

The Community Caring Collaborative: Case Study of a Grassroots Collaboration to Create a System of Care for At-risk Infants, Young Children, and Their Families in Washington County, Maine

by Marjorie Withers



Marjorie Withers presents a case study of rural Washington County, where community-agency partnerships are increasing services for community members and their children affected by exposure to drugs, alcohol, and other risk factors. The Community Caring Collaborative (CCC) is an effective model in part because of its structure. But most important, according to Withers, is the creation of hope and new energy in an area of the state characterized by longstanding feelings of hopelessness and powerlessness. 🐾

INTRODUCTION

This article is a case study on the evolution of the Community Caring Collaborative (CCC) in Washington County. The CCC is a new model of collaboration for rural areas and has been selected as an example of collaboration under a grant funded by the Robert Wood Johnson Foundation. It is an example of innovative community investment by agencies to create partnerships that increase services and opportunities for community members and their children who are affected by substance exposure and other risk factors. Specifically, the CCC is dedicated to creating training opportunities, to building professional infrastructure and capacity in a vast and economically challenged rural area, and to creating a continuum of best-practice services for its diverse community members.

BACKGROUND

Washington County is larger geographically than the combined states of Rhode Island and Connecticut, with a sparse population of 32,000. It is home to 3,000 Passamaquoddy Tribal members, 2,000 of whom live on two separate tribal reservations 48 miles apart within the county. Washington County is the poorest county in the state, with the highest rate of unemployment; its economic profile is bleak. The majority of work is both seasonal and natural-resource-dependent, including fishing, clamming, lobstering, tipping and wreath making, wild blueberry harvesting and processing, timber harvesting, and the production of pulp and paper (when the mill is running). Health disparities abound, with Washington County being the only New England location where the life expectancy for women has decreased rather than increased in the last 10 years. Tribal members' health profiles are bleaker, with an average life expectancy of 49 years.

Washington County is a place where neighbors matter and communities know their members intimately. Professionals who stay are devoted to the rugged terrain and resilient community members. The line between "helpers" and "helped" is often blurred by the lack of degrees of separation characteristic of places where everyone has multiple overlapping roles. Over the years,

Washington County has been hit hard by many storms of nature and the ravages of social change. None have been more devastating than the opiate crisis of the past 10 years. No family has been left untouched by the epidemic misuse of prescription drugs.

The devastation left in the wake of this widespread addiction has led to a slew of new grave statistics for very young children in Washington County, including:

- One out of three infants is born at risk due to substance exposure (tobacco, alcohol, opiates, or combinations), low birth weight, exposure to trauma, pre-term delivery, or birth to teen parents.
- Highest percentage in Maine of infants in child protective custody.
- Highest percentage in Maine of terminated parental rights.
- Highest percentage in Maine of children in special education.
- Highest percentage in Maine of children under the age of four dismissed from child care due to behavioral acting out.

WHO WE ARE

These alarming statistics brought together a group of concerned community members who both lived in Washington County and worked in agencies or who had a family member affected by substance use or had a high-risk infant/child. We began with the core assumption that creating trust and safe communication

...the CCC

[Community Caring Collaborative] is dedicated to creating training opportunities, to building professional infrastructure and capacity in a vast and economically challenged rural area, and to creating a continuum of best-practice services for its diverse community members.

is essential for true collaboration and systems change. The CCC chose to partner with an existing non-profit organization in Washington County serving adults with special needs. By not creating a new separate entity, the CCC modeled partnership and investment in existing agencies to achieve new goals. Our story offers an alternative way of organizing collaboration that emphasizes investment in programming and training, using existing staff to achieve new goals.

Rural areas often have difficulty creating effective collaboration because of distance and differences in regions and communities and because of historical memories of broken promises or political rivalry that do not dissipate across time. The grassroots nature of the CCC and our willingness to address historical issues broke down those barriers and fostered a collaborative that is dedicated and flexible in meeting community and agency needs.

Our story offers an alternative way of organizing collaboration that emphasizes investment in programming and training, using existing staff to achieve new goals.

Originally, the group convened to consider writing a grant. Instead, the group formally became the CCC and decided to ask community members and to conduct focus groups to discover what were perceived to be the greatest needs for children and families. The CCC represents the first time that leaders of the Passamaquoddy Tribe were included as primary players from the inception, along with front-line workers, agency directors from the private and public sectors, and family members. Members of the CCC include representatives from our two higher educational institutions that play a key role in our mission to increase professional standards and create a well-trained workforce. Through this core group, several separate subgroups have developed that meet on a monthly basis, along with other partnerships.

Work Group

The work group includes front-line workers, supervisors, and family members. It focuses on communication across agencies about programming, concerns and problem solving. It includes specific committees on training, curriculum development, and shared programming.

Executive Council

The executive council includes directors of agencies and family members who develop policy and make decisions on an advisory basis for the CCC. It focuses on financial planning opportunities and creating shared policy that allows the CCC to establish non-redundant seamless services and create new programs across agencies.

State Agency Partners

Our third group includes state agency partners. We partnered with state agencies, specifically, the state of Maine Centers for Disease Control, Family Health Division to apply for (and receive) one of the first six nationally awarded “Project Linking Actions for Unmet Needs in Children’s Health” (LAUNCH) five-year grants through the Substance Abuse and Mental Health Services Administration (SAMHSA). LAUNCH stipulates that the state be an active partner in developing state policy that supports change for the unmet public health/mental health needs of infants and young children.

Other distant partners include state leadership participants from different parts of the Department of Health and Human Services. Our state liaison coordinates the state agency partners group, which includes the Division of Family Health, the Office of Minority Health, Division of Children’s Mental Health, the early childhood services director, Office of Child Care and Head Start director, medical director of the Family Health Division, representation from the Department of Education and the director of Early Periodic Screening Diagnosis Treatment program within Maine Care. This powerful, dynamic group meets every other month to support and address barriers that affect new programming and services.

WHAT WE DO

Through focus groups and meetings our mission developed to include the following activities:

1. Creating learning/training opportunities to support a workforce that offers best-practice services to our community.
2. Creating a system of care that is not redundant, is family-driven, and is responsible to the individual needs of infants, children and their families across systems using a single, shared-case plan.
3. Creating partnerships that generate new opportunities for services using existing agencies to ensure a complete continuum of services in Washington County.
4. Creating a learning environment that supports innovative practice and is responsive to the changing needs of our community.
5. Including equally all partners representing different areas, populations, and services within Washington County in a culturally competent, respectful, and historically aware collaborative.
6. Providing training and supervision for all best-practice models introduced.
7. Creating new best-practice services including:
 - *Integrated services:* Integrates early intervention services in primary care and in treatment centers allowing earlier intervention and assessment of at-risk infants and young children and offering support in a local, safe environment that encourages holistic planning and provision of services.
 - *Bridging program:* Uses the Wraparound High Fidelity Model to meet the needs of high-risk infants and children across systems (Wraparound best practice).
 - *Family/parenting support home visiting:* Increases home visiting to include all high-risk

infants and children regardless of whether it is a first-time parent or not. Family educators use Touchpoints™ (Brazelton, best practice).

- *DC 0-3R, diagnostic process* that is developmentally and relationship-based that is now offered by 18 trained clinicians in Washington County (DC 0-3R recognized best-practice diagnostic process).
- Development of mental health consultation services available to all Washington County child care services, Head Start, preschool and elementary schools up to grade three.
- Peer-to-peer program for parents helping parents done in conjunction with Maine Parent Federation (best-practice recognition from SAMHSA).
- Support groups for parents with high-risk infants and children.
- Implementation of parenting group designed by two local practitioners for parents who are receiving methadone maintenance.

WHAT WE HAVE LEARNED

Our belief is that collaboration is a necessity. Collaboration requires time and the development of trust that occurs when partners feel validated and supported. It is a process that assumes there will be differences and history that must be acknowledged and dealt with before coming to new understandings. As dollars dwindle and needs increase, it is essential that agencies in rural areas work together to

- Create safe harbors for problem solving.
- Share agendas.
- Eliminate redundant services and paperwork.
- Be informed by the population it seeks to serve.
- Find ways to partner and apply for new initiatives in a united way.

- Lend strengths and share concerns.
- Create learning communities and opportunities to guarantee best practice across systems.
- Address issues of burnout and isolation for both staff and consumers.
- Respect and learn the cultures of the community and of the providers.
- Be committed to development of a workforce by involving higher education in the collaborative.
- Be transparent about issues and funding.

We have also learned that change has a domino effect. As we have opened the door to collaboration and provided a venue for true communication and problem solving, the answers have appeared. The CCC has achieved many unanticipated secondary gains. It has been a healing process for historical divisions and misassumptions. It has been a place of reaffirming shared values to develop shared visions and has generated respect and genuine caring for programs and individuals.

IMPLICATIONS

The Community Caring Collaborative is an effective model of collaboration because of our structure. Our work group serves as the grassroots of the organization and the source of many ideas, concerns, issues, and solutions. Our executive counsel is necessary to ensure buy-in at the director level of local agencies and to ensure that there are mechanisms to accommodate change and collaboration. Our state agency partners are essential to all that we do.

At our first summer institute in June 2009, we took 40 people on a bus ride across Washington County with presenters telling their agency's story and two tribal presenters explaining history and culture as we went on reservation land. People from away were stunned. Understanding the layers of complexity that our rural roads and isolated communities make is essential to funding and responding to our community effectively. The CCC takes seriously its role to educate

others about the implications of being rural and remote and the best methods for planning and providing services.

Perhaps the most serious implication and lesson for prospective collaborators to learn from the CCC is the generation of hope that occurs when people and agencies feel empowered. Washington County's true albatross has not been its economic or rural issues. It has been the feelings of hopelessness and powerlessness that have affected our families, agencies, and institutions. Collaboration and the creation of new and innovative responsive programming are empowering our community to dream and envision change. It is creating hope. Hope generates new energy and a new understanding of the strengths in our families, our agencies, our communities, and our future. 🌊

Marjorie Withers is the director of the Community Caring Collaborative and director of the LAUNCH project in Washington County, one of six national sites working on integrating services for infants and young children and their families and expanding the scope of public health to include early intervention. She has been designing programs and offering services in substance abuse and mental health for more than 30 years.