Preventive Health and Health Services Block Grant

Work Plan for Maine
***Fiscal Year** 2026*

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***Work Plan Stage/Status:** Development/Draft*

Recipient Overview Details	
Recipient:	Maine
Assigned Project Officer:	Courtney Glover
Chief Executive Officer:	Janet Mills
Recipient Lead Health Official:	Puthiery Va
Authorizing Official:	Bethany Hamm
Recipient BG Coordinator Contact Information:	Nancy Birkhimer 286 Water St. 5th floor, 11 State House Station, Augusta, Maine, 04333 nancy.birkhimer@maine.gov
Program Director Contact Information:	Nancy Birkhimer

Program Name:	Tuberculosis Prevention and Control
Program Summary	
Program Goal:	Maine CDC seeks to reduce TB transmission in the state with active case investigations and management.
Healthy People 2030 Objective:	IID-17 Reduce tuberculosis cases
Health Topic Area:	Immunization and Infectious Diseases
Recipient Health Objective:	Between October 1, 2026, and September 30, 2027, MCDC will complete case investigations for 80% tuberculosis cases reported to Maine CDC.
Program Problem Information	
Program Problem Description:	In 2025, there were 39 cases of TB reported in Maine, while in 2024, there were 35 cases. As of May 31, 2026, there were 6 confirmed active cases and 12 suspect cases reported year-to-date. While case numbers appear to have slowed in 2026, each confirmed case requires contact investigation and connection to care to ensure treatment completion. The ID Epi Program has hired a permanent TB Surveillance Epi, who has been working diligently with the contracted TB Contact Investigation Epi to catch up with the data reporting backlog. Tuberculosis is a complex disease which requires extensive subject matter expertise and the ability to focus and manage complex communications and priorities. While multiple Public Health Nurses support individuals being treated for TB, additional capacity to assist patients in accessing health resources, services, support disease self-management, and to assist in the coordination of culturally appropriate care and services for the TB patient populations is supported by a CHW contract position.
Problem was Prioritized by the Following Factor(s)	Identified via surveillance systems or other data sources
Program Key Indicator – KI-02029	
Description of Program Key Indicator	Number of TB patients whose treatment is supported by a contracted community health worker.
Baseline Value for the Program Key Indicator	**20**
Program Strategy	
Program Goal:	Maine CDC seeks to reduce TB transmission in the state with active case investigations and management.
SDOH Addressed by the Program:	Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
Program Strategy:	Maine CDC is maintaining two epidemiologists to conduct TB case investigations. A Community Health Worker will work with Public Health Nurses and individuals who have been diagnosed with Tuberculosis to ensure these individuals are supported while they complete treatment.
Program Setting(s):	Home; State health department
List of Primary Strategic Partners	Atlantic Staffing, Public Consulting Group, Maine CDC Infectious Disease Epidemiology Program, Maine CDC Division of Public Health Nursing.
Evaluation Methodology	Program evaluation will include the completeness of case investigations, the number of individuals with TB who complete treatment, and the overall number of new TB cases.
Planned Non-Monetary Support to Local Agencies or Organizations:	None planned
Program Budget for Block Grant Funds	
FY2025 Basic Allocation	$233,138
FY2025 Sex Offense Allocation	$0
Total Allocation	**$233,128**

Program Target Population	
Number of People Served:	1,405,012
Race and/or Ethnicity:	All
Age:	All
Sex:	All
Sexual Orientation:	All
Geography:	Maine
Location:	All
Occupation:	All
Primarily Low Income?	No
Disproportionately Affected by the Problem?	No

Program SMART Objective

Title of Program SMART Objective: TB treatment completion

SMART Objective Summary

SMART Objective Description	Between October 1, 2026, and September 30, 2027, a contracted community health worker will support 90% of active TB patients in southern and western Maine who are out of isolation with directly observed therapy (DOT), culturally appropriate social support, care navigation, coaching, and advocacy to eligible patients that are consistent with patient-centered goals and issues.
Item to be Measured:	Percentage of confirmed active TB patients who receive CHW support to complete treatment
Unit to be Measured:	percentage
Baseline Value for Item to be Measured:	50%
Interim Target Value to Reach by APR:	80%
Final Target to Reach by Closeout Report:	90%

SMART Objective Problem Information

Summary of the Objective Problem	CHW support for TB treatment has been found to have the greatest impact in five counties in Maine.
Description of the Objective Problem:	The majority of TB case in Maine are among residents of the five most Southern and Western counties in the State. The population in this part of the state is also more racial and culturally diverse, so the availability of a community health worker who can focus on the unique needs of the population most affected was prioritized in this part of the state.

SMART Objective Intervention Information:

Intervention Summary:	The CHW/DOT (Directly Observed Therapy) position will assist patients to access health resources, services, support disease self-management, and will assist in the coordination of culturally appropriate care and services for patient populations.
Intervention Description:	This CHW position will • Provide social support, care navigation, coaching, and advocacy to eligible patients that are consistent with patient-centered goals and issues. • Cultural mediation among individuals, communities, social service organizations and the health care system. • Provide coaching through motivational interviewing and other evidence-based approaches. •Advocate for individuals and communities with a goal to build individual community capacity. Conduct targeted and community outreach as needed to promote the goals of the program, the larger health care organization, and the broader healthcare system. • Provide culturally appropriate health education and information. • Participate in health care promotion activities with individual patients and in communities served. •Identify, document, and address positive social determinants of health-related barriers such as food or housing insecurity, transportation needs etc. • Assist in the preparation of health-related forms as needed. • Documentation of work in the Medical Record (EMR). • Prepare reports and documents as needed. • Participate in required meetings and work groups as appropriate and as needed to support

	the work of Tuberculosis (TB)/PHN •Provides Directly Observed Therapy (DOT) medications and obtains sputum and samples. • Provides support to PHN services. • Completes required training in support of duties and responsibilities of this position. The CHW currently serves clients in the three most southern Districts in Maine, where TB cases, and those with unique cultural needs are more common. Not all cases are referred to the CHW, as there are times when it is determined a public Health Nurse's skills are more appropriate.
Type of Intervention:	Evidence-Based Intervention
Rationale for Choosing the Intervention:	Directly Observed Therapy is an evidence-based strategy for the treatment of TB. The use of community health workers to support diverse populations in home settings and expand the capacity of public health workforce are also evidence-based interventions. The combination of these strategies is assisting Maine CDC is assuring the TB patients adhere to treatment protocols.

SMART Objective Target Population

Target Population Same as Program's or Subset?	Sub-set of the Program's Target Population
Number of People Served:	42
Race and/or Ethnicity:	All
Age:	All
Sex:	All
Sexual Orientation:	All
Geography:	Androscoggon, Cumberland, Franklin, Oxford and York Counties
Location:	Homes
Occupation:	All

Activities

Activity – TB case investigations

Activity Summary:	The contracted TB epidemiologist will investigate identified TB cases and lead any contact investigations that are outside the patient's home.
Activity Description:	Investigations include conducting contact tracing. Identified patients will be referred to public health nursing and community health worker services for treatment.

Activity – Directly Observed TB Therapy

Activity Summary:	The contracted CHW will provide Directly Observed Therapy (DOT) for identified TB patients.
Activity Description:	In addition to DOT, the CHW will: • Provide social support, care navigation, coaching, and advocacy to eligible patients that are consistent with patient-centered goals and issues. • Provide coaching through motivational interviewing and other evidence-based approaches.

Activity – Other supports for culturally appropriate care

Activity Summary:	The contracted CHW will assist with other related Public Health Nursing activities as time allows. TB/DOT will take priority.
Activity Description:	In addition to supporting people undergoing TB treatment, the CHW will: • Engage in community relations-building activities; and provide social support and advocacy to Public Health Nursing patients that are consistent with patient-centered goals . • Provide cultural mediation among individuals, communities, social service organizations, and the health care system. • Advocate for individuals and communities with a goal to build individual and community capacity. • Provide culturally appropriate health education and information.

Program Name: Community Health Needs Assessments

Program Summary

Program Goal:	Maine CDC will update CHNA data annually.
Healthy People 2030 Objective:	PHI-R09 Explore the impact of community health assessment and improvement planning efforts
Health Topic Area:	Public Health Infrastructure
Recipient Health Objective:	Between October 1, 2026, and September 30, 2027, Maine CDC will update Maine Shared Community Health Needs Assessment data for 20 communities within the state.

Program Problem Information

Program Problem Description:	The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare (CMHC), Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), the Maine Center for Disease Control and Prevention (Maine CDC), and the Maine Community Action Partnership (MeCAP). By engaging and learning from people and communities and through data analysis, the partnership aims to improve the health and well-being of all people living in Maine. The mission of the Maine Shared CHNA is to: create shared CHNA reports, engage and activate communities, and support data-driven improvements in health and well-being for all people living in Maine. The 2022 Maine Shared CHNA priorities were used to develop the 2025 Maine State Health improvement Plan, whose implementation will continue during this project period. 270 quantitative indicators related to health outcomes, health behaviors, and social drivers of health were updated in 2024. In 2026, the partnership worked to reduce this to approximately 150 indicators due to reduced capacity of all partners. Maine CDC's public health partners seek annual updates of this data in addition to the Triennial reports.
Problem was Prioritized by the Following Factor(s)	Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment); Other_Prioritization
Problem Prioritized – Other:	Maine CDC has a signed MOU with four health systems and the state-wide partnership for community action agencies. This program also supports public health accreditation.

Program Key Indicator – KI-02030

Description of Program Key Indicator	The number of Maine Shared CHNA indicators that have data updates during the project period.
Baseline Value for the Program Key Indicator	0

Program Strategy

Program Goal:	Maine CDC will update CHNA data annually.
SDOH Addressed by the Program:	Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy);Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
Program Strategy:	Maine CDC will routinize data analysis and update selected indicators on an annual basis and post these on an interactive dashboard with the option of data downloads, so that community partners have easy access to needed data. Data will be analyzed for 16 counties, 4 larger cities, and other communities that meet the community needs assessment requirements of hospitals and community action agencies.
Program Setting(s):	Childcare center; Community based organization; Local health department; Medical or clinical site; Schools or school district; State health department; Tribal nation or area
List of Primary Strategic Partners	MaineHealth, MaineGeneral Health, Northern Light Health, Central Maine Healthcare, Maine Community Action Partnership, the Maine CDC Health Advisory Council
Evaluation Methodology	Effectiveness of the Maine Shared CHNA and activity under this program will be measured by the number of indicators with updated information, traffic and downloads from the data dashboard, and feedback from community partners regarding the data and dashboard.
Planned Non-Monetary Support to Local Agencies or Organizations:	Technical Assistance; Resources/Job Aids; Other_Support
Planned Non-Monetary Support – Other:	Data analyses and data dashboard for the Maine Shared CHNA will be maintained by Maine CDC, allowing data to be used by stakeholders and community partners. Participation on the Maine Shared CHNA steering committee brings public health expertise to the project.

Program Budget for Block Grant Funds

FY2025 Basic Allocation	
FY2025 Sex Offense Allocation	

Total Allocation

Program Target Population(s)

Number of People Served:	1395722
Race and/or Ethnicity:	All
Age:	All
Sex:	All
Sexual Orientation:	Straight or heterosexual; LGBTQ
Geography:	Maine, counties, top three cities
Location:	Hospitals, community action agencies, other community-based organizations
Occupation:	All
Primarily Low Income?	no
Disproportionately Affected by the Problem?	no

Program SMART Objective

Title of Program SMART Objective: Updated data for Maine Shared CHNA indicators.

SMART Objective Summary

SMART Objective Description	Between October 1, 2026, and September 30, 2027, Maine CDC will update data for 50 Maine Shared CHNA indicators.
Item to be Measured:	Number of indictors that are updated during the project period. Indicators will be stratified whenever possible by county and by population demographics.
Unit to be Measured:	number
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	20
Final Target to Reach by Closeout Report:	100

SMART Objective Intervention Information:

Intervention Summary:	Maine CDC will update Maine Shared CHNA indicators when new datasets become available.
Intervention Description:	When a new set of data becomes available, data analysts will review the data for quality issues, analyze indicators including by available stratification, check the analyses for accuracy and upload these to the Maine Shared CHNA SQL Database. Tableau programmers will then update the dashboard from the SQL database. This is being reduced for future reports to approximately 150. These indicators are stratified both geographically and demographically, and these stratifications will also be updated. Not all indicators have new data available every year.
Type of Intervention:	Innovative/Promising Practice
Rationale for Choosing the Intervention:	While the Maine Shared CHNA produces profiles and reports on a triennial basis. Maine CDC community partners value updated information whenever new data becomes available. A careful process that includes multiple quality assurance checks ensures that accurate data is displayed and disseminated. Up-to-date data across public health topics is critical for communities to be able to update their local needs assessments and plan for public health and related interventions. While some data is not available every year, it is important to update all indicators regularly. There were 270 indicators used in the 2025 Maine Shared CHNA.

SMART Objective Key Indicator – KI-00720

Description of SMART Objective Key Indicator	Number of updated Maine Shared CHNA indicators
Baseline Value for the SMART Objective Key Indicator	0

SMART Objective Target Population	
Target Population Same as Program's or Subset?	Same as the Program's Target Population

Activities

Activity – Support for the Behavioral Risk Factor Surveillance System

Activity Summary:	Maine CDC will use PHHS BG Funds to sponsor state-added questions and US CDC modules that are part of MSCHNA indicator list.
Activity Description:	Maine BRFSS provides both state level and county-level data for questions on the survey. A number of these are important for communities when they are prioritizing health issues in their area of the state. In addition to sponsoring added questions, PHHS BG support of BRFSS will ensure high level expertise on the Maine BRFSS steering committee.

Activity – Support for Maine Integrated Youth Health Survey

Activity Summary:	Subject matter expertise from contracted maternal and child health, injury, and chronic disease epidemiologists will inform the implementation of this survey and the analysis of its data.
Activity Description:	Maine CDC will contract with the University of Southern Maine for epidemiology services to support the implementation of the Maine Integrated Youth Health Survey, analysis of the data from the survey and production of infographics related to the survey.

Activity – Analysis of data for the Maine Shared CHNA

Activity Summary:	Staff and contracted epidemiologists will analyze data for Maine CDC as new data becomes available.
Activity Description:	Contracted epidemiologists supported by Block Grant funds are responsible for analyzing specific data sets including birth data, BRFSS, and the Maine Health Data Organization's hospital discharge datasets data for the Maine Shared CHNA. The process includes preparing the data set for these analyses, running SAS programs to provide rates and confidence intervals, checking the data for completeness and accuracy, and checking meta data for completeness and accuracy. Other data is analyzed by other Maine CDC as in-kind.

Activity – Updates to community-specific data products for the Maine Shared CHNA

Activity Summary:	Maine CDC will make on-going improvements to the dissemination of MSCHNA data via interactive data displays and other products.
Activity Description:	Maine CDC has been refreshing the look and functionality of the MSCHNA dashboard over the past year. Information collected during the past year from MSCHNA stakeholders will be used to prioritize and design additional views and products.

Activity – Attend the annual PHHS Block Grant meeting.

Activity Summary:	In May 2027 (when), the Maine PHHS BG Coordinator (who) will attend the convening of Block Grant coordinators and US CDC staff if this meeting is held. (what)
Activity Description:	The Maine PHHS BG Coordinator (who) will attend this national meeting to hear from peers, gain additional insights on current US CDC guidance and share Maine's progress with others.

Program Name:	Asthma Management
Program Summary	
Program Goal:	Maine CDC will enhance the Asthma Self-Management Education Program.
Healthy People 2030 Objective:	RD-04 Reduce asthma attacks
Health Topic Area:	Respiratory Diseases
Recipient Health Objective:	By September 30, 2027, at least 20 people with asthma in Maine will improve their asthma control (as measured by the standardized Asthma Control Test) as a result of participating in the Asthma Self-Management Education and/or the Breathe Better Project to reduce asthma triggers in the home.

Program Problem Information	
Program Problem Description:	Maine has some of the highest rates of asthma in the country. In 2021 (most recent data available), 12.5% of Maine Adults and 7.2% of children ages 0-17 had been diagnosed with asthma. The age adjusted rate for ED visits was 37.1 per 10,000 for 2016-2020. 2020 rates may be lower due to the COVID pandemic affecting all healthcare visits. While US comparison data for emergency department visits due to asthma are unknown, county-level data in Maine shows significant differences in different parts of the state, and there are also variations across different demographic groups. Asthma Self Management Education is an evidence-based intervention designed to support individuals with uncontrolled asthma in effectively managing their condition. The Maine Asthma Prevention and Control Program is currently delivering the ASME program in homes through Community Health Workers (CHWs) and Community Paramedics, focusing on populations disproportionately affected by asthma, including low-income, rural, and immigrant communities. While recent trends indicate that the current intervention has had some success, not all people with asthma are reached via the program. In addition, while CHWs and other asthma educators currently observe housing conditions and help identify potential asthma triggers, the use of indoor air quality monitors will provide additional information and feedback to participants, and enhance the specificity and effectiveness of interventions.
Problem was Prioritized by the Following Factor(s)	Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment);Identified via surveillance systems or other data sources

Program Key Indicator – KI-02031	
Description of Program Key Indicator	Number of individuals receiving asthma self-management education
Baseline Value for the Program Key Indicator	35

Program Strategy	
Program Goal:	Maine CDC will enhance the Asthma Self-Management Education Program (AS-ME Program).
SDOH Addressed by the Program:	Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
Program Strategy:	The program will be enhanced through the expanded implementation of the AS-ME Program by 4 Community Paramedicine partner agencies. Community Paramedics trained as asthma educators will provide education and support to individuals with asthma that is not well controlled to increase self-management knowledge and skills. They will also perform the Supporting Healthy Indoor Environments (SHINE) Home Assessment to identify and reduce environmental asthma triggers in participant homes. The 4 agency sites recently increased their readiness for full implementation of the AS-ME Program through completion of capacity-building and infrastructure development activities. Funding will advance full program implementation by the 4 sites while also continuing to strengthen their professional capacity for successful program delivery. Evaluation of implementation across the 4 sites will be conducted alongside the provision of technical assistance to support real-time continuous improvement. Additionally, Community Paramedics will implement a preliminary enhanced SHINE Home Assessment

	model—titled the Breathe Better Project-- with a total of 10 AS-ME Program participants over the course of 1 year. This pilot incorporates indoor air quality monitors for enhanced asthma trigger identification and reduction in participant homes. Technical assistance will be provided to a total of 3 community partners to support implementation of the model. Evaluation of the model will identify model refinements. Ultimately, the combined enhancements made to the AS-ME Program will contribute to improved asthma outcomes for a greater number of participants. Over the course of 1 year, at least 20 adults and children with asthma in Maine will improve their asthma control (as measured by the standardized Asthma Control Test) as a result of participating in the AS-ME Program and/or the Breathe Better Project.
Program Setting(s):	Community based organization; Home
List of Primary Strategic Partners	Partners in the Community Paramedicine expansion: Maine CDC Asthma Program, Partnerships for Health, United Ambulance Service, Med-Care Ambulance, Memorial Ambulance, Stockton Springs Ambulance Department, Bangor Fire Department, the Maine Indoor Air Quality Council, Reducing Outdoor Contaminants in Indoor Spaces (ROCIS), and United Ambulance Service.
Evaluation Methodology	The Maine Asthma Program and Partnerships for Health will monitor AS-ME Program implementation data collected by the Community Paramedicine agencies through the program's data collection platform, CommCare. These data include enrollment numbers and participant outcome data. Implementation data from the Breathe Better Project will be captured in reports from Community Paramedics, participant surveys, and monitor data downloads. Evaluation will follow Individual Evaluation Plans guided by the CDC Program Evaluation Framework.
Planned Non-Monetary Support to Local Agencies or Organizations:	Technical Assistance

Program Budget for Block Grant Funds	
FY2027 Basic Allocation	$215,000
FY2025 Sex Offense Allocation	$0
Total Allocation	**$215,000**

Program Target Population(s)	
Number of People Served:	154347
Race and/or Ethnicity:	All
Age:	All
Sex:	All
Sexual Orientation:	All
Geography:	Androscoggin, Hancock, Oxford, Penobscot, Waldo, Sagadahoc, and Cumberland counties
Location:	Homes
Occupation:	Any
Primarily Low Income?	No
Disproportionately Affected by the Problem?	Yes
All or Part Disproportionately Affected?	All

Program SMART Objective	
Title of Program SMART Objective:	Asthma Self-Management Education Program Expansion by Community Paramedics
SMART Objective Summary	
SMART Objective Description	By September 30, 2027, Community Paramedics implementing the Asthma Self-Management Education Program will expand the program's reach by 30 participants.
Item to be Measured:	AS-ME Program participant enrollment at Community Paramedicine sites
Unit to be Measured:	Individuals
Baseline Value for Item to be Measured:	35
Interim Target Value to Reach by APR:	50
Final Target to Reach by Closeout Report:	65
SMART Objective Problem Information	
SMART Objective Problem Description:	Same as program
SMART Objective Problem Summary:	Same as program
SMART Objective Intervention Information:	
Intervention Summary:	Contracted Community Paramedicine agencies will implement the Asthma Self-Management Education Program (AS-ME Program) and the AS-ME Program's Breathe Better Project.
Intervention Description:	The AS-ME Program is an evidence-based intervention designed to help improve asthma control for individuals with asthma that is not well managed by providing education and support for better self-management. Community Paramedics and Community Health Workers trained as asthma educators deliver the program within populations with high asthma burden, with an increased focus on low-income and rural communities. The program utilizes the American Lung Association's evidence-based Breathe Well, Live Well curriculum which teaches participants to recognize symptoms, avoid triggers, use medications and devices correctly, and respond to worsening asthma symptoms. The goals of the AS-ME Program are to increase participant knowledge of asthma self-management, reduce asthma triggers within participant homes, improve participant asthma outcomes, and enhance asthma educators' professional knowledge of best practices for asthma self-management. Reduction of environmental asthma triggers in participant homes is addressed by asthma educators performing the Supporting Healthy Indoor Environments (SHINE) Home Assessment. An enhanced version of SHINE (the Breathe Better Project) incorporates the use of indoor air quality monitors for improved identification and reduction of asthma triggers by AS-ME Program participants. Implementation of this pilot by Community Paramedics will provide insight these monitors as tools to support enhanced asthma trigger reduction.
Type of Intervention:	Evidence-Based Intervention
Rationale for Choosing the Intervention:	Delivery of the AS-ME Program by Community Paramedics and Community Health Workers provides a cost-efficient, culturally appropriate model for community-based asthma education and support. Implementation of the Breathe Better Project will provide insight into whether indoor air quality monitors can enhance asthma trigger reduction in AS-ME Program Participant homes.
SMART Objective Target Population	
Target Population Same as Program's or Subset?	Same as the Program's Target Population

Activities	
Activity – Asthma Self-Management Education Program Expansion by Community Paramedics	
Activity Summary:	Four Community Paramedicine partner agencies will deliver the Asthma Self-Management Education Program to participants in their service areas.
Activity Description:	Community Paramedicine agencies are subcontracted and managed by United Ambulance Service. Sites were selected based on asthma burden data, as well as the availability of existing partners and resources. Each agency is expected to serve at least 5 participants. Evaluation and technical assistance will be provided by Partnerships for Health to support continuous improvement and implementation success.
Activity – Breathe Better Project	
Activity Summary:	An enhanced SHINE Home Assessment which incorporates indoor air quality monitors for increased asthma trigger reduction will be implemented.
Activity Description:	United Ambulance Service will continue to pilot the use of indoor air quality monitors as part of an enhanced SHINE Home Assessment with at least 10 AS-ME Program participants. The Maine Indoor Air Quality Council and its subcontractor, ROCIS, will analyze monitor data and produce recommendations for interventions to reduce asthma triggers. Evaluation and technical assistance provided by Partnerships for Health will ensure effective implementation and provide insight to guide refinement of the model.

Program Name:	Sexual Assault Prevention and Response
Program Summary	
Program Goal:	Engage with 3 communities to provide community-level prevention support and increase skills in order to serve 95% of the youth reaching out for support.
Healthy People 2030 Objective:	IVP-17 Reduce adolescent sexual violence by anyone
Health Topic Area:	Injury and Violence Prevention
Recipient Health Objective:	By 2030, Maine DHHS and community partners will reduce youth sexual violence as reported by high school students by 5%.
Program Problem Information	
Program Problem Description:	The Western Public Health District of Maine is comprised of Androscoggin, Franklin and Oxford Counties. Franklin and Oxford Counties are primarily rural, while Androscoggin has the second largest community of immigrants in the state; 11.4% of the population of the district are under age 18. In all three counties, a slightly greater proportion of youth report experiencing non-consensual sex than youth in all of Maine (16% of youth 14-18, MIYHS) Youth are often disenfranchised from community and systematic supports and require effective responses to cope with their experiences.
Problem was Prioritized by the Following Factor(s)	Prioritized within a strategic plan; Other_Prioritization
Problem Prioritized – Other:	PHHS BG requirement

Program Key Indicator – KI-02032	
Description of Program Key Indicator	Number of communities that have adopted changes to policies and practices based on risk and protective factors for sexual violence.
Baseline Value for the Program Key Indicator	**1**

Program Strategy	
Program Goal:	Engage with 3 communities to provide community-level prevention support and increase skills in order to serve 95% of the youth reaching out for support.
SDOH Addressed by the Program:	Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration);Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence);Adverse Childhood Experiences (ACEs)
Program Strategy:	Maine CDC collaborates with the Maine DHHS Office of Child and Family Services to contract with the Maine Coalition Against Sexual Assault (MECASA) for rape prevention education and sexual assault response services. While MECASA works with community partners across the state, PHHS BG funds are allocated to Sexual Assault Prevention & Response Services (SAPARS), which serves the Western Public Health District of Maine. SAPARS will continue work with youth by supporting students and school personnel to drive policy and cultural changes within their schools to prevent sexual violence. Community mobilization and education will empower communities to foster connection for young people. Effective responses to childhood experiences of sexual violence will additionally aim to ameliorate the impacts of ACEs on young people. Based on previous experience, the work to engage youth and change community culture is intensive, and with current resources, is only possible in a limited number of communities. In addition, a need to address other populations with previously blended funds will reduce the reach of this program. Therefore, Block Grant resources are making up a larger portion of the effort for this program.
Program Setting(s):	Community based organization; Medical or clinical site; Rape crisis center; Schools or school district
List of Primary Strategic Partners	Maine DHHS Office of Child and Family Services, Maine Coalition Against Sexual Assault (MECASA), Sexual Assault Prevention & Response Services (SAPARS), school communities in Androscoggin, Franklin and Oxford Counties.

Evaluation Methodology	SAPARS will record data in MECASA's database, EmpowerDB, about processes, such as number of engagements and attendance, as well as outcomes such as whether efforts were participant-led. Additionally, staff will administer outcome surveys to youth participants and both process and outcome surveys to guidance counselors or other roles to better understand the impact of programming.
Planned Non-Monetary Support to Local Agencies or Organizations:	Technical Assistance; Training

Program Budget for Block Grant Funds

FY2025 Basic Allocation	$0
FY2025 Sex Offense Allocation	$25,855
Total Allocation	**$25,855**

Program Target Population(s)

Number of People Served:	26329
Race and/or Ethnicity:	All
Age:	15 - 24 years
Sex:	All
Sexual Orientation:	All
Geography:	Androscoggin, Franklin, and Oxford counties which make up the Western Public Health District.
Location:	Community sites throughout the Public Health District, including but not limited to community-based organizations and centers, youth serving organizations and centers, medical or clinical sites, and schools.
Occupation:	All
Primarily Low Income?	No
Disproportionately Affected by the Problem?	Yes
All or Part Disproportionately Affected?	All

Program SMART Objective

Title of Program SMART Objective: Sexual Violence Prevention

SMART Objective Summary

SMART Objective Description	Between October 1, 2026, and September 30, 2027, Sexual Assault Prevention & Response Services staff will continue to support 12 community partners in prevention change efforts.
Item to be Measured:	Number of community partners supported in prevention change efforts by SAPARS staff
Unit to be Measured:	Partners engaged

Baseline Value for Item to be Measured:	12
Interim Target Value to Reach by APR:	12
Final Target to Reach by Closeout Report:	12

SMART Objective Problem Information

SMART Objective Problem Summary:	Addressing sexual violence with young people aged 14-18 using evidence-based prevention principles reduces sexual violence.
SMART Objective Problem Description:	Sexual violence, including sexual harassment, sexual assault, sex trafficking, and sexual exploitation is a persistent problem. Addressing sexual violence with young people aged 14-18 using evidence-based prevention principles is critical to reducing this in our society. US CDC based research demonstrates that communities that adopt policies and practices that support connection to school and to a caring adult increase protective factors for sexual violence. In 2023, 16% of high school students in the Western Maine PHD indicated “yes” to “Have you been forced (physically or otherwise) to have sexual contact?” (25% of girls and 7% of boys) (MIYHS). 2023 MIYHS findings also indicate that 45% of Western Maine PHD high school student respondents felt they mattered to their community (versus 49% statewide). Only 30% (as compared to 32% statewide) reported going to an adult for help when feeling sad or hopeless.

SMART Objective Intervention Information:

Intervention Summary:	SAPARS will support 12 community partners within Androscoggin, Franklin and Oxford Counties in using community level prevention strategies to address root causes of sexual violence.
Intervention Description:	SAPARS has initiated projects in three schools. In each school, multiple adult allies are partnering with youth to identify changes in policies and practices that will promote changes in the school climate to reduce sexual harassment, sexual assault, sex trafficking, and sexual exploitation among students, including fostering a culture of respect and support for all. In order to ensure that interventions address issues from the student perspective, these projects are student-led, with adult support, and therefore, each is unique to the schools where they are taking place. Since school climate change is challenging in a society that can provide conflicting messages, this work is both intensive and gradual, and thus the resources are more focused for a fewer number of schools than previous interventions.
Type of Intervention:	Innovative/Promising Practice
Rationale for Choosing the Intervention:	This intervention is aligned with the state-wide Rape Prevention Education program initiated last year and administered by MECASA. It recognizes that the underlying causes of sexual violence go beyond attitudes and behaviors and are embedded in community culture and conditions.

SMART Objective Target Population

Target Population Same as Program's or Subset?	Subset

Activities

Activity – Community change to prevent youth sexual violence

Activity Summary:	SAPARS staff will engage with community partners to initiate community-level changes that prevent sexual violence
Activity Description:	SAPARS will provide facilitation, training, and technical assistance to students, school personnel, youth leaders, and adult allies. Types of support will include school-based prevention and community education, policy change, coalition building, and community mobilization. This support will help to create policy and cultural changes within schools and other community settings.

Program SMART Objective

Title of Program SMART Objective: Support for Youth Victims of Sexual Violence

SMART Objective Summary

SMART Objective Description From October 1, 2026, to September 30, 2027, 95% of minor victims of sexual violence seeking help will receive support and advocacy services.

Item to be Measured: Percentage of minors seeking services who received them

Unit to be Measured: percentage

Baseline Value for Item to be Measured: 95

Interim Target Value to Reach by APR: 95

Final Target to Reach by Closeout Report: 95

SMART Objective Problem Information

SMART Objective Problem Summary: Of Maine youth aged 14-18 in the Western Public Health District, 16% report having experienced sexual violence.

SMART Objective Problem Description: Sexual assault is traumatizing and can have lifelong effects on youth who experience it if they do not receive appropriate support and advocacy. Like all survivors, youth often feel isolated, especially if they experience the violence at home. Recognition and appropriate intervention and support for youth victims is critical.

SMART Objective Intervention Information:

Intervention Summary: Sexual assault prevention educators and other SAPARS advocates will provide confidential support and assistance to minor victims of sexual violence as well as to their concerned, non-offending caregivers and friends.

Intervention Description: Services to be provided include: twenty-four (24) hour access through toll-free phone contact with immediate response or a return call within fifteen (15) minutes of the original contact; access for Victims with limited English proficiency or who are hearing impaired; crisis intervention; education and referrals to community services and resources, such as law enforcement, civil legal services, and medical providers; provide information and resources regarding Sexual Violence and Sex Trafficking and Sexual Exploitation.

Type of Intervention: Innovative/Promising Practice

Rationale for Choosing the Intervention: Sexual assault is traumatizing and can have lifelong effects on youth who experience it if they do not receive appropriate support and advocacy. Like all survivors, youth often feel isolated, especially if they experience the violence at home. Recognition and appropriate intervention and support for youth victims is critical.

SMART Objective Target Population

Target Population Same as Program's or Subset? Sub-set of the Program's Target Population

Number of People Served: 108

Race and/or Ethnicity: All

Age: 15 - 24 years

Sex: All

Sexual Orientation: All

Geography: Androscoggin, Franklin, and Oxford counties which make up the Western Public Health District.

Location: **Schools, Hospitals, Community-based Organizations**

Occupation: All

Activities

Activity – Support for youth victims of sexual assault

Activity Summary:	Sexual assault prevention educators and other SAPARS advocates will provide confidential support and assistance via one-to-one advocacy services.
Activity Description:	Educators and advocates provide targeted outreach to youth through classroom education, drop-in hours and education of school personnel. This relational approach to service outreach and educating minors about resources available to them can lower barriers to access, particularly for young people who might be experiencing sexual violence in the home. Services to be provided include: twenty-four (24) hour access through toll-free phone contact with immediate response or a return call within fifteen (15) minutes of the original contact; access for Victims with limited English proficiency or who are hearing impaired; crisis intervention; education and referrals to community services and resources, such as law enforcement, civil legal services, and medical providers; provide information and resources regarding Sexual Violence and Sex Trafficking and Sexual Exploitation.

Program Name:	PFAS Exposure Reduction

Program Summary

Program Goal:	Maine CDC will generate actionable guidelines and data to reduce Mainers' exposure to PFAS from contaminated farmland.
Healthy People 2030 Objective:	EH-05 Reduce health and environmental risks from hazardous sites
Health Topic Area:	Environmental Health
Recipient Health Objective:	Reduce Exposure to PFAS from agriculture exposure pathways

Program Key Indicator(s)

Program Key Indicator – KI-02033

Description of Program Key Indicator	The number of individuals identified with elevated blood PFAS levels.
Baseline Value for the Program Key Indicator	0

Program Problem Information

Problem summary:	Historical application of PFAS contaminated biosolids has impacted Maine farmland and potentially agricultural food commodities, resulting in PFAS exposure to Maine residents who consume contaminated foods.
Problem Description:	State of Maine testing has identified dozens of farm fields with PFAS contaminated soils from the historical application of PFAS biosolids. These elevated soils have resulted in contaminated food commodities for soil-to-forage crop – to livestock exposure pathways (e.g., milk, beef). There is a need for soil screening levels to identify when it may be necessary to test food commodities for contamination and there is a need for maximum limits of contamination in food commodities to protect public health. As this contamination has existed for years, individuals are being identified who have elevated exposure and are seeking blood tests to evaluate the need for additional health monitoring or treatment to accelerate the reduction of PFAS body burdens.
How Was the Problem Prioritized?	Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment); Legislature established as a priority

Program Strategy

Program Goal:	Maine CDC will generate actionable guidelines and data to reduce Mainers' exposure to PFAS from contaminated farmland.
SDOH Addressed by the Program:	Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
Program Strategy:	Maine is maintaining two toxicologists who will undertake field studies, literature reviews, and modeling analyses to derive PFAS soil screening and maximum limits of PFAS in food commodities following federal risk assessment guidance. Maine will also maintain one environmental epidemiologist to perform case investigations of Maine residents with elevated blood levels of PFAS to ensure individuals and their health care providers are supported in efforts to identify and mitigate any ongoing exposure to PFAS and accessing information on health monitoring and treatment to accelerate the reduction of body burdens.
Program Setting(s):	Business, corporation or industry; State health department; Other_Settings
Program Setting -- Other:	Farms
List of Primary Strategic Partners	Maine Department of Agriculture Conservation and Forestry, Maine Department of Environmental Protection

Evaluation Methodology	Program evaluation will include the completion of PFAS soil screening levels, the completion of derivation of maximum limits for PFAS in several food commodities, and the completeness of case investigations and number of individuals identified with elevated PFAS blood levels by mandatory reporting.
Planned Non-Monetary Support to Local Agencies or Organizations:	Technical Assistance; Resources/Job Aids

Program Budget for Block Grant Funds

FY2026 Basic Allocation	$396,732
FY2026 Sex Offense Allocation	$0
Total Allocation	**$396,732**

Program Target Population(s)

Number of People Served:	1395722
Race and/or Ethnicity:	All
Age:	All
Sex:	All
Sexual Orientation:	All
Geography:	Maine
Location:	All
Occupation:	All
Primarily Low Income?	No
Disproportionately Affected by the Problem?	Yes
All or Part Disproportionately Affected?	Part

Program Target Disparate Population

Number of People Served:	7500
Race and/or Ethnicity:	All
Age:	All
Sex:	All
Sexual Orientation:	All
Geography:	Maine
Location:	Farms and abutting landowners
Occupation:	Famers and farm workers
Primarily Low Income?	No

Program SMART Objective

Title of Program SMART Objective: Develop and update PFAS Soil Screening Levels

SMART Objective Summary

SMART Objective Description	By September 30, 2027, Maine CDC toxicologists will develop or update 2 additional PFAS soil screening levels.
Item to be Measured:	Completion of soil screening levels for two agricultural exposure pathways (one as an update to a prior 2020 value).
Unit to be Measured:	established screening level
Baseline Value for Item to be Measured:	2
Interim Target Value to Reach by APR:	3
Final Target to Reach by Closeout Report:	4

SMART Objective Problem Information

SMART Objective Problem Description:	Historical application of PFAS contaminated biosolids has impacted Maine farmland and potentially agricultural food commodities, resulting in PFAS exposure to Maine residents who consume contaminated foods. Maine has a legislative mandate to test all farm fields with a history of land application of biosolids for the presence of elevated PFAS in soil. State of Maine testing has identified dozens of farm fields with PFAS contaminated soils from the historical application of PFAS biosolids. Soil screening levels represent soil concentrations of PFAS that pose minimal risk of adverse health outcomes for a specific exposure pathway (e.g., transfer of PFAS from soil to plant to livestock to food commodity). They are used to interpret data from testing of farm fields for the presence of PFAS and to determine if further investigation and testing of food commodities is needed. There is a need for soil screening levels to identify when it may be necessary to test food commodities for contamination. While previously a soil screening level had been developed, emerging science will require updating this and adding an additional screening level.
SMART Objective Problem Summary:	PFAS Soil Screening levels are needed to determine when to further investigate contamination of farm commodities.

SMART Objective Intervention Information:

Intervention Summary:	Develop and update soil screening levels for selected agricultural exposure pathways.
Intervention Description:	Toxicologists will complete field studies undertaken to generate new data to support the development of soil screening levels. Toxicologists will use these new data and will modify existing federal models for deriving soil screening levels so that they can be used for PFAS. Field studies have been completed to validate these models, and model checking will be performed.
Type of Intervention:	Innovative/Promising Practice
Rationale for Choosing the Intervention:	There are existing federal models for relevant agronomic exposure pathways, but they have not been applied to PFAS, and these existing models do not consider all potential significant exposure pathways.

SMART Objective Target Population

Target Population Same as Program's or Subset?	Same as the Program's Target Population

Activities

Activity – Develop or update maximum limits of PFAS in soil screening levels

Activity Summary:	Between 10/1/26 and 9/30/27, finalize maximum limits for PFAS soil screening levels for a soil-to-chicken-egg pathway and one for soil-to-farm worker exposure pathways to support the Maine Department of Agriculture Conservation and Forestry (DACF) in rule-making.
Activity Description:	Toxicologists will finalize maximum limits developed based on new work for the soil to chicken egg pathway on Maine CDC's our recently published paper on the soil to farm workers pathway.

Program SMART Objective

Title of Program SMART Objective:	Develop or update maximum limits of PFAS in agricultural food commodities

SMART Objective Summary

SMART Objective Description	By September 30, 2027, Finalize the scientific basis for maximum limits of PFAS in at least 6 agricultural food commodities to be used in State of Maine rule-making to make these limits enforceable standards.
Item to be Measured:	maximum limits for PFAS in food commodities to be proposed by DACF in rule-making
Unit to be Measured:	recommended limits
Baseline Value for Item to be Measured:	3
Interim Target Value to Reach by APR:	3
Final Target to Reach by Closeout Report:	6

SMART Objective Problem Information	
SMART Objective Problem Description:	Historical application of PFAS contaminated biosolids has impacted Maine farmland and resulted in contaminated agricultural food commodities on some farms, resulting in potential PFAS exposure to Maine residents who consume contaminated foods. To date, contamination has been documented in dairy milk, beef, and eggs. Additional food commodities will be added, while updated to the existing documentation may be needed as the PFAS science develops. These limits will be used by the Maine Department of Agriculture Conservation and Forestry for rule-making related to PFAS contamination.
SMART Objective Problem Summary:	In the absence of federal standards, maximum limits of PFAS in agricultural food commodities are needed to limit exposure to PFAS from contaminated foods.
SMART Objective Intervention Information:	
Intervention Summary:	Develop or update maximum limits of PFAS in selected food commodities.
Intervention Description:	Toxicologists will derive maximum limits of PFAS in selected food commodities following FDA health assessment methodology.
Type of Intervention:	Innovative/Promising Practice
Rationale for Choosing the Intervention:	There are existing federal health assessment methods and federal databases for consumption rates for food commodities, but these are not yet applied to PFAS.
SMART Objective Target Population	
Target Population Same as Program's or Subset?	Same as the Program's Target Population

Activities	
Activity – Support rule-making to finalize maximum limits of PFAS in food commodities	
Activity Summary:	Between 10/1/26 and 9/30/27, support the Maine Department of Agriculture Conservation and Forestry (DACF) in rule-making to established enforceable maximum limits for selected PFAS for at least 6 different agricultural food commodities (milk, beef, pork, eggs, lettuce, spinach),
Activity Description:	Toxicologists will finalize maximum limits developed based on methods developed between 10//25 and 9/30/26 using FDA health assessment methodology federal databases on U.S. population food consumptions (NHANES, FPED) to derive food consumption rates used to develop the maximum limits in food, and in accordance with DACF risk management preferences.
Activity – Attend the annual Society of Toxicology meeting to share results of developing maximum limits for PFAS in food commodities and consult with national experts.	
Activity Summary:	In March 2027, a PFAS toxicologists at Maine CDC (Abby Bline) will attend the annual Society of Toxicology meeting that will be in San Antonio TX.
Activity Description:	In order to share progress in Maine on the development of maximum limits of PFAS in agriculture food commodities and hear from peers, Maine's PFAS toxicologist (Dr. Bline) will attend this national meeting. This will allow for professional development and other professional interactions with colleagues across the U.S., and internationally, as well as a chance stay up to date on any new information about the toxicology of PFAS.

Program SMART Objective

Title of Program SMART Objective: Support individuals with elevated body burdens of PFAS and reduce exposure

SMART Objective Summary

SMART Objective Description	Between October 1, 2026, and September 30, 2027, Maine CDC will provide case investigations for 90% of individuals with elevated blood levels of PFAS to identify likely exposure sources and assist in finding ways to reduce that exposure.
Item to be Measured:	Case investigations of reported PFAS blood tests completed
Unit to be Measured:	percentage
Baseline Value for Item to be Measured:	67
Interim Target Value to Reach by APR:	75
Final Target to Reach by Closeout Report:	80

SMART Objective Problem Information

SMART Objective Problem Description:	Historical application of PFAS contaminated biosolids has resulted in localized contamination of well water, farm food commodities, and fish and game (deer, turkey). Individuals concerned with current or past exposure are requesting their health care providers provide blood testing measure PFAS blood levels. The National Academies of Science Engineering and Medicine (NASEM) has developed blood testing and health monitoring guidelines. Provider education of PFAS is limited. Some Maine residents have been found to have highly elevated blood levels of PFAS. There is a need to provide support to both testing individuals and their health care providers. In response to both a NASEM recommendation and a recommendation of Maine's PFAS Fund Advisory Committee, Maine CDC has made PFAS blood testing results a notifiable condition.
SMART Objective Problem Summary:	Health care providers and individuals need support on interpreting and responding to PFAS blood testing results to determine if body burdens of PFAS are elevated and whether exposure pathways are known or still to be identified so exposure can be reduced.

SMART Objective Intervention Information

Intervention Summary:	Perform case investigations of individuals with elevated PFAS blood levels.
Intervention Description:	An environmental epidemiologist and toxicologist will perform case investigations of individuals with elevated blood PFAS levels to identify likely exposure pathways and make recommendations for exposure reduction. The epidemiologist and toxicologist will also provide health care providers with available guidance on health monitoring of individuals with elevated PFAS blood levels.
Type of Intervention	Innovative/Promising Practice
Rationale for Choosing the Intervention	In 2022, NASEM recommended that clinicians make blood testing available to individuals with elevated PFAS exposure and that States provide Public Health oversight of PFAS blood testing by making test results reportable. Maine is the first state to make this a notifiable condition.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program's Target Population

Activities

Activity – Perform case investigations of individuals with elevated PFAS blood test results.

Activity Summary:	Between October 1, 2026, and September 30, 2027, complete case investigations to identify sources of exposure and opportunities for exposure reduction on 90% of mandated reports of elevated PFAS blood levels in Maine residents.
Activity Description:	An environmental epidemiologist and toxicologist will perform case investigations of individuals with elevated blood PFAS levels to identify likely exposure pathways and make recommendations for exposure reduction. Case investigations will include structured interviews on exposure history, collection of any existing environmental data, running of toxicokinetic models that predict blood levels based on estimated exposure. The epidemiologist and toxicologist will also provide health care providers with available guidance on health monitoring of individuals with elevated PFAS blood levels.

Program Name:	Health Literacy
Program Summary	
Program Goal:	Make Maine CDC services more accessible to people with limited English proficiency.
Healthy People 2030 Objective:	HC/HIT-R01 Increase the health literacy of the population
Health Topic Area:	Health Communication and Health Information Technology
Recipient Health Objective:	Increase health literacy by improving access to culturally and linguistically appropriate information.
Program Problem Information	
Program Problem Description:	In 2023, Maine CDC recognized it did not have a consistent approach across its offices and divisions to understanding the most commonly spoken languages of its constituents or how to best meet language access goals in different communities. Maine CDC received feedback from community partners around current challenges related to its translation and interpretation services, including for resources provided directly by Maine CDC and services that are provided by contractors in the community. Community partners have shared that commonly utilized phone-based interpretation services do not meet many community members' needs and have expressed a desire for increased access to in-person, community-based interpretation services. Community partners have also highlighted the need to serve individuals in their primary spoken language, including the appropriate regional dialects. Beyond just language needs, cultural competence is paramount to communicating effectively and avoiding communication breakdowns and misinterpretation. The need for effective and culturally competent translation and interpretation services spans services across the entire State including public health, healthcare, public safety, social services, and education. As a result, a Language Access Plan was developed via a contractor to provide recommendations to mitigate this problem.
Problem was Prioritized by the Following Factor(s)	Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment); Prioritized in a Strategic Plan
Program Key Indicator	
Description of Program Key Indicator	The number of Language Access Plan recommendations that are implemented during the program period.
Baseline Value for the Program Key Indicator	**0**
Program Strategy	
Program Goal:	Maine CDC will improve language access by implementing recommendations within the Language Access Plan.
SDOH Addressed by the Program:	Health and health care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
Program Strategy:	The Maine CDC Division of PHE will review the Language Access Plan recommendations and strategies, revise and implement strategies within it, and implement additional strategies to increase culturally appropriate materials for Maine people whose primary language is not English.
Program Setting(s):	State health department; Community-Based Organizations
List of Primary Strategic Partners	Maine CDC Communications Team, Maine Community Inclusion Through Technology (CITE), other Community-Based Organizations.
Evaluation Methodology	Maine CDC will track the number of recommendations/strategies that are implemented and evaluations of training provided.
Planned Non-Monetary Support to Local Agencies or Organizations:	Technical Assistance; Resources/Job Aids

Program Budget for Block Grant Funds	
FY2025 Basic Allocation	$233,138
FY2025 Sex Offense Allocation	$0
Total Allocation	**$233,128**

Program Target Population	
Number of People Served:	22,581
Race and/or Ethnicity:	All
Age:	5+
Sex:	All
Sexual Orientation:	All
Geography:	Maine
Location:	All
Occupation:	All
Primarily Low Income?	No
Disproportionately Affected by the Problem?	No

Program SMART Objective

Title of Program SMART Objective: Language Access

SMART Objective Summary

SMART Objective Description	Between October 1, 2026, and September 30, 2027, Maine CDC will increase the number of new language access practices and procedures adopted or enhanced.
Item to be Measured:	language access practices and procedures
Unit to be Measured:	number
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	3
Final Target to Reach by Closeout Report:	5

SMART Objective Intervention Information

Intervention Summary:	Maine CDC will implement recommendations in the Language Access Plan developed in 2024.
Intervention Description:	The Maine CDC Division of Population Health Equity (DPHE) will review the LAP recommendations and strategies, revise and implement strategies within it, and implement additional strategies to increase culturally appropriate materials for Maine people whose primary language is not English. Examples include engaging community-based partners, training staff, and improving contracts for language services.
Type of Intervention:	Innovative or Promising Practice
Rationale for Choosing the Intervention:	This intervention was recommended by a subject matter expert (contractor) in 2024, after their assessment of current Language Access Practices at Maine CDC and the Maine Department of Health and Human Services.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program's Target Population

Activities

Activity – Engage the DPHE Community Care Partners	
Activity Summary:	Maine CDC will develop an ongoing dialogue on language access for people with LEP via monthly meetings with Community Care Program partners.
Activity Description:	Staff from the Maine CDC Division of Population Health Equity (DPHE) meet monthly with representatives from Community-based Organizations that are part of the "Community Care Program" network with the Maine CDC. By including access to language services as an agenda item in these meetings, DPHE will provide education to partners on the legal requirements for language access and the mechanisms by which Maine DHHS provides language access, and to better understand perceptions of the efficacy of Maine DHHS language access among Community-based Organizations. This dialogue will help inform strategies to improve language access.
Activity – Provide language access training	
Activity Summary:	Maine CDC will provide annual training on language access to all client-facing staff, their supervisors, and agency management and leadership.
Activity Description:	Such training should include, at a minimum: the legal basis for language and communications access; the Language Access Policy of Maine DHHS; and practical information on how to provide language access. In addition, DPHE will review and propose changes to language access information on the Maine Department's intranet site to improve user-friendliness and ease of access to important information.
Activity – Improve Service-level agreements for translation	
Activity Summary:	DPHE staff will work with the Department to improve the cultural and linguistic appropriateness of translated materials produced under the Department's Master Agreements for translation services.
Activity Description:	Master Agreements with translation service providers will provide clarity regarding requirements for the culturally and linguistically appropriate provision of language access. Since agreements for interpretation are negotiated for all Offices within the Maine Department of Health and Human Services, DPHE will need to engage with other personnel in the Department to implement this activity.
Activity – Engage with Maine-based organizations for improve language access services	
Activity Summary:	DPHE will explore contracting for language access from Maine community-based organizations (CBOs).
Activity Description:	DPHE will assess the capacity of CBO partners to provide language access services and explore opportunity to tap into this capacity via contracts with these organizations. These contracts may provide better language access geared to the most common languages and dialects spoken by people in Maine with limited English proficiency.