

Preventive Health and Health Services Block Grant
Work Plan for Maine Department of Health and Human Services

Fiscal Year 2023 | WP-1218-2023

Unique Entity Identifier: 809045594

Recipient: Maine Department of Health and Human Services

Chief Executive Officer: Janet Mills

Recipient Lead Health Official: Nancy Beardsley

Authorizing Official: Bethany Hamm

**Recipient BG Coordinator /
Program Director:** Nancy Birkhimer
286 Water St, 7th floor
Augusta
Maine- 04333
Phone:207-287-5716
Fax: 207-287-5355
Email: Nancy.Birkhimer@maine.gov

Finalized on: Workplan is not approved yet.

Executive Summary

FY 2023 Work Plan-Maine Department of Health and Human Services

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year **2023**. The **Maine Department of Health and Human Services** submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY **2023** Preventive Health and Health Services Block Grant is **\$1,388,395**. The current year Annual Basic Allocation is **\$1,359,954** and the current year Sex Offense Set Aside is **\$28,441**. These amounts are based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

Program Title	Health Objectives	Current Year Allocation
Informatics F2023	PHI-R06 Enhance the use and capabilities of informatics in public health	\$935,691
Accreditation F2023	PHI-01 Increase the proportion of state public health agencies that are accredited	\$289,847
Sexual Violence Response F2023	IVP-D05 Reduce contact sexual violence	\$40,000
Grand Total		\$1,265,538

Program Funding Profile for Maine in 2023

Total number of programs:	3
Type of funding	
Supplement other existing funds	3
PHHS Block Grant funding percentage	
10-49% - Partial source of funding	1
Less than 10% - Minimal source of funding	2
Role of funding	
Enhance or expand the program	2
Maintain existing program (as is)	1
Existing funding sources	
None	0
State or local funding	3
Other federal funding (CDC)	3
Other federal funding (non-CDC)	3
Total	9

Budget

Budget Detail for Maine– Fiscal Year 2023

A. FY2023 Award	\$1,388,395
Annual Basic Allocation	\$1,359,954
Sex Offense Allocation	\$28,441
B. Total Current Year Annual Basic Allocation	\$1,359,954
Administrative Costs	\$120,049
Direct Assistance Amount	\$0
C. Total Current Year Sex Offense Allocation	\$28,441
Administrative Costs	\$2,808
Total Available for Program Allocation in FY 2023	\$1,265,538

Summary of Funds Available for Allocation

Healthy People 2030 Priorities for Maine in Fiscal Year 2023

Topic Area	Funding	% of funding
Public Health Infrastructure	\$1,225,538	97%
Injury and Violence Prevention	\$40,000	3%
Total	\$1,265,538	100%

Summary of Allocations by Program and Health Objective

Program Title	Health Objective(s)	Program Goal	Current Year Allocation	% of Total Allocation
Informatics F2023	PHI-R06 Enhance the use and capabilities of informatics in public health	Maine CDC will increase internal and external access to data via improved informatics capacity.	\$935,691	74%
Accreditation F2023	PHI-01 Increase the proportion of state public health agencies that are accredited	The Maine CDC will maintain its accredited status with the Public Health Accreditation Board.	\$289,847	23%
Sexual Violence Response F2023	IVP-D05 Reduce contact sexual violence	Reduce sexual violence and its negative consequences via prevention education and support for sexual assault victims.	\$40,000	3%
		Total	\$1,265,538	100%

Program Description 1 / 3

Program Summary

Program Summary	
Program Name	Informatics F2023
Program Goal	Maine CDC will increase internal and external access to data via improved informatics capacity.
Healthy People 2030 Objective	PHI-R06 Enhance the use and capabilities of informatics in public health
Recipient Health Objective	Maine CDC will increase its capacity to drive its public health mission via up-to-date informatics and epidemiology by December 31, 2025.
Total Program Allocation	\$935,691

Problem Information

Problem Description

Easy access to public health data for agency staff, leadership, stakeholders, partners, and the public is essential to the successful planning, implementation, and evaluation of public health programs.

Strong informatics capabilities improve the effectiveness and efficiency of Maine CDC’s programs. This capability is continuously assessed, and specific gaps in the collection, analysis and dissemination of data have been identified. Gaps include outdated data systems for program management, lack of linkages between operational information systems, cumbersome processes to access public health data, and limited resources for key data collection activities, such as population-based health surveys.

Key Indicator:

Number of internal and external information system updated with Block Grant funds and Tableau-based interactive dashboards active on the Maine CDC Tableau Servers between October 1, 2023, and September 30, 2024.

Key Indicator Baseline:

11

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan
- Other
 - Agency leadership and program staff identified as a priority

Program Strategy

Goal:

Maine CDC will increase internal and external access to data via improved informatics capacity.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
- Education (e.g. low high school graduation rates, low literacy levels, poor early childhood education)
- Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
- Adverse Childhood Experiences (ACEs)

Program Strategy:

Maine CDC will increase internal and external access to data. Strategies include enhancing public access to public health data via interactive dashboards, improving internal communication of performance data, integrating internal operational data, and maintaining high quality survey data at the state and county levels. Maine CDC will use staff resources as well as contracts with the University of Southern Maine for epidemiology support and with a vendor to be determined via RFP for Tableau support.

Setting:

- State health department
- University or college

Primary Strategic Partners:

Maine CDC program staff, Maine DHHS and OIT staff, contracted epidemiology and Tableau support.

Evaluation Methodology:

Maine CDC will measure the increased informatics capacity by the number of new tools launched, the timeliness of data updates to various interactive dashboards, and documentation of data usage.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Resources/Job Aids
- Other
data reports, fact sheets and nfgraphics

Program Budget for Block Grant Funds

Program Budget	
FY2023Basic Allocation	\$935,691
FY 2023 Sex Offense Allocation	\$0
Total Allocation	\$935,691

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up Less than 10% - Minimal source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (CDC)
ELC, PHIG, EPHTN, BRFS
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 3

Total FTEs Funded: 1.4

FTEs (Full Time Equivalent)

Full Time Equivalent positions that are funded with PHHS Block Grant funds. 3

Position 1 / 3 Title:	Accreditation and Performance Improvement Manager
Position Name:	Nancy Birkhimer
Jurisdiction-level:	20%
Total	20%

This position is not vacant.

Position 2 / 3 Title:	Performance Improvement Specialist
Position Name:	Melissa Thornton
Jurisdiction-level:	60%
Total	60%

This position is not vacant.

Position 3 / 3 Title:	Performance Improvement Specialist
Position Name:	
Jurisdiction-level:	60%
Total	60%

This position is vacant.

The plan to fill the vacant position is:

Currently interviewing candidates after posting on our Department job board for the second time. Position remains posted, so that we can gather additional candidates for a larger pool.

Target Population of Program 1 / 3

Program name:

Informatics F2023

Number of people served:

499

Ethnicity:

Race:

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Maine

Occupation:

Public health professionals and support staff

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 1

Title of Program Smart Objective	Increasing informatics capacity F2023
Program SMART Objective	Between 10/2023 and 09/2024, Maine CDC will create, update, or enhance 8 informatics tools
Item to be measured	Data systems that need updating or enhancing.
Unit to be measured	number
Baseline Value	8
Interim Target Value	6

Final Target Value	8
---------------------------	---

Problem Description:

Updated data applications create efficiencies and ensure effective use of agency resources.

Public Health Informatics tools help to make data more accessible by automating processes and calculations and providing easy-to-use interfaces for staff at all levels of the agency. Because of the many different types of public health and operational data, too often these data are siloed: data for different public health programs are collected, stored, and analyzed separately. Each data system needs to be maintained to ensure the integrity of the data. Integration of data systems assist in more efficient and effective use of the data.

Key Indicator:

Informatics tools include up-to-date data systems, additional modules or functions for existing data systems, and new displays of public health data that can inform the public and help Maine CDC staff and leadership make resource and program decisions. In this case the indicator includes those systems that have been identified as a priority for creation, updating or enhancing, and does not include all tools that are in use.

Baseline Value for the Key Indicator:

6

Intervention Summary:

Maine CDC will create, update, or enhance its data systems and displays.

From October 1, 2023, to September 30, 2024, Maine CDC will focus on two types of data systems: (1) Internal applications or databases that track and measure program activities and administrative functions such as personnel data will be created, designed to also further integrate financial, policy, and workforce development data. (2) Maine CDC's use of Tableau Server will be expanded to increase data sharing across the agencies while expanding access to various types of public health data for both partners and the public.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Return on Investment analyses, assessments by the Maine Office of Information Technology and program needs have framed the interventions chosen. This objective aligns with Maine CDC's Strategic Plan

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Interactive Dashboard Development

Summary:

Maine CDC will develop Interactive dashboards for internal and external use.

Description:

Using an internal Tableau Server, Maine CDC program staff will develop and maintain internal dashboards that provide program staff and leadership with user-friendly displays of data that assist with program and agency decision-making. Using an external Tableau Server, Maine CDC will develop and embed in the Maine CDC website data that the public and external partners can use to support their health decisions and public health activities from October 1, 2023, to September 30, 2024.

Activity 2 / 2

Enhancement of Maine CDC information systems.

Summary:

Maine CDC and Maine OIT will enhance databases to track and manage operational and program activities database.

Description:

Maine CDC has an array of data systems to assist both program and leadership to manage the agency's services, programs, and activities. These are maintained and updated in collaboration with Maine Office of Information Technology. Upgrades to several data systems have been identified as critical for this project period and not fully covered by program funds, including but not necessarily limited to human resources, health inspection activities, tobacco licensing, and Laboratory systems.

Program Description 2 / 3

Program Summary

Program Summary	
Program Name	Accreditation F2023
Program Goal	The Maine CDC will maintain its accredited status with the Public Health Accreditation Board.
Healthy People 2030 Objective	PHI-01 Increase the proportion of state public health agencies that are accredited
Recipient Health Objective	Maine CDC will maintain its accredited status with the Public Health Accreditation Board through December 31, 2025
Total Program Allocation	\$289,847

Problem Information

Problem Description

Public health accreditation has been documented to promote high quality services and performance improvement in public health agencies.

As the state public health agency, with only two local public health agencies in the state, Maine CDC carries the major responsibility of providing the ten essential public health services for the entire state, as well as foundational public health capabilities. Demonstrating that the agency meets all Public Health Accreditation Board (PHAB) standards builds confidence and credibility for the agency. Accreditation emphasizes performance management, planning and quality improvement, healthy equity, and workforce development, all of which help to assure that Maine CDC's programs are of the highest possible quality. Originally scheduled for June 2020, reaccreditation has been postponed due to COVID-19 and recent updates to PHAB's reaccreditation standards. PHAB has agreed to allow for Maine CDC to apply for Reaccreditation in December 2023, with Documentation due in July 2024.

Key Indicator:

Number of Version 2022 Public Health Accreditation Board (PHAB) Reaccreditation Measures Maine CDC has documented.

Key Indicator Baseline:

0

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Legislature established as a priority

Program Strategy

Goal:

The Maine CDC will maintain its accredited status with the Public Health Accreditation Board.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

The Maine CDC will form a Reaccreditation Teams (the Maine CDC Accreditation Champions, 10 Domain Teams, and a Peer Review Team) to collect and review documentation for each PHAB reaccreditation standard. The agency will continue its participation in the MSCHNA, work with the State Coordinating Council for Public Health to use the MSCHNA and the State Public Health Systems Assessment to renew the State Health Improvement Plan and renew efforts in evidence-based quality improvement and performance management.

Setting:

- State health department

Primary Strategic Partners:

Maine CDC staff, the State Coordinating Council for Public Health

Evaluation Methodology:

Maine CDC will self-assess its adherence to current PHAB standards, using an internal peer-review model. Documents will be submitted to PHAB in this project year, but their review may not be complete before the end of the project period.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

PHHS BLOCK GRANT INFORMATION SYSTEM – Maine Department of Health and Human Services 2023
Work Plan

Program Budget

FY2023Basic Allocation	\$289,847
FY 2023 Sex Offense Allocation	\$0
Total Allocation	\$289,847

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (CDC)
 - Public Health Infrastructure
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalentents)

Full Time Equivalentents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 3

Total FTEs Funded: 1.5

FTEs (Full Time Equivalentents)

Full Time Equivalentents positions that are funded with PHHS Block Grant funds. 3

Position 1 / 3 Title:	Accreditation and Performance Improvement Manager
Position Name:	Nancy Birkhimer
Jurisdiction-level:	70%
Total	70%

This position is not vacant.

PHHS BLOCK GRANT INFORMATION SYSTEM – Maine Department of Health and Human Services 2023
Work Plan

Position 2 / 3 Title:	Performance Improvement Specialist
Position Name:	Melissa Thornton
Jurisdiction-level:	40%
Total	40%

This position is not vacant.

Position 3 / 3 Title:	Performance Improvement Specialist
Position Name:	
Jurisdiction-level:	40%
Total	40%

This position is vacant.

The plan to fill the vacant position is:

Currently interviewing candidates. The position remains posted to broaden the pool.

Target Population of Program 2 / 3

Program name:

Accreditation F2023

Number of people served:

499

Ethnicity:

Race:

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Maine

Occupation:

Public health professionals and support staff

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 1

Title of Program Smart Objective	Performance Improvement F2023
Program SMART Objective	Between 10/2023 and 9/2024, Maine CDC will expand and update its Performance Management System with 30 new measures and data.
Item to be measured	Performance measures in Maine CDC’s Performance Management System.
Unit to be measured	number
Baseline Value	11
Interim Target Value	16
Final Target Value	30

Problem Description:

Maine CDC’s Performance Management System was revamped in the summer of 2023 to align with Maine CDC’s strategic plan. In this new period, program outcome and process performance measures and measures from the SHIP will be added.

Due to on-going COVID-19 mobilization, Maine CDC did not fully populate an agency-wide performance management system in previous project periods. While other performance data continue to be used at the program level, these data are not currently shared across the agency. With the development of a new strategic plan, Maine CDC leadership started the development of a new agency-wide performance management system.

Key Indicator:

The number of actively monitored performance measures. This means that the data will be updated regularly and reviewed by program staff and leadership, and that quality improvement projects will be developed if progress does not meet established performance targets.

Baseline Value for the Key Indicator:

11

Intervention Summary:

Between October 1, 2023, and September 30, 2024, Maine CDC leadership will work with Performance Improvement Specialists to re-establish a Performance Management System

Leadership will be engaged to develop a methodology. Program staff will identify performance measures with existing data or identify new data sources for measuring critical functions. The Performance Improvement Specialist will develop interactive dashboards to display the data for programs and leadership. All staff at Maine CDC will review measures relevant to them and engage in quality improvement activities when indicated by the level of progress.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

PHAB Standards & Measures for Reaccreditation, Version 2022

Rationale for choosing the intervention:

Performance measures hold programs accountable, communicate progress to leadership and identify areas for improvement. A performance management system is an accreditation requirement.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 4

Quality Improvement Projects

Summary:

Between October 1, 2023, and September 30, 2024, Maine CDC staff will complete QI projects to address established performance measures.

Description:

Maine CDC programs will identify areas of improvement via performance measures and/or program planning. The API Team will facilitate the use of quality improvement best practices to conduct Plan, Do, Study, Act (PDSA) cycles.

Activity 2 / 4

Quality Improvement Plan

Summary:

Between October 1, 2023, and September 30, 2024, the Maine CDC Accreditation Coordinator will engage with the QI team on a monthly basis to create and implement a new QI plan.

Description:

The Maine CDC QI Plan expired in 2020, but due to the Pandemic, a new plan was not drafted. The QI team will be reconvened and will use information from the Maine CDC Strategic Plan and input from leadership and program staff to create a new QI Plan by December 31, 2023. They will work with Maine CDC leadership and staff to implement this plan through the project period.

Activity 3 / 4

Performance Dashboard

Summary:

Update data display for all performance measures based on the established frequency of each measure.

Description:

Between October 1, 2023, and September 30, 2024, create displays of agency performance measures for various audiences and purposes (e.g., Commissioner, Maine CDC Director, Division Directors, Program Managers, Public Reporting). Update data on all performance measures monthly, quarterly, or annually based on the established frequency of each measure.

Activity 4 / 4

Performance Measure Establishment

Summary:

Maine CDC program staff will define performance measures that are actionable and timely.

Description:

Between October 1, 2023, and June 30, 2024, the Maine CDC Accreditation and Performance Improvement (API) team will work with Maine CDC's Executive Management Consultant to engage leadership in planning for new performance measures. Once standards and expectations are set, Maine CDC leadership, Executive Management Consultant and the API Team will assist program staff in defining performance measures that are actionable and timely. The measure will be documented with a definition, data source, frequency and Maine CDC actions that will impact the measure.

Program Description 3 / 3

Program Summary

Program Summary

Program Name	Sexual Violence Response F2023
Program Goal	Reduce sexual violence and its negative consequences via prevention education and support for sexual assault victims.
Healthy People 2030 Objective	IVP-D05 Reduce contact sexual violence
Recipient Health Objective	Maine DHHS will reduce sexual violence and support sexual violence survivors by December 31, 2025.
Total Program Allocation	\$40,000

Problem Information

Problem Description

Sexual violence continues to be a significant health and safety issue for women in the Western Public Health District of Maine.

The Western Public Health District of Maine is comprised of Androscoggin, Franklin, and Oxford Counties. Franklin and Oxford Counties are primarily rural, while Androscoggin has the second largest community of immigrants in the state. Both rural residents and immigrants have known health disparities and challenges accessing services, including services related to sexual assault and the prevention of sexual violence. In all three counties, a slightly greater proportion of women report experiencing non-consensual sex that women in all of Maine. While the key indicator focuses on the primary population (women) who experience rape, the target population is wider, since it is essential that prevention starts early and includes both males and females.

Key Indicator:

Rape is under-reported in public safety statistics. The Behavioral Risk Factor Surveillance System (BRFSS) provides an alternative confidential reporting mechanism. Maine BRFSS has included questions on unwanted sexual contact every other year since 2012 and yearly since 2016. The most recent data available is 2017 due to data analytics challenges and delays. The specific indicator that will be used is women who have experienced rape or non-consensual sex in their lifetime.

Key Indicator Baseline:

18.3%

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Other
 - PHHS BG requirement

Program Strategy

Goal:

Reduce sexual violence and its negative consequences via prevention education and support for sexual assault victims.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy:

Maine CDC collaborates with the Maine DHHS Office of Child and Family Services (OCFS) to contract with the Maine Coalition Against Sexual Assault (MeCASA) for rape prevention education and sexual assault response services. While MeCASA works with community partners across the state, PHHS BG funds are allocated to Sexual Assault Prevention & Response Services (SAPARS), which serves the western Public Health District of Maine. SAPARS provides services to victims of sexual assault and partners with school districts across the Public Health District to provide prevention education.

Setting:

- Community based organization
- Rape crisis center
- Schools or school district

Primary Strategic Partners:

Maine DHHS Office of Child and Family Services, Maine Coalition Against Sexual Assault (MeCASA), Sexual Assault Prevention & Response Services (SAPARS), schools in Androscoggin, Franklin and Oxford Counties.

Evaluation Methodology:

SAPARS tracks the number of students served and requests that students complete a self-assessment of increased knowledge skills and confidence after educational sessions. SAPARS also tracks the number of sexual assault victims they support, and the types of support provided (crisis calls, safety planning, support groups, accompanying victims to health care visits and legal proceedings).

Planned non-monetary support to local agencies or organizations:

- None

Program Budget for Block Grant Funds

Program Budget	
FY2023Basic Allocation	\$14,367
FY 2023 Sex Offense Allocation	\$25,633
Total Allocation	\$40,000

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up Less than 10% - Minimal source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (CDC)
Rape Prevention and Education
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$40,000

Amount of planned funding to local agencies or organizations: \$40,000

Type of supported local agencies or organizations:

- Local Organization

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 3 / 3

Program name:

Sexual Violence Response F2023

Number of people served:

196451

Ethnicity:

Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

The Counties of Androscoggin, Franklin, and Oxford Counties, which make up the Western Public Health

Occupation:

All

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

99927

Ethnicity:

Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:

Location:

The Counties of Androscoggin, Franklin, and Oxford Counties, which make up the Western Public Health

Occupation:

all

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Program Objective 1 / 2

Title of Program Smart Objective	Sexual Violence Prevention F2023
Program SMART Objective	Between 10/2023 and 9/2024, Sexual Assault Prevention & Response Services staff will provide educational sessions to 5,500 students in K-12 in schools within Androscoggin, Franklin, and Oxford Counties.
Item to be measured	Students who receive sexual violence prevention education in the Western Public Health District
Unit to be measured	number
Baseline Value	3808
Interim Target Value	2500
Final Target Value	5500

Problem Description:

Evidence-based prevention education for school-aged youth is critical to reducing sexual violence.

Sexual violence, including sexual harassment, sexual assault, sex trafficking, and sexual exploitation is a persistent problem. Addressing sexual violence with school-aged children using evidence-based prevention principles is critical to reducing this in our society. Awareness, skills towards building healthy relationships, protecting themselves, and safely intervening when witnessing sexual violence all need to be taught to all children and youth in age-appropriate curricula.

Key Indicator:

Students who receive sexual assault prevention educations from SAPARS. While girls, women and transgender individuals are more likely to be victims of sexual assault, all students can be affected by sexual violence. Therefore, best practice in sexual assault prevention is to provide information and healthy relationship skills to all students.

Baseline Value for the Key Indicator:

3808

Intervention Summary:

Sexual Assault Prevention & Response Services staff will provide educational sessions students in K-12 in schools within Androscoggin, Franklin and Oxford Counties.

Maine Educators are not all comfortable teaching the topic of sexual violence. However, Sexual Assault Prevention & Response Services has developed relationships with most schools in Androscoggin, Franklin and Oxford Counties, allowing them to bring their subject matter expertise and increase awareness of their support services to the students in these schools. The education sessions follow CDC prevention principles, and are multi-session throughout multiple grade levels, ensuring that students can build knowledge and skills over time.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

US CDC Violence Prevention Education Principles

Rationale for choosing the intervention:

This intervention is in line with the state-wide Rape Prevention Education program administered by MeCASA.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population

Number of people served:

27695

Ethnicity:

Race:

Age:

- 5 - 14 years
- 15 - 24 years

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

schools within Androscoggin, Franklin and Oxford Counties

Occupation:

Students

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 1

School-based Sexual Violence Prevention Education

Summary:

In collaboration with local schools, sexual assault educators will provide age appropriate sexual violence prevention curricula.

Description:

In collaboration with local schools, sexual assault educators will provide age appropriate sexual violence prevention curricula that follows US CDC violence prevention education principles. The school-based curricula will focus on increasing knowledge regarding sexual violence, sex trafficking, and sexual exploitation and skills that promote protective factors associated with healthy relationships and reduce risk factors associated with sexual violence and exploitation.

Program Objective 2 / 2

Title of Program Smart Objective	Support for Victims of Sexual Violence F2023
Program SMART Objective	From 10/1/2023 to 9/30/2024, 1600 victims of sexual violence as well as their concerned, non-offending family and friends will receive the support and advocacy services they request.
Item to be measured	Clients served by Sexual Assault Prevention & Response Services
Unit to be measured	number
Baseline Value	1038
Interim Target Value	400
Final Target Value	1600

Problem Description:

Until Sexual violence has been eliminated, support for victims is critical.

Sexual assault is traumatizing, and survivors often feel isolated. Navigating services while dealing with the trauma of sexual violence can be particularly challenging. Until Sexual violence has been eliminated, support for victims is critical.

Key Indicator:

Victims of sexual assault who seek services. While not all victims may seek services, all who do must receive support.

Baseline Value for the Key Indicator:

1036

Intervention Summary:

Sexual assault prevention educators, advocates and volunteers will provide confidential support and assistance via support groups and one-on-one advocacy services.

Services to be provided include crisis intervention, including 24/7 access, referrals to community services and resources, accompaniment to events or proceedings, assistance applying for State and/or federally funded benefits and completing and filing forms for legal protections, and facilitating support groups.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Until Sexual violence has been eliminated, support for victims is critical. This intervention is in line with the state-wide Sexual Assault Services and Violence against Women programs administered by MeCASA.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Support for Victims of Sexual Assault

Summary:

Sexual assault prevention educators, advocates and volunteers will provide confidential support and assistance via support groups and one-on-one advocacy services.

Description:

Sexual assault prevention educators, advocates and volunteers will provide confidential support and assistance. Services to be provided include: twenty-four (24) hour access through toll-free phone contact with immediate response or a return call within fifteen (15) minutes of the original contact; access for Victims with limited English proficiency or who are hearing impaired; crisis intervention; referrals to community services and resources, such as law enforcement, civil legal services, medical providers, dental providers, substance and available therapeutic support services; accompaniment to events or proceedings, such as criminal or civil court proceedings and interviews or meetings with law enforcement or civil legal services; assistance applying for State and/or federally funded benefits, the Address Confidentiality Program, and the Victims' Compensation Program; assistance completing and filing Complaints for Protection from Abuse; providing support groups that are held in safe, accessible locations; providing information and resources regarding Sexual Violence and Sex Trafficking and Sexual Exploitation, reducing isolation and build peer and community support systems; developing and maintain coping skills, and provide education on life skills (e.g. decision-making, parenting, goal setting, etc.), where appropriate.