

An Introduction to Fund Mapping for Children and Family Services

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An Overview of Fund Mapping

Fund mapping is a collaborative process that identifies and analyzes expenditures and service data across departments, agencies and types of funding (federal, State, local, and private; entitlements and discretionary). It is a systematic and shared process that serves as a tool to guide a strategic financing process, which can include leveraging additional funds, improving contracting processes, and reducing costs to support improved outcomes.

A fund map addresses the following questions:

- What are the major funding sources, where do the funds come from, and who do the funds support?
- How does the funding support the priorities that have been identified?
- Are there ways to better utilize these funds and are there fund sources that are not being fully utilized or utilized at all?
 - How can we better leverage federal entitlement funds (specifically Medicaid and Title IV-E)?
 - How can we better coordinate funding, programs and services supported by multiple departments and agencies?
- Where are the gaps in funding? Are there opportunities for these gaps to be supported with additional public and/or private funds?

Why not complete a children's budget or asset map?

Children's budgets look at the funds that are allocated to child and family services and can be a resource to completing a fund map; they do not provide information on funds that may be available or analysis of the most efficient and effective use of funds. Similarly, asset maps help identify strengths of a community, which may include funding, but are not specific to identifying comprehensive

Benefits of Fund Mapping

Completing a fund map has benefits at many levels. The immediate benefit is the **clarity and transparency** that it brings to the budget(s) and a **shared understanding** of what is being spent on programs for particular populations. A short-term benefit is the opportunity to **shift discretionary funding** that is within a single entity's budget (at the agency/department level or even at the local level) to fund a **prioritized program** or set of programs. A longer-term benefit is the ability to **reduce duplicative spending** and shift resources toward prioritized programs using **blended, braided, or pooled funding** approaches. A comprehensive fund map of a particular program or population has the potential to **maximize** federal fund sources and entitlement funds, **close gaps** in funding, and **improve contracting** processes.

How do we complete a fund map?

STEP ONE: Identify the goals and priorities for the mapping and the overall financing initiative in terms of both population(s) and desired outcomes.

In order to have a fund map that is comprehensive and relevant it is critical that the financing goals are clear and specific. Ask yourself *who* you are trying to impact, *what outcomes* you are seeking, and if there are particular *programs* you know work for that population. Review the following two statements and note the differences:

Goal and Priority Statement #1: “Baltimore City children should be successful in life.”

Goal and Priority Statement #2: “Access to nutritional food twice a day is critical to success. Children residing in Baltimore City who are ages 5-10 who are living below the federal poverty level should have access to nutritional food for at least two meals per day throughout the year, even when schools are on vacation.”

While the first statement may work as a vision statement, it does not provide direction for the fund map. Instead, it raises questions about how you define “Baltimore City children” and how you define “successful.”

The second statement outlines a clear priority area—access to nutritional food twice per day year-round. It identifies a specific priority population: youth residing in Baltimore City, who are 5-10 years old, and who live below the federal poverty level.

This second statement tells us *who*, *what*, and even begins to hint at the *programs* that may be considered as part of the map (e.g., free and reduced priced meals in schools).

STEP TWO: Identify the roles and responsibilities and the approach to fund mapping.

How is the fund mapping different if we have a program in mind that works (and that is already funded) versus if we just have a population in mind?

The fund mapping process will be narrower and more focused if a program has already been identified because the parameters for the population served and eligibility for the program, as well as the costs to operate the program, will already be known. A fund map for a total population will be much larger and should include particular programs.

Fund mapping requires that agencies, departments, organizations and governments share their budget documents in order to have an accurate and comprehensive accounting of funds. If agencies are unwilling to share line-item detail and only provide the broad categories of funding, it will be very difficult to determine how much money is currently being spent on the priority population and outcome. In addition to the amount of funds allocated to the program, additional data must be collected regarding the target population, eligibility, etc. (discussed below in step 4). A person or entity must be designated to receive these documents, and there must be a contact person within each of the organizations providing data to be able to respond to questions in a timely fashion.

STEP THREE: Obtain necessary resources to support fund mapping.

Comprehensive fund mapping requires time and personnel with the ability to analyze the information, ask relevant questions about the data provided, and organize it into a framework that supports decision-making.

STEP FOUR: Collect the data.

The data that are needed include:

- Total funds by type (entitlements, discretionary, one-time only, non-service dollars, etc)
- Total funds by source (local, state, federal, foundation, private donations, etc)
- Total individuals served by the funds
- Outcomes targeted
- Services funded
- Eligibility for the services
- Dollars administered through contracts

These data can be provided in a consistent format using an Excel spreadsheet.

STEP FIVE: Analyze the data.

This can be done a number of ways depending on the priority population and outcome and if a particular service, program or intervention has already been identified. Examples of analyses include:

- Expenditures by outcome area
- Proportion of funding supporting evidence-based programs
- Proportion of funding supporting prevention and remediation
- Cost per participant in categories of service
- Cross-walking the spending in an outcome area and assessing the results that have or have not been achieved
- Impact of spending over time in “bending the curve” in identified outcome areas
- Identification of relevant evidence-based practices and programs

STEP SIX: Communicate the results and determine the implications and next steps.

Completion of a fund mapping process is a *first step*, not a final step. It is a tool that facilitates a data-driven conversation that can take into consideration areas for immediate, short-term, and longer-term re-alignment and change.

What questions should we ask ourselves to determine the population and outcomes we want to achieve?

The questions that are posed will generate additional questions—follow the line of questioning until you are satisfied that your answer is as specific as possible. The following questions should be considered prompts for additional questions.

1. What **age or age group** are you interested in? If it is a child or youth, are we interested in the family unit/household or the individual child?
2. What **eligibility criteria** do we want to apply to the population?
 - a. Examples can include individuals/families who are eligible for Medicaid, TANF, WIC, Early Intervention Services, HeadStart; youth who have a mental health diagnosis or substance abuse disorder; youth who are involved with foster care (formally or informally), youth who are involved with juvenile

- justice (formally or informally), youth who are in school, youth who have dropped out of school, youth who are enrolled in a GED program, etc.
- b. Other population-limiting criteria include whether individuals are citizens or legal residents for over five years (particularly relevant for many sources of federal funding) and whether they reside in Baltimore City.
3. What is the **desired outcome**? Is it for the children to have access to nutritional food twice daily, all year? Is it for children to enter kindergarten ready to learn? Is it for youth graduating from high school with a diploma to have particular job readiness skills?
 4. What **programs** are you interested in funding? Are there particular evidence-based practices that you want to begin or expand? Are there local programs that have shown some initial success upon which you want to capitalize?
 5. What **levels of service** are you interested in a) analyzing and b) funding? Will you consider programs that occur out-of-home? Are you interested in prevention only?
 6. What is your **timeframe for the data** you are collecting—the past year? Two years? Consider context and any applicable reform movements, legislation, or changes in administration (at any level) that may impact your numbers as you determine the most accurate timeframe from which to collect the data. It may be most relevant to only examine the prior year’s budget.
 7. What is the **timeframe for the outcomes** you wish to achieve—immediate, short-term, and/or long-term? This will have an impact on the funding that is analyzed (an interest in making an immediate change should have a fund map that is focused on a more narrow population and set of discretionary funding that is within the purview of the entities to change; longer-term outcomes recommend a wider analysis of different funding types and funding streams with the possibility for a modification in one population or program area to impact a completely different population or program area in the longer term).

Conclusion

The success of a fund mapping project is hinged on the specificity and clarity of the population of focus and the outcome that is desired for that population. A narrower population definition will result in a more specific fund map. That fund map may be more limited in terms of the dollars that are presented, but it also may be more realistic in terms of the dollars that are available for blending, braiding, pooling, or re-allocating. A broader fund map will give a more general sense of the funding priorities as they currently stand and where there are large gaps or duplication. The population focus should be crafted based on the strategic financing goals of the initiative and the ultimate purpose of the fund map, which is just a means to an end.

Sources used in the development of this document:

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Population and Outcome Definition—Example 1 “Early Childhood”

- 1) Prenatal through 24 months of age.
- 2) Pregnant mothers and children who live in Baltimore City and who are WIC-eligible.
- 3) Healthy development in critical early years of life.
- 4) Programs that support access to nutritional food, prenatal exams, social support, well-baby visits and immunizations, developmental screenings, and referrals to early intervention programs. Interested in capitalizing on funding that is available for home-visiting programs.
- 5) Prevention and early intervention in the home and community.
- 6) Interested in Fiscal Year 2012 funding (July 1, 2011-June 30, 2012) due to funding available at multiple levels for home-visiting.
- 7) Interested in some immediate financing opportunities by capitalizing on existing, local discretionary funding, as well as supporting B’More for Healthy Babies in the shorter-term and having longer-term impacts on children entering school ready to learn and 3rd grade reading levels.

Summary: Population of focus is pregnant mothers and children up to 24 months of age who live in Baltimore City and are WIC-eligible. Desired outcome: Identifying opportunities for enhancing and streamlining funding for home-visiting programs in the immediate future, with short-term opportunities to support B’More for Healthy Babies and longer-term opportunities to increase the number of children in Baltimore City who enter kindergarten ready to learn and who read on-grade level at 3rd grade.

Population and Outcome Definition—Example 2 “Workforce Development”

- 1) Youth ages 14 through 17.
- 2) Youth who are actively enrolled in a Baltimore City High School and have an IEP or 504 plan that identifies the youth as having a serious emotional disorder.
- 3) Increase the percent of youth with serious emotional disorders who enroll in 9th grade who successfully complete 12th grade.
- 4) Identify specific workforce development initiatives that focus on teenage youth that are still in high school.
- 5) Interested in prevention and intervention programs.
- 6) Data should be collected for the past fiscal year.
- 7) Outcomes would be longer-term (2-10 years)

Summary: Population of focus is youth who are age 14 through 17 who have a serious emotional disorder and are enrolled at a Baltimore City High School. The desired outcome would be to identify funding to support programs that would provide specific workforce development skills to youth to help them to both graduate high school and go on to higher learning (college or job training programs). This would have a longer term focus, with the impact of the program on a 14-year old not seen until the youth is 17 or 18-years old.