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ALIGNING IN ACTION: THE COMMUNITY CARING COLLABORATIVE

- Lead organization: Community Caring Collaborative
- Lead sector: Social Services
- Location: Washington County, Maine
- Year founded: 2007
- Interview with: Julie Redding, clinical director, Community Caring Collaborative

Health is impacted by factors outside of the health care delivery system, including housing, education, poverty, employment, food availability, transportation, and safety. Recognizing that addressing these socioeconomic determinants of health is needed to meaningfully impact health inequities, a national policy shift is taking place.

Government agencies, payers, and providers are all adopting a social determinants perspective. To effectively address these nonclinical needs, partners must work across sectors. Now, the question is how — what are the best practices for effectively aligning systems?

[Aligning Systems for Health: Health Care + Public Health + Social Services](#), sponsored by the Robert Wood Johnson Foundation (RWJF) and managed by the Georgia Health Policy Center (GHPC),

is focused on learning from stakeholders across the nation about effective ways to align these three sectors to better meet people's goals and needs.

Given variance in the local context, there is no single model or formula to align systems. However, Aligning Systems for Health seeks to understand commonalities that drive successful efforts to align sectors. This series examines how communities that describe their work as aligning systems are doing it around four core components of a [theory of change](#) that RWJF and GHPC are testing: purpose, governance, data, and sustainable financing mechanisms.

The Community Caring Collaborative (CCC) has become a backbone organization for regional efforts that holistically improve the health and lives of community members. It convenes and supports partners in incubating programming that is both effective and collective to respond to shared regional challenges. With the goal of enabling deeper, authentic collaboration, CCC measures its impact by improving alignment across sectors and agencies to ultimately improve the lives of those living in Washington County, Maine.

LOCAL CONTEXT

Washington County, the easternmost county in the country, is also one of the oldest counties within Maine. The region is in decline economically and in population and is a hotspot for the opioid epidemic.

More than a decade ago, county leaders noticed that a growing portion of the births that were occurring in the county were impacted by substance exposure. Yet, the closest neonatal intensive care unit for drug-affected babies was two hours away, and travel to that hospital was compromised in the long winter months because of weather and treacherous roads. Compounding this situation was a lack of a support network and collaborative medical care to address the unmet social and emotional needs of mothers and infants,



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including stigma and blame, transportation and other logistical challenges, and a lack of healthy attachment and parental bonding.

Recognizing the long-term downstream health effects of the opioid crisis on the fragile region, multisector leaders came together to respond with an immediate focus on at-risk infants, young children, and their families. The goal was to build a more cohesive system of care capable of providing wraparound support. CCC came together in this context with the realization that no one agency could do it alone and overcame a history of distrust and competition in an area of little funding and great community need.

PURPOSE

CCC's foundational expertise centered around client-centered, strength-based behavioral health treatment. Yet, the collaborative's leaders understood from the beginning that local organizations already existed. Its value was in applying client-centered, strength-based approaches to support local nonprofits.

CCC's shared vision has evolved from responding to an opioid-related emergency to thoughtful, planned action aimed at strengthening the county by strengthening the relationships, abilities, and capabilities of local nonprofits to build a healthy, well-functioning Washington County.

"CCC did not need to be a doer but can support the doers to be excellent doers," explains Julie Redding, CCC's clinical director. "There are ways in which we can enrich the opportunities, knowledge, skills, and training that our providers need, which can take us to that next level to really build grassroots initiatives that fill the gaps in services or support."

CCC's annual Vision Day brings together multisector stakeholders to envision the county they wish to live in, without fiscal constraints. CCC listens and incorporates the on-the-ground needs of stakeholders into proactive planning for action that fills identified gaps and further removes barriers between organizations and agencies so that the sectors can work together to change the quality of services and the outcomes for people in Washington County.

"We are an entity that is able to think about the health and well-being of the providers in the area, and if we take care of them, they might be able to build more internal resilience to be able to better support the community members and individuals of Washington County," says Redding.

DATA

CCC measures its success in the degree to which partners choose to invest their time, energy, and resources (in terms of salary) to participate in convening. Membership has reached 65 partner organizations with representation from the county, state, federal, and tribal levels.

Additionally, CCC measures its growth and success in terms of the number of programs and initiatives that the collaborative has supported or participated in.

"For us, the real wins are the degree to which we have seen partners, service providers in the area, go from barely speaking, literally not even referring to another agency because of old wounds or old hurts, to now sharing contracts and sharing funds," says Redding.



CCC supports agency partners in delivering coordinated, aligned programming aimed at shared goals (e.g., reducing poverty or increasing workforce participation) in order to improve individual, family, and population-level outcomes.

FINANCING

From its inception, it was important to CCC not to chase dollars but to conceptualize programs based on identified need and then search for funding to maintain program integrity.

CCC's early funding came from the federal Substance Abuse and Mental Health Services Administration's Linking Actions for Unmet Needs in Children's Health five-year grant. CCC had conceptualized its Bridging Model, and the funding allowed them to bring it to reality.

To date, CCC's funding has been a mix of foundation dollars and grants, state and federal grants, and state contracts. Its core, ongoing mission is to provide learning opportunities (training and technical assistance) for its partners as well as flexible funds for new and existing programs that resolve financial barriers for client families as they work toward success.

With uncertain funding, CCC remains nimble to create opportunities based on identified community needs. CCC secures funding, incubates new programs, plans for sustainability, and then, ultimately, moves successful, ongoing programs to a host organization. CCC plans for its own sustainability by remaining extremely lean and responsive.

"No one is coming from away to fix this for us," says Redding. "There is not going to be an economic boom by some multinational company coming to town that's going to save us all. CCC has always worked hard to find funding to make sure that our partners can come to trainings at no cost or at very, very, very, minimal cost."

GOVERNANCE

CCC is strategically not an independent 501(c)(3) but has a local fiscal sponsor. Further, CCC does not have a board of directors and maintains a lean operation. CCC serves as a convener, hosting monthly meetings for direct service-level providers (front-line workers, like case managers, therapists, home visitors, public health nurses, and child welfare workers), as well as a separate convening for agency and area directors and CEOs. These ongoing meetings of stakeholders informally serve as an advisory council where priority areas are identified in a grassroots way. Focus groups, with consumer voices, occur at the beginning of new projects and continually for quality improvement.

"This is how programs present themselves. It is really about listening for the challenges and then saying, 'OK, who do we have for experts around the table?'" explains Redding. "We see what our partners have an appetite for, and then we do a lot of the backbone legwork in convening folks, bringing in experts, bringing in training opportunities, and often establishing subcommittees or special work groups to vet and think about some ideas."

INSIGHTS FROM THE COLLABORATIVE

Given the regional history of distrust and failed collaborative efforts, Redding credits time in the room together as crucial to building genuine and authentic relationships.

"CCC provides the platform for convening," says Redding. "We set this table and we invite folks to come to the table, but the degree to which they are able to show up at that table is really up to them. They are more apt to have conversations with their neighbors at that table. They're more apt to develop true relationships, true friendships even. That level of trust and communication is built and then strengthened and reinforced."



CCC also believes common language is needed to ensure similar knowledge content and shared values across the sectors. Being trauma-informed, poverty-informed, substance use-informed, and culturally competent is relevant for working with the population and is the foundation for working together across organizations.

INSIGHTS FOR ALIGNING

- CCC arose out of a sense of urgency related to the opioid crisis's impact on at-risk infants.
- CCC provides internal capacity for the multisector effort, including backbone support, leadership, flex funds, and skills training.
- Through its annual Vision Day, CCC incorporates the insights of community stakeholders to create a common purpose that supersedes any one organization's purpose.
- Trust building, through time spent together, is identified as a key ingredient to success.

ALIGNING IN ACTION

The Washington County Nurse Bridging Program was designed by the CCC to support families who have infants or young children with multiple needs (medical or developmental) or women with high-risk pregnancies, including those who are substance-affected. The program is delivered by trained infant and family support specialists (registered nurses) who are staff members of CCC partner agencies.

The program offers:

- Support, education, and advocacy related to services
- Wraparound planning emphasizing family-driven, strengths-based supports
- Development of individualized plans with a family team
- Access to home visiting programs, nursing supports, occupational therapy, speech therapy, physical therapy, assessment, developmental therapy, family support services, and parent education
- Identification of natural supports to help the family and child achieve their goals

Additionally, the specialists may visit and support the parents and child while they are in the hospital, accompany parents to meetings with doctors or other direct service providers, and helping the child and family navigate across multiple systems to improve outcomes.

Services continue for as long as they are needed, and referrals can be made by local providers, parents, or CCC partner agencies.

The model, a promising practice nationally, has been identified by the state of Maine for statewide replicability to support babies born with neonatal abstinence syndrome who can be delivered by health and home visiting professionals trained through the CCC's curriculum.

Several of the CCC's collaboratively incubated programs, including Nurse Bridging, have been identified by the state of Maine as having potential for statewide replication for their strong early childhood, health, and family economic stability results.

ALIGNING SYSTEMS FOR HEALTH

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