STRONGER STARTS:

A Toolkit for Embedding Financial Wellness in Early Intervention Programs

CASH CAMPAIGN OF MARYLAND

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Disclaimer:
This toolkit is a living document intended to support ongoing learning and continuous improvement in the implementation of financial education professionals within county-level programs. It is provided for informational and educational purposes only and does not constitute legal, financial, tax, human resources, or professional advice.

Content may be updated over time to reflect emerging best practices, policy changes, and lessons learned. Implementation strategies described herein should be adapted to align with local laws, regulations, policies, procurement requirements, and community needs. Counties and partner organizations are encouraged to consult with qualified professionals and relevant oversight entities prior to implementation. The authors and sponsoring entities assume no responsibility or liability for outcomes resulting from the use or interpretation of this document.

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Welcome & How to Use This Toolkit

This toolkit is designed for early intervention leaders who are considering how to integrate financial wellness support into family-facing programs. Whether you're an agency director, program lead, funder, or implementation partner, this guide offers practical, detailed insights to support replication and adaptation of a model that embeds financial coaching and resource navigation into early intervention services.

The model described here was developed and tested through a partnership between Baltimore, Maryland's early intervention system and financial capability leaders.[1] Their experience shows the power of linking early intervention and financial wellness. While rooted in that specific context, the lessons, materials, and strategies included in this toolkit are intended to help other counties in Maryland and beyond to replicate this innovative programming for their local systems, families, and workforce.

Our goal here is to share what has been learned so far – not as a prescription, but as an invitation to adapt and apply in ways that meet your community's needs. Use what's helpful, skip what's not, and make it your own.

Who This Toolkit Is For

- **Program Leads and Implementation Staff**: Get concrete guidance on launching and refining a financial wellness model that works within the structure and culture of early intervention programs.
- **Agency and System Leaders**: Understand the staffing, funding, policy, and alignment factors involved in adopting and sustaining the model.
- **Funders and Policymakers**: Explore how this approach advances broader goals related to equity, family engagement, protective factors, and systems integration.

A Partnership for Families

The Family Financial Wellness Program is a collaboration between the Baltimore Infants and Toddlers Program (BITP) and the nonprofit CASH Campaign of Maryland. Together, they're working to support families of children with developmental delays – not only through early intervention services, but also by helping families build financial stability and access the resources they need. The goal is simple: reduce financial stress so families can focus on their children's growth and development.

Through this partnership, a dedicated Financial Wellness Coordinator from CASH is embedded in BITP to offer free, confidential support to families. This includes one-on-one help with budgeting, benefits access, saving, managing debt, and more. Service Coordinators make referrals directly to the Financial Wellness Coordinator and stay connected throughout the family's journey, creating a seamless experience.

This initiative was launched with philanthropic funding that offered flexible, multi-year support. That flexibility allowed the partners to co-design the program based on real needs and workflows rather than rigid targets, and to make adjustments over time. Subgrants to BITP supported training, integration, and coordination. As the partnership evolved, continuous feedback from families and staff helped improve the model and deepen its impact.

[1] The model also includes a close partnership with Maryland's Premature Infant Developmental Enrichment (PRIDE) program, a collaboration between the University of Maryland School of Medicine and The Baltimore Infants & Toddlers Program (BITP). PRIDE is funded by BITP.

What You'll Find Inside

This toolkit is organized into two main sections, followed by appendices with tools. It's designed to help early intervention leaders and their partners plan, launch, and strengthen a financial wellness model that works in their local context.

Section I: Connecting Financial Wellness to Early Intervention. Introduces the purpose and core elements of integrating financial wellness into early intervention. Includes guidance on program design, partnership strategies, structuring the Financial Wellness Coordinator role, referral workflows, and funding considerations.

Section II: Implementation Tools and Strategies. Focuses on the day-to-day practice of bringing the model to life. Includes approaches for engaging families, training and supporting staff, embedding data and quality improvement, and sustaining the work over time.

Appendices. Supplemental materials, including sample workflows, scripts, planning timelines, and other tools to support replication and adaptation**.**

Section 1: Connecting Financial Wellness to Early Intervention

Why Financial Wellness Matters

Embedding financial wellness in early intervention isn't an add-on – it's a necessary evolution of how we support families raising young children with developmental delays or medical complexity. Research from multiple disciplines has shown that family stress, particularly financial stress, directly affects child development and family engagement in services.[2,3] It shapes families' decisions around housing, child care, food access, employment, and long-term stability. [4]

Early childhood professionals often see families struggling to pay for transportation, navigating eviction threats, living in multi-generational or unstable housing, or juggling unpaid caregiving responsibilities. These financial realities affect how consistently families can engage with services and how much mental and emotional bandwidth they can devote to their child's development.[5]

Financial stress is also closely tied to adverse childhood experiences (ACEs). Economic hardship is one of the most common ACEs and contributes to family stress that can affect children's development.[6,7] **Embedding financial wellness supports in early intervention offers a way to reduce this source of adversity and strengthen protective factors for families.**

What Problem Was Baltimore's Program Meant to Solve?

Baltimore City's early intervention program had a growing number of families falling into an "unable to contact" category – families who were initially referred, but then disengaged or disappeared. This was more than a tracking issue; it represented a deeper breakdown in connection at the very moment families most needed support.

Leaders wanted to understand: *Why were families dropping off? Were their needs going unmet? Was financial stress playing a role?* The financial wellness initiative was not just about helping families with money; it was a strategic intervention to re-engage families who might otherwise opt out or fall through the cracks.

Early data indicates that as of September 2025, **72% of clients who have had contact with CASH have remained engaged with BITP** – a substantially higher rate than the baseline.

[2] American Academy of Pediatrics Policy: Poverty and Child Health, *Pediatrics*, 2016 (reaffirmed 2021).
[3] Clinic-Based Financial Coaching and Missed Pediatric Preventive Care: A Randomized Clinical Trial, *Pediatrics*, 2023.
[4] Medical-Financial Partnerships: Cross-Sector Collaborations Between Medical and Financial Services to Improve Health, *Academic Pediatrics*, 2020.
[5] Clinic-Based Financial Coaching and Missed Pediatric Preventive Care: A Randomized Clinical Trial, *Pediatrics*, 2023.
[6] Adverse Childhood Experiences: Expanding the Concept of Adversity, *American Journal of Preventive Medicine,* 2015.
[7] Can State Earned Income Tax Credits Help Prevent Adverse Childhood Experiences?, *Preventing Chronic Disease* (CDC), 2019.

The Developmental Case for Financial Wellness

Financial wellness is essential to a family's ability to support their child's healthy development. Early intervention programs aim to strengthen the conditions that help young children thrive – and financial stability is one of the most powerful levers available.

When families experience less financial stress, they're more likely to demonstrate resilience, provide consistent nurturing care, and stay engaged in services. **These outcomes align closely with protective factors that are foundational to child development, including**:

- Parental resilience
- Social connections
- Concrete supports in times of need
- Knowledge of parenting and child development[8, 9, 10]

Despite this clear connection, financial wellness supports are rarely embedded within early intervention systems in meaningful or sustainable ways. This model aims to change that.

By integrating financial coaching, benefits screening, and resource navigation into early intervention programs, families are better equipped to access the tools, supports, and information they need. The financial wellness model helps address common barriers – such as unstable housing, unmanageable debt, or difficulty affording basic needs – that might otherwise prevent families from fully engaging in early intervention services. At the same time, it provides a practical path for families to set goals, plan for the future, and improve the environment in which their children are growing.

> *"If you don't have to worry about where you're going to live or how you're going to afford something, that's so much better for the outcome of the child. Perhaps an hour spent with financial wellness could be even more important than the hour spent with a physical therapist."*
>
> *--Early Intervention Leader*

For more background and research on the relationship between financial wellness and family well-being, see Appendix 1.

System Variations, Shared Fundamentals

Early intervention systems don't all look alike. Generally, the lead agency for early intervention is either a health department or an educational system (for example, a county school district). These two structures bring different pathways, processes, and decision-making hierarchies. A health department–based program may embed financial wellness differently than a school district–based

[8] Clinic-Based Financial Coaching and Missed Pediatric Preventive Care: A Randomized Clinical Trial, *Pediatrics*, 2023.
[9] Medical-Financial Partnerships: Cross-Sector Collaborations Between Medical and Financial Services to Improve Health, *Academic Pediatrics*, 2020.
[10] American Academy of Pediatrics Policy: Poverty and Child Health, *Pediatrics,* 2016 (reaffirmed 2021).

program, because the systems they sit within have different policies, staffing structures, and reporting lines. The same is true across counties, even when the lead agency is of the same type.

However, while the specifics vary, the fundamentals of a family financial wellness program remain constant. The work is less about inventing new fundamentals for each context and more about deciding where to plug them in, who holds which roles, and how the systems connect.

What Leaders Need to Weigh Before Getting Started

Bringing financial wellness into early intervention can be a powerful move — but it requires thoughtful design and real leadership. Before you get too far down the road, pause and ask:

Does this align with your broader mission? If you're focused on whole-child, whole-family support, financial wellness may be a natural extension of your values and goals. But it's important to make that alignment explicit, and to name it as a priority internally.

Is there senior-level buy-in to make this work? This model depends on leadership backing in both principle and practice. That means staffing time, commitment to training, system alignment, and flexibility to evolve as you learn.

Do you have the infrastructure to support it? You'll need a point person for implementation, data systems that can adapt, and supervisors who can support frontline staff through the learning curve.

What outcomes will matter most to you? You get to decide what success looks like, but that decision should come early. You might consider outcomes such as improved family retention, reduced family stress, increased family engagement, etc.

What staffing model makes sense in your context? Contracting with an external partner may allow for a quicker start. Hiring internally may support deeper integration. Both have tradeoffs.

How will you train your team -- and keep the lift light for them? This program isn't about asking early interventionists to do more. It's about building the right referral structure and providing ongoing high-quality training and tools that feel manageable.

Program Design & Implementation

The Service Model

The financial wellness model is built around a simple but powerful idea: offering families the chance to work one-on-one with a trusted professional who can help them set and pursue financial goals. These goals might include stabilizing household income, accessing public benefits, reducing debt, improving credit, saving for a future expense, or navigating a short-term financial crisis.

This support is offered by a **Financial Wellness Coordinator (FWC)** – a dedicated staff member who works in close collaboration with early intervention teams but focuses specifically on family financial well-being. Families are typically referred to the FWC by their Service Coordinator, often during the development of the Individualized Family Service Plan (IFSP), using a streamlined referral form that flags areas of financial stress or interest. The IFSP is the core document in early intervention that captures both the child's developmental needs and the family's priorities. Because it is already the central planning tool for services, it provides a natural point for identifying whether a family is interested in being connected to the services of the FWC. If so, this can be documented in the linkage section of the IFSP and the service coordinator can make a referral to the FWC. Referrals are entirely voluntary and framed as an added resource – not a requirement or a condition of service.

Once a referral is made, the FWC reaches out to the family to introduce themselves, talk about the program, and answer any questions the family may have. Early touchpoints are focused on relationship building: listening to the family's story, identifying immediate needs, and exploring what kinds of financial goals feel most urgent or meaningful. The FWC might begin by helping the family apply for public benefits they didn't realize they qualified for, brainstorm strategies to manage debt, or navigate a temporary loss of income. In some cases, the initial focus is simply offering a supportive space where families can talk openly about money – something they may not have access to, or feel safe doing, elsewhere.

Over time, the FWC **walks alongside the family**, helping them define goals, take concrete steps, and celebrate progress. Conversations are grounded in what matters most to each family, and may shift over time as needs evolve. While maintaining financial confidentiality, the FWC also maintains regular communication with the referring Service Coordinator.

Importantly, this model is not case management, financial planning, or crisis-only intervention. It is a **relational, goal-oriented service** that respects each family's pace, priorities, and lived experience. It's designed to be embedded within early intervention systems, not bolted on – and its success depends on strong partnerships between FWCs, Service Coordinators, and leadership.

Core Components of a Well-Integrated Financial Wellness Model

While every site will need to tailor the approach to fit its own context, the Baltimore experience suggests that strong financial wellness programs in early intervention should include the following key elements in their program design:

- **Dedicated Financial Wellness Coordinator (FWC):** As noted above, this is a designated staff member whose primary role is to support families with resource navigation, benefits access, and financial coaching.

- **Seamless integration into early intervention workflows:** Financial wellness services are embedded into standard systems – such as the IFSP process and documentation protocols – so that referrals, follow-up, and coordination happen as part of the existing flow of work. The referral process is quick, consistent, and easy to follow.

- **Universal financial wellness offering:** Financial wellness is normalized as a resource for *all* families, regardless of income, background, or visible need, without making assumptions about who is likely to benefit. Universal referral practices reduce stigma and increase the chances of reaching families who may be quietly struggling or proactively planning for their future.

> *"It's important not to judge or assume who would benefit from this offer…because even people who you think are financially doing well may be struggling and we don't know it."*
>
> *--Early Intervention Leader*

- **Trauma-informed approach:** Where possible, embed trauma-informed principles into program design and delivery, drawing on resources like SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach. If your system has not already adopted these practices, the financial wellness program is a valuable entry point for integrating them into work with children and families.

- **Strong collaboration with Service Coordinators:** The FWC builds ongoing relationships with Service Coordinators to reinforce mutual trust, ensure timely referrals, and stay aligned on how best to support families.

- **Ongoing training and support for staff:** Service Coordinators and other early intervention staff receive structured training, coaching, and refreshers so they feel comfortable initiating financial wellness conversations and making effective referrals.

These components form the scaffolding of a well-integrated model. The sections that follow will offer practical guidance on how to design, implement, and sustain each of these elements in your own program.

Staffing and Internal Champions

Effectively integrating financial wellness into early intervention requires clear roles, visible leadership support, and a staff culture that embraces partnership without adding burden. The guidance below outlines the staffing infrastructure and internal champions necessary to sustain a trust-first model.

Financial Wellness Coordinator (FWC)

At the heart of the model is a dedicated FWC who serves as a trusted resource for families and staff alike. When selecting the FWC, prioritize the qualities that can't be taught: warmth, empathy, flexibility, and a deep commitment to building trusting relationships with families. **Technical skills – like budgeting, credit building, and navigating benefits – can be learned through training, but the ability to connect with families in an authentic, nonjudgmental, culturally responsive, and respectful way is foundational to the model and must come first.**

The FWC should:

- Provide 1:1 financial wellness support to families
- Serve as a consistent point of contact for the program
- Build relationships with staff to encourage warm referrals
- Participate in team meetings and stay visible in day-to-day operations
- Document client interactions and updates using the online IFSP
- Offer culturally responsive, trauma-informed, and judgment-free support

Other important skills and qualities of the FWC include:

- Ability to manage, track, and follow through on a substantial caseload
- Willingness to be flexible and to meet families where they are
- Be trained in financial coaching, benefits navigation, and systems integration
- Be multilingual, or comfortable working through a translator when needed

They Don't Have to Do It All

The Financial Wellness Coordinator's strength lies in being a trusted guide, not in being an expert on every possible financial topic. In practice, there will be areas (e.g., benefits screening or specialized legal or housing issues) where the coordinator may not have the time or technical expertise to provide full support. That's okay! What matters is the ability to recognize when outside expertise is needed and to connect families to the right resources through warm handoffs. The role is less about doing everything directly, and more about ensuring families get what they need through ***partnerships***, ***referrals***, and strong ***follow-through***.

A sample job description for the FWC role is located in Appendix 2.

It's important to note that this role should not be an add-on to existing duties, particularly when staff's plates are already full. The FWC needs enough capacity to build trust over time with both families and the professionals who refer them.

Finally, **continuity matters.** Tempting as it might be to staff the FWC role with a short-term intern, graduate student, or temporary employee for expediency or cost savings, that approach is not recommended. The relationship-based nature of this role means that frequent turnover can significantly undermine the program's effectiveness. Programs should prioritize not only relevant qualifications and skills, but also the likelihood that the person in the role will be able to stay and grow with the work over time.

Structuring the FWC Role: Options & Considerations

When deciding how to staff the FWC position, programs have several options. Each structure carries distinct benefits and trade-offs. The most appropriate choice depends on budget flexibility, staffing constraints, and the broader goal of long-term integration into agency workflows.

Option 1: Contract with an External Organization

This involves partnering with a provider that specializes in financial wellness services. This provider is responsible for hiring or assigning a staff member to serve as the FWC and manages their supervision, training, and quality assurance.

Pros	Cons
Leverages specialized expertise in financial wellness; minimal ramp-up needed.	May result in less day-to-day integration with agency staff if not fully embedded onsite.
Likely lower administrative burden for the early intervention program.	Turnover or staffing changes at the contractor's organization may disrupt continuity.
Can be more cost-effective for pilot programs (no long-term obligations; no employee-benefit expenses such as health care).	Staff may be perceived as "external," requiring more proactive relationship-building.
Easier to launch quickly using available contractor funds.	Embedding the FWC into internal data systems or workflows may require more coordination.

Best Practices for Embedded Staffing

When placing an external FWC within an early intervention program, it's essential to treat the role as more than a logistical arrangement. Embedded staff are guests in another organization's space, culture, and systems. That requires clarity, respect, and intentional relationship-building from the outset. Before a staff person is placed, partners should jointly define expectations around communication, behavior, protocols, and roles. The goal is to ensure that the embedded FWC is aligned with the host agency's values, connected to their team, and seen as a contributor to their mission.

Option 2: Hire Directly as an Internal Staff Member

Pros	Cons
Facilitates deep integration into team culture, workflows, and supervision structures.	Requires long-term funding for salary and benefits.
May be easier to align with internal systems for documentation, data collection, and referrals.	Hiring through public agencies may involve complex, slow processes or hiring freezes.
Builds internal capacity and ownership over time.	Limited financial wellness expertise may require significant training or onboarding.

Option 3: Use a Hybrid Model (Contract Initially, Transition to Hire)

Pros	Cons
Allows for rapid startup with contractor while building toward permanent internal capacity.	May require overlap or transition planning to avoid service disruption.
Enables programs to assess fit, demand, and workflow needs before committing to a hire.	Requires upfront coordination between contractor and hiring entity.
Supports pilot-phase flexibility while keeping long-term integration in sight.	Funding may not initially support both contractor and permanent hire simultaneously.

Internal Leadership Champions

Every successful financial wellness program needs one or more internal champions: someone in a leadership role with the authority, credibility, and strategic oversight to guide the work from within. This is not a clerical or administrative support function. It is a leadership role that ensures the program is aligned with agency priorities, backed by decision-makers, and integrated into operational systems.

The internal champion should be someone with both **programmatic understanding and institutional influence:** able to advocate upward with senior leaders and funders, and to manage downward by supporting front-line staff and navigating implementation challenges. This role is critical for ensuring the program has staying power, especially when barriers emerge.

> *"First of all, you have to have the director's support. If the director doesn't support this, it's going nowhere. Then you have to have somebody who knows the pulse of the program and is at the administrative level -- not necessarily the director. Somebody who can say, 'Yes, we can do this training with our team,' or 'Yes, my family support service person can do this.' Somebody who has the authority to schedule trainings and task the family support person."*
>
> *--Early Intervention Leader*

The internal leadership champion should:

- Champion the importance of financial wellness within the agency's broader mission
- Participate actively in early planning and continue to stay visible during implementation
- Align internal systems and workflows to support smooth referrals and documentation
- Ensure the FWC is connected to agency operations, not working in isolation
- Allocate staff time and resources to support the program's success
- Establish regular coordination with supervisors, program leads, and data teams
- Clear roadblocks and advocate for cross-agency collaboration when needed
- Track implementation progress and bring lessons learned to agency leadership
- Meet regularly with the FWC to offer support, problem-solve, and plan family engagement opportunities

Other essential qualities include:

- Ability to build trust across departments and professional roles
- Strategic understanding of how programs get embedded into agency culture
- Enough influence to "unstick" challenges that require senior-level problem-solving

A strong internal leader in this role can make all the difference in terms of how well a program gains traction, weathers challenges, and becomes a lasting part of how the agency supports families.

Frontline Staff

Early interventionists and Service Coordinators are essential partners in connecting families to financial wellness support. They are not expected to become financial experts, but they do need a clear understanding of the program's purpose, how to make a warm referral, and how to preserve trust when introducing the service. Their role is to invite participation, offer referrals at appropriate touchpoints, and document that the offer was made.

With the right structure and support, frontline staff can play a powerful role in normalizing conversations about money and helping families access resources without stigma or gatekeeping. It's critically important to recognize that staff's comfort levels with making referrals will vary, and buy-in often grows with exposure and experience. Programs should consider:

- **Investing in staff training to build confidence and normalize referrals.** Brief, practical trainings can help frontline staff feel more prepared to introduce the program, identify financial risk factors, and engage in respectful, judgment-free conversations with families. Even short sessions can significantly increase staff comfort and effectiveness when making referrals. A one-on-one financial wellness program orientation from the FWC can empower new hires to make warm referrals from the beginning.

- **Offering financial wellness resources to staff themselves.** Many frontline staff may be navigating financial challenges of their own. Creating space for staff to access the same tools and education provided to families, whether through group workshops or optional one-on-one consults, can reduce stigma, build trust in the program, and increase authentic engagement. When staff experience the program's value firsthand, they're more likely to share it confidently with families.

Leaders can also support frontline staff by:

- Providing a simple, **low-burden referral process**
- Reassuring them that they are **not being asked to take on new responsibilities**
- Giving space to **ask questions and voice concerns** early and often
- Sharing **examples** of how referrals have supported families' goals
- Encouraging **team conversations** about how financial stress may show up in family interactions
- Creating regular opportunities for staff to **interact with the FWC**

When staff feel informed and supported, they're more likely to make referrals with confidence, and families are more likely to say yes.

Planning the Runway: Baltimore's Implementation Timeline

Appendix 3 lays out the practical sequence that Baltimore used to launch its program. It shows how partners invested the first six months in co-design -- clarifying roles, building trust, and aligning workflows -- before offering direct service. The timeline also helps administrators sync critical decisions with funding cycles. While every program's processes differ, this timeline can serve as a starting framework to adapt for your own governance structure, approval pathways, and staffing approach.

Funding and Budgeting

Standing up a financial wellness initiative within early intervention isn't free, but it can be done without massive new infrastructure. At minimum, programs will need to budget for the FWC role, and in some cases, provide staff time or subgrants to partners. The precise funding structure will vary depending on how the program is staffed (e.g., hired vs. contracted), how referrals are routed, and what resources can be leveraged locally.

Core Cost Categories

Setting up a financial wellness initiative doesn't have to be expensive, but there are a few key costs to plan for. The biggest one is staffing, and most of the rest can often be absorbed into what your program is already doing. A sample budget based on the Baltimore experience is available in Appendix 4.

- **Financial Wellness Coordinator:** This is the main cost. Whether the coordinator is hired directly or brought in through a partner organization, there needs to be funding to cover that position. In Baltimore, one full-time coordinator has been enough, thanks to close coordination with early intervention staff and partners.

- **Staff time and coordination:** Service Coordinators, supervisors, and other staff will need time to make referrals, attend trainings, share information, and help with planning and problem-solving. Some programs may be able to do this within their current staffing setup. Others might need to cover backfill or offer a stipend, especially in the early stages.

- **Support for partners:** If you're partnering with a community organization, you may need to build in a subgrant or small contract to help them with onboarding, planning, and ongoing collaboration.

- **Basic supplies and admin needs:** You might need a small amount of flexible funding for things like printing handouts, purchasing snacks for a team meeting, or sending greeting cards from the FWC to families to thank them, congratulate them on achieving a financial goal, or encourage them when they need a boost.

- **Subscriptions to necessary tools:** It can be very helpful for the FWC to have their own subscriptions to resources like Zoom to schedule virtual meetings with families, Canva to design outreach materials, and credit reporting (TransUnion, Equifax, and/or Experian) to pull credit reports for families.

- **Optional family engagement incentives.** Some programs choose to offer small incentives, especially for family engagement events where the FWC is present. But in many cases, these costs (e.g., snacks, bags, calendars, gift cards, entertainment) may already be covered through your program's existing family engagement budget.

CLIG Funding: A Critical Component

In Maryland, the Consolidated Local Implementation Grant (CLIG) is the primary funding mechanism for Local Infants and Toddlers Programs (LITPs). The CLIG consolidates federal Part C dollars with state and local resources into one annual application, submitted by each jurisdiction's lead agency (e.g., health department, school system). For long-term sustainability, the most direct pathway is to embed financial wellness into your CLIG application.

Because the CLIG supports both staffing and program innovations, it can serve as a natural vehicle to sustain a Financial Wellness program. LITPs that initially launch with philanthropic or outside funds can plan to embed the FWC position and related expenses into their CLIG over time.

And the fit with Part C priorities is clear: financial wellness support strengthens families and fosters their ability to participate in early intervention services. The FWC can be justified within CLIG as a family-facing service that reduces barriers to access and enhances family engagement. The FWC can become part of your family support program as long as you remember that services need to be individualized and driven by the family's goals and priorities, and connected to their child's development,

Key considerations for local leaders:

Plan ahead for timing. CLIG applications are typically due in March for the upcoming fiscal year. That cycle means any new position or line item must be proposed during the annual submission process. If you intend to add financial wellness into your CLIG, build in adequate lead time to work with internal fiscal and program offices before the deadline.

Consider braided funding. If the FWC works with families served by multiple programs, the LITP can braid funding from different sources. When funds are braided, the FWC must track their time and effort accordingly. For example, if 30% of the FWC's salary is funded by Part C, then the FWC must document that 30% of their time is spent serving Part C (LITP) families. Braided funding can be formalized in an interagency agreement. For instance, if the Health Department is the lead agency in a jurisdiction, but the local Department of Social Services (DSS) agrees to hire an FWC and secures CLIG funds to cover 50% of the salary, the FWC may then split their time: working with Part C families for 50% of their time, and with DSS-served families for the remaining 50%.

Bridge funding may be needed. Because of the annual cycle, most jurisdictions may not be able to move immediately from idea to implementation using CLIG dollars. Philanthropic or other external funds can provide a crucial runway to hire, pilot, and refine the work, while you simultaneously prepare to build it into your next CLIG.

What Other Resources Can Be Leveraged?

Programs looking to replicate this work have several other potential funding streams to consider:

- **Philanthropic seed funding.** Flexible grants can be used to hire a FWC, develop tools and workflows, and test the model before embedding it in the CLIG.
- **In-kind staffing or infrastructure.** Leverage existing supervisory time, training time, or technical infrastructure to reduce upfront costs.
- **Partner organization capacity.** Some financial capability nonprofits may already have funding that supports financial coaching, especially if referrals help them meet grant goals.
- **Braided or blended funding.** Some sites may be able to blend funds from other early intervention, workforce, health, or family support systems where appropriate.
- **Supplemental or event-specific funding.** While some funders may not support staffing, they may fund program enhancements such as group events, family workshops, or supplies.

Baltimore's Funding Model

Baltimore's pilot initiative involved a braided funding model. Key components included a dedicated FWC hired through the CASH Campaign of Maryland, supported by philanthropic funds, and implementation time from early intervention supervisors and Service Coordinators. Grant funds also supported collaborative planning time, data infrastructure, and technical assistance. While the pilot required external support to launch, partners were intentional about designing it with long-term sustainability in mind.

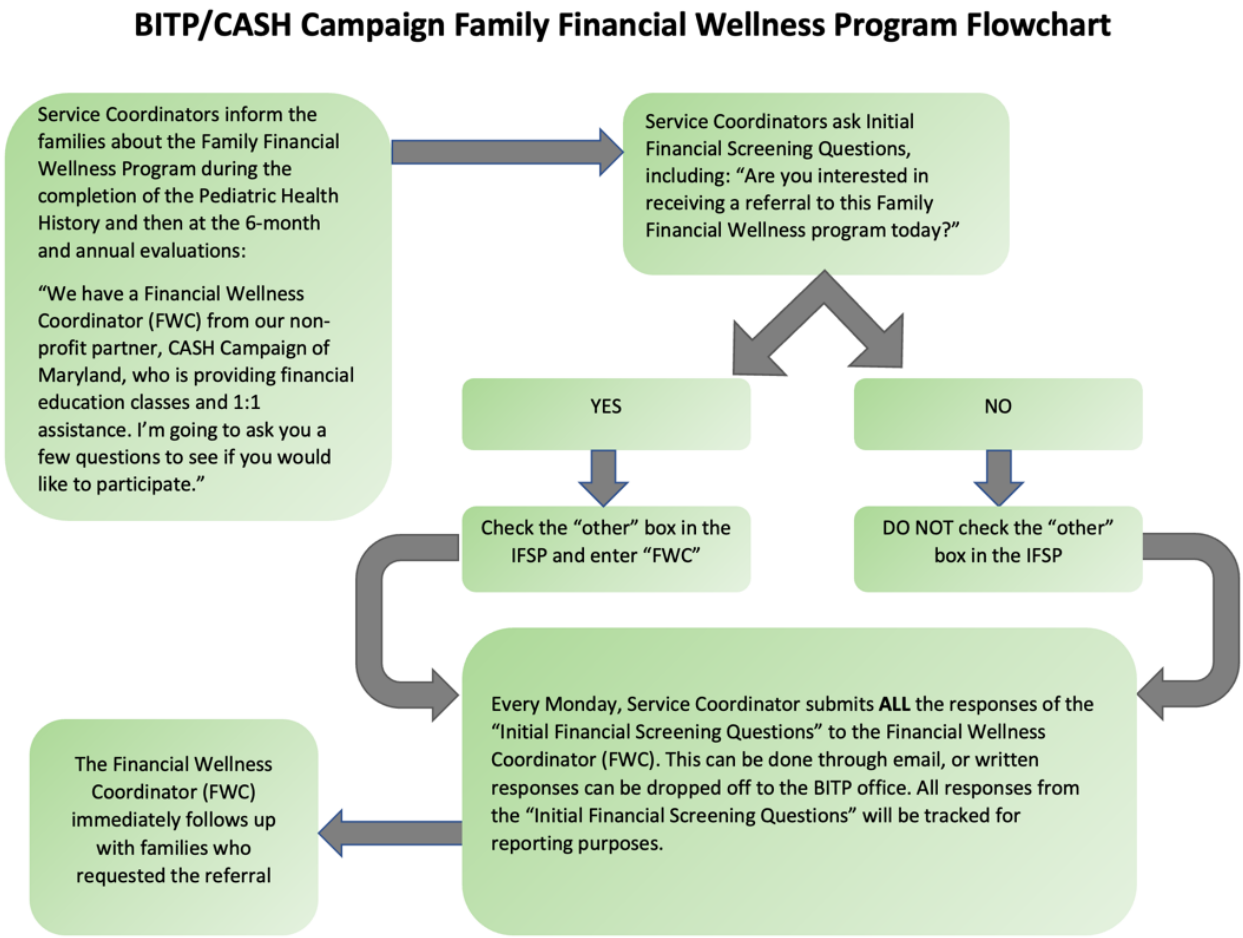
As you build a case for long-term funding, it's critical to think strategically about both the outcomes you're tracking and the families you're reaching. The more evidence you can provide that the intervention is effective, the easier it becomes to attract funders, particularly those whose priorities align with your target populations. Tracking who is being served not only supports program improvement but also helps match funder interests with real-world impact. This may require working backwards at times – for example, identifying a priority funding audience and ensuring referral efforts are reaching those families. While not all funders may be immediately inclined to support this work, tailoring your data strategy to highlight relevance to specific funder segments can increase your chances of long-term sustainability.

Section 2: Implementation Tools & Strategies

Referring Families to the Financial Wellness Program

A strong referral process for financial wellness support doesn't operate as a side program – it's built into the structure of early intervention service delivery. **The more seamlessly the workflow aligns with existing documentation, roles, and rhythms, the more likely it is to be sustained and effective.**

The flowchart below reflects the process used by the Baltimore partners to bring families into their financial wellness program. While your program's referral path may not be exactly the same, this example offers a solid model for designing your own system.



Core Elements of a Well-Integrated Referral System

Consider the following steps:

- **Embed the conversation in routine processes.** Identify natural points in service delivery when a referral conversation can occur – such as during the intake, initial IFSP, six-month reviews, or annual IFSP updates.

- **Use standard tools to prompt the conversation.** Provide Service Coordinators with a script or checklist of screening questions, including a final yes/no about whether the family wants to be referred. In Baltimore, these questions are included in the online FWC referral form, described below; see Appendix 5.

- **Minimize friction in the handoff.** The FWC referral process should be straightforward, quick, and easy to navigate – ideally taking less than five minutes. In Baltimore, a simple online form (see Appendix 5) helps minimize errors, standardize the information collected, and keep everything in one place for easy tracking. Other methods, like email or shared folders, are also options, but they tend to leave more room for things to slip through the cracks than online forms like Microsoft Forms or Google Forms.

- **Document referrals in the IFSP.** In Maryland, the IFSP already has a section for "Other Services." Use this section to record the financial wellness referral so it becomes a visible part of the family's service plan.

- **Integrate contact notes into shared systems.** If possible, give the FWC access to the online IFSP. Utilizing the online contact logs used by the early intervention team allows for transparent coordination without duplicating communication. It also gives the FWC access to more information about a child's specific challenges, so that the FWC can be sensitive to any particular needs or context when talking with the family.

> *"90% of families in my caseload have said yes [to the financial wellness referral]. So it certainly is needed. It certainly is welcomed by the majority of the families."*
>
> *--Service Coordinator*

- **Reinforce the process through training and feedback.** Build initial and refresher trainings around the referral workflow, and create regular check-ins with supervisors and the FWC to review trends and address roadblocks.

- **Use red flags to trigger referrals outside of standard timelines.** Equip staff with a short list of indicators that can prompt a referral conversation at any point in the year. See Appendix 6 for a sample list of red flags.

Talking Points for Service Coordinators: Introducing the Financial Wellness Coordinator

Service Coordinators can use these prompts to guide conversations with families. Feel free to adapt these to your style and the family's needs.

Start with a gentle check-in:

- "How are things going overall, not just with your child but with day-to-day stuff like work, bills, or housing?"
- "Do you have the support you need right now? Are there things that feel hard to manage?"

If the door opens, offer the program casually:

- "We actually have a free program that supports families with financial things – budgeting, saving, benefits, stuff like that."
- "There's a Financial Wellness Coordinator we work with – she's from a nonprofit we partner with. She works with families on whatever they want to focus on."

Make it feel low-pressure and normal:

- "There's no cost, and you decide what you want help with – big goals or small stuff."
- "She's just someone who really gets it and helps you figure out next steps."

If they're interested:

- "Want me to send her your info so she can reach out?"
- "You don't have to commit to anything. Just a chance to talk."

Engaging With Families

Once a family says yes to a referral, the work shifts from initiating contact to sustaining meaningful engagement. This is not a one-size-fits-all process – it requires patience, consistency, and a relationship-centered approach.

One-on-One Relationship-Building

To build strong, lasting relationships with families, the FWC should:

- **Make the first outreach warm, brief, and nonjudgmental.** On the outreach form, ask families how they prefer to be contacted (e.g. phone, virtual, in-person), and honor their request. A short interaction to introduce yourself and explain your role sets the tone. Focus on availability and support, not an expectation of immediate action.

- **Be prepared to follow up more than once.** Many families won't respond right away, especially if they are unsure about what to expect. Plan to reach out multiple times, with friendly, low-pressure messages. Expect and normalize delayed responses, and re-offer support without judgment. A successful initial connection might simply be a returned text or a quick call to say, "I'm not sure I need anything right now, but thanks for checking in."

- **Adapt to the family's preferred communication style.** Some families are most comfortable with phone calls; others prefer texting, email, or video chat, or meeting in person. Ask what works best and document it for consistency. In Baltimore, many families have wanted to meet using Zoom – so it is recommended that FWCs have their own Zoom account (or other virtual meeting account) for ease of use.

- **Let the family set the pace and the goals.** Begin each conversation by asking what they want to work on or what's most pressing. If they're not sure, offer examples, but avoid driving the agenda. Let them steer.

- **Frame the conversation around what matters most to the family.** Don't just talk about money – talk about what financial wellness makes possible. For example: "What would it be like to be free from financial worry?" "Are you trying to get to a place where you can move to a bigger space or maybe even own a home?" "What would it mean to your family to actually go on a vacation?"

- **Avoid assumptions about readiness.** A family may say yes to a referral but not be emotionally ready to talk about their finances. Acknowledge that and leave the door open. You might say, "We don't have to get into anything today. I'm here whenever you want to pick it back up."

- **Celebrate small steps and validate effort.** Whether it's checking a credit report or applying for a benefit, reflect on the family's progress. Reinforce that they're doing something valuable, even if they don't feel "on top" of their finances.

- **Honor boundaries and opt-outs.** Not every family will want in-depth coaching. Some may just want a one-time conversation. Respect those boundaries while reminding them they can reconnect at any time.

Tips from the Field: Connecting with Families

--Hilary Sigismondi, Financial Wellness Coordinator, CASH Campaign of Maryland

Here's what I've found helpful as I'm getting to know families. Your style might be different, but this is what works for me:

In the first conversation, I say, "Hi, I'm Hilary. So-and-so referred me. Have you heard of me?" Most people haven't, and that's fine. I let them know I'm reaching out because their child's Service Coordinator referred them, and I always ask, **"Is now a good time to talk?"** That little step shows respect.

I **ask about their child**. I've learned not to start with "How old is your baby?" because development and age don't always line up. Instead, I listen for ways to connect: "Oh, you're a new mom? I remember how overwhelming that can be."

I **ask questions** like: "Are you doing this alone, or do you have a partner?" "Are you working right now? What kind of work did you do before? Do you want to work again?" "What's your housing situation like?"

I always tell families I'm not a certified coach or financial advisor. I'm not here to tell them what to do. I say, "I used to be a mess, and now I'm just a lovable nut." That usually gets a laugh. I let them know: **I'm here to walk alongside you, not to judge.**

I tell families, "You have enough going on; **I'm not here to add more stress.** If this isn't helpful, that's okay. And if you need to reschedule our meeting, that's no problem."

Depending on the vibe, I might share that I was a single mom for a while, that I've struggled with money, that I still have financial hang-ups. I say, "I still can't buy more than one roll of toilet paper at a time." **I get where they are.**

I might come into a conversation thinking we're going to work on a credit score, and next thing I know, we're folding laundry and talking about an unexpected pregnancy. That's **what's needed in that moment**, so that's what we do. People say "client-driven" all the time, but I mean it. You've got to listen closely and not be afraid to say, "You know what? Let's ditch this and just talk."

Families don't need someone with a script. They need someone who's real, who listens, and who respects what they're going through. That's what earns trust.

Family Engagement Beyond 1:1 Coaching

In addition to individual coaching, programs should **create multiple, visible ways for families to engage with financial wellness support.** This expands access, reduces stigma, and increases the chances that families who aren't ready for a one-on-one conversation today may still connect in the future.

These broader strategies should be integrated into your program's ongoing communication, events, and family-facing infrastructure. You might consider some or all of the following approaches:

- **Host "Cash Chats" to reach families in a low-pressure setting.** These are short, informal group sessions (virtual or in-person) that introduce families to key financial topics, like budgeting, credit, savings, or understanding public benefits. These are not workshops or classes; they're meant to feel like a conversation, with room for families to ask questions and share ideas. They're a great way to normalize talking about money and to continue to showcase the FWC as a trusted, approachable resource.

- **Invite the FWC to participate in existing programmatic events for families.** Whenever your program hosts events like playgroups, developmental milestone celebrations, parent meetings, or back-to-school nights, include the FWC. Their presence should feel familiar and welcoming, not promotional. The goal is to build relationships and make it clear that financial wellness is part of the early intervention package.

- **Include financial wellness in newsletters, texts, and social media.** Use your standard communication channels to regularly include brief, accessible tips or reminders related to financial wellness. Topics might include tax credit eligibility, free credit reports, child care subsidies, or back-to-school budgeting ideas. These should always include a call to action that invites families to reach out to the FWC.

- **Align outreach with seasonal opportunities.** Use the calendar to your advantage. During tax season, remind families about free filing resources and tax credits. During open enrollment, highlight help with health insurance. These moments are opportunities to connect financial topics with immediate needs.

- **Use clear, co-branded materials that reflect trust and belonging.** Flyers, posters, or digital materials about financial wellness services should reflect your program's tone and branding. Where possible, co-brand them with the FWC's organization (if applicable) and the early intervention program. Use images and language that reflect the families you serve. Make the materials feel like an invitation, not a pitch. In Baltimore, the FWC has found it helpful to have their own Canva account to make it easier to design attractive, approachable materials.

These strategies work best when repeated and integrated rather than treated as standalone events. Families should see financial wellness support not as a referral to another agency, but as part of what your program offers every day.

Managing Referrals and Tracking Family Engagement

A structured approach to tracking referrals, contacts, and family progress is critical for quality, continuity, and accountability. Whether using spreadsheets, databases, or integrated case management systems, the FWC must have the tools and workflows to manage information efficiently, without overcomplicating the process.

- **Centralize referral information.** All referrals should be documented in a single, accessible place – ideally via a form that populates a centralized spreadsheet or database. This allows the FWC to sort by date, urgency, referral reason, or Service Coordinator.

- **Use simple status categories.** Track each family's status using clear, minimal fields (e.g. "contact attempted/no response," "initial conversation completed, "ongoing support," "family declined/opted out").

- **Avoid overengineering the system.** Avoid building systems so complex that they're difficult to maintain, or would be hard for a new person to understand if there was turnover in a role.

- **Ensure shared visibility with the early intervention team.** If feasible, the FWC should have access to the same data platform used by the early intervention program (e.g. the online IFSP). If not, create a regular communication loop between the FWC and Service Coordinators for updates.

Balance Coordination with Privacy

When entering notes into a shared system like the contact logs in the online IFSP, the FWC should include just enough information to keep the Service Coordinator informed, without including sensitive financial or personal details. For example:

"Spoke with parent about next steps; parent plans to follow up with housing contact."

"Reviewed budgeting strategies; will check back in next week."

Avoid specific details like exact income, account balances, or debts. This protects the family's privacy while still supporting smooth coordination across teams.

- **Build time for documentation into the FWC's workload.** Consistent tracking requires time and focus. Programs should ensure the FWC is not expected to juggle a full caseload without protected time to maintain records.

- **Use tracking data for quality improvement.** Over time, referral and contact data can reveal where bottlenecks exist, how long outreach typically takes, and which issues families most frequently raise. Programs can use this to refine training, communications, and outreach strategies. See Appendix 7 for a sample client engagement tracking form.

"If I make a referral [to the FWC] on Monday, I know before the week is out, she's already reached out to that family – and that's been really nice, to know that she's on it."

--Service Coordinator

Training & Capacity Building for Early Interventionists

Integrating financial wellness into early intervention programs requires more than introducing a new referral form or workflow. It calls for a sustained investment in training and mindset-building for early interventionists. The aim isn't to turn staff into financial experts, but to equip them with the skills, confidence, and tools to raise financial topics naturally, make strong referrals, and position financial wellness as part of the family-centered approach they already use.

"What helped with the early intervention staff buy-in is that it wasn't just giving them another thing to do – it was actually giving them the tools. We heard a lot from them about how much our training improved their confidence. And then they understood how to make a quality referral and what the experience would be like for their families, so they could really sell it."

--Financial Capability Leader

Programs should structure training in ways that meet the needs of their staff. What matters most is that the training is practical, interactive, and ongoing, and that it reflects the lived realities of the staff who are expected to carry out the work.

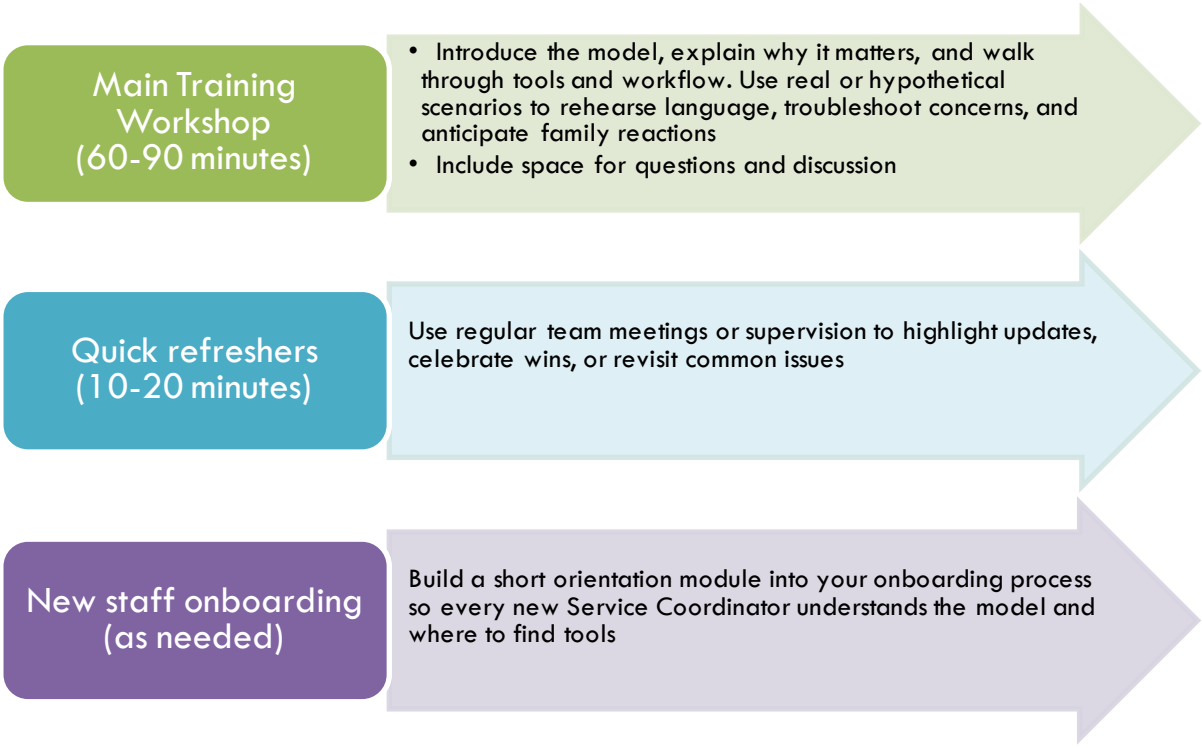
What to Include in Staff Training

It can be helpful to think about three core areas of content for training: mindsets, mechanics, and messaging.

Mindsets	***Mechanics***	***Messaging***
Recognize financial stress as a developmental concern Emphasize that talking about money is part of equity- and trauma-informed practice Reassure staff that they don't need to be the financial experts Acknowledge that it can feel awkward to bring up money and that it gets easier with practice	Walk through the referral workflow step by step, Clarify roles – who does what, how communication flows, and how to follow up Introduce a high-level overview of what the FWC might help with (e.g. credit, benefits, savings, budgeting) so staff can frame it accurately without feeling overwhelmed	Practice scripts and conversation starters Offer example scenarios where referrals went well

How to Structure Training

There are many different ways to approach training – but often, the most effective efforts are multi-touch and integrated into existing structures. Rather than a one-time session, aim to build knowledge and confidence over time, as suggested below.



Implementation Tips

- **Tailor training to your system.** Some programs may prefer centralized training; others may layer it into supervision or peer mentoring. Choose what works, but don't skip it altogether.
- **Train supervisors, too.** Supervisors play a critical role in modeling expectations, offering reinforcement, and troubleshooting barriers.
- **Create a feedback loop.** After the first few weeks, ask staff what's working and what's hard. Adjust accordingly.
- **Use staff stories.** Encourage team members who've made successful referrals to share what they said and how the family responded. This peer modeling builds confidence.
- **Revisit over time.** As the FWC gains traction, update training content with new examples, family success stories, and refinements to the process.

Data, Quality Improvement & Learning Loops

Deciding What Data to Track

Before deciding what data to collect, start with this question:

What information would be most meaningful to help your program determine whether and how financial wellness support is advancing your agency's broader mission?

This may look different in each jurisdiction. Rather than defaulting to general outputs, take time to identify what success would look like in your context, and what signs would suggest that the financial wellness effort is making a difference.

For example, Baltimore leaders identified family retention as one of the most meaningful markers. A key goal of integrating financial wellness was to reduce the number of families exiting the program because "attempts to contact were unsuccessful." By helping families stabilize financially, the team hoped to improve continuity of services, reduce loss to follow-up, and strengthen IFSP implementation.

Near-Term Wins: What Baltimore Is Tracking While Outcomes Are Still Emerging

Baltimore's team understood from the outset that it would take time to assess the long-term impact of integrating financial wellness into early intervention services. In the meantime, they needed meaningful short-term indicators to demonstrate value, guide continuous improvement, and build the case for ongoing investment.

In the short term, the focus has been on outcomes within the financial wellness program itself. That means tracking whether families are setting and making progress on individualized financial goals such as reducing debt, understanding their credit score, or building savings. Baltimore has emphasized personalized wins and real stories as early proof points. Families entering the Baltimore program complete the Financial Capability Scale from the University of Wisconsin's Center for Financial Security, which measures confidence levels. Families complete the scale again after their sixth session to see if their score has improved.

The team also recognizes that program-level data could inform broader system questions later. For example, they're exploring whether participation in financial wellness correlates with fewer families being categorized as "unable to contact." In future phases, they plan to examine length of engagement and service retention among families who opted into financial wellness compared to those who did not.

The takeaway for other sites: it's both reasonable and strategic in the short term to focus your measurement efforts on the financial wellness program itself – but make sure to lay the groundwork for deeper evaluation over time.

Other potentially meaningful measures include:

- Increases in **referrals** made by Service Coordinators
- Reduction in **missed appointments** due to transportation or access barriers
- Greater **alignment between family-identified goals and financial strategies**
- Staff reports of increased **confidence** talking about money
- Family reports of **reduced stress** or improved sense of control

This approach to data prioritizes learning and alignment, not just counting activities. Begin with what matters most, and work backward to define the data that can illuminate whether you're on track.

Building the Capacity to Collect and Use Data

Once you've identified which information would be most meaningful to track, the next step is to ask:

How will we collect that information, and who will be responsible for using it?

This doesn't mean launching a major new data initiative. But it *does* mean being intentional about roles, workflows, and accountability.

Start with what you already collect. If the measure you care about—such as retention or appointment attendance—is already tracked in your existing system, that's an opportunity. Assign someone to pull that data regularly and review it through the lens of the financial wellness initiative. For example, a program supervisor or data analyst might compare retention rates among families who did and didn't receive financial wellness support, or examine whether missed visits decrease after a referral.

If it's not already tracked, keep it simple. Some sites may want to measure something new -- like whether families took an action step after meeting with the FWC. In that case, design a lightweight tracking method that fits into existing routines. For example:

- Add a short field to your referral form for the FWC to log follow-up status
- Use a simple spreadsheet or form to track contacts, opt-outs, or outcomes
- Periodically review IFSP documentation for evidence of integration

Make sure someone owns the process. Whether the data point is new or existing, someone needs to be responsible for:

- Defining exactly what will be tracked
- Gathering or pulling the data at regular intervals
- Reviewing it with a program improvement lens
- Sharing findings with team members and leadership

That person could be a program administrator, data lead, or the FWC, depending on your staffing structure. The key is clarity: don't assume someone else is doing it.

Protect staff time by embedding data into existing touchpoints. Whenever possible, use meetings that are already happening – like supervisor huddles or monthly team meetings – to share and discuss data. Highlight what's working, surface barriers, and identify next steps. Keep the focus on learning, not compliance.

Look for low-tech solutions. You almost certainly don't need a new system. Many teams use existing tools or case management systems with minimal configuration for this kind of data collection. The simpler and more visible the system, the more likely it will get used.

A note on data integrity. If you're sharing data with funders, leadership, or partners, make sure your definitions are clear and your methods consistent. But for internal learning, don't let perfection be the enemy of insight. Focus on trends and patterns that can guide better implementation.

Conclusion and Next Steps

For readers who are ready to put this model into practice, the appendices that follow contain practical resources to support implementation. These include sample referral scripts, workflow diagrams, red-flag indicators, surveys, and training materials. Each appendix is designed to be used directly by program leaders and staff as they adapt the model to their own local context.

The Family Financial Wellness model demonstrates what is possible when early intervention systems and financial capability partners work hand in hand to reduce family stress and strengthen child development. Baltimore's experience shows that this integration can improve retention, deepen family engagement, and build protective factors. With the tools, strategies, and appendices included here, leaders in other jurisdictions have the foundation to replicate and adapt the model. The opportunity now is to carry this work forward -- embedding financial wellness as a core part of how we support families, so that every child has the best chance to grow and thrive.

Appendices

1. Research on Family Financial Well-Being and Early Childhood Outcomes
2. Sample Job Description for Financial Wellness Coordinator
3. Sample Program Development Timeline
4. Sample Expense Budget
5. Sample Referral Form with Initial Financial Screening Questions
6. Sample Red Flags List for Referral Triggers
7. Sample Family Meeting Worksheet
8. Sample Family Contact Tracking Survey
9. Spending Plan Worksheet for Families
10. "SMART Goal" Worksheet for Families
11. Family Survey Instruments

Appendix 1: Research on Family Financial Well-Being & Early Childhood Outcomes

Clinical integration: what happens when you bring financial help into pediatric care?

Clinic-Based Financial Coaching and Missed Pediatric Preventive Care (RCT, Pediatrics, 2023): Embedding financial coaching in a pediatric clinic reduced missed well-child visits and improved on-time infant immunizations over the first six months.

Medical–Financial Partnerships (MFPs): Cross-Sector Collaborations (Academic Pediatrics, 2020): Explains the model of pairing clinical settings with financial services to reduce family financial stress and improve health; includes examples and implementation considerations.

Desirability of Clinic-Based Financial Services in Urban Pediatric Primary Care (Journal of Pediatrics, 2018): Surveys caregivers/older adolescents in a pediatric clinic; finds strong interest in integrated financial/employment services offered alongside care.

Policy levers that move infant & maternal health (near-term)

Effects of State Earned Income Tax Credit Laws on Birth Outcomes (JAMA Pediatrics, 2019): More generous, refundable state earned income tax credits (EITCs) were associated with higher birthweight / fewer low-birth-weight births, especially among disadvantaged groups.

Timing of EITC Refunds & Perinatal Outcomes (BMC Public Health, 2023): Income arriving late in pregnancy (via EITC timing) is linked with lower risk of preterm birth, underscoring why cash timing matters for infant outcomes.

CDC: Can State Earned Income Tax Credits Help Prevent ACEs? (Brief): Summarizes evidence that refundable state EITCs can reduce risk conditions tied to adverse childhood experiences, with practice pointers for states/localities.

Pathways from financial stress to child outcomes

American Academy of Pediatrics Policy: Poverty & Child Health (2016; reaffirmed 2021): Defines poverty as a major child health determinant and urges clinicians to address family financial strain as part of routine care.

Adverse Childhood Experiences: Expanding the Concept (Cronholm et al., 2015): Introduces expanded adverse childhood experiences (ACEs, community-level stressors such as neighborhood violence/discrimination), sharpening the link between economic/housing hardship and adversity exposure.

Maryland-specific context

Prosperity Now Scorecard (filter to Maryland): State and local indicators on liquid-asset poverty, un/under-banked rates, credit, and housing cost burden to assess the financial vulnerability affecting EI families.

Faces of Poverty — Montgomery County, MD (2020): County report with locally specific poverty and program access data; useful as a template for framing Maryland context in briefs and slides.

Appendix 2: Sample Job Description for Financial Wellness Coordinator

PROGRAM ASSOCIATE
POSITION DESCRIPTION

ORGANIZATIONAL OVERVIEW
The CASH (Creating Assets, Savings and Hope) Campaign of Maryland promotes economic advancement for low-to-moderate income individuals and families in Baltimore and across Maryland. CASH accomplishes its mission through operating a portfolio of direct service programs, building organizational and field capacity, and leading policy and advocacy initiatives to strengthen family economic stability. For more information, please visit www.cashmd.org.

POSITION DESCRIPTION
The CASH Campaign of Maryland seeks a Program Associate to support its financial capability projects, including the Financial Wellness program, which delivers direct service to families participating in the Baltimore Infants and Toddlers Program (BITP). These are families with young children who may be experiencing a delay in development or who have been diagnosed with a condition that is likely to affect development. CASH's Program Associate will work alongside a team of early intervention professionals to offer wrap-around services to help families build financial well-being through education, information, tools, and resources. The position will also support other elements of CASH's work, such as benefit counseling, financial education, and staff training.

PRINCIPAL JOB DUTIES AND RESPONSIBILITIES

Direct Service (70%)

- Serve as the Financial Wellbeing Coordinator for the BITP program and be on-site in their offices to meet with families, collaborate with BITP staff, and provide financial education services.
- Connect families to public benefits screening experts.
- Provide individualized financial education to families participating in the Baltimore Infant and Toddlers Program (BITP) on topics such as creating a budget, managing debt, building credit, banking etc.
- Meet with families to review their current financial situation and identify any unmet urgent needs. Determine possible sources for support and discuss the financial areas that they would like to address. Provide updated and unbiased financial information to the families on those areas.
- Refer families to another program or agency when appropriate.
- Support BITP staff to provide financial guidance and insights into family support strategies.
- Collect data and track outcomes from individual financial education sessions and workshops. Report findings and success stories.

Training and Outreach (20%)

- Coordinate and deliver financial education workshops for BITP families on a variety of financial topics.
- Develop marketing outreach materials to advertise the Financial Wellness program as well as financial education classes.

Other (10%)

- Attend and participate in required internal and external educational programs.
- Attend CASH and BITP staff meetings.
- Represent CASH and BITP at various community outreach events as requested.
- Maintain knowledge of industry trends and best practices.
- Perform other duties as assigned to support other program work, such as benefits screening and training.

SKILLS AND QUALIFICATIONS

A successful candidate will have a background in education, social work, human services, or a related field. CASH will provide training in financial education content; however, candidates with financial expertise and background are preferred.

- Demonstrated ability to work with diverse organizations and people. CASH primarily works with adults who are low-income, Black, Latino, or Indigenous.
- Experience working as part of a team to coordinate services and collaborate with different providers.
- Excellent organizational, interpersonal communication, and learning agility skills.
- Experience with home visiting or working with a treatment team is a plus.
- Ability to meet deadlines and juggle multiple tasks.
- Ability and means to travel on a flexible schedule as needed to complete work assignments.
- Proficiency in Outlook, Word, Excel, and PowerPoint, as well as virtual meeting platforms.

COMPENSATION

Salary range is $40,000-$50,000 commensurate with experience. Content training will be provided as needed.

Appendix 3: Sample Program Development Timeline

You can use this planning timeline as a starting point for mapping out your program's runway to launch. It reflects how Baltimore devoted the first six months to co-design before direct service – and includes key tasks, timeframes, and details on which partner(s) took on which responsibilities.

Build the financial capacity of BITP and PRIDE staff	**Deadline**	**Who**
Set up shared drive for all project materials	January 2022	CASH
Develop/adapt content for financial education training	January 2022	CASH
Identify direct service staff members who will participate in financial education training	January 2022	BITP and PRIDE
Develop a pre/post assessment tool for staff training	February 2022	All
Develop referral process to financial wellness coordinator (FWC)	February 2022	All
Set up data management process	February 2022	CASH
Submit assessments and intervention plan to IRB at UMD to verify that this is not a human subject's study so that data can be used accordingly	February 2022	PRIDE
Deliver training on traditional financial content	March 2022	CASH
Coach frontline staff on how to share the services with families and how to capture data	March 2022	CASH
Embed direct financial capability services onsite at BITP	**Deadline**	**Who**
Identify main direct services that will be embedded onsite	January 2022	All
Develop job description and selection criteria for FWC	January 2022	CASH
Implement a recruitment plan and begin interviews	February 2022	CASH
Create workplan and training for financial case manager	February 2022	CASH
Secure office space at BITP site	March 2022	BITP
Hire FWC	March 2022	CASH
Incorporate services into the community connection section of the Individualized Family Service Plan (IFSP)	April 2022	PRIDE/BITP
Set up data management process to track direct services	April 2022	CASH
Collect data from IFSP at the 6-month and 1-year marks	September 2022 and Jan 2023	FWC
Conduct qualitative interviews to receive feedback from families, service coordinators, and the FWC	January 2023	Research Assistant
Provide BITP technical assistance and ongoing support for the success of implementation	Ongoing	PRIDE

Appendix 4: Sample Expense Budget

This sample budget is provided as a starting point only. It reflects typical expenses that a program might incur during the planning phase and first year of implementation, but it is not prescriptive. Please adapt it based on your local context, staffing model, and available resources.

Expenses	Planning Period (4-6 months)	Implementation	TOTAL
Personnel			
Director of Early Intervention	$2,500	$2,500	**$5,000**
Financial Case Manager		$60,000	**$60,000**
Fringe Benefits @ 26%	$650	$16,250	**$16,900**
Total Personnel	**$3,150**	**$78,750**	**$81,900**
Non-Personnel Costs			
Staff training	$7,000	$3,000	**$10,000**
Supplies *(flipchart paper, calculators, pens, binders, notebooks, gift cards, note cards)*		$3,000	**$3,000**
Graphic Design (*to design outreach materials*)	$500		**$500**
Marketing (outreach materials)		$3,000	**$3,000**
Printing (*for classroom worksheets)*		$1,000	**$1,000**
Postage		$300	**$300**
Equipment (Laptops, projector, printer)	$2,500		**$2,500**
Local Travel	$250	$2,000	**$2,250**
Total Non-Personnel	**$10,250**	**$12,300**	**$22,550**
Project Subtotal	**$13,400**	**$91,050**	**$104,450**
Indirect Cost Rate 10%	$1,340	$9,105	**$10,445**
TOTAL EXPENSES	**$14,740**	**$100,155**	**$114,895**

Appendix 5: Sample FWC Referral Form with Initial Financial Screening Questions

CASH CAMPAIGN OF MARYLAND
Creating Assets, Savings and Hope

Thank you for submitting this referral to the Family Financial Wellness Program. Please complete all fields and provide the answers to the Financial Screening Questions from the Pediatric Health History. The Family Wellness Coordinator will reach out to this family within 48 hours.

Child's First Name

Child's Last Name

Child's Index Number

Parent/Care Provider's Full Name

Parent/Care Provider's Phone Number

Email *

Service Coordinator's Name

Would you like to find out if you, or your dependents are eligible for public benefits?

- ☐ Yes
- ☐ No

Would you like to learn about building your financial health (ie. creating a budget, managing debt, banking, etc.)?

- ☐ Yes
- ☐ No

Would you like to talk about receiving referrals to other programs for more resources (ie. free tax preparation, financial coaching, workforce development, etc.)?

- [ ] Yes
- [ ] No

Are you interested in receiving a referral to the Family Financial Wellness program?

- [ ] Yes
- [ ] No

How would the family prefer to be contacted?

- [ ] By telephone
- [ ] By email

If phone is preferred, when is the best time to call?

Notes/Comments

Submit

Appendix 6: Sample Red Flags List for Referral Triggers

BITP/CASH Campaign Red Flags List

Housing Insecurity	Phone	Transportation	Household Information (eco-mapping)	Childcare	Banking	Financial Coaching / Planning
☐ Families don't feel comfortable with in-person consultations because of their living condition ☐ Families suggest that providers need to take precaution in their neighborhood ☐ Families say, "I want a way out" or "I want to move away from here"	☐ When Service Coordinators and providers attempt to call families, phones aren't in service ☐ Families mention the high cost of phones or service plans	☐ Families mention using public transportation or rely on family/friends, and imply wanting their own transportation ☐ Families are unable to drive to medical appointments	☐ Families have multiple children/ dependents and communicate financial stress ☐ Limited income/families communicate the difficulty of living in a single income household ☐ Families mention the parents' occupation and express frustration with pay or hours	☐ Families are unable to attend trainings/meetings if no one can watch their child ☐ Families mention how expensive childcare is ☐ Families mention how expensive child's clothing, diapers, food, or formula is	☐ Families mention using financial technology apps instead of traditional banking systems (e.g., Chime, Venmo, CashApp, etc.)	☐ Families communicate wanting a savings plan/budget for the future ☐ Families express a desire to begin/grow a college fund for child ☐ Families express concerns about their partner's or their own spending habits ☐ Families express concerns about paying for medical equipment or services, or providing for the long-term care of their child

Appendix 7: Sample Family Meeting Worksheet

Family Meeting Worksheet

Service Coordinator: _____ Referral Date: _____

Child's Name and #: _____ Family Member: _____

Contact Information: _____ Email: _____

STEPS IN THE PROCESS
1. The BITP Care Coordinator indicates on the family's ISFP that they are being referred to the Family Financial Wellness program with CASH Campaign of Maryland. 2. The BITP Care Coordinator completes the online Referral Form and submits it to the Family Wellness Coordinator. 3. The Family Wellness Coordinator Receives Referral from Care Coordinator. OR The Family Wellness Coordinator conducts a Webinar or attends an event and meets a BITP family who wants to participate in the program. The Family Wellness Coordinator reaches out to the client and completes the Family Financial Wellness Program Referral Form.
INITIAL CONTACT with the family *(should be attempted using family's preferred method of contact)* Date: _____Time: _____ Additional Attempts:
• FWC introduces themself and reminds the family that a referral was made and confirms interest in the program. • FWC explains CASH Campaign and the program and asks if there are any questions or concerns. • FWC schedules a consultation or another call in the family's preferred method (home visit, BITP office, video, or phone.) **NOTES from initial call here:** Other children? _____ Does client have a partner? _____ Does client have employment? _____ What is the housing situation? _____ What does the family think they might want to work on with FWC? _____ ***The database is updated with notes from this interaction.***

FIRST MEETING with the family

FWC conducts the 1-hour consultation. During this meeting:

- FWC acknowledges the family for participating in the program, and asks what they are hoping to get out of it.
- FWC completes the Financial Wellness Screening with family and explains its purpose.
- FWC further discusses with family why they wanted to seek assistance. Completes Financial Capability Scale.
- FWC gives guidance on what could be the starting points for the family, emphasizing that the family is the expert and has the final say.
- FWC and family start putting together a *financial action plan.*
- FWC discusses with family the length of service and how often they would like to meet/work together:

When and how often would the family like to meet? _____

Notes from meeting:

- FWC schedules the family for the next step of action:
  - Benefits Counseling (Will make referral to CASH Staff member) ____
  - One on One Meeting ____

- If the family needs/wants something outside of FWS's capacity, a referral is made.
  - Other Referrals Made:

The database is updated with the Financial Wellness Screening answers as post session notes from the meeting.

SECOND MEETING with the family

- 1:1 Financial Coaching Session (60 minutes)

Notes from meeting:

NEXT MEETINGS: FWC follows up as needed and after discussion with client.

3rd MEETING DATE AND TIME: _____

4th MEETING DATE AND TIME: _____

5th MEETING DATE AND TIME: _____

6th MEETING DATE AND TIME: _____
Complete 2nd Financial Capability Scale

7th MEETING DATE AND TIME: _____

8th MEETING DATE AND TIME: _____

9th MEETING DATE AND TIME: _____

10th MEETING DATE AND TIME: _____

11th MEETING DATE AND TIME: _____

12th MEETING DATE AND TIME: _____

ADMINISTER PROTECTIVE FACTORS SURVEY YES_____NO_____

Appendix 8: Sample Family Contact Tracking Survey

CASH Campaign uses SurveyMonkey to collect and track this information electronically.

CASH Family Contact Tracking Survey

1. When did you meet with or contact the family?

Date: _____

2. Who did you meet with or contact (check all that apply)?

☐ Mom
☐ Dad
☐ Grandparent
☐ Other (please specify): _____

3. How was this contact/meeting conducted?

☐ Card
☐ Email
☐ Home visit
☐ In office
☐ Phone
☐ Text
☐ Zoom or other virtual platform
☐ Other (please specify): _____

4. What was the purpose of your contact/meeting?

☐ Schedule/reschedule/confirm appointment
☐ Initial introduction and program description
☐ Check-in (generic)
☐ Follow-up (specific)
☐ Positive reinforcement
☐ Supportive
☐ One-on-one meeting: First meeting
☐ One-on-one meeting: 2–5 times
☐ One-on-one meeting: 6 times (remember to send subsequent PFS if applicable)
☐ One-on-one meeting: 7–11 times
☐ One-on-one meeting: 12 times (remember to send retrospective PFS if applicable)
☐ One-on-one meeting: 13+ times
☐ Other (please specify): _____

5. What activities occurred during the contact/meeting (check all that apply)?

☐ Action step follow-up (accountability)
☐ Benefits screening
☐ Initial call after referral
☐ CASH financial coach
☐ CASH tax preparation
☐ Check-in only
☐ Child care scholarships
☐ Credit
☐ Debt (including bill & tax payments)
☐ Education (e.g., interest, investment, loans)
☐ Employment
☐ Financial Capability Scale – initial
☐ Financial Capability Scale – subsequent
☐ Financial wellness challenge
☐ Future planning (e.g., child's education, house, retirement, vehicle, personal fulfillment)
☐ Money Habitude card game
☐ Protective Factors Survey – initial
☐ Protective Factors Survey – subsequent
☐ Resource (e.g., child care scholarship, diapers, WIC, SNAP, energy assistance, auto insurance, other referrals)
☐ Savings
☐ Scheduled initial one-on-one meeting
☐ Scheduled subsequent meeting
☐ SMART goals
☐ Spending document
☐ TransUnion credit report
☐ Left message
☐ N/A
☐ Other (please specify): _____

6. Is there anything else that you'd like to note about this meeting?

Appendix 9: Spending Plan Worksheet for Families

First things first! First, you need to know how much money you make.

KNOW MY INCOME

To find your monthly income this month:

Where money comes from	Amount Each Period	Monthly Total*
Job 1 paycheck:		
Job 2 paycheck:		
Job 3 paycheck:		
Child support:		
Social Security, General Assistance:		
Other:		
TOTAL MONTHLY INCOME		

To find your Average Monthly Income:

If your check comes	Figure the monthly amount by
daily	$ amount x 365 divided by 12
once a week	$ amount x 52 divided by 12
every two weeks	$ amount x 26 divided by 12
irregularly	Work out an estimated total for the year and divide by 12.

ANALYZE MY DEBTS

Before you can make a plan, you need to know where you are now.

Step 1. List your debts.

Get your most recent bills. Copy all the information exactly. Don't guess. Be sure to include late fees in the amount overdue.

Step 2. Add up what you owe.

Add together each column. This will tell you what you owe, how much you pay each month and how late your payment is..

debt	interest rate	balance	regular payment	amount overdue
example: *car loan*	*12.9%*	*$2,358.20*	*$137.00*	*$314.00*
TOTAL AMOUNTS				

My Current Spending Record

CURRENT SPENDING RECORD

Record the amount you spend in each category.
For expenses that are not paid monthly, record the average monthly cost.

rent			**family**
utilities			child support
electricity			child care expenses
gas or heating oil			doctor bills
firewood			medicines
water, sewer			life insurance
garbage			medical insurance
telephone			personal care (haircuts, etc.)
other			other
food & household			**entertainment**
groceries			television
baby food, formula			movies, videos, concerts
cleaning supplies			magazines, newspapers
paper products			dining out
other			other
transportation			**debts**
car payments			student loans
auto insurance			credit cards
gas & oil			department store cards
auto repairs			personal loans
parking			other
bus pass			**other expenses**
other			add any expenses not listed above
clothing			
clothing purchases			**savings**
diapers, baby needs			emergency fund
laundry & dry cleaning			for rent deposits and moving expenses
other			
TOTAL OF EACH COLUMN			
add column totals together to get **TOTAL EXPENSES**			$

Appendix 10: "SMART Goal" Worksheet for Families

SMART GOAL WORKSHEET
BITP Family Financial Wellness Program

What is a SMART Goal? A SMART goal is:

- **SPECIFIC**: What exactly will you accomplish?
- **MEASUREABLE**: Can your goal be measured?
- **ACHIEVABLE**: Is achieving this goal realistic with effort and commitment? Have you got the resources to achieve this goal? If not, how will you get them?
- **RELEVANT**: How is this goal significant to your life?
- **TIMELY**: When will you achieve this goal?

SMART GOAL:

Start Date: _____ Target Date: _____

SPECIFIC ACTION STEPS: What steps need to be taken to get you to your goal?			
STEPS	**RESOURCES YOU NEED**	**EXPECTED COMPLETION DATE**	**COMPLETED STEP**

Who can assist you in achieving this goal? _____

Appendix 11: Family Survey Instruments

Post-Participation Survey for 1:1 Meetings with Financial Wellness Coordinator

BITP CASH One-on-One Family Feedback 2025

We want to know your thoughts about your one-on-one consult with Hilary.

1. When was your one-on-one meeting with CASH?

MM/DD/YYYY

2. How many times have you met with Hilary?

☐ This was my first meeting.
☐ This was my second meeting.
☐ 3+ times.

3. Why do you continue to work with Hilary?

4. What did you learn from the meeting that you hope to use in your life?

5. What can we do to make one-on-one meetings better?

Post-Participation Survey for “CASH Chats”

