Case Study of a Collaborative Approach to Improving Community-Based Services for People with Low Income

Community Caring Collaborative

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Lead entity:

Community Caring Collaborative

Service area:

Washington County, Maine

Setting:

Rural

Focus population:

Community organizations serving low-income people in Washington County as well as individual community members

Number of participants:

45 community organizations in 2020

Initial year of operation:

2007

Introduction

The Community Caring Collaborative (CCC) is the backbone organization of a network of community organizations and individuals focused on improving the lives of people and families with low income in Washington County, Maine. The mission of the CCC is to nurture and sustain collaboration that expands resources and increases hope, health, and well-being for people in Washington County, Maine. The CCC supports its partners through four main services: (1) convening groups of community service providers or members to build trusting relationships, collaborate, and share information; (2) incubating programs to address emerging community needs; (3) providing training and technical assistance (TA) to partner staff on poverty, trauma, substance use, cultural competency, other requested topics, and how to implement CCC-incubated programs with fidelity; and (4) operating core programs that support multiple partners, such as programs that remove financial barriers for partners' participants or cross-sector initiatives.

This case study includes the following sections: Where the CCC Operates and its Context; Who the CCC Serves; What Services the CCC Provides; How the CCC is Organized and Funded; How the CCC Assesses its Performance; and Promising Practices and Remaining Challenges. It concludes with a spotlight section on Family Futures Downeast, a two-generation program designed by the CCC and its partners.

About this report

This case study (OPRE Report # 2021-71) is part of a series of nine comprehensive case studies that showcase innovative approaches for supporting the employment of low-income individuals and families, including Temporary Assistance for Needy Families recipients. Each case study highlights key components of implementation, including their linkages to wraparound supports, to expand the knowledge base of these programs. The programs featured in the series represent a diverse range of service strategies, geographies and community contexts, focus populations, and service environments. The case studies are sponsored by the Office of Planning, Research, and Evaluation in collaboration with the Office of Family Assistance, both within the Administration for Children and Families in the U.S. Department of Health and Human Services.

Where the CCC operates and its context

The CCC serves all of Washington County, a rural county in eastern Maine that borders Canada and the Atlantic Ocean. The county has two population centers in the town of Machias and the city of Calais. The majority of the county population is white, while about 7 percent are Native American and about 2 percent are Hispanic (U.S. Census Bureau 2018). The largest industries in the county include (1) health care and social services; (2) education, including two postsecondary institutions (one in Machias and one in Calais) as well as area K-12 public schools; (3) commercial fishing, including lobstering; and (4) agriculture, including hardwood pulp and wild blueberry harvesting.

According to CCC and partner staff, the county is one of the most economically distressed in Maine, with high rates of substance use disorder, particularly related to opioid misuse. At the time of the site visit in February 2020, the unemployment rate in Washington County was 7.7 percent, the highest of any county in Maine that month (U.S. Bureau of Labor Statistics 2020a).[1] In addition, the county has an aging population, which has led to shortages in the labor supply. The individual poverty rate in 2017 was 18.2 percent, while the state average was 12.9 percent (U.S. Census Bureau 2018). Washington County had one of the highest rates of drug overdose deaths in the state in 2017, with the vast majority of overdose deaths caused by opioids (Sorg 2018).

Staff from the CCC and partner organizations noted that there were limited employment services available in the county to support job seekers. Those services that do exist tend to focus on trade certifications, such as courses for commercial drivers,

Economic snapshot of Washington County, Maine

Total population (2018):[a]
31,694

Median household income (2018):[b]
$41,384

Percentage of individuals below the poverty level (2018):[b]
18.5%

Unemployment rate (2019):[c]
4.6%

Sources: [a] U.S. Census Bureau (2019a); [b] U.S. Census Bureau (2019b); [c] U.S. Bureau of Labor Statistics (2020b).

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[1] Unemployment data presented here do not reflect shifts in the local economy that have occurred since the onset of the COVID-19 pandemic. See box on page 15 for information about how the CCC responded to the pandemic.

Poverty and family composition in Washington County, Maine (2018)

Number of families with children:[a] 2,898

Number of female headed households with children:[a] 842

Percentage of families with children living in poverty:[b] 21%

Percentage of families with children under 5 years old living in poverty:[b] 25%

Percentage of female headed households with children living in poverty:[b] 49%

Sources: [a] U.S. Census Bureau (2019a); [b] U.S. Census Bureau (2019b).

welding, and mechanical trades. Some training programs are also available for jobs in health care and other human services professions, such as certified nursing assistant programs; however, those jobs may not pay a living wage. Transportation, child care, housing, and mental health services were the primary wraparound service needs in the community, according to CCC and partner staff.

The needs of the Washington County community fueled the creation of the CCC. The CCC was founded in 2007 to respond to the effects of substance use, poverty, and trauma in Washington County. Its goal was to build relationships among organizations that had not worked together previously but were serving the same population of families.

The CCC's work has generated state and national interest. In its first year, the CCC received its first grant from a regional foundation to support its staff and build the organization's capacity. In 2008, the CCC was awarded a five-year federal Linking Actions for Unmet Needs in Children's Health (LAUNCH) grant from the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services (HHS). The LAUNCH grant supported the development of the CCC's core services: establishing convening groups of community partners and members, designing and implementing the CCC's first incubated and core programs, and developing community training opportunities. To manage the fiscal aspects of these early grants, the CCC engaged a large, local nonprofit as a fiscal sponsor, a relationship that continues today.

Since receiving the LAUNCH grant, the CCC has continued to receive federal support and attention. For example, in 2015, the CCC was selected to participate in the Rural Integration Models for Parents and Children to Thrive (Rural IMPACT) demonstration project by HHS and the White House Rural Council (Landey et al. 2016). The Rural IMPACT demonstration provided intensive TA to the CCC to continue the incubation of a two-generation program called Family Futures Downeast (FFD), including TA on how to effectively engage state funding partners. Since FFD launched in 2016, the CCC has provided TA to other organizations and federal and state policymakers on how to incubate programs (a process for creating sustainable programs in response to community needs), based on its experience with FFD and programs created under LAUNCH.

Who the CCC serves

The CCC supports about 45 nonprofit and state government organizations from multiple service areas, including early childhood education, public health, social services, child welfare, workforce, and postsecondary education (Table 1). To be part of the CCC's network, organizations must serve individuals or families in Washington County. However, they do not have to meet any membership requirements or participate in the CCC services in any set way. The CCC also supports individual community members, such as those with low incomes, by organizing meetings in which community members can connect with and learn from one another.

New partners engage with the CCC through convenings, trainings, or word of mouth. Partner organizations and community members typically begin engaging with the CCC through its "convenings," which are periodic meetings hosted by the CCC to improve community services. Organizations or new staff at existing partner agencies typically find out about convenings through word of mouth. Some partners start engaging with the CCC through its trainings, which are advertised publicly throughout the county and can be requested via the CCC's website. Community members may be invited to a CCC convening for low-income women or attend a CCC-sponsored, community-wide convening for partner organizations and individuals. CCC staff also attend community events, such as local resource fairs or partner agency meetings, where they may engage organizations or community members.

Table 1. CCC partners by service area

Service area	Number of partners
Health and mental health	15
Education and job training	8
Multiservice	6
Early childhood education and child welfare	4
Basic needs and food insecurity	2
Individuals with disabilities	2
Legal aid	2
Local government or tribe	2
Religion	2
Local conservation	1
Domestic violence	1

Source: Case study team analysis of the CCC partner list (Community Caring Collaborative 2020).

The CCC's partners have evolved over time. The partners that engage with the CCC have changed over time as the CCC has expanded into new priority areas or incubated new programs to serve emerging community needs. For example, when the CCC began in 2007, it focused on addressing the needs of parents and children affected by substance use disorder and started incubating its first program to provide wraparound supports to families of medically fragile infants who were affected by substance use at birth. At that time, its partners were primarily in the fields of early childhood education, public health, social services, and child welfare. Over time, the CCC identified an emerging need for a program focused on substance use recovery and employment for adults. Since then, the CCC has expanded to include new partnerships with workforce agencies and employers. CCC staff noted that they effectively created these new partnerships by leveraging their existing collaborative partners to connect with employers and other business partners; by expanding their partnerships to agencies that directly interact with employers, such as the local chamber of commerce; and by reaching out to employers (for example, through a direct mailing campaign) to introduce the CCC and the trainings it provides.

Because the CCC has no requirements for how partners or community members engage with CCC services, the number of partners or individuals it serves varies by activity and changes over time. Partner

staff invited to its convenings range from nine partner organization leaders who may participate in a small group focused on incubating programs to hundreds of frontline partner staff who receive the CCC's weekly newsletter and may attend a regular convening for frontline staff. For trainings, the CCC trained a total of 1,300 partner staff in 2019 on the CCC's core values (see page 11 for more information on the CCC's core values). The number of individuals or families served in CCC-incubated and core programs vary by program. For example, 40 to 50 families are served annually in FFD, while about 80 families are served annually through the Hope Fund, a CCC core program that provides flexible funds for removing financial barriers for low-income community members who are served through CCC's partner organizations.
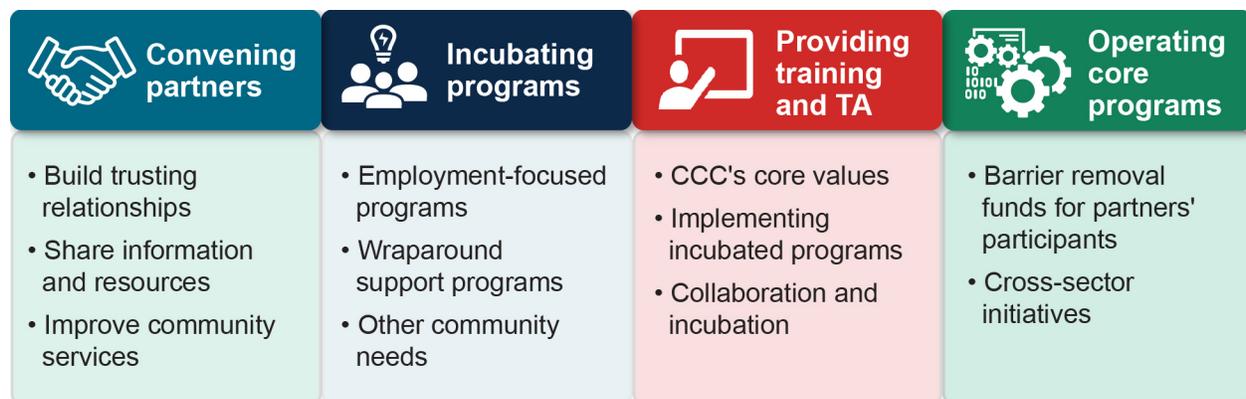
Key program practices

- Building collaboration across diverse organizations
- Designing and implementing participant-centered programs
- Building the capacity of partner organizations
- Providing flexible funding for barrier removal

What services the CCC provides

The CCC provides four main services to its partners: (1) convening groups of partners or community members, (2) incubating programs, (3) providing training and TA, and (4) operating core programs (Figure 1).

Figure 1. CCC services

Convening partners	Incubating programs	Providing training and TA	Operating core programs
• Build trusting relationships • Share information and resources • Improve community services	• Employment-focused programs • Wraparound support programs • Other community needs	• CCC's core values • Implementing incubated programs • Collaboration and incubation	• Barrier removal funds for partners' participants • Cross-sector initiatives

Source: Information provided to the case study team by CCC staff and partners.

Convenings for partners and community members

The CCC hosts convenings of partner organizations or community members to build trusting relationships, foster collaboration, and share information and resources. The ultimate goal of all the convenings is to improve community services to low-income families and individuals in Washington County.

The CCC hosts multiple types of convenings for different groups. Different convenings are targeted to different groups, including frontline staff from partner organizations, partner organization leaders, and community members (Table 2). For example regular convenings for partners' frontline staff include Work

Group and Poverty Busters and convenings for partners' leaders include the CCC Council and Poverty Core. In addition to these regular convenings, the CCC hosts ad hoc convenings as needed to respond to emerging issues. For example, the CCC hosted small convenings for community members to respond to a shooting in the county in early 2020.

Table 2. Regular CCC-hosted convenings

Convening	Meeting frequency	Membership	Purpose
Work Group & Poverty Busters	Monthly	Open to frontline staff from partner organizations and community members living in poverty	• Share information and resources across organizations • Build trust among frontline staff at different organizations • Address the county's poverty issues • Increase poverty awareness in the community
CCC Council (C4)	Monthly	Invited partner organization leaders	• Share information and build trust among partner organization leaders • Advise the CCC about decisions affecting multiple partners, such as funding opportunities
Poverty Core	Monthly	Invited partner organization leaders from nine partner agencies	• Improve economic security for all community members • Provide input about developing and incubating programs
Visioning Day	Every 1–2 years	Partner frontline staff and leadership; community members, including members of county tribal reservations	• Envision a different future for Washington County • Typically focused on an emerging community need and incubating a program in response
Neighbor Group	Biweekly	Low-income women living in Machias	• Share information and resources with one another • Provide input to the CCC about developing and incubating programs

Source: Information provided to the case study team by CCC staff and partners.

The CCC developed strategies to support convenings. CCC and partner staff described several strategies used in the convenings that they felt contributed to effective collaboration across the partner organizations. CCC staff noted that holding convenings in person, with face-to-face communication, was particularly valuable for direct collaboration across organizations. For example, one CCC staff member noted that it was valuable for service providers to communicate directly with each other, particularly when service offerings changed or a partner was no longer able to provide a service—because "some people need to hear that from the provider." However, in-person attendance can be a challenge, particularly for frontline staff who attend the Work Group meetings. These staff may work in different areas of the county that are far from the CCC office in Machias. To address this challenge, the CCC began providing the option to attend meetings by video conference when transportation is difficult. To facilitate community member attendance at Neighbor Group, the CCC provides gas cards, child care, and

Building collaboration across diverse organizations

The CCC strives to create a collaborative atmosphere in its partner convenings by involving partners in setting the agendas; encouraging partners to share their needs and vulnerabilities, as well as successes; using nondirective facilitation techniques to build trust and openness; providing food at meetings; sharing the CCC's own needs and vulnerabilities; and documenting and disseminating what occurs in meetings.

a meal. For Work Group and CCC Council (C4) meetings, CCC staff take minutes and provide follow-up information on the resources discussed in the meetings. The CCC shares notes with the entire distribution list so that people who are unable to attend a meeting receive the information and continue to feel connected to the group.

According to CCC and partner staff, the CCC is particularly effective at creating a welcoming, trusting atmosphere in which partners can be vulnerable and share difficult information, such as when a partner is no longer able to offer a service to the community. To create this atmosphere, CCC staff provide food at meetings; craft intentional, relevant agendas with partner input; take time to celebrate partners' successes; share the CCC's own vulnerabilities and challenges, such as losing a proposal for funding; and facilitate meetings in a way that keeps the conversation going but is not directive. One CCC staff member referred to this as "gentle facilitation." Work Group and C4 meetings each start with a section on the agenda called "Needs and Offers," during which partners share something they or their organization needs or can offer to other organizations. In Work Group meetings, this section tends to focus on specific participant needs, while in C4 meetings this section is about larger organizational needs. Partner staff noted that the trusting atmosphere created in convenings often extends beyond the meeting itself. They feel comfortable reaching out to each other directly because of the relationships they have established in the CCC's convenings.

Incubating programs

To respond to emerging community needs, the CCC incubates one to three programs at a time. The program incubation period has ranged from two years to more than six years. Since its inception, the CCC has incubated five programs, including two programs focused on employment: (1) FFD (see spotlight section at the end of the case study) and (2) the Recovery and Employment program. The other three programs focus on wraparound supports for community members, including support for families with medically fragile infants, expert consultation for early childhood education providers, and mentorships for community members. At a Visioning Day in 2016, the CCC identified a need to address child care and early childhood education barriers in the community; at its most recent Visioning Day in 2019, the CCC started the process of identifying potential solutions.

The CCC follows a four-step process to incubate new programs. The CCC works with partners and community members to: (1) identify needs and potential solutions; (2) design a program that assembles key partners to address those needs with significant community stakeholder input; (3) oversee the program and its finances through an initial implementation phase, often with a partner or multiple partners operating the program; and (4) eventually hand off management of the program and its finances to a partner organization.

1. **Identify needs and potential solutions.** The process of incubating a program starts with identifying an emerging community need. The CCC identifies emerging needs by engaging with the community, such as through surveys and focus groups with community members, regular Visioning Days and partner meetings, as well as by examining local community data. Through community engagement, the CCC also gathers potential solutions that would be meaningful for community members.

2. **Design a program to address the needs.** The CCC uses these suggestions, along with local and national data and information on evidence-based best practices, to work collaboratively with partners to settle on a solution to address the identified needs. A major focus of the work with partners is to identify local organizations already working to address the need. To avoid duplication of services and leverage resources, the CCC helps bring partners together to build on existing services, rather than developing a program from scratch. After settling on a potential programmatic solution, the CCC formalizes the program design in collaboration with partners and community members. CCC staff work with partners and incorporate research and evidence-based practices to specify the program services, including details about the focus population, service model or curriculum, and dosage; the organizations that will implement the program; the program staffing structure; and details of the program implementation, including logic models, training protocols, and performance measures. CCC staff incorporate all of these program details into a narrative description of the program, which the CCC can share with potential funders. CCC staff also develop a detailed program budget and identify and secure initial funding sources.

3. **Oversee the program and its finances through an initial implementation phase.** Once initial funding for the program has been obtained, the CCC works with its partners to start to implement the program. Initial funding is typically provided by foundations. The CCC and its implementing partners use the initial implementation phase to improve on program services and implementation. In all cases except FFD, the CCC manages the program's finances and administration throughout the initial implementation phase, in collaboration with the program's implementing partners (See the FFD spotlight section for information of FFD's finances and administration). In many cases, the CCC continues to search for long-term, sustainable funding sources during this phase, typically by engaging with state or federal partners about the program design and initial results. The length of time of the initial implementation phase can vary significantly based on how long it takes to identify sustainable funding. For existing programs, it has ranged from a few years to over six years.

CCC-incubated programs

- **Early Childhood Consultation and Outreach** provides expert consultation to early childhood education providers and families

- **Family Futures Downeast** provides education and workforce services to low-income adults and early childhood education to their children (younger than age 8)

- The **Connection Initiative** (formerly called the Mentor/Neighbor Program) connects community members to resources and volunteer mentors

- **Nurse Bridging** provides wraparound supports to families of medically fragile infants

- The **Recovery and Employment Program** connects community members in recovery from substance use to employment opportunities and recovery supports and trains employers on recovery resources

4. **Hand off to program partners and provide continued support.** After the CCC and its partners have secured sustainable funding for the program, the CCC hands off program operations to the implementing partners. Typically, one of the implementing partners will take over the program's financial administration, which the CCC refers to as the program's institutional home. After the program is transferred to its ultimate institutional home, the CCC continues to provide training and TA to ensure that the program continues operating with fidelity to its model.

Incubated program example: Recovery and Employment

In 2016, the CCC and its partners in the Poverty Core group identified a need for a program that emphasized recovery and employment for community members with substance use disorders. This program would address two community issues: (1) continued high rates of substance use disorders in the county and (2) labor market shortages that could be filled with individuals in recovery. In 2018, the CCC secured foundation funding to hire a staff person to develop the Recovery and Employment program. To refine the CCC's understanding of community needs and potential solutions, this staff person conducted (1) surveys of community members and employers; (2) group visioning meetings with community members who were either impacted by substance use disorder or in recovery and with family members of someone with a substance use disorder; and (3) one-on-one meetings with local employers. CCC staff reported that common community member needs included access to transportation, assistance with child care, and support for community members to advocate for themselves with employers. Common employer needs included training and education about available substance use disorder resources, risk and liability, and supporting employees' treatment needs.

CCC staff compiled findings from community input, researched national best practices on topics such as overdose response, and incorporated lessons from other CCC-incubated programs to identify possible strategies that could become the Recovery and Employment program. As of the site visit in February 2020, the CCC was working with partners in the Poverty Core group to narrow the focus population and possible strategies for the Recovery and Employment program and to identify potential implementing partner organizations. The CCC had started providing direct training to employers and other partners on substance use disorders, how to engage with employees impacted by substance use disorders, the available local resources, and how to reduce risk and liability. The CCC had also started a pilot transportation program for individuals impacted by substance use disorder.

Incubating programs has resulted in successes and challenges. According to CCC and partner staff, the CCC's work to incubate programs adds to the partners' capacity to design and implement new programs that meet the community's needs. Partner staff said that the CCC helps build strong partnerships in which partners can trust each other and offer resources for a new program without feeling like they are competing for funding or other resources. CCC staff draft the program's design, including the role of various partners, before reaching out to potential funders, which helps ensure that the incubated program is responding to the community's needs, not the funders' priorities. According to one CCC staff member, partners do not often have the capacity to draft design plans, develop implementation tools, or identify relevant

CCC's connection to TANF

The CCC helps secure sustainable funding sources for incubated programs. Sustainable sources often include state programs, such as TANF.

> **Designing and implementing participant-centered programs**
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> The CCC involves participants in all aspects of program incubation by (1) gathering information about participants' needs and program ideas through convenings, focus groups, and surveys; (2) eliciting feedback on program design during convenings; and (3) involving participants in ongoing implementation decisions, for example through inclusion in governing boards.

partners. "The partners can't do that; they are doing the work," she said. "We are helping them align their work with other partners around a new issue."

According to CCC staff, no limits are placed on brainstorming about solutions and potential program models, which allows partners and community members to dream big and develop programs that uniquely address the needs of Washington County, without feeling limited by funding or working toward a set end product. Community members may raise issues in focus groups or Visioning Days that were not immediately apparent to the CCC and its partners—such as transportation and child care being critical to include in the FFD program—which are then incorporated into the program design. The CCC can draw on its wide base of partners with expertise in the identified needs to help meet those needs—for example, including a local Head Start provider in the design and implementation of FFD to address child care needs.

CCC and partner staff noted that the CCC values participant input in the planning, design, and implementation of incubated programs. Community members and potential program participants contribute to the CCC's determination of community needs and solutions during Visioning Days and other convenings, as well as through focus groups and surveys. The CCC has also collected feedback on emerging program design during Visioning Days. Once programs are operational, participants continue to play a role. For example, the FFD advisory board includes four program participants as voting members. Because each participant has one vote while each of the six implementing organizations also has one vote, participants make up 40 percent of the voting members and thus have a large influence on program decisions.

According to CCC and partner staff, CCC's program incubation model faces several challenges:

- **Garnering support and funding is easier for some programs than others**. For example, one CCC staff person noted that the Recovery and Employment program was a "harder sell" than other incubated programs such as FFD. In Washington County, there is more reluctance to help individuals in recovery than there is to support education for low-income mothers and their children.

- **Designing new programs is time and resource intensive.** Both CCC and partner staff acknowledged the significant amount of time and resources that goes into designing a new program. CCC and partner staff can spend years working behind-the-scenes to design a program, resolve thorny implementation issues, and identify sources of funding—so progress can feel slow or halting. According to one partner staff member, program design can feel like "working in the wilderness."

- **Sharing data across organizations is complicated.** Because the CCC seeks to bring together partners to implement new programs, there can be challenges with data and information sharing across organizations. In the FFD program, participants are required to sign a "stack of releases" for information to be shared across the six implementing organizations, according to one partner staff member. Other programs are still working to address this challenge.

Training and TA provided to partners and other organizations

The CCC provides three types of training and TA: (1) training for partner staff on its core values and other topics requested by partners, (2) training and TA to partner staff who operate CCC-incubated programs to ensure that the programs continue to operate with fidelity to the program design, and (3) training and TA to interested partners and policymakers about how to effectively collaborate and incubate programs.

Training on CCC core values and additional topics is provided to partner staff. CCC staff set an annual training agenda for partner staff, which includes training on the CCC's core values and additional topics based on partner needs. The CCC's core values trainings include how to be (1) poverty-informed, (2) trauma-informed, (3) substance use–informed, and (4) culturally competent. Additional training topics are identified in response to the needs discussed in CCC convenings, evaluations distributed after each training that ask about further training needs, and ad hoc requests received through a training request form on the CCC website. The CCC works with partners to provide tailored training to staff.

> **Building the capacity of partner organizations**
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> The CCC provides free training and TA to partner organizations on (1) CCC's core values—that is, being informed about poverty, trauma, and substance use, and being culturally competent—and additional topics based on partners' needs and (2) operating incubated programs with fidelity. It also provides training and TA to other organizations on collaboration and program incubation.

1. **Identify need and provider.** When CCC staff receive a training request or identify a need, they first try to identify an existing training or a partner with expertise in the topic. If there is no existing training, CCC staff will develop the training themselves or hire a local or national consultant with expertise in the topic. For example, the CCC's core values training on cultural competency is typically delivered by a local consultant who is a Passamaquoddy tribal member. This consultant recently developed and delivered an additional training on transgender and two-spirit identity in the Native American culture, in response to partner requests. Other recent additional training topics have included reflective supervision, self-regulation, and results-based accountability. CCC staff deliver training topics within their area of expertise. For example, the substance use response coordinator provides training on substance use disorders and the clinical director provides clinical information on poverty and trauma.

2. **Develop training format and content.** Training format and content are tailored to the audience receiving the training. Trainings are typically delivered in person in order to build a trusting environment for attendees. When possible, the CCC delivers training to multiple partners at once, which supports collaboration among the partner organizations. Partner staff are asked to complete a training evaluation immediately after each training and sometimes three months later, to measure whether knowledge gained in training persisted. The CCC compiles and reviews evaluations to improve future trainings and identify training needs. Trainings are generally free for partners, though some partners may offer or be asked to pay for the training costs. If a partner offers to pay, the CCC will work within the partner's budget to cover training expenses, such as staff time, travel, food, and training materials. The CCC might also ask that a partner pay for a requested training if the training involves significant staff time, long distance travel, a weekend commitment, or catering. For all

trainings, the CCC offers participants training certificate hours and frequently provides Continuing Education Units.

Training and TA on incubated programs is provided to partner staff. The training and TA that the CCC provides for partners implementing CCC-incubated programs is typically determined during the program design phase and is formalized through a memorandum of understanding or a contract with funding partners. Training may include information about the CCC's core values that is tailored to the incubated program, or other implementation topics.

Training and TA on collaboration and program incubation is provided to other organizations. In addition to training for local partners, CCC staff have provided training and TA to other organizations on how to incubate programs and effectively collaborate based on the CCC experience. CCC staff have given presentations about how they developed programs such as FFD (an incubated program) and the Hope Fund (a core program). They have also provided training on collaboration—which focused on how to effectively cultivate relationships—and on how to develop place-based initiatives. Finally, CCC staff have shared their experiences with state and national policymakers and provided advice on legislative language about emerging issues, such as substance use policy or expanding CCC programs into statewide pilots.

Partner staff have generally perceived the benefits of training and TA. According to partner staff, trainings provided by the CCC are highly valued. Partners particularly value the effort that CCC staff put into tailoring their trainings to each partner's experience, capacity, and needs. The CCC seeks to build on the existing capacity of its partner agencies; CCC staff explained their role as "helping the helpers." One ongoing challenge expressed by CCC staff is finding ways to train educators, employers, and others who are unavailable to attend trainings during the day. Offering trainings in the evening has not proven effective and CCC staff suspect it may be difficult for these partners to attend an event after a full day of work. The CCC intends to leverage technology to help address this challenge.

Core programs and barrier removal funds

The CCC operates core programs in house that benefit the participants of multiple partner organizations. Core programs primarily provide flexible funds to address barriers for participants of partner organizations that are not addressed through other funding streams.

The CCC operates two funds to remove barriers for participants of partner organizations. The two primary in-house programs are the Dream Fund and the Hope Fund, both of which provide financial assistance to the participants of partner organizations who are experiencing financial barriers.

- The Dream Fund funds a "dream," such as attending summer camp, for children ages 5 to 18 whose families otherwise could not afford it.

- The Hope Fund provides financial assistance to families with children from prenatal to age 8 that have a financial barrier that threatens the family's stability, such as car repairs, security deposits, replacement furniture or home appliances, and medical bills.

The CCC helps secure barrier removal funds in incubated programs. All programs that the CCC incubates also have some flexible funds that are either administered by the program's ultimate institutional home or by the CCC on behalf of the program. Flexible funding tends to come from foundations or private donors that understand the value of these funds, rather than state or federal contracts that can be more rigid about acceptable funding uses.

Core program example: The Hope Fund

Started in 2012, the Hope Fund serves Washington County families expecting a child or with children from infants to age 8 that have a financial barrier that threatens the family's stability. The fund provides financial assistance of up to $1,000 per family per year for one-time expenses such as car repairs, security deposits, replacement furniture or home appliances, and dental or medical bills. The fund is considered a last resort because it only covers expenses not covered by another partner or funding source. Eligible families must be receiving services through a CCC partner and apply to the fund through that partner. A committee of CCC staff and partner organization representatives approves the applications. The fund opens for applications three times per year and processes applications on a first-come, first-served basis until that trimester's funding is distributed, at which point the fund closes until the start of the next trimester. The fund is typically financed by private donations. About 80 participants receive assistance each year; most funds cover transportation or housing expenses.

The key benefit of the core programs is their flexibility. CCC and partner staff noted that flexibility is a key component of the CCC's core barrier removal programs. The Hope Fund and the Dream Fund both cover expenses that are not covered by other programs. Further, CCC staff noted that flexibility is needed to address the unique circumstances that families encounter. For example, although the Hope Fund is typically capped at $1,000 per participant per year, the fund's committee is able to approve applications for expenses that are slightly over the cap. The committee is also able to take an expansive view of what can reasonably be expected to contribute to a family's stability. For example, one CCC staff member shared the story of an application that was approved to buy a dishwasher for a mother of five children who had a skin condition. The dishwasher saved her the pain that washing dishes by hand was causing her. CCC staff noted that it took time and effort to develop relationships with funding partners that see the importance of flexible funding for barrier removal. The CCC is now seen as an expert in securing and administering this type of flexible funding. It helps secure flexible funding for incubated programs, as well as its core barrier removal programs.

How the CCC is organized and funded

The CCC is a small, independent organization that relies on a fiscal sponsor to manage its payroll, human resources, and other administrative functions. At the time of the site visit, the CCC had five full-time staff and engaged consultants as needed to supplement its staff expertise. The CCC has been funded primarily by local and regional foundations, with some additional funding from the state government, subcontracts to support incubated programs operated by other institutional homes, individual donations, and earned income from training and TA.

Organizational structure

Since its founding, the CCC has had a fiscal sponsor, which has minimized its administrative burden. CCC staff are technically employees of the fiscal sponsor and follow its policies with regards to human resources and other employment-related issues, such as conducting background checks of new employees. The fiscal sponsor handles the CCC's financial auditing and financial transactions, such as payroll, rental payments for the CCC's office space, and receiving deposits from funders. In return, the fiscal sponsor receives a 6 percent fee on all transactions.

Other than financial and human resource policies, the CCC makes all other organizational decisions independently from its fiscal sponsor. The CCC director is responsible for raising funds for CCC activities; managing how funds are spent; and hiring, managing, and firing CCC staff. To help with decisions about CCC operations and issues that affect the CCC's partners, the CCC engages its partners' leaders, rather than having its own board of directors. It primarily does this through the C4 and Poverty Core groups. The C4 group advises the CCC about decisions affecting multiple partners, such as funding opportunities, while the Poverty Core group provides input about program incubation. The director of the CCC's fiscal sponsor also is part of both advisory groups in his role as the director of a large social services agency in the community.

According to CCC and partner staff, the fiscal sponsor structure has been largely successful. They reported that the CCC and the fiscal sponsor have developed a trusting relationship and have resolved complex financial issues together. Staff also identified a few challenges with this structure, including difficulties building an endowment for the CCC and the lack of formal oversight of the CCC director.

Program staffing

The five full-time staff include a director, who oversees the CCC and its funding; a clinical director, who oversees CCC's clinical contributions to trainings and core and incubated programming and directs the Early Childhood Consultation and Outreach program; a substance use response coordinator, who is primarily responsible for developing the Recovery and Employment program and offers clinical substance use disorder expertise for CCC trainings, programs, and for partners; a finance and barrier removal coordinator, who manages the CCC's two core barrier removal programs and assists the fiscal sponsor with CCC finances; and a communication and training coordinator, who manages communication about the convenings, handles requests for trainings, and oversees a core program focused on helping seniors age in place. The CCC engages consultants as needed to conduct trainings, convenings, or operational projects that support the CCC. According to CCC staff, program decisions are made collaboratively among the staff members, with input from partners. Staff described communication and decision making as transparent and based on consensus.

Flexible staff roles

Staff reported that their roles are flexible. There are typically no limits placed on the work they can do to help partners or community members. Staff noted that they do not have to worry about funding constraints, only what their partners need.

Except for the CCC's finance and barrier removal coordinator, who works in the fiscal sponsor's office, all CCC staff work from home and in the community. The CCC's office space is used for convenings or trainings. Because most staff work from home, they communicate through video conferencing software. Staff noted that working from home is not for everyone. In fact, the ability to work from home is a quality that the CCC assesses when hiring new staff.

How the CCC adapted during the COVID-19 pandemic

Although Washington County experienced only 9.6 COVID-19 cases per 100,000 residents as of July 2020, compared to the national average of 821 cases per 100,000 residents, several large industries in the county, particularly commercial fishing and hospitality, were negatively impacted by downturn in demand.[a, b] By April 2020, the unemployment rate was 11.0 percent, although it began to rebound in the following months, dropping to 5.9 percent in June 2020.[c] To respond to the needs of partner organizations and community members and follow state public health orders, the CCC did the following:

- **Transitioned to virtual services for convenings, trainings, and incubated programs.** The CCC shifted to using the Zoom video conference platform for all convenings and trainings. The CCC has found video conferencing with partner organizations to be effective and efficient, and even plans to continue virtual or a hybrid of virtual and in-person convenings and trainings with partners after the pandemic. To continue convenings of community members with low income, the CCC provided socially distant training on using the Zoom platform. It does not plan to continue with virtual convenings of community members after the pandemic, as participants have expressed a desire to return to in-person meetings when possible.

- **Provided direct relief to community members.** The CCC created a new COVID-19 impact fund with donations from foundations and partners to provide financial assistance to community members. Leveraging its experience providing financial assistance through the Hope Fund, the CCC is using the same processes to administer the COVID-19 impact fund. The fund is supporting (1) the basic needs of families with children (prenatal to 18 years old) that are working with a CCC partner, such as food, utility bills, and rent; and (2) the needs of essential workers, such as for child care or temporary lodging. As of July 2020, the fund had served almost 100 families.

- **Adjusted incubating programs.** The CCC adjusted its plans for incubating programs to respond to current circumstances. Planning for the Mentor/Neighbor Program was accelerated by the pandemic, and the program began to focus on connecting volunteer mentors with people with emergency needs, as opposed to the more general mentoring program that was being incubated at the time of the site visit. It also began supporting a new emergency needs hotline created by the county. The CCC secured additional funding and accelerated plans to hire a new staff person to support the program. The CCC has also changed the focus of the Recovery and Employment program from connecting community members to employment opportunities (which have diminished as a result of the pandemic) to creating a greenhouse social enterprise. Family Futures Downeast, an incubated program that provides postsecondary education and workforce services to adults with low income and early childhood education to their children, transitioned to virtual services to finish the 2019–2020 school year and provided Wi-Fi hot spots to participants to support virtual services. As of July 2020, uncertainty remained about how to deliver services in the 2020–2021 school year, particularly by postsecondary and early childhood education institutions.

- **Supported all staff working from home.** Although most CCC staff worked from home before the pandemic, the CCC leveraged technology so all staff could do so. Using cloud-based file-sharing resources and online project management tools, technology enables staff to facilitate information and document sharing that used to happen in person.

Sources: [a] USA Facts (2020); [b] Johns Hopkins Coronavirus Resource Center (2020); [c] U.S. Bureau of Labor Statistics (2020c).

Program funding

The CCC is primarily funded by grants from local and regional foundations. According to CCC staff, its annual operating budget is $900,000. Smaller sources of funding include government grants and contracts to provide training, subcontracted income to support incubated programs, individual donations and major gifts, and earned income from training and TA.

Staff perspective

"It's a luxury that we are well funded....We get to be innovative because we have the bandwidth to listen to the partners—we have the fluidity, stability, and funding to do that."

The relative size of key funding sources has changed over time, particularly the relative importance of state and federal government funding compared to foundation funding. The CCC started with a small grant from a regional foundation that had previously invested in Washington County to support the founding director's time and help build the CCC's capacity. From 2008 to 2013, the CCC received significant support from the federal government through the LAUNCH grant. Since the LAUNCH grant ended, the CCC has been primarily supported by foundations. Some major foundation relationships started when foundations that focused on Washington County reached out to the CCC. Other relationships started with a foundation supporting one incubated or core program and expanding support from there. For example, one foundation started supporting the CCC with a small grant to the Hope Fund, then expanded its support to the FFD program.

How the CCC assesses its performance

The CCC regularly assesses its performance by collecting and analyzing descriptive data about its services and desired outcomes. It has also conducted one-time descriptive studies of its work and specific core or incubated programs.

CCC staff collect data to track outcomes for each of the four core services that the CCC provides. Staff typically collect information manually and store it in Google Drive or internal Microsoft Word, Access, or Excel databases. The CCC also tracks county-level data on outcomes such as poverty rates, workforce participation, and the number of parental rights terminations. The CCC assesses the data it collects to improve its services, such as by using county-level data to identify emerging needs in the community. It also reports some data to its funding partners. Information collected by the CCC on its services includes:

- For convenings, the CCC tracks attendance at meetings and conducts periodic surveys of partners to capture their experiences in the collaboration.

- For each incubated program, the CCC creates performance measures and measurement tools. Data are typically collected by the partner that is operating the program. The CCC collects and tracks indicators of success, such as whether formal agreements are in place, sustainable funding is secured, and program documents have been written and finalized.

- For training and TA, the CCC tracks requests received; training attendance; and descriptive information about each training, including who provided it, where it occurred, and what topics where covered. The CCC also collects evaluations of each training from training participants and compiles the results.

- For each core program, the CCC creates performance measures and measurement tools. Core program data are collected and tracked by CCC staff.

The CCC has conducted or participated in descriptive studies of its work and of specific programs. As part of its participation in the federal LAUNCH grant, the CCC participated in a local evaluation of its early services, which was published in 2014 (Spence and Buterbaugh 2014). Studies of FFD (see spotlight section at the end of the case study) and the Hope Fund were each completed in 2019 (Family Futures Downeast 2019; Buterbaugh2019). CCC staff reported using the results of these studies to improve their services.

The local LAUNCH evaluation reported positive findings for the CCC's earliest convenings, incubated and core programs, and trainings. This descriptive evaluation included information on the strength of the collaboration built by the CCC in its early convenings, which CCC staff still reference. Through surveys, focus groups, and interviews with collaborative partners, the evaluators reported that the collaborative bodies developed by the CCC were strong and partners and community members found participation in convening groups to be a positive experience (Spence and Buterbaugh 2014).

An internal study of the Hope Fund described how funds have been awarded over the program's eight-year history and documented experiences among Hope Fund recipients and partners. Data from surveys and interviews showed that recipients and partners valued the program and found their participation worthwhile. The study also gathered recommendations to improve the Hope Fund, some of which the CCC has already implemented, including providing a refresher training to partners about the original intent of the Hope Fund, reviewing the policy of providing multiple awards to families, strengthening the communication about updates for pending applications, and spreading the funding throughout the year.

Promising practices and remaining challenges

CCC and partner staff described several promising practices that have contributed to the success of the CCC and that have helped the CCC and its partners improve the services they provide. According to staff, the promising practices to strengthen services in their community include:

- **Building collaboration across diverse organizations.** According to program and partner staff, integrating collaboration into all aspects of its work, especially through its convenings, has helped make the CCC a trusted community leader. Collaboration has built trust across partner organizations, which has helped partners work together to improve community services. The CCC supports collaboration by involving partners in setting convening agendas, using facilitation techniques to build trust and openness, encouraging partners to share their needs and vulnerabilities, documenting and disseminating what occurs in meetings, and including partners' staff in decision making entities, such as advisory boards and funding award committees.

- **Designing and implementing participant-centered programs.** According to staff, incorporating participant input into its incubated and core programs has helped direct program services to the issues community members face and be responsive to emerging needs. Community members and potential program participants contribute to the CCC's determination of community needs and solutions during periodic Visioning Days and through focus groups and surveys. In incubated programs, participants play an ongoing role. For example, the advisory board of the FFD program includes four program participants as voting members.

- **Building the capacity of partner organizations.** The CCC strives to support partner organizations to improve the services they provide to the community, without duplicating efforts. CCC staff build on partners' existing capacity through training and TA and also help partners design new programs to address emerging community needs. In addition, the CCC devotes financial and staff resources to relationship building and promoting innovation among partners and community members.

- **Providing flexible funding for barrier removal.** Flexible funding in core and incubated programs helps ensure that programs can address participant needs. Flexible funding tends to come from foundations that understand the value of these funds, rather than state or federal contracts that can be more rigid about acceptable funding uses. The CCC administers flexible funds for removing barriers through two core programs—the Hope Fund and the Dream Fund—and identifies and maintains flexible funding sources that can serve this purpose in its incubated programs.

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As the CCC continues to support partners and the development of innovative programs to support community members, CCC staff reported two continuing challenges. First, they noted that progress on issues such as poverty, trauma, and substance use is slow and it can be frustrating for staff and partners when indicators in these areas are not moving. Second, staff noted that it is an ongoing challenge to make sure that the CCC's role and added value to partners is clear and that the CCC does not overextend itself by trying to do too much at once. CCC staff noted that they will seek to further define the services that the CCC provides in their next organizational strategic plan.

Spotlight on program incubation: Family Futures Downeast

Family Futures Downeast (FFD) is a two-generation program that provides coaching, education, and workforce services to low-income adults as well as early childhood education to their children who are younger than age 8.

Mission and incubation. In 2011, the CCC and its partners identified the need for a program for parents. At that time, frontline staff from home visiting partner organizations shared in Work Group convenings that their participants were expressing (1) a desire for educational opportunities that would lead to high-paying employment and (2) information about parenting to break the cycles of poverty and child welfare involvement they were experiencing. To further understand parents' needs and identify potential solutions, CCC staff conducted focus groups with parents and frontline staff and conducted a phone survey of parents in 2011. In 2012, the CCC hired a consultant and started a planning committee, both supported by a foundation grant, to oversee development of the program. From 2012 through 2013, the CCC developed the program and drafted implementation documents, drawing on ideas from the planning committee and other partners, external research, and community input from Visioning Days. The CCC began identifying initial funding sources in 2014 and received a federal Rural IMPACT demonstration designation and support from foundations in 2015. In 2015 and 2016, it started hiring program implementation staff and created an advisory board to manage the program. In 2016, the program was transferred to Sunrise County Economic Council, its current institutional home, and FFD launched its first cohort of participants. In 2017, FFD secured sustainable state and federal funding for the program.

Focus population. FFD serves up to 32 low-income adults and their children in two annual cohorts, one at each of the two postsecondary partners (Washington County Community College and the University of Maine at Machias). Eligibility requirements include having income below 200 percent of the federal poverty level; having a high school diploma or equivalent; living in Washington County; having at least one 0-8 year old child (or be pregnant at the time of enrollment); being eligible for enrollment at the University of Maine at Machias or Washington County Community College; and being motivated to increase their education, find employment, and be active in their child's education. While FFD primarily serves mothers, the program is able to serve any primary caregiver, such as fathers, grandparents, or parents with partial custody, as well as expecting parents. Applicants are referred by partner organizations, word of mouth, or direct community outreach by FFD staff. An enrollment staff member screens applicants for eligibility and refers eligible applicants' applications to an advisory board committee that reviews them and selects applicants for conditional acceptance into a cohort. Applicants also must be accepted by one of the two postsecondary partners before they are fully accepted into the FFD cohort. Although FFD has the capacity to serve up to 32 adults, the early childhood education

Core FFD components

- **Education and employment services** to increase self-sufficiency and improve parenting skills
- **Coaching** to support participants' goal setting, barrier removal, and success
- **Early childhood education** to provide child care for parents and educational opportunities for their children
- **Wraparound supports** to improve participants' engagement and well-being
- **Cohort model** to help develop peer support

program has a limited number of slots for infants and toddlers, which can limit the number of families served in the program. The program typically serves 20 to 25 adult participants annually.[2]

Education and employment services. In the summer prior to the first academic year of the program, participants attend a college transition course developed by an adult education provider. They can access tutoring from the provider throughout the program. In the first academic year, participants attend evening courses for only FFD participants twice per week. Courses are taught by faculty at the community college or the university. At both postsecondary institutions, participants are part of a specialized family studies program that includes (1) college-level general education courses contextualized for parents and (2) courses on child and adolescent development, personal and family advocacy, and relevant financial planning. These family studies programs were developed during the program incubation phase by staff from both postsecondary institutions and the CCC to address parents' requests for continued education and information about parenting.

In the second "transition" year of the program, participants may continue with college courses; enter a career or technical training program; or pursue full-time work, self-employment, or a small business start-up. Transitional participants can continue to access tutoring services. According to FFD staff, about 80% of participants who complete the first year of programming continue their postsecondary education.

Coaching services. Throughout the program, participants receive coaching services from dedicated FFD staff on goal setting, barrier removal, and academic and employment success. Once participants are conditionally accepted into FFD, they begin meeting weekly with an FFD coach at their postsecondary campus. At the first meeting, coaches begin to conduct assessments with participants to determine their barriers and needs and start helping them set goals in nine domains, such as employment, education, transportation, health, and family strength.

In the first year, coaches meet with participants on a weekly basis and use motivational interviewing and family-centered coaching techniques to revisit participants' goals, monitor progress toward their goals, or set new goals as circumstances change. In addition to weekly meetings, participants see their coaches twice a week before FFD courses and are in near daily communication via Facebook messenger. Coaches have found Facebook messenger to be the most reliable form of communication with participants. FFD provides participants with laptops and mobile Wi-Fi hot spots to ensure that they have consistent Internet access. Coaches also provide case management to help participants address barriers, to coordinate with FFD and other service providers and benefit programs, and to monitor participant attendance in postsecondary courses.

In the second year, participants receive transitional coaching to support their continued success in postsecondary education or in the workforce, including assistance with accessing child care and other wraparound supports. Transitional coaching is less intensive than the first year and is often focused on connecting participants to other resources, such as on-campus academic supports or state employment and training programs.

Early childhood education and other services for children. Certified teachers employed by Downeast Community Partners provide participants' children younger than age 8 with early childhood education during their evening course time at Head Start centers located on each campus. Content includes social and emotional development, literacy and language development, and learning approaches to improve children's school readiness. For children older than age 8, the coaches help participants connect to other resources, such as an outdoor learning program offered at one of the postsecondary institutions. When there are at least six FFD youth (ages 9 to 13) who will benefit from co-occurring evening programming on campus, FFD works with campus or other community-based partners to provide services. Programs for FFD youth have focused on homework, healthy activities, and having fun. FFD staff noted that having

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[2] Information presented in this spotlight does not reflect shifts in the program that have occurred since the onset of the COVID-19 pandemic. See box on page 15 for information about how FFD responded to the pandemic.

the early childhood education services co-located on campus helps participants feel more comfortable putting their children in center-based child care, which is uncommon in Washington County and thus is new to many participants. Coaches help participants access other child care options, if needed, outside of the evening course time.

Hilary's* story

Hilary, an unemployed mother in her late 20s, wanted to go back to school to become a nurse. When she heard about FFD, she thought it was a perfect fit. "A chance for me to have child care and go to school," she said. "That was a big help for me." Through FFD, Hilary has been taking classes and has built a strong relationship with her classmates. "We're like one big family now," she said. "We're all sisters." She reported having a good relationship with her coach, whom she described as "there for any of us." Hilary also appreciates that FFD pays for books and school supplies, including a laptop, and that it provides dinner for her and her daughter twice per week. She said FFD was "getting me started in the right direction."

Participant's name has been changed.

Wraparound services. Coaches use flexible funding sources, as well as Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) funds for eligible parents, to provide participants with wraparound services or connect them to other providers for services that FFD is not able to provide. For participants receiving Temporary Assistance for Needy Families (TANF) cash assistance, coaches coordinate directly with TANF staff to provide these services. FFD does fund one-time expenses to remove participants' barriers to success in school, such as eyeglasses, other health expenses, or back bills owed to the postsecondary institutions for courses taken in the past. FFD also funds car repairs and works with the coach, family, and local vendors to make sure the repair will result in a running, inspectable vehicle. For participants who choose to take additional courses during the day in their second semester, FFD may be able to cover ongoing costs such as transportation and child care to attend those courses. Coaches connect participants to other providers for barriers that FFD cannot address directly, such as housing, legal fees, car insurance, or heating bills.

Each campus has a designated area set aside for FFD, called the "family room," where participants and alumni can spend time in between classes, with or without their children. The family room is stocked with children's toys, school supplies, food, clothing, and diapers for participants and alumni. Two evenings per week, before FFD classes and early childhood education services take place, participants and their children gather in the family room and then eat dinner together, provided by FFD, at the Head Start centers on campus.

Administrative structure and staffing. FFD's advisory board manages the program and collaboratively makes decisions about its future. One advisory board organization is the fiscal agent for FFD and employs the FFD coaches and administrative staff. Although several individuals from each organization may sit on the advisory board, each organization has one vote in program decisions. Four FFD participants—one first-year and one transitional participant from each campus—also sit on the advisory board; each has one vote in program decisions. Partner staff shared that the FFD participants bring "great ideas" to the board. As one staff person explained, "It's an opportunity to hear what their experience is or why something isn't working or things we wouldn't have thought of. We're really listening to the parents."

FFD has five dedicated staff members, including a director, two first-year coaches, one transitions coach, and one outreach and enrollment specialist. Other staff who provide services, including early childhood education providers, tutors, and postsecondary faculty, are employed by other partner organizations on the advisory board. The CCC provides annual training in its core values to all staff who provide FFD services. FFD coaches are supervised by the FFD director and receive additional support from a CCC

staff member who is a licensed clinical therapist in weekly case consultations. FFD coaches have also received external training on motivational interviewing and the Kellogg Foundations' family-centered coaching approach, which was provided through the Rural IMPACT demonstration.

Funding. FFD currently has an annual operating budget of about $1.4 million and is funded primarily by federal and state sources (77 percent of the operating budget), with some foundation funding (23 percent of the operating budget). The vast majority of state and federal funding comes from the TANF program. FFD receives additional funding from the SNAP E&T program. Some activities are allocated to TANF and some to SNAP E&T. Combining TANF and SNAP E&T funding for FFD was the first such effort in Maine and stemmed from the technical assistance the CCC received from the Rural IMPACT demonstration project and Maine-based foundation advocacy for FFD with state agency partners. FFD also receives funding from the U.S. Department of Agriculture Child and Adult Care Food Program to provide family dinners twice per week before FFD courses. Foundation funding comes from foundations based in Maine and primarily covers financial expenses for participants that are not reimbursable by TANF or SNAP E&T.

Data and evaluation. The data and evaluation committee of the advisory board reviews program data and considers how to evaluate FFD. The board has conducted two descriptive studies of FFD (Buttebaugh 2017; Buttebaugh 2019). Conducted by a consultant for the FFD advisory board, the studies gathered board members' and participants' feedback on their experiences and recommendations through surveys and interviews. They assessed collaboration among the advisory board members, whether participants met the program's performance goals, and child outcomes in the first three cohorts (the first study focused only on the first cohort and the second study builds on the first study's findings). The studies found that, although collaboration was generally strong, there was a need for more guidance and information sharing among board members—particularly for staff who are new to FFD partners and the program. They also found that all three cohorts exceeded program performance goals. Eighty-one percent of cohort 1 participants, 78 percent of cohort 2, and 76 percent of cohort 3 completed the first year (goal was 75 percent). Similarly, 83 percent of cohort 1, 77 percent of cohort 2, and 76 percent of cohort 3 participants enrolled in postsecondary education (goal was 50 percent). Only 18 percent of cohort 3 participants pursued immediate employment or training programs after FFD (goal was 33 percent), but the study noted that this was related to the higher number of participants than expected that continued postsecondary education. Finally, through child assessments collected by the early education staff, the study found that children largely exceeded goals for language and literacy skills, self-regulatory skills, and approaches to learning (Buttebaugh 2019).

FFD advisory board

- **Sunrise County Economic Council**, the insitutional home and fiscal agent for FFD; houses FFD director and coaches

- **The CCC**, provides training and TA to FFD staff and partners; administration of FFD flexible funding; weekly clinical consultation to FFD coaches; youth program administration; and sustainability support

- **Washington County Community College and University of Maine at Machias**, provide specialized FFD courses and space for families

- **Axiom Education and Training Center**, provides college transitions course and ongoing tutoring

- **Downeast Community Partners**, provides early childhood education services

- **Participant representatives** provide feedback based on their participation in FFD

Successes and challenges. FFD and partner staff identified several successes and challenges with the program.

- **Staff identified collaboration among partners as a major success, although challenges remain.** Partners reported joining the program because of the leadership and the collaborative atmosphere fostered by the CCC. They said that they have continued to successfully manage the program collaboratively. In addition, the success of FFD has influenced partners beyond the program; for example, the community college has implemented new programs to address barriers and substance use disorders in its entire student population. However, there have been challenges. For example, in FFD, partner decisions impact other partners and have to be made collaboratively. This was a challenge for partners to adjust to and means it can take a long time to reach decisions.
- **FFD and partner staff identified coaching as another major success.** The coaches focus on addressing participant barriers and responding flexibly to their needs, rather than treating participants punitively. Staff reported that this is different from other agencies and that it contributes to participant success. The clinical case consultation and additional support and training that coaches receive from the CCC contributes to their ability to serve participants. The ability for coaches to access flexible barrier removal funds was noted as a key to their success, although there are needs that the program cannot address. One partner described barrier removal as "expensive, but key."
- **Staff continue to improve program implementation in response to challenges.** FFD has yet to fill a cohort to capacity due to the limited early childhood education slots for infants and toddlers. The advisory board is working to address this issue through an additional home visiting strategy. The advisory board is also working to resolve challenges with data sharing among partners, providing sufficient time to address participants' barriers before educational services begin, and connecting more effectively to fathers (the program has traditionally only had mothers apply).

Methodology

The State TANF Case Studies project seeks to expand the knowledge base of programs that help low-income individuals, including TANF recipients, prepare for and engage in work. The study is showcasing nine programs that were selected because of their different approaches to working with these individuals. Mathematica and its partner, MEF Associates, designed and conducted the study.

To select programs for case studies, the study team, in collaboration with the Administration for Children and Families (ACF), first identified approaches that showed promise in providing low-income individuals with employment-related services and in linking them to wraparound supports, such as child care and transportation. These approaches might increase self-sufficiency directly by helping participants find employment or indirectly by providing supports and alleviating barriers to employment. The study team identified four approaches, or domains:

1. Wraparound supports

2. Full-family transitional housing and supports

3. Employment-based interventions

4. Collective impact and collaborative community initiatives

Within each domain, the study team then identified potential programs by searching key websites, holding discussions with stakeholders, and reviewing findings and lessons from ACF and other studies. The next step was to narrow the list of programs based on initial discussions with program leaders to learn more about their programs and gauge their interest in participating. The final set of case study programs was selected for diversity, in terms of geography and focus population. Case studies of these programs illustrate the diverse practices operating around the country to assist TANF recipients and low-income individuals in finding and maintaining employment. Their selection does not connote ACF's endorsement of the practices or strategies described.

For each program selected, two or three members of the project team conducted a site visit to document its implementation. For eight programs, team members conducted two- to three-day visits to an average of two locations per program. The visit to the ninth program was conducted virtually via video conferencing due to COVID-19 pandemic travel restrictions. Each site visit consisted of semistructured interviews with administrators of the program, leaders of their partner agencies, and the staff providing direct services. The site visit teams interviewed, on average, 15 staff per program. During in-person visits, the teams also conducted in-depth interviews with an average of three participants per program and reviewed anonymized cases of an average of two participants per program. In addition, teams observed program activities, as appropriate.

For this case study, two members of the research team conducted a two and a half day site visit in February 2020 to the CCC office in Machias and an FFD program location in Calais. The team conducted semistructured interviews with five staff members from the CCC, four staff members from FFD, and nine staff members from the partner organizations. The team conducted in-depth interviews with two participants of the FFD program and reviewed anonymized case files for two additional FFD participants. The team also observed two convenings at the CCC office. The team conducted a follow-up telephone call in July 2020 with a program leader to learn how the CCC responded to the COVID-19 public health emergency.

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