Bringing Baileyville to Life

How MCD Global Health and Harvard Pilgrim Health Care Foundation Fostered Positive Change in Rural Maine.

MCD Global Health

Executive Summary

In early 2020, Dr. Jeff Sedlack, the Harvard Pilgrim Health Care (HPHC) Medical Director for Maine, was puzzled by the organization's claims data and trends. He had convened a medical directors' meeting to hear about health disparities, social drivers of health, and — in light of an emerging pandemic — the rapid uptick in telehealth utilization.

Health data for Washington County, Maine was markedly worse than many other parts of the state. Emergency room utilization was substantially higher than industry standards, particularly among residents of the town of Baileyville.

After a review of existing data, and key informant interviews, the Harvard Pilgrim Health Care Foundation (HPHCF), which later rebranded to Point32Health, made a $500,000 challenge grant to MCD Global Health in June 2021 to benefit people who lived and worked in Baileyville, so long as the town, with MCD's help, was able to raise 1:1 matching funds.

Subsequent local data collection was used to decide upon priorities, and implementation was led by members of a local Ad Hoc Committee sponsored by the Baileyville Town Council. The content of the program evolved in response to community needs and resulted in several programs and services that will outlive the grant.

This report documents the processes used, the roles of different stakeholders over the course of the project, and the impact of the project through the end of May 2025.

This report does not represent the opinions or conclusions of every individual who has supported, worked on, or funded this project. This summary was composed based on project documents and staff notes and only reflect the opinions of the authors, unless an individual is specifically quoted.

Trust in Community: Bringing Baileyville to Life

What Led to the Project

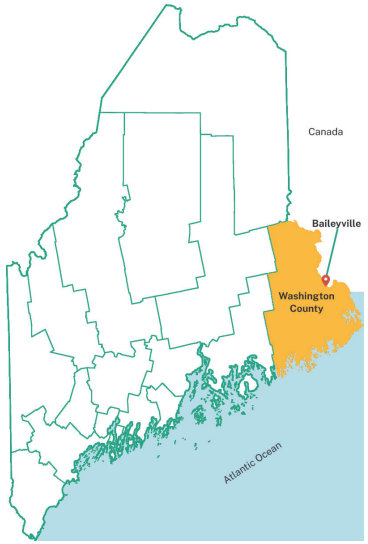
In early 2020, Dr. Jeff Sedlack, the Harvard Pilgrim Health Care (HPHC) Medical Director for Maine, was puzzled by the organization's claims data and trends. He had convened a medical directors' meeting to hear about health disparities, social drivers of health, and — in light of an emerging pandemic — the rapid uptick in telehealth utilization.

The health indicators in parts of rural Maine were troubling.

By industry standards, a well-managed cohort of patients would typically be expected to utilize the Emergency Department (ED) at a rate of 140 member visits to the ED per 1,000 members per year. When examining the claims data for Maine and New Hampshire, he found that to be generally true in most counties. However, in rural counties, the rate was generally higher. In Washington County, Maine, for example, the early data suggested that the ED utilization rate was twice as high, and in a particular subsegment of Washington County the rate was three times as high.

Visiting an emergency department for care, rather than visiting a primary care provider for routine care, is more expensive, may indicate poor management of a chronic disease, and may result from lack of access to primary care due to distance or cost. [i, ii]

Could ED utilization rates be an indicator of an absence of access to primary care in this case? Lack of access, it turned out, was not the reason.



In rural areas, such as Washington County, the Emergency Department utilization rate was 2 to 3 times higher than the industry standard.

Examining the Local Data

As he dug into the overall population data it became clear to Dr. Sedlack that the people living in rural zip codes more than 25 miles from the nearest hospital were most likely to also be the areas in which HPHC's insured population had high ED visit rates.

People in these rural areas were poorer and sicker than their less rural counterparts throughout Maine. For example, in Washington County:

- 18.9% live in poverty
- 30.8% of those 65+ live alone
- 22.5% of residents are disabled
- Washington is the one of only a few counties in the U.S. where life expectancy went down before COVID-19. [iii, iv]
- Rates of mental health issues were worrisome and increasing; in the Baileyville area, there were five deaths by suicide, including a local student, in a four-month period. [v, vi]
- Among adults in Washington County, overdose deaths had more than doubled from 2007–2011 to 2012–2016[vii]

Dr. Sedlack formed a committee of interested stakeholders to continue to explore the issue. These stakeholders included local primary care and behavioral health providers, representatives from the non-profit public health organizations serving the area, the local state legislators, foundations, and staff from HPHC. Working together, the stakeholders reached a conclusion:

The greatest potential to reduce ED use rates in Washington County lay in intervening in communities with fewer than 5,000 residents that were 10 or more miles from a hospital.

Examining the Local Data

The Committee identified nine towns in Maine that met the criteria and began talking to local leaders about their communities, exploring where there might be a good opportunity for partnering on a project. These conversations, together with supplemental data, led to a decision to approach the town of Baileyville, Maine.

Further investigation of the data led to more insights.

The 2019 Maine Integrated Youth Health Survey (MIYHS), a biennial survey of Maine students in grades 5 through 12, offered some troubling data about mental health in Washington County.

- 1 in 3 students have lived with an adult with substance use disorders.
- Rates of high school students reporting they were sad/hopeless, and those reporting they had seriously considered suicide, were both rising.
- More than a third of students reported that they did not agree with the statement that they felt like they mattered to people.

The county data and indicators (from the Community Health Needs Assessment, MIYHS, Behavioral Risk Factor Surveillance System, and claims data) were used to identify a list of health issues and social determinants of health (SDOH) challenges that needed to be addressed. At the county level, resident health status, disease prevalence, and socioeconomic status were worse than most of the state.

Listening to the Community: Interviews and Environmental Scan

To supplement the existing county data, HPHC tasked their marketing firm to conduct interviews with Baileyville residents and key influencers. From those interviews the Committee learned what people said they felt about existing services, and what they said was missing. They also reacted to the ideas and draft plans that had been discussed by the Committee.

Residents said they needed more services to be available in the community, including:

- Mental health/SUD
- Affordable housing
- Youth programs
- Social activities for the elderly

Influential community members said they wanted more access to health care, including:

- Primary Care Provider (PCP) services/ preventative care
- Specialty care (OB/GYN, chronic condition management)
- Drug treatment and education

From Interviews of Baileyville Residents:

"I would say mental health services is probably a big one."

"Very dissatisfied, because there's none of that. Here you have to go to Calais in order to get any kind of help or anything."

"We don't have any specialty care, you have to go to Bangor for any specialists."

Listening to the Community: Interviews and Environmental Scan

When asked about the keys to success for the project, those interviewed said these things were important:

Residents said they needed more services to be available in the community, including:

- Getting the word out to the community
- Providing affordable care
- Hiring trustworthy providers
- Actively involving local leaders in center implementation and operations
- Residents were 84% more likely to use the center if it focused on healthcare and social advocacy for the community
  - Be an advocate for Baileyville residents
  - Make it part of the center's mission statement

At the community level, there appeared to be agreement and understanding among community leaders that there were problems, and a willingness to consider new ideas and solutions.

"The community is a very giving community, and they kind of rally and make things happen."

The Committee crafted a model and started pulling together people and resources.

Proposed Plan – Prior to In-person Community Consultation

The Maine Community Centers Model proposal was initially structured with:

- Local community board
- Brick and mortar building
- Site selection: center of town
- Staffed with community medical technician and local care coordinator
- Service modules would be chosen at the advice of the local board

Meanwhile, HPHCF asked MCD Global Health to be the fiscal intermediary for the grant money and help raise the matching funds. The Foundation stipulated that their $500,000 challenge grant had to be spent to directly benefit the people who live and work in Baileyville, but the matching funds could be in any manner that improved community health in Washington County.

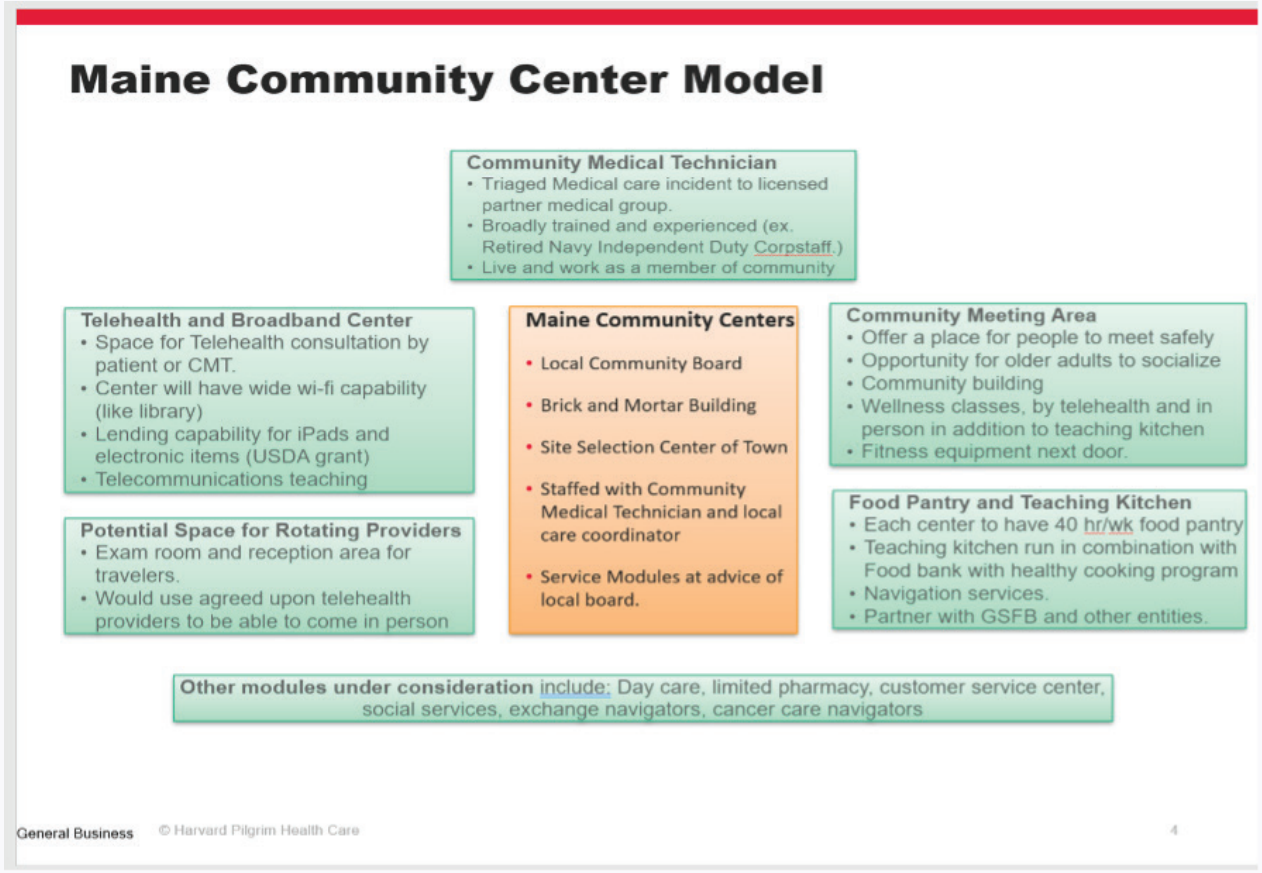
All this was happening during the COVID-19 pandemic, and the year following the deaths by suicide of a high school student and his mother, along with three other suicide events in the area; it was clearly a time of significant community need. Having secured the challenge grant, it was time to connect more directly with community members.

Proposed Mission and Vision – Prior to Community Consultation

The Maine Community Centers (MCC) Mission - Maine Community Centers, with the funding and support of several partners, will open with a mission to **improve the health, wellness, and quality of life** of Mainers in small rural towns through **service, advocacy, and community involvement.**

Maine Community Centers Vision, with initial funding and support from Harvard Pilgrim Health Care, its Foundation, and other Maine partners, will open and operate sustainable, community-driven locations in small rural Maine towns that will improve health, wellness, and quality of life with a care and service-driven model.

Proposed Plan – Prior to In-person Community Consultation



Listening to the Community: A Visit to Baileyville

In July of 2021, the project team, comprised of Dr. Jeff Sedlack, Bill Bourassa, and Steve Fink from HPHC, Kate Perkins, Deputy Director US Programs Development, MCD Global Health; and Nan Solomons, UNE, made an in-person visit to Baileyville. The visit was designed to gather input on the draft plan from a broad spectrum of community stakeholders including:

- St. Croix Regional Family Health Center leadership and Board of Directors
- Healthy Acadia food systems program staff
- Owner of the not-yet-opened gym and fitness center
- Occupational Safety staff, HR, and Manager at Woodland Pulp LLC
- Principal and Guidance Counselor at the Junior/Senior High School
- Washington County Director, Aroostook Mental Health Services
- Baileyville Town Manager
- Public Health District Co-Chair
- State Senator and Representative

What they heard from these stakeholders was that the proposals were interesting but needed more community input. In August 2021, the Baileyville Town Council formed an Ad Hoc Committee to manage the process and guide future expenditures of the grant funds.

Listening to the Community: A Visit to Baileyville

Baileyville Town Council Ad Hoc Committee (Initial)

- Council Member and School Teacher: Carl Ripley
- Council Member and Mill Health & Safety Staff: Brandon Ireland
- Town Manager: Chris Loughlin
- Superintendent AOS 90: Patricia Metta
- SCRFHC Director: Cori LaPlante
- Public Health District Community Co-chair: Angela Fochesato
- Dep. Director, US Programs Development, MCD Global Health: Kate Perkins
- Evaluation Consultant: Carrie Oostveen
- University of New England liaison: Nan Solomons

Over the next four months the Ad Hoc Committee developed an online survey for adults who lived or worked in Baileyville and a survey for students at Woodland Junior/Senior High School. MCD submitted grant proposals for matching funds and provided staff support for the Committee. The work was then and continues to be guided by several key criteria.

Listening to the Community: A Visit to Baileyville

Foundational Principles

The Town Council voted to empower the Ad Hoc Committee to use grant funds and implement programming in response to the community priorities. There were a few foundational principles which the Ad Hoc Committee was to use when determining how to implement programming.

- All projects must be responsive to community needs and priorities.
- One-time projects and initiatives that could address a specific need which, when completed, would not need subsequent financial support.
- The grant funds could not be used to pay for programs that would need to rely on town tax revenue after the challenge grant ended.
- Ongoing projects would need to be self-sufficient and self-supporting before the end of the challenge grant funds.

Secure sustainable private funding through:

1. Taking the long view; results will take time
2. Leveraging evidence-based approaches
    a. Community Organization Theory (organizational and community levels)
    b. Stages of Change Theory (individual level)
3. Emphasizing trust-based philanthropy
4. Using process evaluation to guide future replication efforts

Listening to the Community: A Visit to Baileyville

Funders:

Bingham Program

Elmina B. Sewall Foundation

Maine Health Access Foundation

Maine Department of Education - Maine Out of School Time grant

Point32Health Foundation (aka Harvard Pilgrim Health Care Foundation)

Pull Up! Fund

USDA Rural Utility Service, Distance Learning and Telemedicine grant

Trust-based Philanthropy

In trust-based philanthropy, philanthropic dollars are granted with minimal, general expectations about how the funding will be spent, allowing nonprofits to spend money where they see the best fit with the grant's goals.

Organizational partners & collaborators (partial):

AOS 90

Aroostook Mental Health Services

Beth C Wright Cancer Resource Center

Community Caring Collaborative

Down 10 Fitness LLC

Downeast Community Services

East Grand Economic Development

Eastern Maine Development Corporation

Good Shepard Food Bank

Healthy Acadia

Maine Cooperative Extension

MaineFamilies

National Digital Equity Center

SO Prevention Council

St. Croix Regional Family Health Center

Sun-Rise Opportunities

Sunrise County Economic Council

Town of Baileyville & Baileyville Town Council

University of New England

Washington County Adult Education

Washington County Community College

Woodland Pulp and Paper LLC

Local Needs Assessment

To supplement existing information, the Ad Hoc Committee created surveys to collect data from people aged 12 and above who lived and or worked in and around Baileyville. The surveys were submitted to the UNE Institutional Review Board prior to distribution. When people used the QR code or link, their responses went into the secure RedCap data repository at the University of New England. Upon completion of the survey respondents were offered the opportunity to click a button that took them to a totally separate Survey Monkey page where they could enter their contact information. Paper surveys had a final page that was separated from the main survey upon receipt.

The survey data was entered by volunteers at UNE, the contact information pages were provided to MCD Global Health for submission via SurveyMonkey. Adults who completed or returned their surveys with the separate page for contact information received a $10.00 gift card for the local gas station or grocery store. Students in the Woodland Jr/Sr High School completed their survey online during class time under the supervision of the guidance counselor. All students were offered a $5.00 gift card for the local pizza restaurant.

NOTE: The adult survey was distributed to the other towns that send their students to AOS 90 schools in the summer and fall of 2022 to supplement the data collected in Baileyville. Results were consistent.

Surveys were collected in January and February of 2022. In a community with fewer than 1,500 residents, the data from 284 adults (19%) represented a meaningful sample of the population, with the notable absence of sufficient numbers of individuals age 65 and above. Youth data came from 95% of all students in grades 7-12. The results were presented to the Ad Hoc Committee in April 2022 and to the Town Council in May 2022.

Research Approach: Survey Said ...

Survey results were similar regardless of age group, employment, or education level. The primary need, cited by more than 40% of respondents, was access to mental health services to address depression, substance use disorder, and all the challenges that are part of those diagnoses. Additional priorities, cited by between 21% and 27% of respondents, included services for the elderly, poverty, dental problems, cancer, and affordable housing.

More than 33% of respondents wanted more access to fitness and wellbeing programs or facilities, poverty reduction, and restaurants. Students strongly agreed with the need for what the Committee coined, “more things to do”: Restaurants (75%), entertainment/ attractions (47%), grocery store (28%), arts and recreation (27%).

40%
of respondents cited access to mental health services as a priority

21 to 27%
of respondents cited services for the elderly, poverty, dental problems, cancer, and affordable housing as additional priorities.

Implementation Priority 1: Behavioral Health

While the surveys were being collected and analyzed, the Guidance Counsellor at the Woodland Junior/Senior High School reached out asking if the earlier offer of support for establishing a telehealth program for students for school-based access to services was still available. In under a month the equipment was purchased, services were arranged, and students began to access behavioral healthcare from school. The initially-available number of spots was soon full and parents of students who were being seen in private practice asked if their students could also use the equipment for their appointments.

The pilot was clearly a success and when an appropriate foundation funding opportunity arose, the Ad Hoc Committee approved MCD's suggestion that they apply to make a school-based tele-behavioral health program available across Alternative Organizational Structure 90 (AOS90).

Proven Program Model

AOS 90 serves approximately 400 students in grades Pre-K – 12 from Baileyville, Princeton, Topsfield, plus seven additional towns and some unincorporated territories in northern Washington County. The grant proposal was successful, and by the time school re-started in the fall of 2022, AOS 90 was replicating a proven program model that includes a community health worker (CHW) to support school-based tele-behavioral health services.

The key structural component of the program is that the CHW is embedded in the school and relieves the school staff of work by coordinating appointments, obtaining guardian permission, scheduling intakes, escorting students from class for their appointments and making sure they make it back to their classrooms afterwards. The CHW does not provide behavioral health services, they are facilitators and navigators helping students access services. Behavioral health services are only provided by appropriately licensed and credentialed clinical professionals, such as licensed clinical social workers.

Implementation Priority 1: Behavioral Health

Proven Program Model con't.

Of particular financial importance for the students in AOS 90 has been that grant funds underwrite services for all uninsured students, absorb co-pays and deductibles for insured students, and allows the students to access care without any out-of-pocket expenses for the family. Removing this barrier was vitally important to program success and in the three years since launch, nearly 20% of the entire student population accessed behavioral health services.

To encourage other school systems to implement the program, we produced four short videos about the structure and impact of the program that include the perspectives of a principal, parent, provider organization, and CHWs. Those videos are available **here**.

Sustainability Plan

The grant will end and there are dual strategies in place to ensure that the program will continue afterwards. The behavioral health provider organizations who participate agreed, as a condition of participating, that they would continue to employ the CHW embedded in the schools after the grant support ended. The working theory was that by the time the grant funds end, the providers would have integrated the cost of the CHW position into their billing structures. This was feasible in Maine for several reasons:

- State law requires public and private insurance companies to pay for services provided via telehealth as they would for services provided in person.
- Maine's Medicaid program, which insures more than 40% of all students statewide, added CHWs as a reimbursable position if they are working as part of an interprofessional health care team, allowing health care provider organizations to integrate the cost of the position into their fee structure in the state's value-based payment contracts starting in July 2024.

Implementation Priority 1: Behavioral Health

Sustainability Plan con't.

- Maine's Office of Behavioral Health, in parallel with the federal Substance Abuse and Mental Health Services Administration, began to support Maine-based behavioral health agencies as they evolved into Comprehensives Community-based Behavioral Health Centers (CCBHCs). The CCBHCs were encouraged to integrate CHWs, Recovery Coaches, and similar peer support positions into their cost structures, which then became part of the negotiated rates that the state agreed to pay for care provided by the CCBHCs for individuals on Medicaid. The CCBHC payment structures began in July 2024 and more behavioral health agencies are becoming CCBHCs.
- The providers who agreed to participate are "safety net providers," meaning that they have policies in place that require them to provide services regardless of the client's ability to pay, and have a sliding fee scale available to low-income families. Thus, while there may be some cost to the families after the conclusion of the grant, all students will have access to services either at no cost or at a cost their family can afford.

Implementation Priority 1: Behavioral Health

Supplemental "One Time" Activities to Support Mental Health

- Teacher and staff training in the use of evidence-based programs to support student's social and emotional learning (Second Step®, MindUp®)
- Teacher and staff training in the use of evidence-based student and classroom management (Mental Health First Aid, Responsive Classroom)
- Teacher Professional Development and Wellness Workshops

Impact

The schools reported several changes among the cohort of students who are receiving behavioral health services that they believe are connected to the program:

- Fewer disciplinary referrals
- Improved school attendance
- Improved academic achievement

Snapshot in Time: PreK – Grade 6 Students, 2024-2025 School Year

The graph does not reflect when students began or stopped receiving services, just the number of referrals each month over the course of the school year.

Implementation Priority 1: Behavioral Health

Positive Student Response

There are early quantitative data suggesting that the students are also feeling a positive impact of these efforts, though these changes cannot be directly tied to use of behavioral health services. The Maine Integrated Youth Health Survey (MIYHS) is conducted by the State of Maine in schools across the state in grades 5-12 in odd numbered years. MIYHS data for 2023 showed clear improvement from 2019 and 2021 in protective factors, as measured by students agreeing that they matter in their community, and that there are adults they can turn to for support. When the 2025 data become available it will be more possible to determine if the improvements being seen in the school data are continuing and if they are significantly different than improvements that may be seen in the county or statewide data.

Fun Facts

- Staff at the schools asked if they, too, could use the equipment for telehealth appointments with their providers. (“Yes, absolutely.”)
- While some students need services for the long term, others do not, with a notable number of participants graduating from services after just five or six appointments.

Implementation Priority 1: Behavioral Health

Fun Facts con't

- When one town's schools switched behavioral health providers, the outgoing CCBHC began offering the program in a different school system – because the CHW was already in the CCBHC's budget and the other school was eager to begin offering the program.
- That CCBHC used a different grant to help them launch the same program in yet another school district in a different part of the county, without the subsidy for co-pays. The program was similarly successful and had a large impact, but initially fewer students participated.
- While the challenge grant funds enabled the pilot project to launch quickly, the larger program was possible because funding from a USDA Rural Utility Service Distance Learning and Telemedicine grant provided the equipment needed for students in all the AOS 90 schools, and outfitted a large behavioral health agency with the equipment that was necessary to enable their clinical staff across multiple locations to provide services via telehealth.
- By the spring of the 2024-2025 school year, one principal reported that children in families which had declined any intervention services over multiple generations of students had begun accepting services. This was a significant change, likely the result of both trust earned in the preceding 2.5 years in the confidentiality of the conversations the children are having with the remote behavioral health provider, and lower levels of stigma being associated with children receiving services.

Implementation Priority 2: Programming for People Age 65 and Above

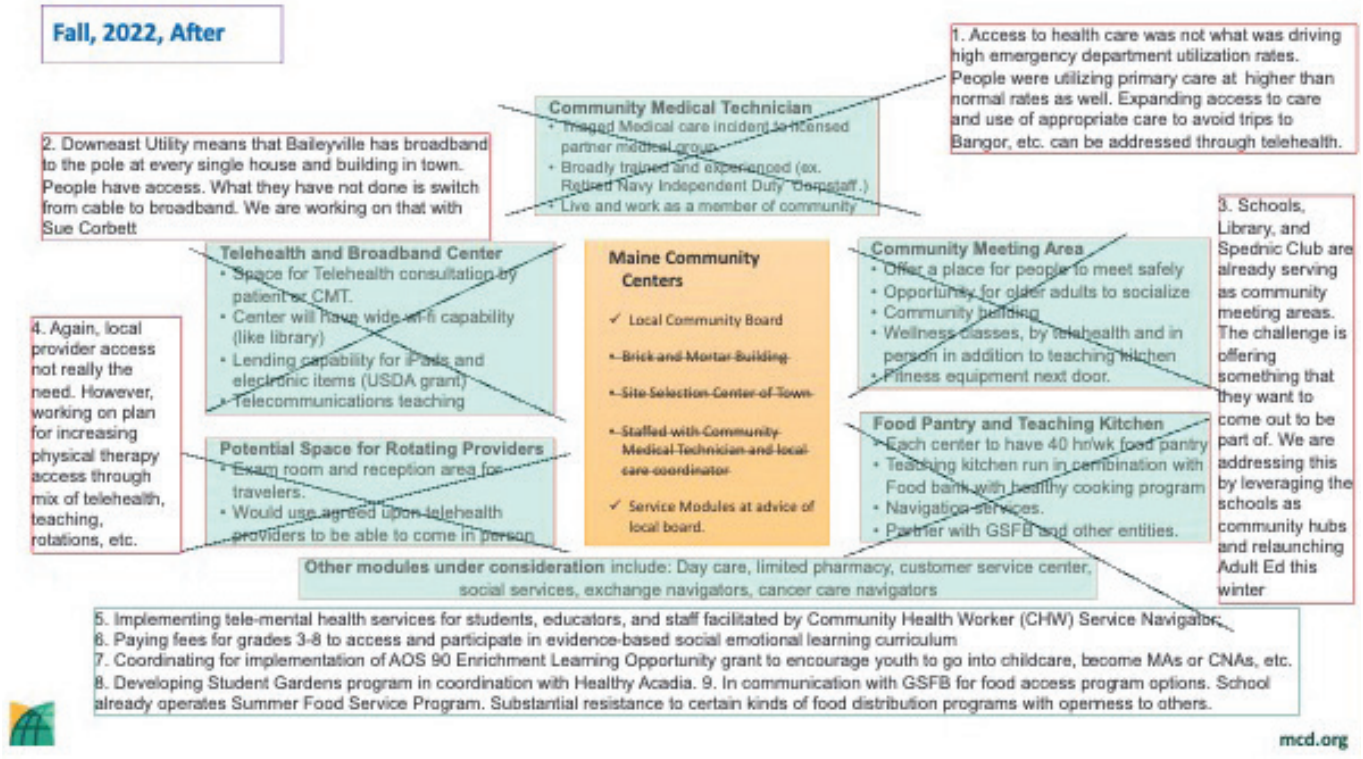
The surveys used to collect needs assessment data in the community had not succeeded in reaching large numbers of adults over age 65. To obtain additional input from residents in this age group, the Committee conducted intercept interviews outside the grocery store, at sporting events, and at school exhibits (grandparents make up the largest proportion of adults able to attend student events during the weekdays).

The Committee also created a digital equity plan for the area that included a town sponsored subsidy program for low-income residents if they switched to the local internet fiber provider (much lower cost than cable tv internet), daytime offerings of short workshops on topics such as saying safe online, how to safely use online banking, how to use your phone to have a video-enabled call with friends and family, and some software-specific courses.

Area residents age 65 and above stated that they would enjoy opportunities to socialize with others during the daylight hours, opportunities to “do something,” and efforts to address the area’s widespread substance use disorder issues and related crimes. In response, the Committee began to offer digital equity classes, described above, and used the new storefront Community Connections Center site to host community meals and programming, such as how to preserve your fresh food, how to sew, Sound Bath, mid-day “soup and stories” events, etc. While most of these opportunities have been fully subscribed, the age 65 and above population continues to be under-represented. As the Committee updates the needs assessment there will be substantial focus on reaching into the communities to connect with people in this age group.

What Changed

In the summer of 2022, a year after the Baileyville area Ad Hoc Committee launched, nearly all of the green boxes in the original depiction of the concept (see below) had been crossed out; listening to feedback from local residents, these initiatives had been put on hold.



Community Needs Evolve

Yet by the summer of 2024, due to the changing needs of the community, several boxes were no longer crossed out. Telehealth access points had not previously been a priority, but now the schools were launching a pilot program through which the school nurse or school-based CHW could serve as a telepresenter to connect the student with their health care provider — without the need for the student to leave school and with the ability to include the student's parent in the telehealth visit from a separate location. In addition, two telehealth access points were now being used at the Community Connections Centers by people with cancer; for some, this access saved hours of driving time for what might otherwise be a 15–60-minute appointment.

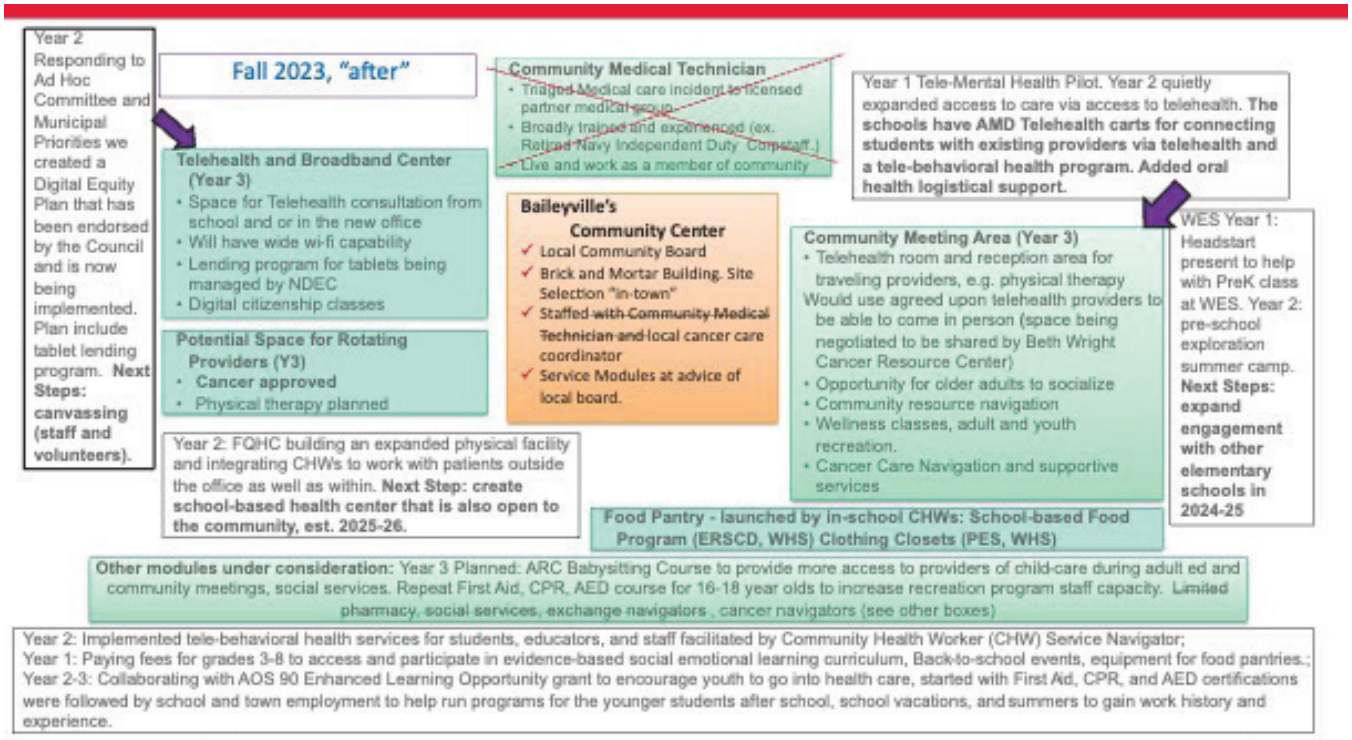
Woodland Jr/Sr High School Students completed training in first aid, CPR, and AED.

Earning "micro credentials" such as this certification from the American Heart Association helps students put together evidence of skills that help them qualify for summer jobs (such as at camps and recreation programs) and make the case to future employers that they are able to learn new skills and then apply them in appropriate settings.

The response to this offering led MCD staff to become credentialed by the American Red Cross to teach and offer certifications in First Aid, CPR, AED to high school students. For middle school students, instruction in babysitting is available. These learning opportunities are now part of the ongoing schedule of trainings available to students and adults in the community.

Adapting to Meet Changing Needs

As many of the most urgent needs were being addressed, it became easier for the Committee to look forward. In doing so, the Committee had or wanted to pursue several of the original concepts, though with a different emphasis or alternative implementation strategies. By the fall of 2024 the program depiction had changed, yet again.



Looking To the Future: New, Continuing, and Future Initiatives

In the autumn of 2024 with the storefront open and inviting, school-based services and food pantries in place, and a generally more upbeat mindset evident throughout the community, the Baileyville Town Council endorsed the Committee's interest in pursuing new grants in the areas of youth substance use prevention, environmental justice, and economic development. While the start of a new administration in Washington, DC closed off several new funding opportunities, the project stayed vibrant because of local support, and having the majority of funding from private and foundation sources and not from the federal, state, or local governments.

Looking To the Future: New, Continuing, and Future Initiatives

- **Food pantry at the Woodland Jr/Sr High School is now managed by the students with minimal adult involvement.** Adult residents in the area can still contact staff to access the food pantry.
- Food distribution programs at the East Range and Woodland elementary schools have ended, with families encouraged to connect with staff and access support through other provider sources in their area.
- **No waiting list for students to access behavioral health services!** Reliable, in-person and remote (telehealth) service providers from across three agencies collaborate to ensure students do not have to wait for services once their parents have signed the required paperwork and participated in the intake visit.

Students now manage and operate the school-based food pantry.

Members of the student council and students participating in the expanded learning opportunities program manage and operate the school-based food pantry. This helps them practice planning, logistics, scheduling, operations, budgeting, and customer service skills. Demonstrating these skills becomes something that the students and school staff can highlight when the students later pursue jobs and further education.

Looking To the Future: New, Continuing, and Future Initiatives

- Larger numbers of students have indicated that they intend to continue to access behavioral health services during the summer, either from home or by coming to the school to access services (again, both in-person and via telehealth).
- School-based telehealth program will expand from behavioral health to include healthcare, through partnership with the local federally qualified health center (FQHC). The CHWs who support the behavioral health program, and the school nurses have been trained on how to use the telehealth carts to connect students with both the FQHC and any of the students' other primary care providers who offer services via telehealth. Part of the goal is to increase the number of students who are up to date on their preventive health care screening and treatment and to bring into care students and their families who may not be connected with care at all.

Julie Richards, the school nurse, demonstrated the telehealth equipment with the assistance of Jada, one of the school-based Community Health Workers.

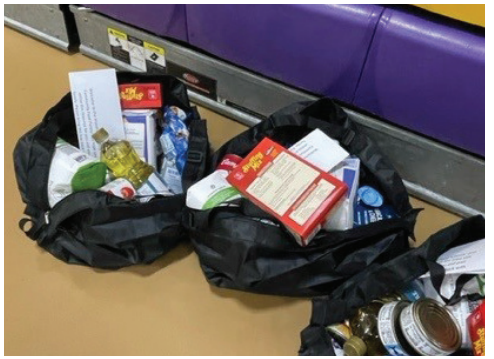
As the school-based, CHW-supported tele-behavioral health program completed its third year, the schools are preparing to collaborate with the local health center to use a wide array of the telehealth functionality, such as vital sign monitoring, asthma testing, and a camera that the nurse uses to show the health care provider the insides of the students ears and mouth or external skin issues that need to be diagnosed.

Looking To the Future: New, Continuing, and Future Initiatives

- The Committee has paused its efforts to convince a physical therapy provider to bring in-person services into the Community Connections Center each month.
- Two telehealth access points at the Community Connections Center are fully functional and available for use by area residents. Staff and partners from organizations such as the Beth C. Wright Cancer Resource Center have been trained on their use.
- Community Connections programming has added collaboration with members of the Passamaquoddy Nation at Indian Township offering workshops at the Community Connections Center and in schools with students.
    a. Tribe member Dwayne Tomah gave a workshop about the wax cylinders that were used in the 1890s to record the Passamaquoddy language being spoken. These have been used as part of efforts to bring the language back into use by tribe members.
    b. Tomah spent two days with students at Princton Elementary and Woodland Jr./Sr. High School discussing the tribes, tribal history, tribal culture and customs in student classes on history and social studies.
- The Community Garden, established in 2024, is continuing to grow, with a donated newly-built shed from the local technical high school to store supplies, rain barrels installed to help when rain is in short supply, and a successful seed sale to raise funds. The two volunteers who have led the Community Garden initiative are forming an independent non-profit so that the Garden can directly accept donations to maintain and expand both the Community Garden and their work with elementary school students.

Looking To the Future: New, Continuing, and Future Initiatives

- We were able to access assistance from other non-profits which had received grants that enable additional environmental assessment of a plot of town land that was under consideration for community use. Results from those studies resulted in the Committee ruling out some ideas and considering other options.
- The design stage is underway for an economic development initiative to help prepare students who will graduate and go to work rather than continuing their education. Foundational programs are in place, but too many of these youth are unable to keep their jobs for more than a few months. The Committee is designing an intervention for school youth to bridge the gap between the preparation programs that currently exist and employer expectations of youth once out of school and on the job (soft skills such as showing up on time on all scheduled days).



The school-based food pantry helps the students and the community.

One year when the local mill workers were on strike, the foodbank provided re-useable bags that let students bring home larger quantities of supplies during the autumn holidays.

The food bank offers fresh, frozen, and shelf-stable products at the food pantry and puts out boxes of healthy snacks (e.g., apples, trail mix, breakfast bars) in the hallways at school to which students may help themselves.

Looking To the Future: New, Continuing, and Future Initiatives

- Youth aged 18 and above who are not working are being connected with Eastern Maine Development Corporation for job and life skills training courses, with follow up from their staff to provide continuity of encouragement and support. We hope to create a group of adult mentors and near-peers who can also serve in this role.
- The Committee is exploring several community-supported tiny house approaches to address the limited supply of affordable housing for local individuals and people coming into the area to work at the schools or hospital, etc.

Lessons Learned: Listen, Adapt, and Be Patient

Community engagement is never a linear process, and authentic engagement will always take longer to develop than anyone thought possible.

Aligning Community Organizing and Stages of Change theory is a winning combination for community engagement. The work and approach are also aligned with the Community Impact model. The program in Washington County is also similar to the Community Hub movement being discussed across the U.S. Training and financial opportunities emerging from the Community Hub movement may be valuable for the work here.

Exposing people to opportunities they've never encountered can be the spark that becomes someone's mission or purpose in life.

Some challenges are not "can't or won't" issues; sometimes the barrier is the absence of role models and imagination. Exposing people to places and opportunities that they've never before seen or encountered can be the spark that becomes someone's mission or purpose in life.

Community Connections Committee Members May 2025

- Chris Loughlin, Baileyville Town Manager
- Amanda Belanger, Superintendent AOS 90
- Patricia Metta, Principal, Woodland Jr/Sr High School
- Cori LaPlante, retired health care director, also Member, Princeton School Board
- Theresa Brown, Operations Director, St. Croix Regional Family Health Center
- Julie Daigle, Substance and Tobacco Prevention Manager, Healthy Acadia
- Rachael Williams, outreach staff, National Digital Equity Center
- Alecia Curtis and Brittney Mauricette, volunteer leads for Community Garden
- Georgie Kendall, real estate agent
- Annabell Meader, Elder, Member - Passamaquoddy Nation
- Angela Fochesato, Executive Director, Beth C Wright Cancer Resource Center
- Heidi Hicks, staff to the Committee
- Marianne Moore, State Senator and leads a cancer support group in Baileyville
- Christopher Hinshaw, Executive Director, East Grand Economic Council
- Manager, Woodland Pulp, LLC (position currently vacant)
- Sierra Barnes, St Croix Credit Union Loan Officer and WJSHS graduate
- Carrie Cropley, Director of Social Services for Passamaquoddy Tribe

Footnotes

i Hunt KA, Weber EJ, Showstack JA, Colby DC, Callaham ML. Characteristics of frequent users of emergency departments. Ann Emerg Med. 2006;48(1):1-8.

ii Palmer E, Leblanc-Duchin D, Murray J, Atkinson P. Emergency department use: is frequent use associated with a lack of primary care provider? Can Fam Physician.2014;60(4):3223-9.

iii https://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Washington_County_Maine.pdf (Accessed June 10, 2022)

iv Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.

v https://www.themainemonitor.org/barely-hanging-on/ (Accessed June 8, 2022)

vi https://www.themainemonitor.org/overdose-deaths-leave-a-maine-tribe-reeling/; https://www.themainemonitor.org/deaths-of-despair-a-need-for-awareness/ (Accessed June 8, 2022)

vii Down East man accused of killing father ordered held without bail (bangordailynews.com); Washington County man arrested for murder in stabbing death of his father | Machias Valley News Observer (machiasnews.com (Accessed June 8, 2022)