BUILDING BLOCKS OF INNOVATIVE FINANCING FOR SUSTAINABLE MULTISECTOR PARTNERSHIPS

Georgia Health Policy Center

TABLE OF CONTENTS

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WHAT IS A FINANCE INNOVATION?

Finance innovations occur by effectively influencing the flow of funds in a community to drive impact. It can involve adapting known financing mechanisms to the local context beginning with tiny feasible improvements, combining financial tools in new ways, or creating new financing vehicles.

Multisector collaboration for health equity naturally leads coalitions to consider finance innovation. Most of the time, multisector work incurs costs in one sector and produces benefits in others. For instance, an investment in childhood nutrition can improve child development and educational achievements, while investments in early childhood education and schools can reduce future reliance on social services — and both examples may lead to healthier lives and reduced health care costs over the long term. Additionally, initiatives such as these often involve public, private, and nonprofit organizations — relying on inputs from each — to achieve their common goals.

Finance innovations help make these efforts achievable in the short term, and sustainable over the long term, by coordinating the costs and benefits across different organizations and sectors. It treats the work as an 'investment' in people and recognizes the resulting improvements in equity, productivity, self-sufficiency, health, and quality of life.

Finance innovations can take many different forms. They may draw from a wide range of sources including philanthropic grants; revenue from taxes or fees; socially responsible investors or financial institutions meeting Community Reinvestment Act requirements; hospital community benefit dollars; reimbursement or payment for services; and monetary or in-kind contributions from businesses, health payers, and financial entities. These sources are frequently used in some combination, through a variety of fiscal structures, described below.

This resource will cover five key principles that guide financing innovation to aid your coalition in transitioning these innovations into action:

1. Think "upstream." Ask what can we do that will have the highest leverage?
2. Build a culture of stewardship and collaboration among thoughtful people from different sectors.
3. Look at existing dollars in the system, including from unlikely places.
4. Explore financing vehicles. Focus on a range of previously known and undiscovered funding vehicles; combine them as needed to suit the local context.
5. Identify high-leverage interventions at the intersection of community priorities, promising strategies, equity, resources, and partners.

ABOUT THIS INFORMATION

Many coalitions are seeking innovative ways to leverage financial resources to sustainably support their collective work targeting upstream drivers of health and equity. Bridging for Health: Improving Community Health Through Innovations in Financing, led by the Georgia Health Policy Center and supported by the Robert Wood Johnson Foundation, was an initiative to support communities exploring innovative ways to finance upstream drivers of health and wellness, support them to move to action, and extract valuable insights.

From 2015 to 2019, communities engaged in a multiyear innovation process that expanded collaboration capacity and explored innovative financing mechanisms. As the national coordinating center, the Georgia Health Policy Center developed a systematic yet flexible approach to accelerate this innovation process and drive communities to action. This set of tools included a mix of technical assistance, learning modules, thought partnership, financial resources, evaluation support, peer learning opportunities, and access to national advisors.

While varying in composition, purpose, and scope, all seven Bridging for Health sites pursued a local wellness fund to address primary prevention of chronic conditions or an upstream driver of health. Throughout the initiative, progress towards innovatively funding community health was achieved by:

- Applying a multimodal portfolio of tools to accelerate innovation
- Developing a multisector collaboration with willing and able leaders
- Learning fast and continuously
- Finding the high-leverage "sweet spot" where a community's needs, strategy, and money all intersect

The following principles and procedures are derived from lessons from the Bridging for Health initiative that can help local coalitions, catalysts, and funders further accelerate alignment of investments in upstream drivers of population health and equity. For more detailed information, please visit *https://ghpc.gsu.edu/download/bridging-for-health-book*.[*]

[*] Georgia Health Policy Center. (2019). *Bridging for Health: Improving Community Health Through Innovations in Financing*. Atlanta, GA. https://ghpc.gsu.edu/download/bridging-for-health-book

Principle 1: Identifying High-Leverage Interventions

The first step of identifying and implementing high-leverage interventions for social determinants of health (SDoH) involves engaging systems thinking to look upstream. High-leverage interventions identify and act on areas that have compounding impacts on future outcomes, impact many types of outcomes, or have the potential to trigger or maintain positive or negative cycles of outcomes. They can also include particular issues that appear to be a root cause behind other, more obvious issues.

Principle 2: Stewardship and Collaboration

Coalitions can use stewardship principles to engage funders in exploring and crafting an innovative finance structure together. Innovation can feel risky for funders, so coalitions should plan to build trust, align across interests, and start slowly to work toward a successful financing structure. This is an important place to invoke the 5 C's of effective stewardship & collaboration:[†]

- **Clarifying purpose:** Start by making sense of what your coalition aims to accomplish. The coalition should consider diverse perspectives, facilitate a shared understanding among the stakeholders and partners involved, and assess external gaps and inefficiencies. A collective purpose will accommodate differences and strengthen perspectives and values held in common.
- **Convening the right people:** Getting the right people in the room does not mean an open call to everyone who may have a stake in the effort. Open invitations are often motivated by both fear of appearing exclusive and convening a broad enough group of people who need to be involved. Researchers at the University of Colorado Denver's Center on Network Science have found that collaborations that begin and grow through "thoughtful inclusion" tend to exhibit greater long-term sustainability and effectiveness.[†]
- **Cultivating trust:** Everyone says this is important, but this is where most collaborations fall short. Google recently spent millions of dollars to figure out why some teams stumble while others soar. After reviewing 50 years' worth of studies and studying hundreds of teams, they found that high-performing teams have high levels of "psychological safety," measured by an equality of turn-taking in team discussions, as well as high degrees of social sensitivity, or group members' ability to read each other's social signals.[†]
- **Coordinating existing activities:** This requires members to share the work they are already doing that relates to the coalition's purpose. In the process, participants find opportunities to partner together, find quick wins, and avoid duplication of efforts.
- **Collaborating for systems impact:** Promoting health and equity requires addressing the root causes of problems. This is where systems thinking comes in, which has been previously discussed in prior workshops (e.g., system support maps created in the first workshop). One systems thinking tool — the iceberg metaphor — can be useful in identifying the various levels of impact within a system in which to intervene with the "tip" being the symptoms or events we often pay attention to, and the "base" being the systems, structures, or root causes of those symptoms.

[†] Ehrlichman, D. (2018, March 15). Cutting through the complexity: A roadmap for effective collaboration. *Stanford Social Innovation Review*. https://ssir.org/articles/entry/cutting_through_the_complexity_a_roadmap_for_effective_collaboration

Principle 3: Locating Existing Dollars

Experts acknowledge that leveraging funding sources is a pertinent strategy for sustainably financing community health improvement efforts. The benefits from an effective initiative to improve SDoH may take years to realize. As a result, coalitions must seek funding for infrastructure, operations, and programming, with a long-term return on investment. As a result, traditional grantmaking, which often stipulates demonstrable outcomes in one to three years, may be insufficient for a robust longer-term strategy needed to address SDoH. The up-front capital that is necessary might be obtained from diverse sources such as:

- Government programs and resources
- Philanthropic and government agency grants, contracts, donations
- Loan or equity financing vehicles and other investments that have been used locally, including those targeted to community development or Community Reinvestment Act qualifications
- Taxes or tax credits such as Low-Income Housing Tax Credit, sumptuary taxes, or special assessments
- Corporations or faith-based institutions seeking socially responsible investments
- Hospital community benefit dollars
- Reinvestment of the shared savings generated as a result of program success
- Other sources that may be specific to a sector, population, region, or jurisdiction

It can be helpful to create and complete an inventory table of known funding sources, shown in Figure 1. Important information to consider including is the funding source, type of source, sectors the source has funded (housing, nutrition, built environment, etc.), examples of projects they have funded, estimated size of source's total investment, and your partners' relationship with source. Coalitions should also be encouraged to find new and innovative sources of funding. After creating the funding table, the next steps should be:

- Talk with partners, colleagues, and friends
- Search the internet
- Conduct structured interviews with fundraising experts in your area or field
- Invite external stakeholders to participate in the financial landscape mapping or seek their input on your draft

Figure 1: Inventory of Existing Funding Sources

Who is funding ...		... What, and ...		... How much are they investing, and ...	... What is our existing relationship?
Source	Type (local, state, national philanthropic organizations, individuals)	Sectors funded	Examples of funded projects	Estimated size of investment	Existing relationship between the source and the organizations or individuals involved with the local wellness fund

Principle 4: Explore Financing Vehicles

Focus on a range of previously known and undiscovered funding sources and combine and structure them as needed to suit the local context. Structures include the mechanism for how resources will be combined or polled, as well as clear and transparent governance processes that outline how financial decisions, including spending, will be made. Keep in mind that many communities and coalitions are presently piloting these and similar structures and that new information about them continues to become available. Also, consider that structures that are effective in some contexts or communities may be less effective in others. Some examples of existing structures are:

<u>Capture and Reinvest</u>
This functions by reinvesting a portion of the health care savings into SDoH to create a virtuous reinforcing loop and financially sustainable cycle of health improvement and savings. It includes State Innovation Models, accountable care organizations (ACOs), and Accountable Health Communities (AHCs). Potential funding sources may include cost savings, hospital community benefit dollars, payers, philanthropic initial capital investments, or other innovative sources.

Blending and Braiding

These complementary approaches align two or more resources into one pool. They can create new funding streams or improve coordination of existing streams, depending on funders' stipulations. Results of these blending and braiding mechanisms include federal grants and cooperative agreements, contracts with Medicaid managed care organizations, and public-private financing arrangements.

- Blending blends sources so original sources are no longer identifiable. It provides flexibility and fewer administrative burdens by not tracking funds separately.

- Braiding combines sources for a particular program or purpose. The identity of each source remains, and funds can be tracked separately. It is a funding and resource allocation strategy that generally relies upon existing categorical funding streams and aligns them to support common initiatives.

Local Wellness Fund

This describes a pool of money that partners and stakeholders raised or put in themselves. It is set aside specifically to support prevention and wellness interventions that improve health outcomes of targeted populations. Potential funding sources are, therefore, varied and innovative thinking is a plus to uncover potential sources. One option used is a small tax levied on payers and hospitals, which addresses insurers' concern that their investment might improve the health of people outside of their specific insured pool. Other options include pooling private foundation resources, hospital community benefit dollars, sin taxes or other local or state special tax assessment, or redirecting existing government funding.

Social Impact Bonds and Pay for Performance

These are a very formal market-based approach for an investor to pay for outcomes from a specified evidence-based intervention to improve social, environmental, and economic conditions. For instance, a government entity may pay an initiative for preventing certain demands or costs; the initiative acquires up-front funding to implement their plan. If the initiative achieves the targeted results at a lower or more efficient cost than the standard approach, it may generate financial returns for investors. This vehicle is highly complex and typically requires a formal managing structure or entity. Social impact investors may take a similar approach in tying their investment to targeted health and social outcomes, and may use an external evaluator, but without the public backer.

Principle 5: High-Leverage Strategies

Figure 2: High-Leverage Strategies

The first principle of finance innovation is to target identified opportunities to improve SDoH, use strategies that are effective at addressing those opportunities, and aligning work with existing funding streams. Figure 2 represents the three components of a high-leverage strategy identified through the Bridging for Health work.

Each of these, and the point of intersection of them, is an important part of sustaining multisector partnerships. Where these three components overlap or align, is where high-leverage strategies can be found. This model is useful because of its ability to represent various situations in which a collation may find themselves so that they can identify the initial information and activities they need to arrive at high-leverage strategies.

Focus efforts on one or two strategies that appear to be most effective, address the highest priority needs, and are the most feasible to fund. Be sure to clarify and communicate the case for each strategy, engage a wide range of stakeholders in the oversight and evaluation of efforts, build a proof of concept before full implementation, and adopt a mentality of agile development – many iterations with constant development. Two key considerations in high-leverage strategies are collaborative stewardship and a grounding in equity.

- *The Community Health Needs and Priorities* component creates a shared understanding of key health issues facing a community, including by subpopulation; a shared set of priorities based on a vision for improved community health; and a joint understanding of which areas you could address first with available resources. For this component, stewardship should include a collaborative process to identify priorities with stakeholders, and an equity-driven approach should include sharing problem identification and prioritization with stakeholders who experience the greatest inequities.
- *The Strategies that Improve Population Health* component entails collection of evidence-informed, or promising upstream strategies, that promote population health and equity; prioritization by the community and other relevant stakeholders; and considerations of the level of evidence from research and the community, and feasibility (available resources, and administrative and policy/program context). For this component, stewardship means considering strategies that efficiently align goals and capacity, and an equity-driven approach considers the distribution of benefits, and potential for unintended effects of strategies.
- *The Available Financing and Other Resources* component considers the identified portfolio of available funding mechanisms and information about innovations in financing population health initiatives; and is prioritized by feasibility and impact on health equity. For this component, stewardship calls for efficient use of resources from a systems-thinking perspective, while an equity-driven approach would invoke systems thinking to consider the broader financial impacts on stakeholders or communities with varying levels of influence or historical inequities.

CASE STUDY: NATIONWIDE CHILDREN'S HOSPITAL

Nationwide Children's Hospital is located in Columbus, Ohio—a large academic medical center with more than one million patient visits per year.[1] Nationwide Children's Hospital (NCH) understood from the beginning that this effort could not be spearheaded alone—it was imperative to secure funding from long-term sources outside the health system. Alongside the Partners for Healthy Kids ACO (PHK) savings generated from Medicaid funds, and additional NCH funds, health initiatives are funded through both partnerships and blended funding mechanisms that are not directly managed by either NCH or PFK. There has been an intentional effort on the part of NCH to seek partnerships with organizations local to the Columbus neighborhood—these partnerships are vital to the financial and executive leadership development on key, joint projects. NCH deliberately chose organizations grounded in the long-term investment of the community.[1] "The process to gain buy-in is incremental, project-initiated, and grows over time as success is demonstrated."[1]

Sources[1]	Uses[1]	Structure[1]
• National Institutes of Health funding • Medicaid funding • United Way • Local and state-based grants • Foundations, local businesses • Columbus mayor's office, county commissioner's Office, funds from the governor • Low-income housing tax credits from Ohio Financing Authority	• Healthy Neighborhoods, Healthy Families: Affordable housing, health and wellness, education, safe and accessible neighborhoods, workforce development, economic development • SPARK: home-visiting model • Mobile care centers • Neighborhood beautification efforts • PAX Good Behavior Game: universal public health approach to prevent psychiatric disorders in youth • Reeb Avenue Center: community resident center providing nutrition services, health services, early care, and education services	• Blended funded streams with partners collaboratively providing financial and executive leadership on joint projects

Reference

[1] Boyer, K., & Chang, D. (2020, August 24). *Case Study: Nationwide Children's Hospital: An Accountable Care Organization Going Upstream to Address Population Health*. National Academy of Medicine. https://nam.edu/case-study-nationwide-childrens-hospital-an-accountable-care-organization-going-upstream-to-address-population-health/.

CASE STUDY: THE FAMILY LEAGUE OF BALTIMORE

The Family League of Baltimore's work is supported by both private and public dollars, which are used to drive data-informed and community-driven solutions to help children and families in Baltimore city. Our charge is to bring all the right partners to the table to make strategic, coordinated investments in programs that make a real difference in the lives of Baltimore's children and families.[1] The Family League of Baltimore emphasizes stewardship as a core value, investments aligning with priorities, and collective impact strategies to ensure that funding for programs benefits the communities they serve through strategic prioritization and an antiracist lens.[1] In the fiscal year 2020, more than $14.8 million was invested towards helping 25,000 individuals across Baltimore.[2] With a braided funding mechanism using state, city, and private funding, the Family League of Baltimore focuses on investments that benefit funders through, "1) leveraging resources from multiple funding sources and 2) maximizing impacts that are focused on collective impact."[3] With effective stewardship serving as a guiding principle, the Family League of Baltimore works to ensure that most of the funds they receive go towards programmatic work, such as the B'More for Healthy Babies initiative, its school readiness and food access programs, and important policy work. In 2019, each of the Family League's five priority bills passed in the Maryland General Assembly.[4]

Sources[4]	Uses[4]	Structure[4,5]
35+ funders • Governmental grants: 96% • Foundation and other grants: 1.8% • Net assets released from donor restrictions: 1.3% • Contributions: .14% • Other Income: <.01%	• B'More for Healthy Babies: reducing infant mortality • School Readiness: early childhood programs • Out-of-school programs • Food access: afterschool meal programs • Interagency efforts: collaborative efforts dedicated to supporting Baltimore's child welfare system	Local management board functions to support local interagency service delivery as a mediating convener of partnerships across sectors

References

[1] *Family League of Baltimore: Financial Information*. Family League of Baltimore. (2020). https://familyleague.org/financial-information/.

[2] Family League of Baltimore. (2020). *About Us*. https://familyleague.org/about-us/.
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[3] *Braided Funds Maximizes Investments in Key Initiatives*. (2020). Family League of Baltimore. https://secureservercdn.net/198.71.233.230/k4a.629.myftpupload.com/wp-content/uploads/2019/01/Braided-Funds.png?time=1625522606.

[4] Family League of Baltimore. (2019). *Family League of Baltimore Annual Report 2019*. FLM. https://k4a.629.myftpupload.com/wp-content/uploads/2020/09/FamilyLeague_AnnualReport_FY2019.pdf.

[5] Morgan State University School of Community Health and Policy. (2020). *Community Health Needs Assessment*. Family League. https://www.familyleague.org/wp-content/uploads/2020/08/Community-Health-Needs-Assessment-2020_Final.pdf.

CASE STUDY: IMPERIAL COUNTY

Located in the southeastern corner of California, Imperial County has distinct health challenges, disparities, and inequities.[1] Circumstances have led to high unemployment, coupled with a high dependency on Medi-Cal with most residents enrolled.[1] Imperial holds the second-highest rate of youth asthma hospitalization in the state.[1] There is a high rate of obesity, smoking, and poverty, in combination with adverse environmental conditions, which are among the leading risk factors for prevalent health disparities in the community.

In 2014, the Imperial County Board of Supervisors created an independent agency, the Imperial County Local Health Authority (LHA), to help bring Medi-Cal managed care to the area as part of a state mandate.[1] Through an ongoing partnership with Medi-Cal and priorities identified In the Community Health Improvement Plan, the LHA has taken steps to identify and execute multi-sector interventions to address persistent health issues.[1]

SOURCES

The LHA Wellness Fund is resourced through the locally selected Medi-Cal Managed Care Health Plan through per-member, per-month fees (approximately $80,000 to $90,000 per month) and algorithm-based annual revenue sharing varies between $300,000 and $1 million a year.

USES

ACH's first priority was focused on clinical-community partnerships to launch a network of solutions to prevent and improve the management of asthma. Examples of additional multisector initiatives include building resident leaders and the capacity of local nonprofits, developing a roadmap to better manage psychiatric emergencies, and developing a Whole Person Care pilot, supported by a state funding allocation.

STRUCTURE

The funding strategy and allocations are made by the LHA Commission, with input from the Steering Council and others. Requirements mandate that 85% of funds must be used for health-related efforts, with a maximum of 15% of funds used for administrative costs.

With the help of the California Accountable Communities for Health Initiative (CACHI), the LHA implemented the Accountable Communities for Health (ACH) model, enabling them to hire backbone support staff.[1] This initiative allowed the LHA to establish "a wellness fund that braids county, CACHI, and other public and private funds to help advance the LHA's mission to work with community residents and stakeholders in both public and private sectors to implement health care system changes."[1]

In Imperial County, the Public Health Department works with partners to develop a robust stewardship mindset that supports community goals, and how these goals can be met through a combination of blended and braided funding across the community.[2] The public health department emphasizes two important aspects of stewardship that ensure the coalition's long-term success: "1) partners need to agree to allocate the ACH resources to support the common good of the community, and 2) partners also need to be prepared to change how their respective organizations operate to support the common good."[2]

Sources	Uses	Structure
• Wellness fund • CACHI funds • Federally Qualified Health Center in-kind contributions • Public and private funds	• Asthma Community Linkages Project • Health and leadership communications training • Data collection SDoH • Adverse Childhood Experiences Aware Initiative	The Imperial ACH is led by the LHA Commission. A Steering Council, formed by the local Community Health Improvement Plan Partnership, oversees the ACH. The LHA Commission oversees the wellness fund. Funding is blended and braided, with the wellness fund merging two sources into combined operational and administrative lines, and grants and in-kind resources largely restricted for certain uses.

References

[1] California Accountable Communities for Health Initiative. (2017). *Imperial County Accountable Community for Health*. CACHI. https://cachi.org/profiles/imperial-county.

[2] Funders Forum on Accountable Health. (2018). (publication). *Imperial County ACH Case Study*. Retrieved from https://accountablehealth.gwu.edu/sites/accountablehealth.gwu.edu/files/CA%20-%20Imperial%20County%20ACH.pdf

[3] Georgia Health Policy Center. *Imperial County Local Health Authority: Wellness Fund*. https://ghpc.gsu.edu/download/imperial-county-local-health-authority-wellness-fund/?wpdmdl=4754429&refresh=60e7fad0d40451625815760.

PUTTING IT INTO ACTION

Innovations in financing to address the SDoH require both routine solutions to technical problems and adaptive leadership to address complex challenges where there is no single expert or sure-fire recipe. Coalitions need to employ systems thinking tools and conversational capacity to gain new insights while building stewardship and a culture of collaboration with stakeholders, partners, and funders as they explore and test new solutions to seemingly intractable problems. It is important to remember that no one financing mechanism meets the needs of all communities. Small incremental changes enhance collaboration and encourage the accumulation of further changes. Coalitions and their partners must also allow for iterative change and adaptation through learning. Lastly, innovation can involve

- Adapting known financing mechanisms to the local context
- Beginning with tiny improvements, feasible now
- Combining financing tools in new ways, or creating new financing vehicles

Coalitions should also consider sources, uses, and structure of resources when thinking of finance innovations. Figure 4 shows some of the ways to define funding options. Questions to consider include:

- Asking sources about the resources that are available in their context. The funding table (Figure 1) is an effective sourcing tool to use when seeking to identify funding sources.
- Asking about the uses of the resources such as how they will be used, to what end, and what are the accountability processes/measures for use of the resources. Uses of resources should be tied to community needs, priorities, and strategies. They also need to be considered as you explore sources and structure.
- Researching potential structures and asking partners and stakeholder what structures what they think will work best to bring together and steward the resources, and make decisions on how to use the resources.

Figure 3: Fund Attributes to Consider

General Attributes	Sources	Uses	Structure

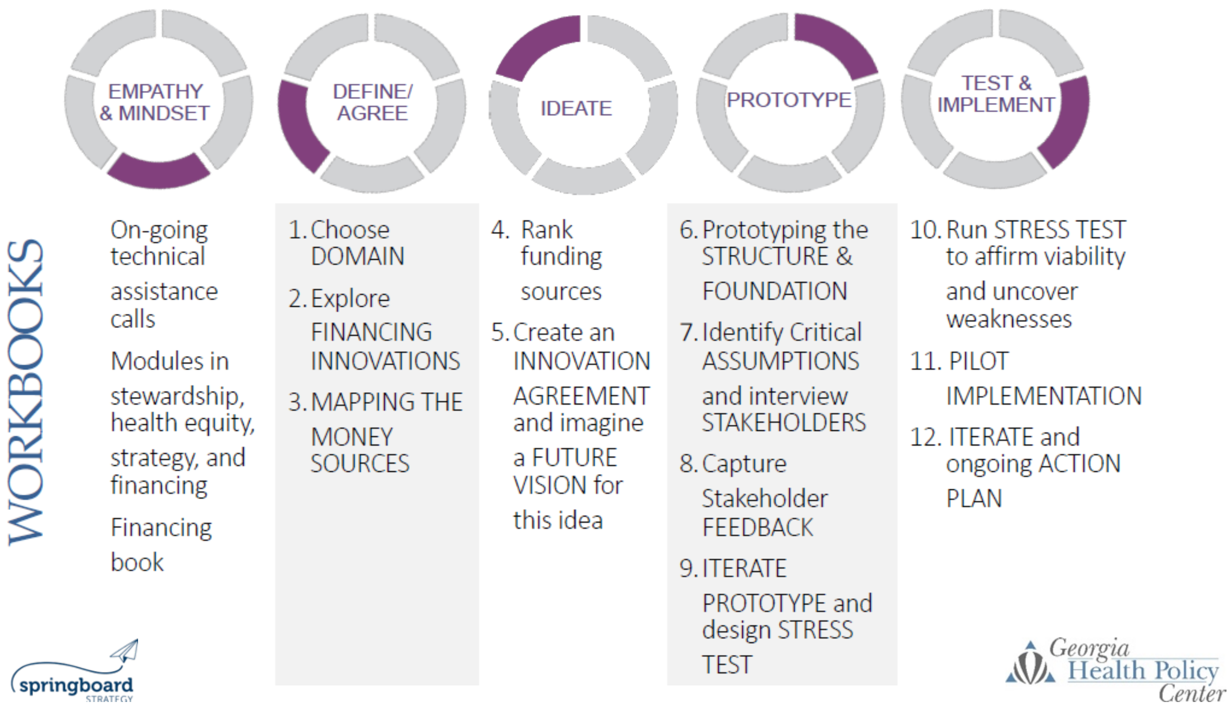
• Development stage
  • Conceptualizing
  • Developing
  • Implementing
• Geography
• Population size
	• Primary contributors
	• Number of sources
	• Public or private
	• Funding sectors
	• Type of pooling
	• Amount in the fund
		• Upstream versus downstream
		• Single versus multi-focus
		• Focus area(s)
		• Special populations
		• Outcome measures
			• Backbone functions
			• Partnership
			  • Number
			  • Sectors represented
			  • Agreements
			• Administrative model
			• Third-party finance manager

Source: Georgia Health Policy Center. (2019). Advancing the practice: Discovery phase. Retrieved from https://ghpc.gsu.edu/download/advancing-the-practice-discovery-phase/

Putting Innovation into Action

After planning financing innovations, coalitions should begin getting their innovations into action. In 2017, Bridging for Health engaged Amy Zehfuss, the founder of Springboard Strategy, to consult with the GHPC team and the participating sites. The centerpiece of this innovation work is the five-step Innovation-to-Action Cycle. It is based on a proven process for design thinking used by companies known for identifying and successfully bringing to market innovative products or solutions. The cycle is iterative and non-linear, and designed to accumulate incremental change, testing, learning, and iterating, to develop a more informed – and vetted -- strategy ready to scale up, To use the adage, the goal here is “to spend a little to learn a lot.” Figure 5 depicts the Innovation-to-Action Cycle and its steps.

Figure 4: Innovation-to-Action Cycle



CONCLUSION

Collaborating across sectors and silos is complex and multi-faceted – and necessary to address the upstream drivers of health and health equity. While trust is often highlighted as the most powerful factor for a multi-sector coalition's ability to be sustainable and thrive in the long term, a very close second that arises in our work with coalitions is ensuring they have money to continue to work together. In our experience, while grant funding has its place in this work, it cannot be the sole source of financing the work for many reasons. First coalitions cannot rely on a steady flow of the grant dollars realistically needed for upstream work. Second, chasing grant dollars can require coalitions to pivot and change strategies in the short-term to ensure their work matches grant requirements – leaving little room to plan and implement a longer-term, community-informed strategic action plan. Third, these pivots, in addition to a likely gap between grants can harm community trust, and lead to difficulty identifying the skills and expertise needed to staff the coalition long term. As such, a longer-term financing structure is needed.

The purpose of this resource is to help coalitions think differently about the money in the system and offers a structured way to begin the journey towards developing, testing, and scaling a more sustainable, innovative way to finance multi-sector work. It is not an exhaustive compendium of approaches to develop sustainable financing given that coalitions across the U.S. are busily identifying and testing new combinations of sources, uses, and structures to finance their work. With no one "right" path, and no one financing approach that will work for all communities, coalitions are encouraged to consider and identify an approach that fits with their context and goals and centers their community.

REMEMBER: No formula or recipe exists for solving adaptive challenges. We need an innovation mindset and a risk-tolerant culture!