



# Maine's Child Safety and Family Well-Being Plan (2025-2030)

HHS Committee Presentation

June 23, 2026



Maine Child Welfare Action Network

## **Child Safety and Family Well-Being Plan Core Team**

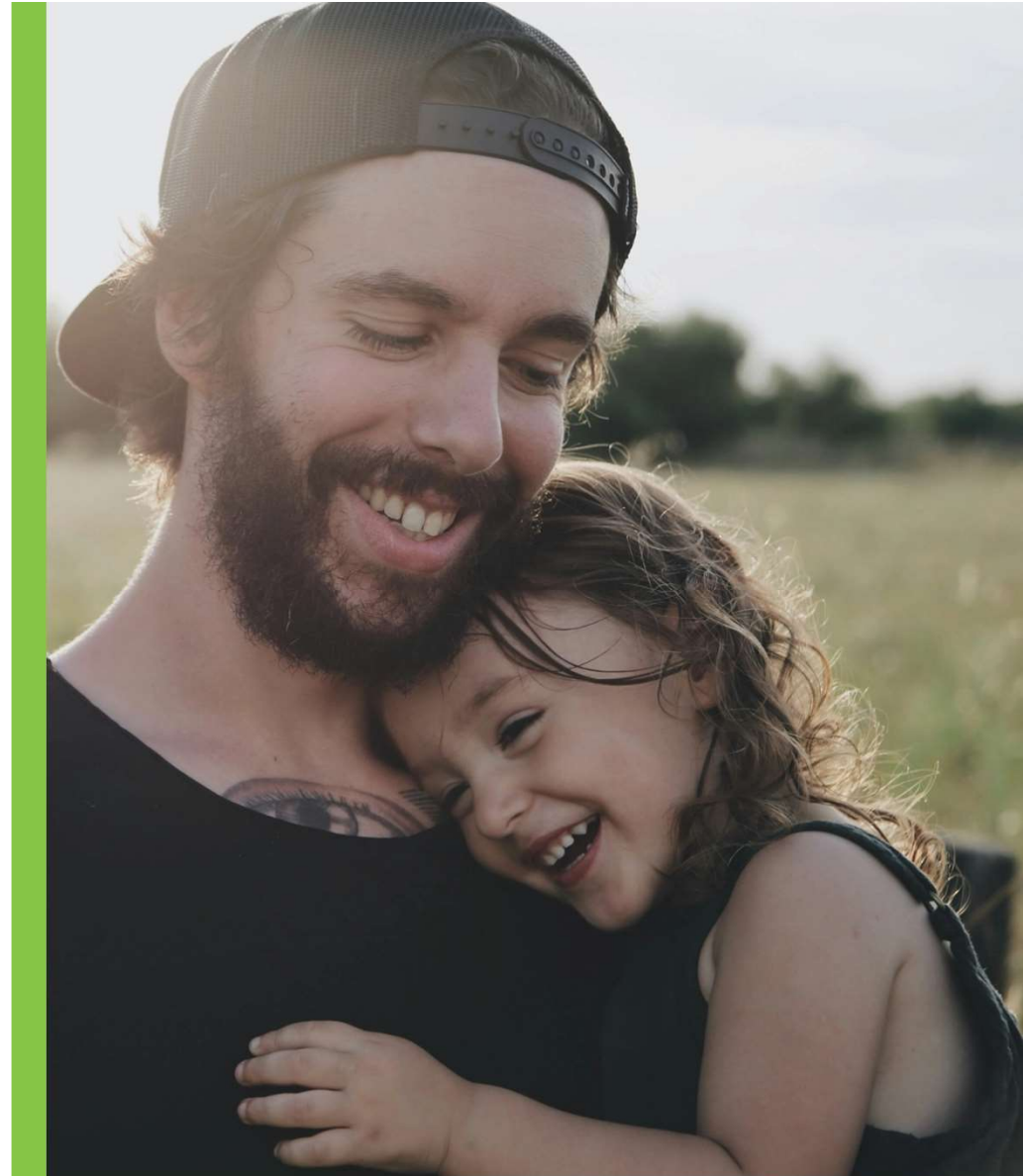
- **Mariette Aborn**, Special Projects Manager for Child & Family Well-Being, Department of Health and Human Services
- **Christine Theriault**, Family First Prevention Services Manager, Office of Child and Family Services
- **Melissa Hackett**, Coordinator, Maine Child Welfare Action Network
- **Debra Dunlap**, Founding Member, Maine Child Welfare Action Network

## Maine's Child Safety and Family Well-Being Plan (2025-2030)

A movement in Maine toward **what we want to promote in families**, not just what we want to prevent.

### Timeline

- [Version 1.0](#) – May 9, 2023
- [2025-2030 Plan](#) – February 11, 2025
- [Year 1 Update](#) – March 18, 2026

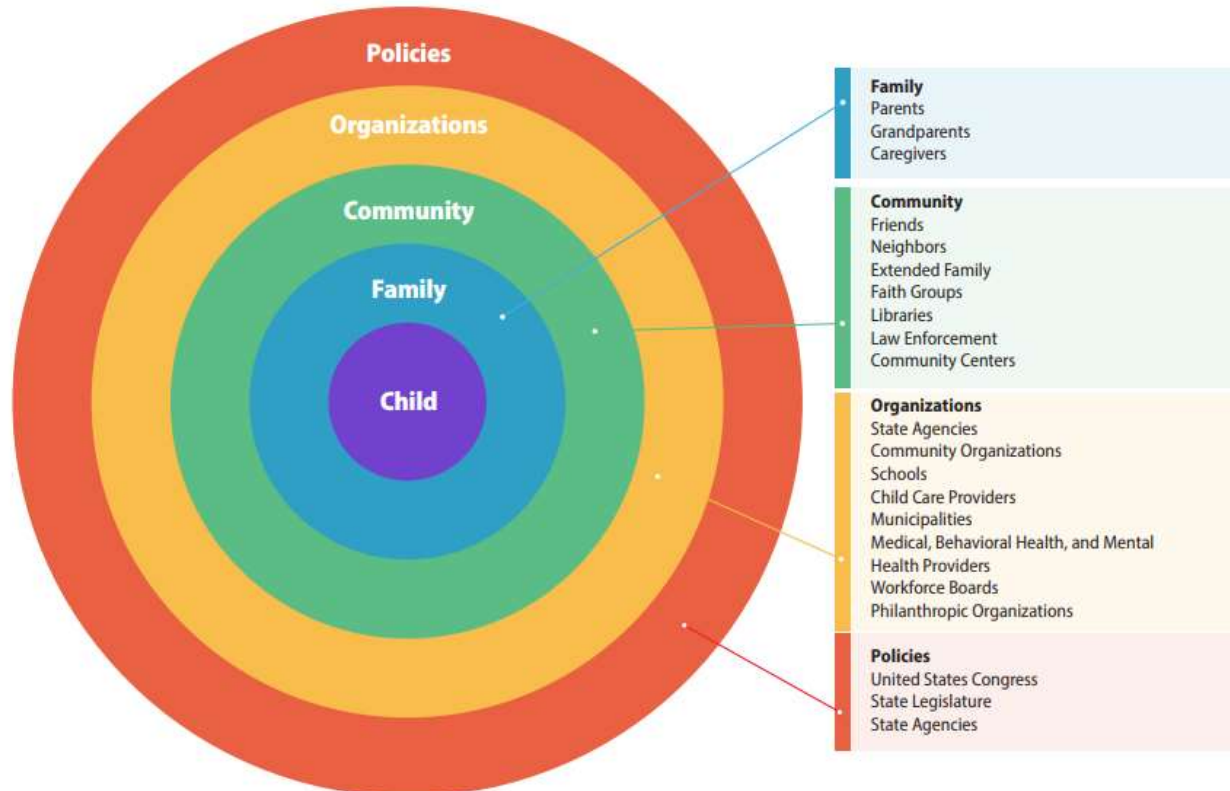




## Imagine....

A community where **families feel supported and valued**. In this community, **families' basic needs are met** and parents and caregivers **know where to turn** when they have a question or experience stress – and are **met with respect, not judgment**. They can **access support early**, in ways that fit their lives, cultures, and strengths. Neighbors **look out for each other**. Schools, health care providers, early childhood programs, faith groups, employers, state agencies, and community organizations **work together** so that families don't have to navigate systems on their own.

# What do families need to be strong?



**Shared Responsibility**

**OCFS Child Welfare  
Division's  
Responsibility**

**wellbeing**

**risk**

**unsafe**



# Maine's Child Safety and Family Well-Being Plan (2025-2030)

## **Goal A: Parents and caregivers provide safety, health, and nurturing care for their children.**

- Strategy 1: Provide economic and concrete supports for parents and caregivers.
- Strategy 2: Provide equitable and timely access to low-barrier supports and services for children, youth, and families.

## **Goal B: Families experience a supportive and coordinated child safety and family well-being system.**

- Strategy 3: Build partnerships with families.
- Strategy 4: Promote supportive communities.
- Strategy 5: Improve coordination of state and community partners.

Read the Plan: <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/CSFWB%202025-2030.pdf>.

## Turning Shared Commitments into Real Change

### Strategy 1: Provide economic and concrete supports for parents and caregivers

#### Examples of the Plan in Action

- The **Community Caring Collaborative's Hope Fund** provides financial assistance to families in Washington County and Passamaquoddy communities.
- **Expanded MaineCare eligibility** supports consistent health care access for parents during reunification efforts.
- OFI is working to maximize **participation in SNAP and SUN Bucks**.
- Tree Street Youth is improving access to **driver's education for youth** in the Lewiston area.
- The Preschool Development Grant provided funding for **safety bundles distributed to families**.
- RSU #57's "**Massabesic Mardens**" is meeting families' concrete needs.
- MDOL is implementing **Paid Family and Medical Leave** to provide support to working parents and caregivers.

## Strategy 2: Provide equitable and timely access to low-barrier supports and services for children, youth, and families

### Examples of the Plan in Action

- Maine DHHS and provider agencies across the state implemented the **Certified Community Behavioral Health Clinic (CCBHC) Model**.
- **Zero to School** seeks to have all children in Knox and Lincoln counties enter kindergarten healthy, thriving, and ready to learn.
- The Office of Behavioral Health (OBH) continues to train providers and expand access to **Triple P – Positive Parenting Program**.
- **Mammha App** is increasing access to maternal mental health supports across Maine.
- **Lewiston Family Resource Center** opened to empower local families.
- More students are accessing care through **School-Based Health Centers (SBHCs)**.

### Strategy 3: Build partnerships with families.

#### Examples of the Plan in Action

- The **Maine CDC** is uplifting family voice and informing family partnership efforts statewide.
- **Be There for ME** gained momentum as a message and place for parents to start to find support.
- **Maine State Parent Ambassadors (MSPA)** continues to support parent leadership and grow its alumni network.

## Strategy 4: Promote supportive communities

### Examples of the Plan in Action

- **Building Assets, Reducing Risks (BARR)** is creating strong schools and communities.
- The **Maine Recovery Council** adopted prevention priorities.
- The **Child & Family Well-Being Webinar Series** is in its 4th year of bringing people together for conversations about supporting families.
- **Portland Public Children's Library** is adapting its space to support working parents visiting the library with their kids.
- **Updated training for mandated reporters** reflects statutory changes and asks professionals to consider how they might also support a family.
- Recently passed legislation is **improving Substance Exposed Infant (SEI) identification** and notification.

## Strategy 5: Improve coordination of state and community partners

### Examples of the Plan in Action

- The **Community Collaboratives Network** continues to advance shared learning.
- The **Children's Cabinet** integrated a focus on strengthening families.
- **Community-level conveners** came together to bridge collaborative efforts that strengthen families.
- A **new Community Collaborative in Lewiston** is building stronger relationships between local partners and child welfare agency staff.
- Help Me Grow Maine convened **Maine's Community Leader Taskforce**.

## Tracking Progress and Promoting Collective Accountability

- Progress is assessed through indicators that measure whether our collective efforts are strengthening families and improving child safety.
- The indicators are not the only ones that matter, but they do capture essential dimensions of family well-being that the actions in this plan are intended to advance.

**Note:** The indicators come from a variety of sources. As such, the timeframes reflected and frequency vary across indicators. The most recent available data for each indicator is presented below. Baseline data from the 2025-2030 plan that has been updated to reflect the most recent validated data is indicated with an asterisk (\*). Indicators that are rates or percentages are noted below as getting better, worse, or unchanged, if calculated by the original source.

## Goal A: Parents and caregivers provide safety, health, and nurturing care for their children.

Percent of Middle School and High School Students Who Report That Their Families Give Them Love and Support “Most of the Time” or “Always”

<b>Middle School</b>	<b>84.3%</b> 2023	<b>87.7%</b> 2025	↑ BETTER
<b>High School</b>	<b>80.6%</b> 2023	<b>84.2%</b> 2025	↑ BETTER

Source: Maine Integrated Youth Health Survey.

Notes: Data is updated biennially

Percent of Children Below Poverty Level

<b>Maine</b>	<b>13.4%</b> 2022	<b>13.1%</b> 2023	<b>13.1%</b> 2024
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Source: Maine Children’s Alliance analysis of U.S. Census Bureau, American Community Survey.

Notes: Data is updated biennially. The federal poverty level is a limited measure of a family’s economic well-being. However, many state and federal programs use the federal poverty level to determine program eligibility.

### Percent of Children (Under 18) Who Live in Households that are Housing Cost-Burdened

<b>Maine</b>	<b>21%</b> 2022	<b>26%</b> 2023	<b>=</b> UNCHANGED
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Source: [Annie E. Casey Foundation PRB analysis of data from the U.S. Census Bureau, American Community Survey.](#)

Notes: Data is updated annually. Households are housing cost-burdened if more than 30 percent of their monthly income is spent on rent, mortgage payments, taxes, insurance, and/or related expenses.

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### Number of Children Receiving Child Care Affordability Program (CCAP) Subsidy

<b>Maine</b>	<b>4,052*</b> 2024	<b>3,428</b> 2025
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Source: [Office of Child and Family Services.](#)

Notes: Data is updated monthly. These numbers are for the month of November. Calculated as the sum of children served by age group. The decrease from November 2024 to November 2025 is in large part due to the implementation of a waitlist to manage funding for CCAP.

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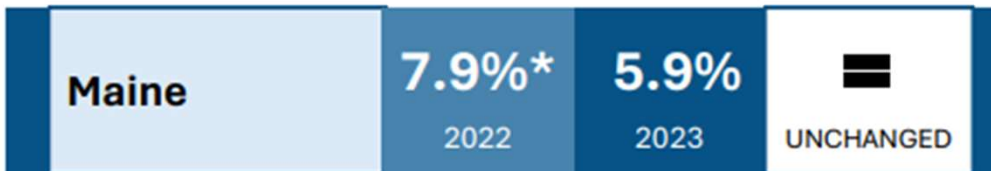
### Percent of Children Without Health Insurance

<b>Maine</b>	<b>4.3%*</b> 2022	<b>4.6%</b> 2023
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Source: [Maine Children's Alliance analysis of U.S. Census Bureau, Small Area Health Insurance Estimates.](#)

Notes: Children under age 19 who were not covered by health insurance at any point during the year.

### Percent of Parents Without Health Insurance



Source: Annie E. Casey Foundation PRB analysis of data from the U.S. Census Bureau, American Community Survey.

Notes: Data is updated annually. Parents who are not covered by any health insurance. Parents include those adults who live with at least one of their own children under age 18 by birth, marriage, or adoption.

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### Percent of Adults Who Had a Primary Care Visit in the Past Year



Source: Behavioral Risk Factor Surveillance System.

Notes: Data is updated annually.

**Number of MaineCare Members Who Received Outpatient Mental Health or Substance Use Services**

<b>Adults</b>	<b>77,180*</b> 2024	<b>76,888</b> 2025
<b>Children</b>	<b>27,489*</b> 2024	<b>27,573</b> 2025

Source: Office of Behavioral Health.

Notes: Data is requested annually. Year refers to fiscal year, such that 2024 data is for July 1, 2023 – June 30, 2024 and 2025 data is for July 1, 2024 – June 30, 2025. The count of individuals who received outpatient mental health or substance use services which includes but is not limited to traditional counseling, Assertive Community Treatment, Community Integration, intensive outpatient counseling, and residential services.

## Goal B: Families experience a supportive and coordinated child safety and family well-being system.

### Percent of Middle and High School Students Who Report That They Feel Like They Matter to People in Their Community

Middle School	53.6% 2023	57.8% 2025	↑ BETTER
High School	49.5% 2023	53.3% 2025	↑ BETTER

Source: Maine Integrated Youth Health Survey.

Notes: Data is updated biennially

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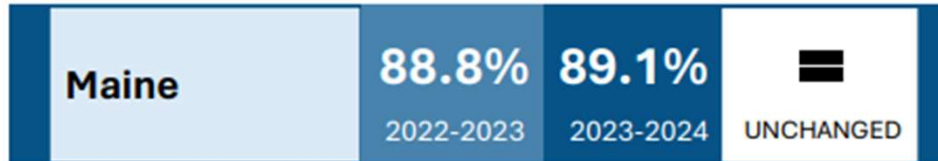
### Percent of High School Students Who Report That They Have Support from Adults Other Than Their Parents

High School	54.1% 2023	56.7% 2025	↑ BETTER
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Source: Maine Integrated Youth Health Survey.

Notes: Data is updated biennially

### Percent of Children Who Have Family-Centered Care



Source: National Survey of Children's Health.

Notes: Data is updated annually. Among children under 18 who had a health care visit in the last year. Family-centered care is a composite measure of responses to five experience-of-care questions: spends enough time with child, listens carefully to you, sensitive to family values/customs, gives needed information, and family feels like a partner.

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### Percent of Children (Under 18) Who Receive Needed Care Coordination



Source: National Survey of Children's Health.

Notes: Data is updated annually.

## Child Safety Indicators

### Rate of Indicated or Substantiated Child Abuse and Neglect per 1,000 Children



Source: National Child Abuse and Neglect Data System.

Notes: Data is updated annually. Data from 2024 was not available at the time these indicators were collected.

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### Recurrence of Child Abuse and Neglect within 12 months



Source: National Child Abuse and Neglect Data System.

Notes: Data is updated annually. In 2021-22, the data did not meet NCADS quality standards for inclusion in their reporting.



## Maine

A community where **families feel supported and valued**. In this community, **families' basic needs are met** and parents and caregivers **know where to turn** when they have a question or experience stress – and are **met with respect, not judgment**. They can **access support early**, in ways that fit their lives, cultures, and strengths. Neighbors **look out for each other**. Schools, health care providers, early childhood programs, faith groups, employers, state agencies, and community organizations **work together** so that families don't have to navigate systems on their own.



# Maine's Child Safety and Family Well-Being Plan (2025-2030)

## Year 1 Update

March 18, 2026

*A partnership between the Maine Department of Health and Human Services  
and the Maine Child Welfare Action Network.*



Maine Child Welfare  
Action Network

# Table of Contents

## **Introduction**

Letter from the Commissioner, Maine Department of Health and Human Services **1**

Letter from the Maine Child Welfare Action Network **2**

## **Maine’s Child Safety and Family Well-Being Plan 2025-2030 **3****

### **The Plan in Action: Year 1 Highlights**

Strategy 1: Provide economic and concrete supports for parents and caregivers **5**

Strategy 2: Provide equitable and timely access to low-barrier supports and services for children, youth, and families **13**

Strategy 3: Build partnerships with families **20**

Strategy 4: Promote supportive communities **22**

Strategy 5: Improve coordination of state and community partners **25**

## **Tracking Progress and Promoting Collective Accountability **29****

# Introduction

## Letter from the Commissioner, Maine Department of Health and Human Services

When families are supported early and often, they are better equipped to navigate challenges, manage stress, and provide safe, stable, and nurturing environments for their children.

Released in 2025, Maine’s Child Safety and Family Well-Being Plan (2025-2030) provides a clear framework for advancing child safety by strengthening support for families. On behalf of the Maine Department of Health and Human Services, I am pleased to share this first annual update on the Plan’s implementation and progress made across our state.

In partnership with the Maine Child Welfare Action Network, we have advanced the understanding that family well-being is a collective effort and shared responsibility. Over the past year, state agencies, community organizations, and families themselves have helped translate the Plan into action. Guided by lived experience and community expertise, we are strengthening protective factors, supporting caregivers, and fostering the conditions that help children and families succeed.

There is more work ahead, but the progress in this first year demonstrates what is possible when we align around prevention, partnership, and shared responsibility. I am grateful for the collaboration driving this work and encouraged by the momentum we are building together for Maine’s children and families.

**Sara Gagné-Holmes**

**Commissioner, Maine Department of Health and Human Services**



## Letter from the Maine Child Welfare Action Network

We all want children to be safe. That starts with recognizing that children live in families, families live in communities, and communities exist within broader policies, structures, and systems. For children and families to not only experience safety, but to thrive, we must move upstream, together.

Maine’s Child Safety and Family Well-Being Plan represents a proactive approach to ensuring families can get what they need, when they need it. It reflects what we know to be true from research and evidence, and from the experiences of families themselves. It creates a shared framework for action that leverages the unique roles of state and community partners.

A foundational element of this Plan is partnership – between the Maine Child Welfare Action Network and DHHS, with other state agency and community partners, and with families.

We hope you will find in this update inspiration and opportunities for action yourself, and the partners to help you do it. We look forward to learning, adapting, and leaning into the work ahead. Together, we can achieve our vision of a Maine where every child and family can be safe, supported, and thriving.

### Maine Child Welfare Action Network



# Maine's Child Safety and Family Well-Being Plan (2025-2030)

## Goal A: Parents and caregivers provide safety, health, and nurturing care for their children

- Strategy 1: Provide economic and concrete supports for parents and caregivers
- Strategy 2: Provide equitable and timely access to low barrier support and services for children, youth, and families

## Goal B: Families experience a supportive and coordinated child safety and family well-being system

- Strategy 3: Build partnerships with families
- Strategy 4: Promote supportive communities
- Strategy 5: Improve coordination of state and community partners



Imagine a community where families feel supported and valued. A place where parents and caregivers know exactly where to turn when they have a question or experiencing stress – and are met with respect, not judgment. In this community, families can access help early, in ways that fit their lives, cultures, and strengths. Neighbors look out for each other. Schools, health care providers, early childhood programs, faith groups, employers, state agencies, and community organizations work together so that families don't have to navigate systems on their own. This is the vision of Maine's Child Safety and Family Well-Being Plan.

[Maine's Child Safety and Family Well-Being Plan \(2025-2030\)](#) was released in February 2025. It is not a to-do list to check off but rather a framework for sustained and shared commitment to creating the conditions for family well-being and child safety. It is an open invitation and call to action for state agencies, community organizations, neighbors, friends, and professionals to advance work focused on **what we want to promote for families** – not simply what we want to prevent.

This plan is part of a broader continuum of support for families to ensure that children grow up in safe, stable, and nurturing environments. A strong continuum ensures that families receive the right support at the right time. The plan focuses on a shared responsibility for supporting families proactively, limiting the need for traumatic and intensive interventions, and relieving pressure on the state’s child welfare agency so they can focus efforts on working with families where safety is a concern.



One year into the implementation of the 2025-2030 plan, this vision continues to come into focus. State agencies and community partners are recognizing and acting on their distinct and complementary roles. The 132nd Legislature demonstrated its commitment to this work by adopting legislation to clarify poverty from child neglect and improve notification and support for substance-exposed infants.

Last year also brought new challenges: federal funding uncertainty and new federal laws impacting eligibility for health care and food support. In partnerships developed through the plan, Maine DHHS is taking steps to enhance communication with individuals and providers to ensure eligible populations maintain their benefits. At the same time, communities are stepping up in creative ways to support families and mitigate the impact of these changes. The plan will continue to adapt to changing or emergent needs.

The following pages offer a glimpse into how the Child Safety and Family Well-Being Plan was brought to life by state agencies, community partners, and individuals across Maine in 2025. Together, these efforts show the “Plan in Action” – turning shared commitments into real change. These highlights build momentum to sustain this movement in the years to come.

A comprehensive assessment of every action that aligns with this plan is not feasible; the work is happening at the state-level, through communities, and in the everyday actions of caring neighbors. What matters most is not the number of initiatives or who is leading the change, but whether the sum of our collective efforts is strengthening families and keeping children safe. Progress on the plan is therefore assessed through indicators that capture essential elements of child and family well-being. These indicators can be found on page 29 of this update.

# The Plan in Action: Year 1 Highlights

## Strategy 1: Provide economic and concrete supports for parents and caregivers

Meeting the basic needs of families relieves stress and promotes family stability. Economic and concrete supports provide this foundation, through both broad federal and state programs and responsive community-based efforts.

### Work to improve access to funds that meet short-term, emergency needs

- **The Community Caring Collaborative’s Hope Fund provides financial assistance to families in Washington County and Passamaquoddy communities.**

Started in 2012, the [Hope Fund](#) provides one-time financial assistance for expenses that threaten families’ ability to care for their children and are not covered through other sources. It is designed to be one part of an overall plan of services or support for families, simultaneously strengthening the safety net for families and expanding the resources available to providers in the community. The Hope Fund supports approximately 75 families annually with awards up to \$1,000. Most awards are for assistance with transportation (46%) and housing (42%), with smaller amounts supporting education, work, medical, or other needs.

- **Partners in the Lake Region are expanding basic needs support for families in their community.**

The Opportunity Alliance (TOA) secured private funding to expand its low-barrier basic needs fund administered by TOA’s Lake Region Community Builder. Recently, the community used this fund to meet a concrete need identified through a preventative family team meeting. TOA also facilitated a new partnership with Hannaford to equip and stock a [food closet at Lake Region High School](#) that provides families convenient and judgment-free access to frozen and non-perishable nutritious food.

- **The Preventing Student Homelessness Pilot Program helped to meet emergency needs of students.**

In Fall 2023, the Maine Department of Education’s (Maine DOE) Office of School and Student Supports established the [Preventing Student Homelessness \(PSH\) Pilot Program](#). Initiated by the Maine Legislature, the two-year PSH Pilot Program distributed \$3 million to School Administrative Units (SAUs) to meet the emergency needs of students at imminent risk of experiencing homelessness, as well as infusing dollars to bolster ongoing supports required under the federal McKinney-Vento Homeless Assistance Act. School communities could spend up to \$750 per student from their allocation towards rental assistance, short-term hotel/motel stays, critical home repairs, utility bills, or any expense authorized under the McKinney-Vento Education of Homeless Children and Youth Program.

- **The Office for Family Independence (OFI) is promoting access to and flexibility of supportive services and other program funds.**

OFI updated staff guidance and training for the [Emergency Assistance and Alternative Aid Assistance programs](#). The new training emphasizes the flexibility of the Alternative Aid Assistance Program to meet the needs of working families, including housing stabilization, car repair, child care, and other expenditures related to keeping families employed or obtaining employment. OFI also continues to support people who receive Temporary Assistance for Needy Families (TANF) with other supports and services needed to complete training, education, and employment through the Additional Support for People in Retraining and Employment (ASPIRE) program.

## **Strengthen alignment of Temporary Assistance for Needy Families (TANF) with its first statutory purpose to “provide assistance to needy families so that children can be cared for in their own house or with relatives”**

- **Maine developed a proposal and was initially selected for a TANF pilot to expand its approach to promoting family stability and well-being that was rescinded.**

Maine had been selected in late 2024 by the Administration for Children and Families for a TANF pilot program that would allow for alternative performance and accountability measures. In early 2025, the new federal administration rescinded the initial awards and released a redesigned pilot opportunity. Maine DHHS is considering how it may still act on aspects of the initial pilot proposal.

- **OFI continues to consider how to address program restrictions that hinder participation and update reimbursement rates.**

TANF Rule 126 would encourage participation in training and educational programs that lead to self-sufficiency and promote active engagement in committees, councils, and advisory boards intended to foster social service program improvement. The rule change would allow for compensation for participation with the groups and means tested, training and education related stipends to be excluded in the eligibility and benefit calculations for TANF.

## **Expand access to affordable and comprehensive health care coverage**

- **The Office of MaineCare Services (OMS) built on its annual outreach strategy to promote recognition of MaineCare as a comprehensive health care option, expand access to health coverage, and reduce the stigma of MaineCare.**

This strategy included attending in-person and virtual community events and meetings held by community-based organizations. In 2025, MaineCare outreach had a large geographic reach across 16 events as west as Bethel and Norway, as north as Fort Fairfield, and as Downeast as Machias and Ellsworth. MaineCare also conducted child-specific outreach in collaboration with OFI and the Office of Child and Family Services (OCFS) at in-person and virtual events.

- **OMS introduced VitalCare for Kids, a rebrand of the Early and Periodic Screening, Diagnosis & Treatment (EPSDT) program.**

[VitalCare for Kids](#) was introduced in May 2025. It will maintain the national standards of care federally required under EPSDT to ensure children get the health care they need when they need it – the right care, to the right child, at the right time, in the right setting. MaineCare chose this new name based on feedback from MaineCare staff, providers, and members. By using a name that is more memorable and recognizable, MaineCare hopes to expand access to and improve utilization of EPSDT’s early screening, diagnosis, and access to medically necessary services for children and youth under age 21.

- **OMS continues to collaborate to support growing its network of dental providers.**

OMS is advancing efforts to expand its dental provider network and offer quality, comprehensive dental care for kids and families in Maine. OMS created an internal dental workgroup that collaborates with the dental sub-committee of the MaineCare Advisory Committee to identify strategies to encourage dental providers to enroll with MaineCare. OMS is focused on looking at updating dental rates, educating dental providers about covered services, potential dental improvement projects, partnering with provider associations to engage with unenrolled dental providers, and collaborating with the Maine Center for Disease Control and Prevention (Maine CDC) to educate dental students about the benefits of enrolling with MaineCare.

- **Expanded MaineCare eligibility supports consistent health care access for parents during reunification efforts.**

Under Maine’s [Section 1115 Substance Use Disorder Pilot 1a](#), OFI, OMS, and OCFS continue work to maintain health care coverage for parents whose children have been removed from the home. Pilot 1a expands eligibility so that parents who would otherwise lose MaineCare due to a change in household size can keep their Medicaid benefits and uninterrupted access to treatment, rehabilitation, and medical care while working toward reunification. As of December 2025, 696 parents have benefited from Pilot 1a. By preventing gaps in coverage during this period, Pilot 1a strengthens parents’ ability to maintain recovery and supports safer, more successful family reunification.

- **The Office of Health Insurance Marketplace (OHIM) continues to raise awareness of CoverME.gov health coverage.**

OHIM conducts multi-channel marketing and outreach campaigns annually to raise awareness of [CoverME.gov](#) health coverage. In 2025, efforts included statewide outreach across TV, radio, print, social media, and online channels, including search engine optimization. OHIM works with partners to raise awareness through waiting room displays, presentations, newsletters, etc. OHIM helps consumers enroll in coverage via a statewide navigator network, and over 740 brokers and Maine Enrollment Assistants. Priority populations include people facing life transitions (coverage loss, pregnancy, relocation to Maine), as well as specific industries (agricultural, fishing, service), small business employees, and pre-retirees.

## Increase access to and strengthen high-quality early childhood care and education across Maine’s mixed delivery system

- **OCFS maintained support for the early care and education workforce.**

In 2025, OCFS continued to support the early care and education workforce. An average of 7,755 early educators received monthly salary stipends through the [Early Childhood Education Workforce Salary Supplement](#). [Maine Roads to Quality](#) facilitated 75 training courses supporting professional development for early educators. And 11 [TEACH](#) Scholarship recipients graduated and another 62 continued working toward their associate, bachelors, and master’s degrees in early childhood education. OCFS also continued to support career pathways and track data in the ECE Workforce Registry. In 2025, of the 11,271 educators and staff working in Maine child care programs: 296 hold ECE credentials, 928 have associate degrees in early childhood education, and 2,258 have bachelor’s degrees in early childhood education.

- **OCFS launched the Baxter Child Care Management System.**

OCFS strengthened the Child Care Affordability Program (CCAP) with the implementation of a [new child care management system](#). Baxter brings together licensing, affordability, quality, and workforce data into a single, streamlined system, giving families and providers online access to manage documentation, communicate with OCFS, and receive proactive payment based on enrollment.

*“Having someone provide in-home support guided our family during our first three years of parenting, connecting us with resources like a case manager who helps us advocate and plan strategically for our child’s future.” - A parent in Maine*

- **United 4 Child Care (U4CC) will advance access to affordable child care through a public/private partnership model.**

[U4CC](#) is a new non-profit, born out of a collaborative effort led by United Way of Southern Maine and the Portland Regional Chamber of Commerce. Centers in South Portland and Freeport will open in 2026, adding roughly 200 child care and/or pre-k slots to the region. The centers will aim to meet the needs of working families, especially those with nontraditional or unpredictable work schedules. This innovative model combines high-quality early education with flexible care, tailored to meet the needs of both children and caregivers.

- **Maine DOE helped to expand [public pre-k](#) access and strengthen program quality across the state.**

Through the support of the Preschool Development Grant, the Maine DOE provided targeted staff trainings and investment in essential classroom materials that enhance early learning environments. Dedicated staff have focused on deepening community partnerships, strengthening implementation, and improving data systems to better understand and respond to program needs. These collective efforts contributed to a significant increase in statewide pre-k enrollment—from 6,448 students to 7,016—and supported both the addition of pre-k in 10 new SAUs and the expansion of 18 classrooms in existing SAUs.

## Promote access to nutrition and food assistance programs

- **OFI is working to maximize participation in SNAP and SUN Bucks.**

OFI began overseeing 11 [SNAP Outreach](#) contracts on October 1, 2025. The goal of SNAP Outreach is to inform potentially eligible individuals about SNAP benefits, eligibility, and the application process. OFI is also operating 2 satellite sites and increasing attendance at statewide community resource fairs to improve access to SNAP and other supports. In 2025, [SUN Bucks](#), also known as the Summer Electronic Benefit Transfer (EBT) program, was implemented for the second time. SUN Bucks provided a federal grocery benefit for 91,299 eligible children during the 2025 school summer vacation. Most families were automatically enrolled in the program. Applications for those not automatically enrolled were integrated into MyMaineConnection this year.

- **Five Pillars Butchery is working to increase the production of culturally significant food in Maine and incorporate local halal meals into K-12 schools.**

Through a USDA School Food System Innovation Grant awarded by [Full Plates Full Potential](#), [Five Pillars Butchery](#) is partnering with Haali's Halal Cuisine and LaFinca Cooperative to create meal programs for Auburn and Waterville schools that ensure all students have access to school meals that meet their needs. Last school year, they focused on recipe development and taste testing to gather and respond to student feedback. So far this school year, they have received approval for their meals to be part of the Maine DOE's Local Foods Fund program, significantly scaled up their operations, and have begun officially serving their meals in Auburn.

## Continue to assess opportunities at the state-level to mitigate the impact of benefit edges and cliffs that prevent families from advancing

- **Maine DHHS is participating in a national coalition focused on benefit cliffs.**

[“Beyond the Cliff”](#) is a newly expanded coalition of more than 70 organizations working to remove benefit cliffs as a barrier to upward mobility for working families with low income. The coalition now spans 27 states, Washington, D.C., and Puerto Rico, and unites nonprofit workforce and social service organizations, state and local governments, and collaboratives around helping families achieve lasting economic prosperity. Beyond the Cliff builds on the work of coalition members seeking solutions to the benefits cliff in a variety of ways across the country.

- **Benefits counseling supports Social Security disability beneficiaries navigating work incentives and public benefits.**

The Maine Department of Labor (MDOL) braids funds with Maine DHHS and Maine DOE to support [benefits counseling](#) for Social Security disability beneficiaries. Through a contract with MaineHealth, Community Work Incentives Coordinators support beneficiaries to pursue their employment goals and understand the impact of job earnings on their public benefits. In the 2025 federal fiscal year, 1,336 individuals received benefits counseling.

## Improve access to reliable transportation

- **Tree Street Youth is improving access to driver’s education for youth in the Lewiston area.**

[MOTION Driver’s Ed](#) is a co-created program for young people to obtain the skills, confidence, and knowledge needed to earn a driver’s license. Through classroom instruction and behind-the-wheel experience, students gain independence, responsibility, and access to new opportunities. In 2025, 100 youth were provided free driver’s education through MOTION and the generous support of community and corporate donors.

- **The Greater Portland Metro is providing on-demand transit in Falmouth.**

The Greater Portland Metro completed one year of operating [Metro Connect](#), an on-demand micro transit program in Falmouth. Passengers can book rides within the service area and connect to Metro’s regular bus services seven days a week.

## Advance efforts that promote safe, stable, and affordable housing

- **Ongoing investment is focused on increasing housing supply across the state.**

With support from the Governor and Legislature, MaineHousing financed [more than 1,000 housing units](#) in the last year. These units will provide much-needed affordable, quality housing options for families in communities like Lewiston, Rockland, Sanford, Rumford, Waterville, and Bangor.

- **The [Eviction Prevention Program](#) supported Mainers facing the threat of eviction.**

In 2024, the Maine State Legislature allocated \$18 million in one-time funding to support Mainers facing the threat of eviction. MaineHousing contracted with Quality Housing Coalition (now Project Home) to distribute those funds to households facing eviction proceedings or at imminent risk of eviction due to unpaid rent. Eligible households received immediate relief through payment of their existing rental arrearage, as well as rental support going forward for up to 12 months. The program was able to provide support and ward off eviction proceedings for 1,284 households, nearly two thirds of which had female heads of household and many families with children.

- **The [Student Homelessness Prevention Pilot](#) helped students and their families maintain or obtain housing.**

This program allocated \$2,250,000 among five school districts (RSU 1, MSAD 70, Portland, Biddeford, and Lewiston) that submitted plans to hire a housing navigator to help divert students and their families from homelessness. The services and support provided included housing navigation, landlord mediation, move-in assistance (security deposits and/or first month of rent), and payment of arrears on rent or utilities. Through the pilot, 727 students were diverted from homelessness. The program also encouraged collaboration with local officials to support housing stability, including workshops complete with meals and childcare in Portland and connecting families to financial coaching services in Biddeford.

*“Feeling support in my community comes from having access to people and programs that genuinely listen and show up for families” - Nathaniel, a parent in Maine*

## Bolster community-level efforts to provide concrete supports such as diapers, clothing, household items, and food to meet urgent needs of families

- **Diaper distribution efforts are meeting urgent needs, promoting health, and strengthening community networks.**

[Maine Community Action Partnership](#) received federal funding for a Diaper Distribution Demonstration and Research Pilot. In the third quarter of 2025, the pilot provided 154,347 diapers and 3,301 packs of wipes to 529 families in Maine. Distribution occurred through local partners. The Opportunity Alliance (TOA) integrated diaper distribution with community events, Waldo Community Action Partners (WCAP) expanded outreach through partnerships with over 30 organizations and municipalities, and Wabanaki programs paired monthly diaper distribution with mobile food pantries and culturally relevant meal kits across five territories, while also hosting resource fairs.

- **The Preschool Development Grant provided funding for safety bundles distributed to families.**

Through a partnership with [Wabanaki Public Health and Wellness](#), safety bundles were provided to families in all five tribal communities. [Maine Families](#) also distributed safety bundles to 1,000 families in their program. In both programs, bundles were tailored to meet the unique needs and circumstances of each family. They included smoke detectors, carbon monoxide detectors, safe sleep materials, baby safe cabinet locks and latches, and other safety materials for the home. These safety items helped families be confident and prepared to have newborns in their home.

- **RSU #57's "Massabesic Mardens" is meeting families' concrete needs.**

Megan Wakefield, Homeless/Outreach Liaison for RSU #57, built a community hub that offers a welcoming, shopping-style experience nicknamed "Massabesic Mardens." This space supports students and families by providing school supplies, clothing for all ages and styles, winter gear, and a food pantry stocked through generous community donations and a partnership with YouthFull Maine. They also offer household essentials, hygiene products, bedding, and special items to celebrate holidays, birthdays, or simply bring a smile.

## Enhance education, training, and employment support for parents and caregivers that support economic advancement

- **MDOL is implementing Paid Family and Medical Leave to provide support to working parents and caregivers.**

In 2023, Governor Mills signed a budget that included the creation of a [paid family and medical leave program](#) in Maine – the 13th state in the nation to create such a program. Beginning in May 2026, eligible workers in the private and public sector will have up to 12 weeks of paid time off available to care for their own medical needs, to bond with a child after birth, fostering or adoption, to care for a loved one with a serious health condition, to prepare for a family member's military deployment or to find safety after abuse or violence.

- **Higher Opportunity for Pathways to Employment (HOPE) program celebrated five years.**

HOPE is a parent empowerment program that helps Maine parents with low incomes gain access to education and opportunity. [The program marked five years](#) of building more economically stable futures for parents, caregivers, and their families in 2025. Last year, 885 students pursued 958 credentials, with some individuals choosing to stack credentials. In 2025, 185 unique HOPE graduates earned 195 credentials. Findings from a preliminary analysis of participants who completed their programs in 2020 through 2023 are encouraging. While outcomes varied by region and demographic, overall trends confirmed wage growth for participants and an employment rate at or above 75% among parents in key health and education fields.

- **Rising Futures Franklin supports education and workforce training through a whole family approach.**

The [Rising Futures Franklin](#) project, a partnership between the Franklin County Children’s Task Force and John T. Gorman Foundation, is a family-centered program that helps parents overcome barriers to education and workforce training while ensuring their children are cared for in a safe, supportive environment. Parents receive individualized support from a parent advisor and coach to help them complete training or education goals. The program also provides barrier removal and connects families to local services.

- **The ASPIRE Program provides individualized career planning to work-eligible TANF recipients.**

[ASPIRE](#) supports parents and caregivers to explore and pursue training and educational opportunities that will increase their earning potential. In 2025, ASPIRE assisted 7,713 parents and caregivers with short-term vocational training, 1-year certificate programs, and 2-4 year college degree granting programs. Of these, 5,736 participants received \$11,100,486 in needed support services such as childcare, gas money, bus passes, auto insurance, auto repairs, occupational tools, tuition, books and supplies.

- **The Competitive Skills Scholarship Program is supporting more Maine residents to pursue training and education.**

The [Competitive Skills Scholarship Program \(CSSP\)](#) provides funding and support services for eligible Maine residents to pursue two and four-year degree programs or employer recognized credentials leading to high-wage, in-demand jobs in Maine. In 2025, MDOL expanded eligibility for the Competitive Skills Scholarship Program (CSSP) to 275% of the federal poverty level. CSSP pays for tuition and fees not covered by other sources and may also assist with other supports including childcare, transportation, books, supplies, equipment, and remedial and prerequisite training.

## Strategy 2: Provide equitable and timely access to low-barrier supports and services for children, youth, and families.

Supports and services are foundational to a strong child safety and family well-being system. While Maine has expanded access in recent years, sustained commitment is needed to ensure timely, coordinated, and family-centered support. Services should also be culturally responsive, trauma-informed, and tailored to the unique and interconnected needs of families and communities, with particular focus on populations facing persistent barriers to access.

### Advance efforts to strengthen access to behavioral health supports across the continuum of care for children, youth, parents, and caregivers

- **Maine DHHS and provider agencies across the state implemented the Certified Community Behavioral Health Clinic (CCBHC) Model.**

[CCBHCs](#) are behavioral health organizations that provide a broad range of community behavioral health services. They focus on coordinated care and use of evidence-based practices for individuals across their lifespan, regardless of their ability to pay. Maine DHHS implemented the CCBHC model of care through the federal Section 223 Demonstration in March 2025. As of January 1, 2026, 5 organizations are operating CCBHCs in 10 of Maine's 16 counties and as of February 1, 2026, over 10,000 MaineCare members are enrolled for care at CCBHCs. These centers have trained clinicians serving youth and families, and the model has helped sustain important services like school-based supports, walk-in crisis care, in-home follow-up after crises, and intensive family therapy for youth with complex needs.

- **BangorHousing's MOMS program helps mothers navigate raising children while prioritizing their own mental health needs.**

The [MOMS](#) – Mental Health Outreach for Mothers – program is aimed at helping mothers who are pregnant or caregivers for children, up to the age of 18, and who are experiencing economic hardship. The program is led by a Community Mental Health Ambassador who is a parent and lives in BangorHousing's Capehart neighborhood. MOMS provides mothers with tools to handle stressful situations, communication and relaxation tips, and breathing exercises. A partnership with Community Health and Counseling Services provides additional expertise to support participants to address and navigate their mental health needs.

- **The Office of Behavioral Health (OBH) continues to train providers and expand access to Triple P – Positive Parenting Program.**

OBH has trained and certified children's behavioral health providers in Triple P – Positive Parenting Program for several years, with the most recent training cohort completing accreditation in June 2025. In collaboration with OCFS, families in Maine can also access Triple P Online, a no-cost, evidence-based program that offers virtual parenting support. In addition, CBHS is working with OCFS and Maine Children's Trust to pilot seminar and discussion programs for parents and caregivers through three Maine Prevention Councils and with the Maine CDC in Aroostook County. These pilots, which began in January 2025, are open to caregivers who want practical support for parenting and supporting their children and teens.

- **Maine DHHS designed the Single Assessment (SA) and Coordinated Service Plan (CSP) processes.**

In 2025, Maine DHHS advanced implementation of the [Children’s Behavioral Health Settlement Agreement](#) by designing the SA and CSP processes. The SA establishes a standardized, independent clinical assessment to determine level of care and align service requests with identified need. The CSP is a structured care coordination tool used by care coordinators to document assessment results and support family-driven service selection by organizing recommended services and supports. These processes will launch statewide on February 2, 2026. Data collected through the SA and CSP will provide information about service demand, service access, and system capacity, supporting ongoing strategic planning and system improvement.

- **The Maine Center of Excellence (COE) for Behavioral Health and Well-Being strengthens youth- and family-driven services across Maine.**

The [Maine COE](#) supports family well-being and stability through training and support for Maine’s behavioral health workforce in High Fidelity Wraparound, Peer Connect and PEARLS models. These approaches tap into families’ unique strengths, experiences, and goals. They support families through connection to resources and supports in their local areas, reducing some of the stresses and challenges to keep families together as they navigate care and treatment for a child or youth’s behavioral health condition. Through the COE, 15 model coaches provided training to 224 people across 30 agencies in 2025.

## Improve access to early intervention services for children

- **Zero to School seeks to have all children in Knox and Lincoln counties enter kindergarten healthy, thriving, and ready to learn.**

Zero to School is a 2Gen mobile intervention team of early childhood and family specialists. The team works in partnership with schools, pediatric offices, and early intervention services to ensure every child aged four and younger receives a developmental screening and is connected to individualized resources needed to support their healthy development. The team supports parents by providing barrier removal, resource navigation, parent support groups, education, and coaching to reduce parent isolation and increase social capital, cohesion, and confidence.

- **The transition of Child Find and FAPE responsibilities to School Administrative Units (SAUs) continues.**

The transition of the responsibility for the provision of a free, appropriate public education (FAPE) from Child Development Services (CDS) to SAUs continued to advance during the 2025–26 school year. With the addition of Cohort 2, 34 SAUs assumed responsibility for child find and FAPE, serving 302 preschool-aged children with disabilities. A key highlight of this phase has been the strong collaboration between SAUs and the developing CDS Support and Service Hubs. These partnerships have supported the expansion of inclusive preschool classrooms, including local programs designed to serve children with low-incidence disabilities alongside their typically developing peers. This work strengthens access to high-quality, inclusive early learning opportunities within local communities.

- **OCFS expanded the reach of Help Me Grow Maine to link families to services and support child development.**

[Help Me Grow Maine](#) is a comprehensive, statewide, coordinated system of early identification, referral, and follow-up for children and their families from prenatal care through elementary school. In 2025, Help Me Grow Maine served 974 children and completed 326 developmental screenings. Eighty percent of families were successfully connected to at least one service via Help Me Grow Maine, and 309 families were provided with resources and information about child development.

*“Having access to support groups gives parents an outlet and give them a sense of connection.” - Nannie, a mom in Maine*

## Expand access to preventative and low-barrier primary care services

- **OMS continues to improve access to comprehensive primary care services across Maine.**

OMS has been working collaboratively with the Maine Primary Care Association to design a more advanced form of the Primary Care Plus program to support Federally Qualified Health Centers in providing comprehensive primary care services. This multi-year process includes collaboratively reviewing data and designing a service and payment model to achieve shared goals around robust support for primary care.

- **Mammha App is increasing access to maternal mental health supports across Maine.**

Mammha virtually screens for behavioral health concerns and connects pregnant and postpartum individuals to support they might need, including referrals for mental health therapy and medication management in a timely manner. In 2023, Early Intervention for ME, Birth to Three implemented a pilot in York County. Since then, additional collaboration with MaineHealth’s RMOMS and WIC has expanded access to the app. In July 2025, the Maine CDC partnered with the Maine Medical Association and Maine Families Home Visiting to provide families with access to the Mammha.

- **The [Transforming Maternal Health \(TMaH\)](#) Model seeks to improve maternal and newborn health outcomes statewide.**

In January 2025, MaineCare was selected by the Centers for Medicare & Medicaid Services to participate in this initiative designed to improve maternal health for people enrolled in MaineCare and the Children’s Health Insurance Program (CHIP). Maine DHHS will receive up to \$17 million over 10 years to strengthen services, expand perinatal supports, and improve coordination of care. Work began in 2025 with planning, the creation of a MaineCare Doula Council, perinatal rural regional planning, support for safer birth transitions between community-based birth providers and receiving hospitals, and perinatal-focused training for Federally Qualified Health Centers. These efforts aim to improve access, coordination, and outcomes for pregnant individuals and babies statewide.

- **More students are accessing care through School-Based Health Centers (SBHCs).**

SBHCs support student health, well-being, and academic success by providing integrated medical, dental, behavioral health and prevention services aimed at improving health equity. Services are student focused and offered to all eligible students regardless of insurance status or ability to pay. In the 2024-25 school year, the number of students enrolled in one of the 20 SBHCs that receive funding from the state increased by 29% and the number of visits to SBHCs by students increased by about one-third. OMS also initiated a rate study for school health-related services that will establish rates for new services and for services that are already delivered in schools but are not reimbursed by OMS. Additionally, Maine’s successful application for funding through the federal [Rural Health Transformation Program](#) included proposed investment in school-based health centers.

## Expand and promote peer supports for youth and adults

*“Child care and school supports like before and after school programs, reliable daycare, summer camps, and special needs services help reduce stress for my family.” -A rural Maine Mama*

- **The G.E.A.R. Parent Network is a program run by parents for parents.**

The [G.E.A.R. Parent Network](#), a statewide program of Kennebec Behavioral Health, provides parents and caregivers who are concerned about their children’s emotional or behavioral health with an opportunity to find and support each other, at no cost, in a confidential and safe space. Supports include: one-on-one parent-peer support for parents/caregivers; emotional support and family-centered training; positive parenting skills education and peer mentoring; and social and networking events to reduce isolations, enhance natural supports, and promote resiliency. In 2025, G.E.A.R. supported 67 families with long-term 1:1 Home Family Peer Support and held 105 workshops and social events for parents, professionals, and youth.

- **The Youth Peer Support Statewide Network (YPSSN) fosters mutually supportive relationships, addresses challenges, and promotes recovery, resilience, and wellness among youth and young adults with behavioral health challenges.**

Community Care oversees the [YPSSN](#), which delivers 1:1 youth peer support, community activities, drop-in opportunities, and educational opportunities to young people aged 14-26 statewide. Peers working in the network have all self-identified with the experience of mental health and/or substance use challenges and are specially trained through Maine’s COE in the Peer Connect Model of youth peer support.



## Expand whole family and two-generation approaches into program design and service delivery

- **The Maine Department of Corrections (Maine DOC) is implementing Family Engaged Case Planning.**

The Maine DOC, with technical assistance from the Annie E. Casey Foundation, is implementing this model for supervising youth referred to the Division of Juvenile Services. [Family Engaged Case Planning \(FECF\)](#) works to increase measures of youth well-being in areas such as education, skill-building, health, belonging, and family life. FECF is rooted in strengths, family voice, shared responsibilities, meeting the client where they are at, and connecting to their community. In 2025, Juvenile Community Corrections Officers were trained in the model. A 6-month pilot began in January 2026 to determine the most effective methods of family engagement and where in the juvenile supervision process to use the model.

- **Sanford Schools and York County partners are taking a 2Gen approach to preventing student homelessness.**

Building on the Preventing Student Homelessness Pilot Program, funding from the John T. Gorman Foundation has supported both the Sanford School Department's early intervention work and York County Community Action's collaboration with a broader consortium of districts. Sanford's model—centered on trusted school-based points of contact and early identification—helped 16 families secure stable housing and prevented homelessness for 55 more in 2024–2025. This approach informed the York County School Consortium launched in May 2025, where participating districts collectively identified 157 students in 83 families at risk and connected them with stabilization supports before a housing crisis occurred.

## Advance efforts to offer services in familiar, convenient, and comfortable settings

- **Lewiston Family Resource Center opened to empower local families.**

[Community Concepts](#) opened the Lewiston Family Resource Center in October 2025. A welcoming hub designed to strengthen and support families, the center offers parenting education, family and individual coaching, playgroups, and practical essentials like diapers and wipes. Families also gain access to vital services, including housing assistance, mental health support, employment connections, WIC, and coaching. With support from Speedway Children's Charities, the center quickly expanded its offerings by building a pantry to help meet basic needs. Guided by parents and in partnership with Maine Children's Trust, every service at the center is open to all families.

- **An innovative, community-driven social services collective opened in Southern Maine.**

[Mainspring](#) opened in early 2025 in direct response to local needs. Co-founded by Fair Tide and Footprints, Mainspring brings together more than 15 partner organizations in one shared space, offering coordinated access to food, housing stability services, benefits assistance, employment supports, legal aid, and crisis intervention. Mainspring also administers the General Assistance programs for Kittery and Eliot. Since opening, partners have emphasized shared data, common outcomes, and coordinated case management to reduce barriers, improve service integration, and strengthen support for children and families.

- **Newly-trained doulas in all five tribal communities are providing care and support for pregnant individuals and their families.**

With support from the Preschool Development Grant, [Wabanaki Public Health and Wellness](#) partnered with Zaagi'diwin Doula Services to deliver [Full Spectrum Indigenous Doula Training](#) for 24 tribal members. The intensive training prepared participants to serve as doulas, nonmedical personal who provide support, encouragement, and guidance before, during, and after the labor and delivery process. The program integrates traditional tribal teachings and ceremonies and emphasizes holistic, trauma-informed care. Research shows doula support can reduce stress, build confidence, and shorten labor. Several trained doulas will join the MaineCare Doula Council to help implement the Transforming Maternal Health Model and establish reimbursable doula services under MaineCare.

- **Schools across Maine are implementing restorative practices with support from the Maine School Safety Center.**

The [Maine School Safety Center's](#) research driven program Creating a Culture of Care in Schools using Restorative Practices creates collaborative partnerships between school staff, youth, parents, and community supporters. Schools are able to respond to difficult behaviors by addressing underlying needs rather than simply punishing behavior, building accountability skills, preventing future incidents, and connecting to community resources. This program is available for free to all Maine pre-k through 12 schools. Since the program launched in February 2024, MSSC has supported implementation in 48 schools and had over 2,400 staff members complete the training, serving more than 13,500 students.

*“Community centers, libraries, and parks that provide free programming and safe gathering spaces, create a true connection to community for me and my family.” - A Maine parent*

- **Maine Community Integration (MCI) empowers New Mainer girls and their families through its EcoAspiration programs.**

MCI's EcoAspiration programs harness the healing power of Maine's natural beauty as a pathway to opportunities for strong choices, careers, and self-esteem for New Mainer girls and others in the Lewiston-Auburn community. Through its Seed, Sprout, and Saplings programs, MCI provided 90 youth with outdoor learning and environmental education in 2025. Ka-Bogso (Be Healed): Addressing Adverse Childhood Experiences through Art and Nature Therapy is another program. Ka-Bogso provides equitable outdoor access through team-building expeditions and meditation activities. The program utilizes culturally-appropriate music, dance, poetry, and creative arts to promote personal growth and healing for immigrant and BIPOC youth and families.

- **Maine DHHS formed a Community Health Worker (CHW) Steering Committee.**

This committee's mission is to improve coordination and collaboration across Maine DHHS offices and the community health worker profession to support effective policies and programs. In 2025, the committee adopted a CHW definition, created guidance for CHW employers, compiled lessons learned on contracting between Department and CHW partners, tracked funding opportunities for CHWs, and advised the Maine Community Health Worker Initiative on the development of a certification model.

- **Maine DHHS made efforts to provide more readily available resources in multiple languages.**

Across the Department, digital and physical materials translated into multiple languages are being shared widely. Recent efforts to make resources readily available in multiple languages include information on child care licensing, Help Me Grow Maine, Early Childhood Consultation for ME, ASPIRE, and SunBucks. OFI provided translated signage explaining recent changes to the call center menu and satisfaction survey in French, Portuguese, Arabic, and Spanish. OFI also added a phrase to their main call center menu the offering of an interpreter in three additional languages. The Maine CDC's Division of Population Health Equity facilitated the translation of its [Community Care Referral Form](#) and is supporting broader efforts to develop and disseminate culturally and linguistically relevant materials statewide.

- **Maine Parent Federation helps families of children with disabilities or special health care needs navigate support.**

[Family Support Navigators](#) are experienced parents of children with disabilities or special health care needs in Maine who have navigated the many systems of care in their personal lives. Navigators are matched with families to provide information and one-on-one support at no cost to families. Each Navigator uses their life experience and support from Maine Parent Federation staff to empower families when advocating for their child's needs. Navigators can bridge learning about opportunities for a family, connect with local service agencies, and work with families to find new resources that meet their needs.

- **OFI implemented technological improvements to make it easier for families to apply for and receive timely support.**

Upgrades were made to OFI's [MyMaineConnection](#) portal, allowing families to apply for non-recurrent short-term TANF assistance including Alternative Aid and Emergency Assistance 24/7. Enhancements were also made to SUN Bucks technology so that benefits become available the day after an application is processed. Previously, it could take up to a month and a half for Sun Bucks benefits to become available.

- **OFI hosts regular virtual learning opportunities for community partners to learn about its programs and services.**

The monthly [community partners](#) meeting is an opportunity for social services providers and organizations who collaborate with OFI to connect on a consistent basis. The goal of these meetings is to provide a clear picture of OFI's monthly priorities and upcoming changes that could be helpful to know on behalf of their clients, consumers, and participants. In 2025, OFI evolved the structure of these meetings to better meet partners' needs and has seen an increase in attendance. OFI also hosts [a regular webinar series](#) to provide an overview of OFI programs and frequently asked questions about eligibility. Topics include OFI 101: MaineCare, SNAP, TANF, and more!, OFI 201: Noncitizen Policy for OFI Benefits, and OFI 202: Introduction to Longer Term Care (coming in 2026).

## Strategy 3: Build partnerships with families

Children, youth, parents, and caregivers know what is and isn't working. By listening and elevating the expertise of all families—including immigrants; refugees; Black, Indigenous, and other People of Color (BIPOC); and those in rural communities—state and community partners can build trust and ensure these voices truly lead the way.

### Develop processes to build meaningful partnerships with families

- **The Maine CDC is uplifting family voice and informing family partnership efforts statewide.**

The Maine CDC Maternal and Child Health Program partnered with family-led organizations and family partners to host the “Elevating Family Voice” summit, which brought together more than 150 participants, including families, providers, and state agency staff. The event featured panels of family leaders and agencies successfully partnering with families in decision-making roles. Building on this work, the Maternal and Child Health Program developed the [Family Partnership Framework](#), released in March 2025. Created in response to families’ calls to action, the framework provides shared language, principles, and flexible strategies to strengthen meaningful family partnerships across systems and communities.

- **Maine Prevention Councils are fostering shared ownership of family-strengthening efforts with families.**

In 2025, the 16 [Maine Prevention Councils](#) have significantly expanded community coordination by moving beyond traditional service delivery to a Collective Impact model. By hosting numerous engagement opportunities—including World Café conversations in Cumberland and York, “Who Let the Dads Out” playgroups in Penobscot and Piscataquis, and Circle of Parents groups through Kennebec and Somerset—the Maine Prevention Councils are fostering deep partnerships with families. These models shift the power dynamic from “service provider and recipient” to “shared ownership.” Guided by principles of trust, reciprocity, and non-violence, parents are empowered to lead content and implementation, ensuring that local prevention strategies are rooted in the authentic, lived experiences of Maine families.

### Partner with families to understand and address barriers to accessing supports

- **The MaineCare Beneficiary Advisory Council (BAC) was established to help shape access to quality health care, policies, and MaineCare services across the state.**

In a culmination of a multi-year effort, the Office of MaineCare Services (OMS) held its official [BAC](#) kickoff meeting on June 3, 2025. The BAC is currently made up of 10 MaineCare beneficiaries, former beneficiaries, and family members of MaineCare beneficiaries. The BAC members have formalized their membership list, bylaws, and relationship to the existing MaineCare Advisory Committee. In 2026, OMS and the BAC will take next steps to grow opportunities for BAC and broader member input on various aspects of MaineCare.

*“A parent leadership program helped my family feel supported and like we belong in our community. As new parents in long-term recovery and reentry, we worried about how we would build positive connections, advocate for our child, and create the village every family needs.” - A parent in Maine*

- **Be There for ME gained momentum as a message and place for parents to start to find support.**

[Be There for ME](#) was co-designed with parents and caregivers and launched in July 2024. In 2025, Maine DHHS and MCWAN made intentional efforts to raise awareness of the campaign and website among child welfare staff, the medical community, early childhood educators, schools, and community organizations. State and federal funding supported a multi-channel marketing campaign that generated roughly 50 million impressions, and more than 20,000 print materials have been distributed. The website has been accessed more than 50,000 times since it went live. MCWAN also rolled out the “Be There for ME Parent Reps,” a group of 8 trained parents to represent the campaign at events in their community.

## Advance youth, parent, and caregiver leadership development to support systems-level change

- **Hardy Girls broadened its statewide impact by expanding youth-led leadership programming across Maine.**

Through the Feminist Action Board (FAB), high school members designed and planned for more workshops focused on mental health, healthy relationships, and building voice in their younger peers. To support this growth, [Hardy Girls](#) hired its first-ever Muse Coordinators, launched a FAB Ambassador role, expanded Coalition Groups into Franklin County, and added a new conference location in Brewer; reaching middle school youth in Penobscot County and northern Maine. Together, these efforts strengthened the leadership pipeline and set the stage for continued expansion in 2026.

- **Maine State Parent Ambassadors (MSPA) continues to support parent leadership and grow its alumni network.**

[MSPA](#) is a statewide 10-month intensive parent empowerment and advocacy training program provided through the Kennebec Valley Community Action Program and Educare Central Maine. OCFS contributes to the core ambassador training program and strengthening the 145+ alumni network through the Child Care Development Fund. This year, 18 participants engaged in 162 hours of professional development, advocacy, and parent partnership opportunities. The 2025 cohort graduates were the first to obtain a Parent Ambassador micro-credential in collaboration with St. Joseph’s College of Maine. Parent Ambassadors and alumni also partnered with Maine Parent Federation and the Maine CDC to host the first annual Elevating Family Voice Summit in March 2025.

- **MSPA collaborated with Portland Empowered on a parent leadership training pilot.**

With funding from the Preschool Development program, MSPA, OCFS, and [Portland Empowered](#) developed a six-session parent leadership training program that was universally designed as a trusted messenger model. The goal of the pilot was to empower and train individuals in local communities to support information sharing to their own local members, by community members. The pilot was co-facilitated by MSPA with guest speakers on topics including child welfare, child development, transitions to school, Help Me Grow Maine, developmental screenings and advocacy for their children. Five of the 12 participating parent leaders hosted two community meetings supported by the MSPA facilitators of the pilot training.

## Strategy 4: Promote Supportive Communities

Strong families live in communities where care is shared and no one is judged for asking for help. When neighbors, organizations, and systems stand alongside parents and caregivers, families feel seen, supported, and connected. This collective commitment creates communities where children and youth can grow up safe, healthy, and full of possibility.

### Support primary prevention efforts that create the conditions for safe, healthy, and connected communities

- **Sources of Strength fosters youth leadership, belonging, and connection in schools.**

[Sources of Strength](#) is a student-led school primary prevention program that brings together trained adult advisors and peer leaders to build a positive school climate, create connections to caring adults and peers, and support help-seeking. Maine CDC works with the Maine chapter of the National Alliance on Mental Illness (NAMI Maine) and the Maine Youth Action Network (MYAN) to provide training and implementation support for Sources of Strength in schools across the state, including eight schools during the 2024-25 school year.

- **Building Assets, Reducing Risks (BARR) is creating strong schools and communities.**

[BARR](#) is a proven school-based model that nurtures a culture of support and success for every student by focusing on relationships and data. During the 2024–25 school year, Maine completed its second year of statewide BARR implementation, supported by the Maine DOE. Ninety-four schools across 14 counties participated, and all showed improvement in at least one key area: academics, attendance, or behavior. Participating schools reported a 34% decrease in failure rates, a 45% drop in behavior referrals, and 72% of schools reached 90% or higher attendance. Educators report that BARR also positively impacts school climate, well-being, and relationships between staff, students, and families.

- **The Maine Recovery Council adopted prevention priorities.**

In December 2023, the [Maine Recovery Council](#) (MRC) approved their first funding decisions from the Maine Recovery Fund, including prevention investments that support evidence-based strategies to prevent opioid misuse and strengthen protective factors for youth and families in highly impacted communities. This included funding for youth prevention and peer learning and whole family services flex funding. Additionally, the MRC, in partnership with New England Prevention Technology Transfer Center, established a Prevention Ad Hoc Committee to identify Prevention priorities for 2024-2025. This work resulted in the MRC approving strategies related to addressing community conditions, 2-Gen approaches, and a focus on the young adult population.

- **Partners in Oxford County are leading a community effort to support youth mental health.**

Following the loss of two alums to suicide, Oxford Hills Comprehensive High School Principal Paul Bickford partnered with Healthy Oxford Hills to prevent future tragedies. Prevention messages were developed and shared with students during Suicide Prevention Awareness Month. Together, the partners hosted a Community Suicide Prevention Education Night on December 9, featuring NAMI Maine's presentation on risk factors, warning signs, and postvention. The event included resource tables, free gun locks, and safe storage. Support came from local businesses and MaineHealth Stephens Hospital. A Youth Mental Health First Aid training is planned as a follow-up.

## Encourage everyone to play a role in advancing child safety and family well-being

- **Safe Families for Children volunteers provide “family-like” support in their communities.**

[Safe Families for Children](#) hosts vulnerable children and offers support to isolated families through a community of volunteers committed to keeping children safe and families together. Safe Families offers meaningful relational support across two or even three generations. Safe Families is a volunteer-driven organization with professional support and supervision. In 2025, they provided “family-like” support in Maine to 12 families, benefiting 22 children.

- **The Child & Family Well-Being Webinar Series is in its 4th year of bringing people together for conversations about supporting families.**

OCFS and Maine Children’s Trust continue to collaborate on a [webinar series](#) highlighting strategies that everyone can use to promote protective factors for families and uplifting state and local efforts. The webinar series regularly draws an audience of more than 100 providers, parents, and state agency partners. In 2025, topics included parent leadership, balancing the role of family supporter and mandated reporter, economic and concrete supports, the fundamentals of collective impact, and building relationships with families.

## Expand and enhance community spaces where families gather and build social connections

*“Community events where you can connect with other parents and families to build a bond really helps me feel like I belong in my community.” - A parent in Maine*

- **[Portland Public Children’s Library](#) is adapting its space to support working parents visiting the library with their kids.**

The Family Remote Workspace offers seating, technology, meeting space, stroller parking, parenting resources, family restrooms, and a lactation pod. Families are encouraged to do homework with their child, meet with a provider, print forms for a new school year, or simply catch up on email in a family-friendly space. In 2026, the space will be enhanced to include a private meeting pod, in-house Chromebooks, and wireless printing. The Remote Work Through Libraries program is funded by the Maine State Library Department of Economic and Community Development.

- **The Belfast Teen Center provides a space for teens, by teens.**

The [Belfast Teen Center](#) opened as a safe, welcoming hub built by teens for teens to gather after school, socialize, do homework, charge devices, and access snacks and essentials. The idea began with Belfast Area High School students who identified the need for a local youth space and helped guide planning and design. The center operates with caring adults on site and hopes to expand programming and hours over time.

- **Updated training for mandated reporters reflects statutory changes and asks professionals to consider how they might also support a family.**

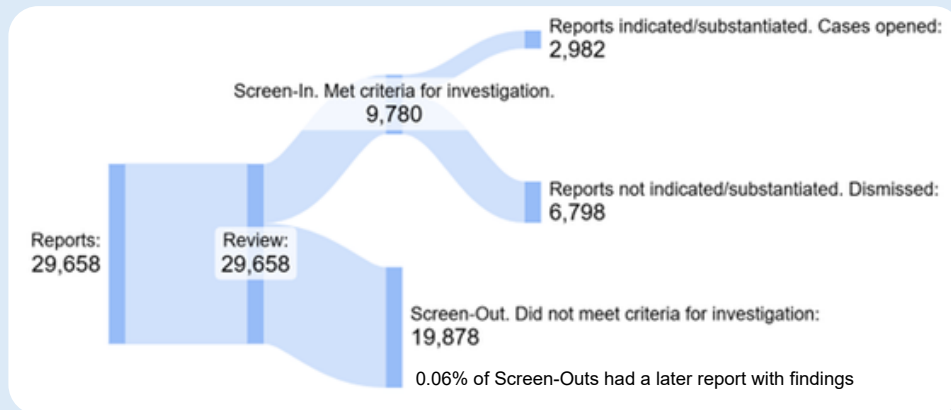
OCFS and MCWAN continue to partner on [Maine’s Mandated Reporting and Community Support for Families Initiative](#). In September 2025, the mandated reporter training and internal OCFS policy were updated to reflect statutory changes distinguishing poverty from child neglect. A more comprehensive update to the training and a guide are in development to help mandated reporters better understand their role and consider opportunities to support a family. As part of this effort, OCFS, MCWAN, and partners are also considering how to strengthen pathways of community support for families.

- **Recently passed legislation is improving Substance Exposed Infant (SEI) identification and notification.**

In 2025, [legislation](#) passed that established an [updated legal framework](#) and process for how SEI would be identified and Family Care Plans (formerly Plans of Safe Care) would be developed. The intent was to establish a distinctly different process for identification and notification of SEI from reports of suspected abuse or neglect. Rulemaking is now underway to support this statutory change. A work group has been established to support the development of rules. The goal is to create better consistency in process across hospitals for SEI notification, prevent unnecessary child welfare system involvement for families, and ensure families are caregivers are offered resources and referrals through the Family Care Plan.

### Reports of Suspected Child Abuse and Neglect: Process and Outcomes (2024)

Data collected by the Office of Child and Family Services highlights the opportunity to consider pathways of community support for families. In 2024, **90% of reports of suspected child abuse or neglect did not result in findings**. These are families who may be experiencing some challenges to well-being and are reported to the state’s child welfare agency when community-based supports, services, and resources might be more appropriate to meet a family’s needs.



## Strategy 5: Improve Coordination of State and Community Partners

A coordinated child safety and family well-being system helps families get the right support at the right time. Strengthening relationships between and among state agencies and communities to share information, align services, and braid resources creates smoother, more responsive systems of support for families.

### Establish and define state and community roles in supporting families

- **MCWAN and OCFS convened a summit on child welfare system transformation with Alia Innovations.**

Community partners, parents, and child welfare division staff participated in the September 2025 summit. [Alia Innovations](#) supports community and state agency leaders through system(s) transformation to explore promising approaches that provide children with an uninterrupted sense of belonging and keep families safely together. The summit offered space to develop a shared understanding of the current system, made the case for change, and supported participants to consider how to build a new way together.

### Strengthen and expand coordination within communities

- **Portland Community Partnerships for Protecting Children (Portland CPPC) provider meetings facilitate cross-sector collaboration.**

The Portland CPPC provider meetings support shared problem-solving and early intervention to coordinate support for families before crises escalate. In 2025, 182 providers participated in monthly meetings focused on community-level challenges impacting family stability. Providers worked together to identify practical solutions, share information, and strengthen protective factors. The Portland CPPC also hosted 10 presentations from local organizations and state agencies to promote provider awareness of resources for families. This community-based approach strengthens local networks, increases collective capacity to meet families' needs proactively, and helps create the conditions in which children and families in the Portland area are safe, healthy, and connected.

- **The Community Collaboratives Network continues to advance shared learning.**

MCWAN is in its second year supporting a network of [Community Collaboratives](#). In 2025, the network expanded with new members and evolved into a community of practice to support resource sharing and mutual learning. Members explored topics related to the core components of a Community Collaborative: local leadership, relational infrastructure, financial infrastructure, access to physical space, service focus, shared initiatives, and intentional change. The network also developed guidance for funders to best support community-level collaborative infrastructure, based on takeaways from the Fall 2025 Convenings of Conveners.

*“When the school takes the time to discuss and problem solve issues together, our family feels support and like we belong in our community.” - A mom in Maine*

- **First 10 cultivated cross-sector partnerships to ensure all children thrive and learn.**

The Early Learning Team at the Maine DOE launched the [First 10 Community School Pilot](#), funded through the Preschool Development Grant, in 2023. Seven School Administrative Units partnered with community organizations to implement this 2Gen model supporting children birth to age 10 and their families. In 2025, First 10 teams continued to focus on improving the transition to kindergarten, building authentic partnerships with families, providing access to resources and caregiver education, fostering a more connected early childhood landscape, and implementing The Basics parenting campaign.

- **The First4ME pilot nurtured collaboration and family-centered support in four communities.**

The [First4ME Early Care and Education Pilot](#) project was established through OCFS to provide funding to four pilot sites to improve social, emotional, educational, and health outcomes for children under 6 years of age and support their families. The 2Gen program was conducted in four locations, with 21 participating child care providers and seven school districts. Through First4ME, families received care coordination, navigation, and coaching. The pilot project concluded in September 2025. A full evaluation of the project will be available in 2026.

## Continue to strengthen coordination across state agencies

- **The Children’s Cabinet integrated a focus on strengthening families.**

The Governor’s Office of Policy Innovation and the Future continues to coordinate the [Children’s Cabinet](#), comprised of the Commissioners of the Departments of Health and Human Services, Education, Labor, Public Safety, and Corrections. Staff from the Departments meet at least monthly, and the Cabinet was expanded in 2025 to include representation of adult-focused work that advances family well-being and safety for children.

- **The Whole Student and Community Collaborative Team (WSCC) works across state agencies to support connections between school systems and communities.**

The WSCC brings together state offices and agencies monthly to support collaboration efforts between school systems and communities. By facilitating and supporting these connections, the WSCC seeks to increase inclusive, family-centered approaches that strengthen whole child/whole student development and whole staff engagement. In 2025, members developed a mission and vision statement and are assessing what support schools and communities need to build or deepen their collaboration. Plans for 2026 include developing web-based resources to highlight initiatives and tools for building partnerships as well as for elevating strong models across Maine.

- **Early intervention partners are coming together to coordinate early childhood work across systems.**

The Maine CDC Maternal and Child Health Program, through the Early Childhood Comprehensive Systems Grant, facilitated monthly meetings among early intervention partners across agencies. These meetings supported collaboration, shared learning, and an opportunity for partners to seek and provide feedback on early intervention efforts. In October, these partners met for a full-day, in-person meeting to map Maine’s early intervention and early childhood initiatives, supports, and funding streams. They also updated a resource guide to increase awareness among providers and families of the supports available.

## Support and expand strong connections between state and community partners

- **Community-level conveners came together to bridge collaborative efforts that strengthen families.**

MCWAN, in partnership with Maine DHHS, hosted a series of regional [Convenings of Conveners](#) in Millinocket, Farmington, Saco, and Rockland in October 2025. Local and regional convening entities focused on children and families came together with state agency staff for these half-day meetings. Participants discussed current community concerns, examined the landscape of convening entities, and considered how to remain connected in ways that best fit each community's unique context, priorities, and partnerships.

- **A new Community Collaborative in Lewiston is building stronger relationships between local partners and child welfare agency staff.**

Community Concepts (CCI), in partnership with OCFS, invited partners in the Lewiston/Auburn area to develop a Child Safety and Family Well-Being Community Collaborative in July 2025. MCWAN supported the establishment and initial facilitation, with plans for CCI to take over these responsibilities in 2026. This Collaborative brings together local partners who support children, youth, and families, including local child welfare agency staff. Members meet in-person monthly to build relationships, share information, consider local needs and data, and engage in a formal process of deidentified case consultation. Building on this effort, MCWAN and OCFS are taking steps to support other existing Collaboratives to incorporate local child welfare agency staff.

- **Help Me Grow Maine convened Maine's Community Leader Taskforce.**

This taskforce, led by a System Navigator/Family Support Specialist for [Help Me Grow Maine](#), worked to bridge communication gaps, minimize misunderstandings, and enhance support for immigrant, refugee, and asylee families, particularly during the prenatal and birth stages. By connecting parents with service providers, the taskforce seeks to improve overall experiences and outcomes for these communities. The taskforce identified ethnic community-based leaders with historical and emotional bonds, including trusted leaders, agency CEOs, presidents of communities, school cultural brokers, and medical cultural brokers.



- **The Division of Population Health Equity (DPHE) within Maine CDC provides ongoing facilitation of the Health Equity Advisory Council and stewardship of the Community Led Needs Assessment.**

The [Health Equity Advisory Council](#) has focused on increasing prioritization and awareness of the needs of immigrant, refugee, and BIPOC families and strengthening Maine’s infrastructure to advance health equity for communities of color that centers their experiences. Through its stewardship of the needs assessment, DPHE is also supporting community organizations who are representative of, and who provide services to, immigrant, refugee, and BIPOC communities, with increasing awareness, access, and cultural responsiveness of supports for these populations.

- **Maine DHHS and MCWAN are exploring measures of parent and caregiver networks of social support.**

Parents and caregivers in Maine have shared that the promise of a “village” goes unfulfilled. They continuously emphasize the importance of having positive relationships that provide emotional, informational, financial, or spiritual support to them as parents – and as individuals. Social connection is a protective factor for families and was also cited in the U.S. Surgeon General's 2025 Advisory on the Mental Health & Well-Being of Parents, “[Parents Under Pressure.](#)” Maine DHHS and MCWAN are exploring existing measures and considering opportunities to better understand parent and caregiver networks of social support.

- **The Wiscasset School Department is engaging community members with local data to understand needs and inform coordinated action.**

At the December 2025 Wiscasset School Board meeting, the [Maine Children’s Alliance](#), in collaboration with First 10 Coordinator Kim Watson, presented local data on early intervention and special education services. This data helped community members better understand local needs, the connection between early intervention and special education, and opportunities to invest early to reduce the need for later, more intensive supports for students.





# Tracking Progress and Promoting Collective Accountability

Progress on the plan is assessed through indicators that measure whether our collective efforts are strengthening families and improving child safety. The indicators below are not the only ones that matter, but they do capture essential dimensions of family well-being that the actions in this plan are intended to advance. While the indicators are presented in aggregate, they must also be considered for sub-populations – including by race or ethnicity, age, and geographic area – to understand where there has been meaningful progress and where opportunity for improvement remains.

- The indicators come from a variety of sources. As such, the timeframes reflected and frequency vary across indicators. The most recent available data for each indicator is presented below.
- Baseline data from the 2025-2030 plan that has been updated to reflect the most recent validated data is indicated with an asterisk (\*).
- Indicators that are rates or percentages are noted below as getting better, worse, or unchanged, if calculated by the original source.

## Goal A: Parents and caregivers provide safety, health, and nurturing care for their children.

### Percent of Middle School and High School Students Who Report That Their Families Give Them Love and Support “Most of the Time” or “Always”

<b>Middle School</b>	<b>84.3%</b> 2023	<b>87.7%</b> 2025	 BETTER
<b>High School</b>	<b>80.6%</b> 2023	<b>84.2%</b> 2025	 BETTER

Source: Maine Integrated Youth Health Survey.

Notes: Data is updated biennially

### Percent of Children Below Poverty Level

<b>Maine</b>	<b>13.4%</b> 2022	<b>13.1%</b> 2023	<b>13.1%</b> 2024
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Source: Maine Children’s Alliance analysis of U.S. Census Bureau, American Community Survey.

Notes: Data is updated biennially. The federal poverty level is a limited measure of a family’s economic well-being. However, many state and federal programs use the federal poverty level to determine program eligibility.

## Percent of Children (Under 18) Who Live in Households that are Housing Cost-Burdened



Source: *Annie E. Casey Foundation PRB analysis of data from the U.S. Census Bureau, American Community Survey.*  
Notes: Data is updated annually. Households are housing cost-burdened if more than 30 percent of their monthly income is spent on rent, mortgage payments, taxes, insurance, and/or related expenses.

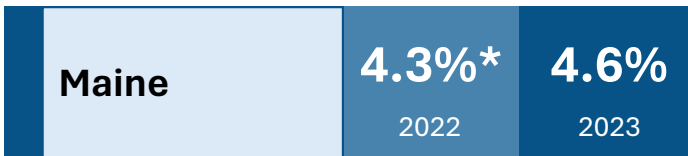
## Number of Children Receiving Child Care Affordability Program (CCAP) Subsidy



Source: *Office of Child and Family Services.*

Notes: Data is updated monthly. These numbers are for the month of November. Calculated as the sum of children served by age group. The decrease from November 2024 to November 2025 is in large part due to the implementation of a waitlist to manage funding for CCAP.

## Percent of Children Without Health Insurance



Source: *Maine Children's Alliance analysis of U.S. Census Bureau, Small Area Health Insurance Estimates.*

Notes: Children under age 19 who were not covered by health insurance at any point during the year.

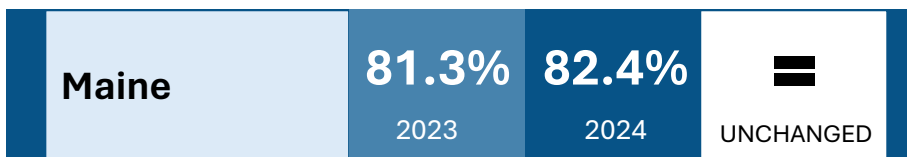
## Percent of Parents Without Health Insurance



Source: *Annie E. Casey Foundation PRB analysis of data from the U.S. Census Bureau, American Community Survey.*

Notes: Data is updated annually. Parents who are not covered by any health insurance. Parents include those adults who live with at least one of their own children under age 18 by birth, marriage, or adoption.

## Percent of Adults Who Had a Primary Care Visit in the Past Year



Source: *Behavioral Risk Factor Surveillance System.*

Notes: Data is updated annually.

**Number of MaineCare Members Who Received Outpatient Mental Health or Substance Use Services**



<b>Adults</b>	<b>77,180*</b> 2024	<b>76,888</b> 2025
<b>Children</b>	<b>27,489*</b> 2024	<b>27,573</b> 2025

Source: Office of Behavioral Health.

Notes: Data is requested annually. Year refers to fiscal year, such that 2024 data is for July 1, 2023 – June 30, 2024 and 2025 data is for July 1, 2024 – June 30, 2025. The count of individuals who received outpatient mental health or substance use services which includes but is not limited to traditional counseling, Assertive Community Treatment, Community Integration, intensive outpatient counseling, and residential services.

**Goal B: Families experience a supportive and coordinated child safety and family well-being system**

**Percent of Middle and High School Students Who Report That They Feel Like They Matter to People in Their Community**

<b>Middle School</b>	<b>53.6%</b> 2023	<b>57.8%</b> 2025	 BETTER
<b>High School</b>	<b>49.5%</b> 2023	<b>53.3%</b> 2025	 BETTER

Source: Maine Integrated Youth Health Survey.

Notes: Data is updated biennially

**Percent of High School Students Who Report That They Have Support from Adults Other Than Their Parents**

<b>High School</b>	<b>54.1%</b> 2023	<b>56.7%</b> 2025	 BETTER
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Source: Maine Integrated Youth Health Survey.

Notes: Data is updated biennially

### Percent of Children Who Have Family-Centered Care



Source: National Survey of Children’s Health.

Notes: Data is updated annually. Among children under 18 who had a health care visit in the last year. Family-centered care is a composite measure of responses to five experience-of-care questions: spends enough time with child, listens carefully to you, sensitive to family values/customs, gives needed information, and family feels like a partner.

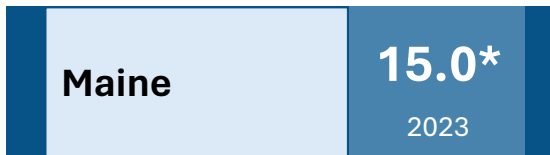
### Percent of Children (Under 18) Who Receive Needed Care Coordination



Source: National Survey of Children’s Health.

Notes: Data is updated annually.

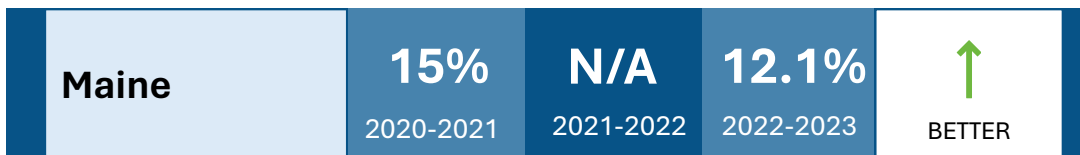
### Rate of Indicated or Substantiated Child Abuse and Neglect per 1,000 Children



Source: National Child Abuse and Neglect Data System.

Notes: Data is updated annually. Data from 2024 was not available at the time these indicators were collected.

### Recurrence of Child Abuse and Neglect within 12 months



Source: National Child Abuse and Neglect Data System.

Notes: Data is updated annually. In 2021-22, the data did not meet NCADS quality standards for inclusion in their reporting.