



Maine Child Safety and Family Well-Being Plan

Version 1.0 - May 9, 2023

Prepared by the Maine Department of Health and Human Services
in Partnership with the Maine Child Welfare Action Network



Introduction

Under Governor Janet Mills' leadership, the State of Maine has set the goal for all children to be safe, stable, happy, and healthy. The Governor's support for children began at her first inaugural address, when she prioritized the reconstitution and support for the Children's Cabinet. In her 2023 State of the Budget Address on February 14, 2023, the Governor announced:

"... we will partner with the Maine Child Welfare Action Network to develop a new, comprehensive plan to keep children safe by keeping families strong – by ensuring kids have healthy food, safe housing, and child care, and by supporting parents with job training and education, and mental health and substance use services. If we keep families healthy, then we can keep children safe."

The Maine Child Welfare Action Network has advocated for such a plan as a means to lift up prevention, identify priorities, create a model and theory for action, and guide policy makers and communities alike in meeting the shared goal of keeping families strong to keep children safe.

The vision is that Maine will be a place where all children, youth, and families live in supportive communities and can get the help they need, when they need it. This means living in places where people know and look out for each other. It also means having programs that support families and help them navigate challenges. Parenting is an important and difficult job, and everyone has a role to play in raising the next generation.

This Version 1.0 frames the elements of the Plan, some immediate strategies for action, and the work to come. This version of the Plan will serve as a framework for the Maine Department of Health and Human Services (DHHS), state agencies, and community partners to build upon. This process will include further direct input from families, and a focus on reinforcing collaborative work to ensure children are safe and families are strong.

Priority on Prevention

In recent years, the Administration for Children, Youth and Families (ACYF) and many national child welfare organizations have recommended that states direct more resources and attention to primary and secondary prevention efforts that reduce the incidence of child abuse and neglect. These leaders are emphasizing "the importance of proactively preventing child maltreatment and investing in the capacity of parents to keep their children safe, rather than disproportionately investing in supports and services, such as foster care, after children have already suffered maltreatment."¹



1. U.S. Department of Health and Human Services, Administration for Children & Families, Children's Bureau, Improving Child Welfare Through Primary Prevention, Children's Bureau Express January 2019. <https://cbexpress.acf.hhs.gov/article/2019/december-january/improving-child-welfare-through-primary-prevention/743800031b92c150517620efe54bcb5c>

All too often, children, youth, and families find themselves interacting with the state's child welfare agency long after needed supports could or should have been accessed. Or, in other instances, children, youth, and families tried to access resources and supports, only to learn that they are not eligible for services or that the services are not locally, immediately, or affordably accessible. Perceived public stigma, and personally held stigma, also play a significant role in preventing families from seeking help. Many families may also struggle with having the basic conditions to thrive, such as food on the table or gas in the car.

We know, through national research, that children, youth, and families need the following conditions, also known as Social Determinants of Health², to thrive:

- » Economic stability;
- » Access to quality education;
- » Access to quality health care and behavioral health services;
- » Living within healthy neighborhoods and environments; and
- » Positive social and community interactions.

Key Terms

This Plan will reference the following key terms. See [Appendix A](#) for definitions of each.

- ▶ Safety
- ▶ Well-Being
- ▶ Prevention
- ▶ Abuse
- ▶ Neglect
- ▶ Child Maltreatment
- ▶ Mental Health
- ▶ Substance Use Disorder
- ▶ Resilience
- ▶ Unstable Housing
- ▶ Domestic Violence/Intimate Partner Violence
- ▶ Concrete and Economic Supports
- ▶ Social Determinants of Health
- ▶ Adverse Childhood Experiences

When one or more of these conditions is lacking for families, there is a measurable increase in the risk factors associated with child abuse and neglect. While not the reason for a child protective finding, almost half (47%) of Maine families with child protective findings in calendar year 2021 were single parent households struggling to meet their basic needs. In addition to economic stressors, the most prevalent risk factors for families with child maltreatment findings were neglect, drug/alcohol use, and domestic violence.³

Risk and Protective Factors

Preventing child abuse and neglect requires action at an early stage to reduce the risk factors and increase protective factors in families. Research by the U.S. Centers for Disease Control and Prevention (U.S. CDC) has found that a combination of individual, relational, community, and societal factors contribute to the risk of child abuse and neglect.⁴ Certain risk factors, such as poverty, untreated substance use disorder, unmet mental health needs, and exposure to violence are associated with child maltreatment. These risk factors may increase the likelihood of child abuse and neglect, but they may or may not be direct causes. Risk factors are often exacerbated by other challenges that families may face in society, such as an inability to meet basic needs, including stable housing, secure income, and access to medical care and treatment. In addition, parents and caregivers may have limited social connections and support to assist them in navigating challenging family dynamics.

2. <https://health.gov/healthypeople/priority-areas/social-determinants-health>

3. Katahdin, Maine Child Welfare Information System, 2021.

4. Fortson, Beverly L., PhD, et al (2016). Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia. <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>



Protective factors are the conditions that provide a buffer to life's stressors. Substantial research has shown these conditions make it less likely that child maltreatment will occur.⁵ These include economic security, having basic needs met like food, housing, health care, childcare, education, and the presence of strong social supports, such as having people to call when families need help. The Strengthening Families Protective Factors Framework by the Center for the Study of Social Policy focuses on supporting families to build protective factors that help to counter risks for child maltreatment.⁶ Based on extensive research in child and family development, the framework encourages families, service providers and communities to work together to build five protective factors for optimal child development: parental resilience, positive social connections, knowledge of parenting and child development, concrete supports and services, and social emotional competence of children.

Risk Factors	Domain	Protective Factors
<ul style="list-style-type: none"> ▶ Unmet health, developmental, and social emotional needs 	Child/Youth	<ul style="list-style-type: none"> ▶ Nurturing and safe opportunities that support healthy development
<ul style="list-style-type: none"> ▶ High levels of caregiver stress ▶ High levels of economic stress ▶ Untreated mental health needs ▶ Untreated substance use disorder ▶ Relational violence in household 	Family	<ul style="list-style-type: none"> ▶ Caregiver resilience ▶ Basic needs met: food, shelter, education, health ▶ Steady employment ▶ Access to medical and mental health care ▶ Knowledge of child development ▶ Supportive social connections
<ul style="list-style-type: none"> ▶ High rates of poverty ▶ Unstable housing – residents move often ▶ Limited education and economic opportunities ▶ Neighbors don't know, look out for each other ▶ Few community activities for youth 	Community	<ul style="list-style-type: none"> ▶ Economic opportunities and assistance ▶ Stable housing ▶ Nurturing and safe childcare ▶ After school programs and activities for youth ▶ Accessible educational opportunities ▶ Neighbors know, look out for each other
<ul style="list-style-type: none"> ▶ Services are unavailable 	Organizations	<ul style="list-style-type: none"> ▶ Accessible services ▶ Coordination across sectors
<ul style="list-style-type: none"> ▶ Policy, funding priorities weighted toward crisis 	Policies	<ul style="list-style-type: none"> ▶ Policy, funding directed toward prevention ▶ Family-friendly policies in workplace

5. Ibid.

6. <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

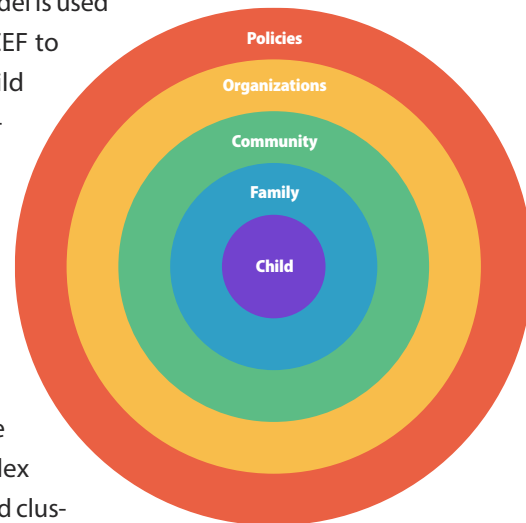
While Maine has established and sustained a series of social supports to address these challenging familial circumstances, there is more to be done. Improved prevention of child maltreatment would be advanced through a **statewide, coordinated, and sufficiently resourced system** to strengthen and help families to care for their children safely in their home.

Coordinated System

According to the U.S. CDC, there is strong reason to believe that improving health and well-being outcomes for all children, youth, and families will require convening and coordinating focused efforts across key sectors of society.⁷ Research shows this type of collaboration requires leadership to build public will, continuous communication to coordinate strategy, and sustained investment in supporting infrastructure to be successful.⁸ Successful change also requires empowering the people who are most impacted by the issue to exercise increased collective control over the factors that shape their own well-being.⁹

The **Social-Ecological Model (SEM)** provides a comprehensive framework for cross-sector initiatives to plan and implement large-scale service delivery. This model is used by the U.S. CDC, World Health Organization, and UNICEF to better understand complex societal problems like child maltreatment, and to guide the development and implementation of coordinated approaches to address them.

The SEM is based on evidence that no single factor can fully explain complex social problems, which are the outcome of interaction among many factors at different levels: individual, relational, community, and societal. The model allows people to understand the range of factors that put children at risk for adverse experiences and poor outcomes, considers the complex interplay between factors, and can be used to identify and cluster intervention strategies based on the ecological level in which they act. The Plan will use the SEM as a framework to organize action across multiple levels at the same time, with strategies and approaches that work in combination and reinforce each other.



Maine Challenges and Opportunities

A summary review of national, community, and state level data and research was conducted to inform the development of this Plan. State and community partners came together to gather information from individuals across the state about the current gaps and barriers to families thriving in Maine.

7. Supra at 4.

8. Kania & Kramer (2011), Collective Impact, Stanford Social Innovation Review Winter 2011. https://ssir.org/articles/entry/collective_impact

9. World Health Organization. (2010). A conceptual framework for action on the social determinants of health. World Health Organization. <https://apps.who.int/iris/handle/10665/44489>



Maine Data

In a literature review of Maine data completed by Chapin Hall, common barriers to services for Maine residents were identified including housing, health (medical, physical, substance use), child and youth development, transportation, employment and basic needs.¹⁰ Data from the MeCAP (the Maine Community Action Partnership) county by county comprehensive community assessment identified the needs most frequently mentioned for each county and ranked as highest priority were health (including mental health, substance use, and physical health) and housing/homelessness.¹¹

Housing: Maine Housing reports that 55 percent of renters cannot afford the median cost of rent/utilities for a 2-bedroom unit. In addition, 41.5 percent of all Maine renters are cost-burdened by their housing expenses: meaning they spend 30 percent or more of their income paying for a place to live.¹²

Living Wages: A Chapin Hall analysis of data from MIT's Living Wage Calculator indicates 38 percent of Maine people do not earn enough to cover their basic necessities such as food, housing, transportation, health care, or child care. That number increases to 46 percent for households with children who struggle to meet their basic needs.¹³

Child Care: While the gap between child care supply and demand has narrowed in recent years,¹⁴ more needs to be done to close gaps in access for families. According to a Maine survey of child care providers, the most common reason cited for being under-enrolled was staff shortages.¹⁵ The state has also made strides in expanding public pre-k programs, but public pre-k slots are not available for all interested families.

Mental Health and Substance Use: A Chapin Hall analysis of 2-1-1 Maine data indicated that 2-1-1 Maine received a 32 percent increase in the number of calls about mental health from 2019 to 2020 and calls for substance use services increased by 36 percent over the same period.¹⁶ The impact of substance use on child safety and family well-being can be profound and include consequences such as overdoses, child



10. <https://mecap.org/wp-content/uploads/2022/01/MeCAP-Statewide-Community-Needs-Assessment-Report-with-Appendices-FINAL-12032021-2.pdf>

11. Ibid.

12. <https://www.mainehousing.org/policy-research/housing-data>

13. <https://livingwage.mit.edu/states/23>

14. <https://www.maine.gov/dhhs/blog/bipartisan-policy-center-reports-child-care-improvements-maine-2023-01-27>

15. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/maine_naeyc_2022_fall_survey.pdf

16. <https://211maine.org/about/>

ingestions, and neglect. Maine continues to see substance use as a risk factor in over 50 percent of all child removals.¹⁷

In addition to this brief quantitative review of risk factors that impact child safety and family well-being, the Plan also reflects the qualitative data from the voices of those living and working in Maine.

Community and State Partner Engagement Sessions

Throughout the month of March 2023, the Department of Health and Human Services, the Office of Child and Family Services, and the Maine Child Welfare Action Network hosted a series of Engagement Sessions with community and state partners to solicit feedback for this strategic plan. During these sessions, over 250 individuals in 13 sessions attended and were asked the following threshold questions for what should be considered in this plan:

1. Are there service or resource gaps that impair family well-being and put children at risk? Are there policies or other barriers that prevent access to services or resources?
2. What is one thing you would change to make services work better for families to prevent child maltreatment? At the state level? At the community level?
3. How do social norms, cultural attitudes (i.e., bias, stigma), engagement and leadership in your community impact efforts to strengthen families and improve child safety?
4. When have you experienced effective coordination and collaboration across agencies, organizations, and community resources, and what were the conditions that made it work?
5. In your experience in collaborative work, what is the significance of having a vision, education, and communications plan? What other elements are important to include in this plan?

Following the engagement sessions, the same questions were sent out in a survey to everyone who had registered for a session or were members of existing state agency groups that participated in a virtual session to give them an opportunity to answer fully and completely if they chose. Over 50 survey responses were received. An additional session was held on April 19, 2023, when all prior engagement session registrants were invited to a virtual meeting to hear the compilation of feedback received and provide an opportunity to weigh in on the information collected as a final step in initial plan development. Similar sessions with state level staff and people with lived experience took place on April 24, 2023.



Throughout the engagement sessions and the survey, significant feedback was obtained about what is working well within the array of prevention supports and services and what can be improved, all of which has informed the development of this Plan.

17. <https://www.maine.gov/dhhs/sites/maine.gov/dhhs/files/inline-files/Child%20Welfare%202022%20Annual%20Report%20FINAL.pdf>



Maine currently offers an array of supports and services that directly impact the risk and protective factors for child maltreatment. Some of these services are specifically directed to primary prevention activities, such as the Child Abuse Prevention Councils and the Maine Prevention Network. Other entities may not see themselves as providers of prevention services but play a critical role in the well-being of children, youth, and families. This Plan seeks to bolster and coordinate all of these supports and services to create a comprehensive system that will strengthen families and reduce child maltreatment.

Many community-based organizations and state agencies direct significant resources toward these important programs and supports. However, these efforts are currently delivered by various organizations and sectors that often work in silos and can be difficult for families to navigate. There are also critical gaps in services, and challenges for children, youth, and families to access and navigate systems of support.

Participants provided examples of areas in the prevention array that have gaps or barriers that prevent or impede a family's ability to access services. Similar themes surfaced when examining other community needs assessments, including, but not limited to, those conducted by Child Abuse Prevention Councils, the MeCAP, and Chapin Hall analyses.

Throughout the Community Engagement Sessions, participants consistently shared the challenges for many families in **meeting their basic needs**. These needs include food, clothing, heating assistance, flexible funds to address unmet needs, transportation, housing, and employment.

Waitlists were frequently identified as a challenge for families, particularly around accessing mental and behavioral health supports, early intervention services, and child care supports. In some instances, participants mentioned families having to wait over a year for needed services, which escalated the crisis or challenge that families were experiencing.

Also heard in these sessions was the challenge of **navigating benefits "edges" and "cliffs" for families**. In some instances, parents and caregivers have been disincentivized from accepting promotions or increase employment income, because the marginal increase in income was outweighed by the decrease in supports.

The need for **care coordination** was raised as a challenge by many participants. Families and providers report finding it challenging to navigate all the different supports and services that may be available to families. This is also made more difficult due to the acronyms and jargon that are often used in these programs. Participants identified a need for care coordinators to work with families to assist them in applying for and navigating the programs and supports that they may be eligible to receive.

Participants identified **service gaps** that could be addressed to provide comprehensive and complete services to children, youth, and families in Maine:

- » Services to meet basic needs;
- » Primary health care services;



- » Peer supports;
- » Crisis intervention services;
- » Domestic violence/intimate partner violence supports;
- » Mental health and substance use disorder facilities that serve parents with their children;
- » Programs that service individuals receiving medication assisted treatment;
- » Recreational activities for youth and families;
- » Affordable and high-quality child care; and
- » Concrete and economic supports.

Participants suggested that **service structure and delivery of services** needs to be accessible, universal, low-barrier, family-centered, preventive, proactive, trauma & culturally responsive, destigmatized, home and community based, and community centered. As one participant stated, “It would be great if it was a norm that you were supported from the beginning and you didn’t need to reach out, because the services/resources were already there for you.” Similarly, it was suggested to, “remove eligibility criteria for programming, again so everyone can access services, so you don’t need to have a diagnosis or low income to access services.”

Participants also identified **populations more impacted by service gaps**. This included families impacted by unmet mental health needs, families experiencing untreated substance use disorder, families living in rural communities, parents and children with disabilities or special needs, children with behavioral health needs, parents transitioning from incarceration, families experiencing domestic violence or intimate partner violence, and immigrant families.



Throughout the community engagement sessions, a consistent theme shared was that services need to be offered in a way that is **non-stigmatizing**. Participants identified that the stigmatizing aspect of seeking help is a significant deterrent for many families and presented many strategies for reducing the stigma effect. One method identified is to **normalize seeking and accepting help** and communicate that raising a family is hard. As one participant suggested, and many others concurred, to de-stigmatize help-seeking behavior by “normalizing that parenting is hard and that it is normal that it is hard and there are parts you won’t understand.” Using peer and recovery-oriented approaches to providing supports was also recommended.

Other participants recommended that service providers themselves be trained to reduce stigma and avoid “labeling” families by one or more risk factors. Service providers and the system of support must **support families with dignity and value relational connectedness**. Using whole family approaches to child safety and family well-being was suggested as another way of reducing stigma.



Participants strongly recommended that the service network **incorporate people with lived experience** who can provide training to the mental health, substance use disorder, and child welfare workforce. These individuals can also serve as cultural brokers in understanding the system of support, as well as serve as peer mentors for those seeking help.

One challenge that emerged is **understanding who to call** or reach out to when a child or family needs help. Participants shared that, in many instances, the first call that is made is to child protective services. While mandated reporting is important for keeping children safe, it is important for community members to recognize that a child or family facing challenges does not always mean that a child is being abused or neglected. Often, a family could benefit from being connected to community-based resources to address challenges. In addition, participants shared that being involved with child protection can be incredibly stigmatizing for a family, which may reduce help-seeking. A recommended solution was to **modify mandated reporter training** to ensure that community members understand when to call child protective services, and when and how it is more appropriate to connect the family with other community-based supports.

Throughout the community engagement sessions, there was strong discussion of the need to **build and sustain the workforce** that addresses risk factors for child abuse and neglect. As stated above, waitlists for services may be long, which indicates that there may be insufficient service providers in a region. Participants suggested creating educational **career pathways** and mentorship into the human services fields and ensure that those who enter receive **adequate payment and reimbursement rates**. It was also often cited that there are fundamental challenges to making the current payment structure for many services (fee for service) viable.

Also heard during these sessions was the importance of **expanding peer supports** and peer mentoring programs for individuals and families. The need for sub-clinical or paraprofessional supports to work with families on a level that can help support their basic needs was identified. These providers should be **effectively and frequently trained** in detecting bias, providing trauma-responsive care, working with families experiencing unmet mental health needs or substance use disorder, and families experiencing domestic violence or intimate partner violence.



Recommendations were shared for **interdisciplinary teaming and collaboration** to build out the system of supports for strengthening families, which were noted as examples of success.

Participants in these sessions expressed the need for **community centers or hubs**, where families can access supports with no barriers or stigma. They recommended an identification of “natural locations” to share resources with families, such as schools, medical facilities, community centers, and child care programs. One participant suggested the “need to build more social connectedness for people” within communities and that “we have to find ways for communities to come together to recognize that everyone can do something to make a difference.”

Community collaboratives that provide the infrastructure for cross-system collaboration at the local level were discussed as a model to support family well-being, that can be replicated in other areas of the state.

The Plan (Version 1.0)

Based on the national research and information gathered over the last two months, this Plan outlines the framework for a **Child Safety and Family Well-Being System that is focused on keeping children safe by keeping families strong**. As is best practice, this system would coordinate resources at the state and community levels to address the needs of children, youth, and families much earlier, where the risk factors for abuse and neglect can be greatly reduced. This system would also work to build protective factors in families that help keep children and youth safe, and families strong. Such a system would be developed and sustained through public and private sector investments.

The Plan Version 1.0 below aims to reflect what was learned, and opportunities for immediate action to address short-term needs. It will be modified and expanded with continued input from state and community partners in the coming months.

Vision

The overarching vision for this system is that Maine will be a place where all children, youth, and families live in supportive communities and can get the help they need, when they need it. This means living in places where people know and look out for each other. It also means having programs that support their development and help them navigate challenges. Parenting is an important and difficult job, and everyone has a role to play in raising the next generation.

Goals

The **Child Safety and Family Well-Being System** will aim to accomplish four goals:

- » Coordinate and align the various primary, secondary, and tertiary prevention initiatives happening across communities in Maine, which is the front line of supporting individuals and families.
- » Support and align the work of state agency partners, community- and faith-based organizations, schools, clinicians, law enforcement, and community members, acknowledging that everyone has a role to play in strengthening families.
- » Empower individuals across Maine to learn about, support, and promote the resources that exist to strengthen families.
- » Establish measurable goals with short and long-term strategies for strengthening families and preventing child maltreatment in Maine.



Who Will Benefit from the Plan

Children and youth in the state of Maine, along with their parents, caregivers, and families. Strengthening families will result in stronger communities for us all.



Anticipated Results

- » Reduction in children experiencing abuse or neglect.
- » Reduction of child entry or re-entry into state custody.
- » Increase in the key protective factors for child maltreatment and reduction in the key risk factors.
- » Increase in collaboration and coordination of resources for families among community partners; among state agencies; and between community and state partners.
- » Increase in state and community resources for families.
- » Increase in child, youth, and caregiver access to a continuum of accessible primary and secondary prevention services.

Current Initiatives

Maine currently has many prevention efforts that can increase protective factors and reduce risk factors for families. Current state and legislative policies and programs include, but are not limited to:

- ▶ [Access Maine](#)
- ▶ [Child and Family Services State Plan](#)
- ▶ [Child Care Plan for Maine](#)
- ▶ [Children's Cabinet](#)
- ▶ [Children's Behavioral Health Services](#)
- ▶ [Children's Health Insurance Program \(CHIP\) Expansion](#)
- ▶ [Community Schools](#)
- ▶ [Comprehensive Behavioral Health Plan](#)
- ▶ [Free Community College](#)
- ▶ [Help ME Grow Maine](#)
- ▶ [Higher Opportunity for Pathways to Employment \(HOPE\)](#)
- ▶ [Maine Children's Trust](#)
- ▶ [Maine Early Childhood Consultation Program \(ECCP\)](#)
- ▶ [Maine MOM](#)
- ▶ [Maine Opioid Response](#)
- ▶ [MaineCare Expansion and Special Population Coverage](#)
- ▶ [Maine's Roadmap to End Hunger by 2030](#)
- ▶ [Minimum Wage Increase](#)
- ▶ [Prevention Councils](#)
- ▶ [Prevention for ME](#)
- ▶ [Universal Free School Meals](#)

Strategies and Implementation

From the data and suggestions gathered and reviewed from February to April 2023, a preliminary framework for how to increase child safety and family well-being in Maine has been developed and proposed below. This will be fully developed in the remainder of 2023 while immediate and short-term actions are implemented. The strategies and next steps below are designed to ensure action as the Plan evolves and to incorporate additional actions as input, consensus, and support is secured.

The voices of children, youth, and families with lived experience in the child welfare system, as well as the insight and collaboration of community partners, will continue to be important aspects in guiding the development and implementation of this work.

The strategies and action steps are set out below with a commitment to ensuring they are implemented in ways that are accessible, inclusive, low-barrier, family-centered, preventive, proactive, trauma and culturally responsive, de-stigmatized, and home- and community-based whenever possible.

Strategy 1: Develop, implement, and update the Plan in partnership with families, partners, and communities.

The Department, in close partnership with community-based partners, will continue to refine these strategies and build out activities to advance them. This will include developing a detailed implementation plan to ensure prevention activities are successfully coordinated and sustained in the long term. It will also include connecting this Plan to others including, but not limited to, the Children's Cabinet, the Children's Behavioral Health Plan, and the Comprehensive Behavioral Health Plan.

Next Steps:

- » Hire and onboard the Special Projects Manager for Child Well-Being to coordinate implementation of the Child Safety and Family Well-Being Plan and continued community engagement. (Led by DHHS).
- » Clearly define roles and responsibilities of state and community leaders in the implementation of the Plan. (Co-led by DHHS and Community Partners).
- » Assess and inventory all current state initiatives to ensure alignment and non-duplication. (Led by DHHS).
- » Engage with the community in a capacity building process for increased community collaboration to support families. (Co-led by DHHS and Community Partners).
- » Develop metrics and reporting guidelines to track the performance of the Plan. (Co-led by DHHS and Community Partners).



Strategy 2: Promote supportive communities where children, youth, and families feel comfortable seeking help.

It is essential for all families to live in supportive communities where help-seeking is normalized, and resources and supports are available and accessible. The stigma of seeking supports can discourage parents and guardians from receiving help. The Department will work with community partners to establish a wide-reaching network of community-based resources and supports to normalize seeking parenting help and ensure that all families have access to family strengthening resources.

Next Steps:

- » Support networking and convening communities to build connections about supportive services. (Co-led by DHHS and Community Partners).
- » Support and coordinate with Ethnic Community Based Organizations to increase awareness of and access to supports and resources for immigrant families. (Co-led by DHHS and Community Partners).
- » Continue work to implement Community Schools in Maine as a strategy for increasing community-based resources for families. (Led by State).

Legislative Bills and Budget Initiatives in Alignment with the Plan:

- » Enact Governor's budget initiatives in the change package to:
 - › Provide technical assistance to communities interested in establishing community-based collaboratives.
 - › Develop a public messaging campaign and increase awareness of existing resources to promote shared responsibility for child safety and family well-being and normalize the universal experience that "parenting is hard and asking for help is a strength".
- » Promote the Community Schools Program (LD 1527)



Strategy 3: Improve the economic security of parents and caregivers to provide safety and stability for their children.

Economic security is fundamental to create the conditions for parents and caregivers to safely care for their children. In recent years, administrative and legislative actions have been taken to increase the minimum wage, expand “whole family” approaches in TANF and other work support programs, provide free community college for recent Maine high school graduates, and build training programs to support high-skills, high-wage jobs. Efforts will continue to maintain and ensure access to a continuum of economic security resources for families to access before a family experiences crisis.

Next Steps:

- » Implement benefit cliffs calculator and accompanying tools that help parents and caregivers identify and avoid benefit “edges” and “cliffs” that discourage families from advancing economically. (Led by DHHS).
- » Provide learning opportunities for communities interested in establishing community-based flexible funds for families that can be used for basic needs. (Led by Community Partners).

Legislative Bills and Budget Initiatives in Alignment with the Plan:

- » Implement recent increase in eligibility for Higher Opportunities for Pathways to Employment (HOPE) program to 225% of the income poverty line (P.L. 2023, ch. 21).
- » Implement improvements to the Secure Transitions to Economic Prosperity (STEP) program (LD 80).
- » Engage with municipalities, community partners, and others to develop a plan to reform the General Assistance program to improve support for families with basic needs.



Strategy 4: Provide services and resources to help parents and caregivers ensure the safety, health, and nurturing care of their children.

Evidence suggests that home-based and low-barrier resources are important tools for families to support the safe and healthy development of their children. These include access to comprehensive medical and behavioral healthcare, high quality child care, food assistance, and affordable housing. Maine has improved access to many of these resources in recent years through MaineCare (Medicaid) expansion, the establishment of free school meals, investments to expand affordable housing, and by investing to expand the quality and number of child care sites and centers. Community partners and families have shared there is more to be done to ensure that all families have access to resources that support the healthy development of their children and youth.

Next Steps:

- » Continue to increase the number and geographic distribution of high-quality early childhood education slots through the Child Care Infrastructure Grant. (Led by DHHS).
- » Finish expansion of Children's Health Insurance Program ("CHIP") to children in families with income below 300 percent of the federal poverty limit. (Led by DHHS).
- » Continue improvements in Primary Care Plus payments in MaineCare that promote positive health outcomes for children and families. (Led by DHHS).
- » Apply for summer electronic benefit transfer (EBT) food support program for children. (Led by DHHS).
- » Increase the number of professional development trainings provided by individuals with lived expertise in mental health, SUD recovery, and DV/IPV. (Led by Community Partners).
- » Expand activities for primary prevention of substance use disorders in schools and communities. (Co-led by State and Community Partners).
- » Provide trainings for the early care and education workforce on adverse childhood experiences (ACEs), trauma informed practices and resilience. (Led by DHHS).

Legislative Bills and Budget Initiatives in Alignment with the Plan:

- » Enact Governor's budget initiatives to:
 - › Aggressively implement Maine's Children's Behavioral Health Plan.
 - › Expand Maine Harvest Bucks to give people with SNAP more healthy options.
 - › Expand affordable housing.
- » Reduce lead hazards that affect early childhood development (e.g., LDs 11, 490).
- » Support gender affirming care (LD 1040).
- » Increase access to children's behavior health services (LD 82).

Strategy 5: Improve coordination of supports and services for children, youth, and families.

Coordinated supports and services are essential to ensure that families can receive what they need, when they need it. A well-coordinated system reduces barriers of access and helps families understand the supports available. The Department, communities, and partners will build the infrastructure for, and support the establishment and ongoing work of, a network of coordinated supports and services for children, youth, and families.

Next Steps:

- » Coordinate annual community needs assessments. (Co-led by DHHS and Community Partners).
- » Modify mandated reporter training to ensure that community members understand resources and supports for families experiencing challenges. (Co-led by DHHS and Community Partners).
- » Assess opportunities to expand Wraparound Services care coordination. (Led by DHHS).

Legislative Bills and Budget Initiatives in Alignment with the Plan:

- » Enact Governor's budget initiatives to:
 - › Expand Wraparound Services care coordination.
 - › Establish a system for coordinating Children's Behavioral Health Services across the continuum of needs.

Conclusion

As previously stated, this Version 1.0 of the Plan is just the start: it does not fully reflect input received to date, or existing initiatives and plans that focus on specific service arrays. The Plan is intended to be continually developed and implemented through state and community partner engagement. The strategies in this Plan reflect a desire to employ whole family and recovery-oriented approaches, identify and address cultural stigma around seeking help, and address barriers to equitable access to services. The Plan will be reviewed annually to assess progress and to make any modifications needed based on changes to Maine's landscape of need.

The Version 1.0 Plan is being released now to serve as a guide for policymakers and community members who are interested in actions they can take now to keep kids safe by keeping families strong.



APPENDIX A: Definition of Key Terms

Safety: Safety is the condition of having essential needs met, and freedom from physical, mental, and emotional injury or impairment. (Maine Title 22).

Well-Being: Well-being is a state of complete physical, mental and social health. Well-being encompasses quality of life and is dependent upon access to basic resources, good health, and positive social relationships. Individual and family well-being can be determined by social, economic, and environmental conditions. (World Health Organization).

Prevention: Prevention is acting to stop injury, impairment, disease, or disability before it begins. Prevention requires understanding the range of factors that put people at risk, as well as the range of factors that protect them from harm. Effective prevention considers the interaction between individual, family, community, and societal conditions that raise or lower risk of harm. Prevention efforts are generally recognized as occurring along three levels: primary prevention directed at the general population to prevent maltreatment before it occurs (universal), secondary prevention targeted to individuals or families in which maltreatment is more likely (high risk), and tertiary prevention targeted toward families in which maltreatment has already occurred (indicated). (U.S. Centers for Disease Control and Prevention, Child Welfare Information Gateway).

Abuse: Abuse is a threat to a child's health or welfare by physical injury or impairment, sexual abuse or exploitation, or emotional or mental injury or impairment. (Maine Title 22).

Neglect: Neglect is deprivation of essential needs (adequate food, clothing, shelter, supervision, care, healthcare, and education) or a lack of protection due to abandonment of child or absence of any person responsible for the child. (Maine Title 22).

Child Maltreatment: Child maltreatment is a broad term that includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role. (U.S. Centers for Disease Control and Prevention; World Health Organization).

Substance Use Disorder: Substance Use Disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances that leads to impairments in health, social function, and control over use. Various mental health conditions may co-occur with SUDs. (U.S. Centers for Disease Control and Prevention, American Psychological Association).

Resilience: Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. A number of factors contribute to how well people adapt to adversities, including individual coping strategies and the availability and quality of social resources. (American Psychological Association).

Domestic Violence/Intimate Partner Violence: Domestic violence (DV) is a pattern of abusive behavior in any relationship that is used by one person to gain or maintain power and control over another person. Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt,

injure, or wound someone. The term Domestic Violence refers to violence among people in a domestic situation, and can include not only a spouse or partner, but also siblings, parents, aunts, uncles, cousins, etc. The term Intimate Partner Violence (IPV) is more specific in describing violence perpetrated by a partner in a current or former romantic or dating relationship. (U.S. Department of Justice, U.S. Centers for Disease Control and Prevention).

Concrete and Economic Supports: Concrete supports address the basic needs that everyone must have in order to grow and thrive, including food, clothing, housing, heat, and healthcare. Economic supports provide financial assistance to secure these basic needs when unemployment, low income, or disability creates barriers for individuals and families to secure them without assistance. (Maine Title 22, Chapin Hall, Center for the Study of Social Policy).

Mental Health: Mental Health is a state of mind that is characterized by emotional well-being, behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the demands and stresses of life. **Mental Health Needs** are the conditions, treatment, and supports needed by an individual to attain and maintain mental health and well-being. (Maine Title 34, American Psychological Association, World Health Organization).

Unstable Housing: Unstable housing refers to challenges accessing and maintaining secure housing. These include having trouble paying rent, overcrowded living situations, moving frequently, or spending the bulk of household income on housing costs. (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion).

Social Determinants of Health: Social determinants of health are societal factors that influence the health and well-being of all children and adults, including economic stability, neighborhood environment, education, food, and community context. The World Health Organization has found these conditions of daily life are responsible for a major part of health inequities, and experts believe these factors can have a greater influence on well-being than health care itself. (World Health Organization).

Adverse Childhood Experiences (ACEs): Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood, such as experiencing violence, abuse, or neglect, that can have lasting negative effects on health and well-being as adults. Health Outcomes of Positive Experiences are the positive childhood relationships and experiences that can prevent and mitigate the negative impacts of ACEs, promote healing from adversity, and have a lasting effect on adult health and well-being. (U.S. Centers for Disease Control and Prevention, Casey Family Programs)





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