outcomes listed as common outcomes of interest to policymakers which have been studied in the literature. The exact magnitude of impact, as well as target population served, should be examined for each.

Domain	**Outcomes**	**Interventions of interest**	**Agency with mission/financial link**			
			DSS	**DHHS**	**DPH**	**DOE**
Maternal & Child Health	Reduced Cesarean births	Doula access (ex: Birth Matters)	X	X		
		Group prenatal care (Centering Pregnancy)				
	Reduced preterm births	Doula access (ex: Birth Matters)	X	X		
		Centering Pregnancy				
		HANDS				
	Reduced low birthweight births	Doula access (ex: Birth Matters)	X	X		
		Group prenatal care (Centering Pregnancy)	X	X		
		HANDS				
	Reduction in maternal complications during delivery	HANDS	X	X		

	Reduced prolonged hospitalizations & NICU admission	Doula access (ex: Birth Matters)	X	X		
		Group prenatal care (Centering Pregnancy)				
	Reduced ER visits for child injuries	Newborn nurse home-visiting (ex: Family Connects)	X	X	X	
	Reduced maternal anxiety and depression	Newborn nurse home-visiting (ex: Family Connects)		X		
School readiness and development	Improved Kindergarten readiness	Quality 3k/4k				X
		Newborn nurse home-visiting (ex: Family Connects)				
	Earlier identification of developmental delays & conditions	Developmental surveillance (inc. Help Me Grow)	X	X		X
	Improved literacy/pre-literacy skills	Reach Out and Read				X
	Child social-emotional/behavioral outcomes	Positive parenting education (Triple P)		X		X
		Strengthening Families		X		X
Child safety and welfare	Reduced out-of-home foster care placements	Positive parenting education (Triple P)	X		X	

	Fewer reports of or substantiated child maltreatment cases	Positive parenting education (Triple P)	X			
		SafeCare	X			
		HANDS	X	X		
	Improved the quality and safety of the home environment	Newborn nurse home-visiting (ex: Family Connects)	X			

Notes on abbreviations: DSS: Dept. of Social Services (includes child care licensing and child welfare); DHHS: Department of Health and Human Services, including Healthy Connections (Medicaid); DPH: Department of Public Health; DOE: Department. of Education

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