

# Preventive Health and Health Services Block Grant

*Interim APR for Work Plan for PW-25-2500  
Maine Department of Health and Human Services  
Fiscal Year 2025*

*Last Modified Date: 12/17/2025*

*Work Plan Stage/Status: Monitoring/In Progress*

## Recipient Overview Details

<b>Recipient:</b>	PW-25-2500 Maine Department of Health and Human Services
<b>Assigned Project Officer:</b>	Harneyca Hooper
<b>Chief Executive Officer:</b>	Janet Mills
<b>Recipient Lead Health Official:</b>	Puthiery Va
<b>Authorizing Official:</b>	Bethany Hamm
<b>Recipient BG Coordinator Contact Information:</b>	<b>Name:</b> Nancy Birkhimer <b>Address:</b> 286 Water St. 7th floor, 11 State House Station, Augusta, Maine, 04333 <b>Email:</b> nancy.birkhimer@maine.gov
<b>Program Director Contact Information:</b>	<b>Name:</b> Nancy Birkhimer <b>Address:</b> 286 Water St. 7th floor, 11 State House Station, Augusta, Maine, 04333 <b>Email:</b> nancy.birkhimer@maine.gov

## Executive Summary

### Fiscal Year 2025 Annual Progress Report for PW-25-2500 Maine Department of Health and Human Services

This Annual Progress Report is for the Preventive Health and Health Services Block Grant (PHHSBG) for Fiscal Year Fiscal Year 2025. The PW-25-2500 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:

<b>Total FY Award:</b>	\$1,603,639.00
<b>Total FY Basic Allocation:</b>	\$1,575,198.00
<b>Total FY Sex Offense Allocation:</b>	\$28,441.00

**Summary of Progress for Each Program Funded by PW-25-2500  
Maine Department of Health and Human Services**

<b>Tuberculosis Prevention and Control</b>		
<b>Title of SMART Objective</b>	<b>Program SMART Objective</b>	<b>Interim Target Met?</b>
TB patients supported	Between October 1, 2025, and September 30, 2026, a contracted community health worker will support 20 TB patients with directly observed therapy (DOT), culturally appropriate social support, care navigation, coaching, and advocacy to eligible patients that are consistent with patient-centered goals and issues.	Met
<b>Community Health Needs Assessments</b>		
<b>Title of SMART Objective</b>	<b>Program SMART Objective</b>	<b>Interim Target Met?</b>
Updated data for Maine Shared CHNA indicators.	Between October 1, 2025, and September 30, 2026, Maine CDC will update data for 200 Maine Shared CHNA indicators.	Met
<b>Asthma Management</b>		
<b>Title of SMART Objective</b>	<b>Program SMART Objective</b>	<b>Interim Target Met?</b>
Asthma Self Management Education	Between October 1, 2025, and September 30, 2026, the Maine CDC will expand the reach of its Asthma Self Management Education Program by 60 clients.	Met
<b>Sexual Assault Prevention and Response</b>		
<b>Title of SMART Objective</b>	<b>Program SMART Objective</b>	<b>Interim Target Met?</b>
Sexual Violence Prevention	Between October 1, 2025, and September 30, 2026, Sexual Assault Prevention & Response Services staff will support 12 community partners in prevention change efforts.	Met
Support for Youth Victims of Sexual Violence	From October 1, 2025, to September 30, 2026, 95% minor victims of sexual violence seeking help will receive support and advocacy services.	Met
<b>PFAS Exposure Reduction</b>		
<b>Title of SMART Objective</b>	<b>Program SMART Objective</b>	<b>Interim Target Met?</b>
Develop and update PFAS Soil Screening Levels	By September 30, 2026, Maine CDC toxicologists will develop or update 2 PFAS soil screening levels.	Not Met
Develop or update maximum limits of PFAS in agricultural food commodities	By September 30, 2026, Develop or update the scientific basis for maximum limits of PFAS in at least 6 agricultural food commodities to be used in State of Maine rule-making to make these limits enforceable standards.	Met
Support individuals with elevated body burdens of PFAS and reduce exposure	Between October 1, 2025, and September 30, 2026, Maine CDC will provide case investigations for 90% of individuals with elevated blood levels of PFAS to identify likely exposure sources and assist in finding ways to reduce that exposure.	Not Met

<b>Program Report</b>	
<b>Program Summary: Tuberculosis Prevention and Control</b>	
<b>Healthy People 2030 Objective:</b>	IID-17 Reduce tuberculosis cases
<b>Recipient Health Objective:</b>	Between October 1, 2025, and September 30, 2026, MCDC will complete case investigations for 80% tuberculosis cases reported to Maine CDC.
<b>Describe Program Goal in One Sentence:</b>	Maine CDC seeks to reduce TB transmission in the state with active case investigations and management.
<b>Program Details: Tuberculosis Prevention and Control</b>	
<b>Summary of Program Strategy:</b>	Maine CDC is maintaining two epidemiologists to conduct TB case investigations. A Community Health Worker will work with Public Health Nurses and individuals who have been diagnosed with Tuberculosis to ensure these individuals are supported while they complete treatment.
<b>SDOH Addressed:</b>	Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
<b>Paragraph Summary of Eval Methodology:</b>	Program evaluation will include the completeness of case investigations, the number of individuals with TB who complete treatment, and the overall number of new TB cases.
<b>List of Primary Strategic Partners:</b>	Atlantic Staffing, Public Consulting Group, Maine CDC Infectious Disease Epidemiology Program, Maine CDC Division of Public Health Nursing.
<b>Program Setting(s):</b>	Home; State health department
<b>Percent of Program Funding from PHHSBG:</b>	50-74% - Significant source of funding
<b>PHHSBG Funds Used to Gain Support?:</b>	true
<b>Support Received via PHHSBG Funding:</b>	We blended Block Grant funding with funding from other sources

<b>Lessons Learned: Tuberculosis Prevention and Control</b>	
<b>Challenges</b>	
Key Challenges Experienced to Date:	Two positions not funded by the PHHS BG (the TB epidemiologist and the billing administrative assistant) have been vacant for several months (the former since April 2025 and the latter since November 2025). This has placed a larger burden on the TB Contact Investigation Epidemiologist and poses challenges to timely data reporting and other processes.
Strategies Used to Address Challenges:	Program is currently in the 4 <sup>th</sup> round of interviews to fill the TB Epi position. Epidemiologists from subject matter areas have been cross-trained to fill the gap.
<b>Innovation:</b>	
Used Innovative/Promising Practice?:	Yes
Successful Innovative/Promising Practice?:	Yes (in process)

What did you learn about Innovative/Promising Practice that you used?	We learned to be more realistic about goal-setting given constraints on the Program including vacancies. We should have set a longer timeline for rolling out a change to our NBS pages for TB and onboarding Public Health Nursing to use NBS rather than a separate program to track cases.
Shared Interim Findings?	No

<b>Support to Local Organizations: Tuberculosis Prevention and Control</b>	
Supported Local Agency/Org?:	No
<b>Monetary / Non-Monetary Partners: Tuberculosis Prevention and Control</b>	
<b>Total # Monetary Partners</b>	<b>3</b>
<b>Monetary Partner:</b>	Public Consulting Group
Monetary Partner Type:	Staffing solutions contractor
Type of Funding Mechanism Used:	Contract
Funded Amount:	120661
Purpose of Funds:	Salary, benefits, and travel for TB Contact Investigator position
<b>Monetary Partner:</b>	Atlantic Staffing
Monetary Partner Type:	Staffing solutions contractor
Type of Funding Mechanism Used:	Contract
Funded Amount:	32459
Purpose of Funds:	Salary, benefits, and travel for TB Community Health Worker through Dec 31, 2025
<b>Monetary Partner:</b>	Maxim Healthcare Services Holdings
Monetary Partner Type:	Staffing solutions contractor
Type of Funding Mechanism Used:	Contract
Funded Amount:	84063
Purpose of Funds:	Salary, benefits, and travel for TB Community Health Worker Jan-Sept 2026
<b>Total # Non-Monetary Partners</b>	<b>0</b>

<b>Program SMART Objectives: Tuberculosis Prevention and Control</b>	
<b>Total SMART Objectives</b>	<b>1</b>
<b>SMART Objective :TB patients supported</b>	
SMART Objective Description:	Between October 1, 2025, and September 30, 2026, a contracted community health worker will support 20 TB patients with directly observed therapy (DOT), culturally appropriate social support, care navigation, coaching, and advocacy to eligible patients that are consistent with patient-centered goals and issues.
Type of Intervention:	Evidence-Based Intervention
Item to be Measures:	Number of patients supported by the CHW
Unit of Measurement:	individuals
Baseline Value for Item to be Measured:	20

Interim Target Value to Reach by APR:	8
Interim Target Progress Achieved So Far:	10
Interim Target Met?:	Yes
Final Target to Reach by Closeout Report:	20
1-Sentence Summary of Interim Results	All eligible TB cases have been connected with the CHW and PHN.
1-Paragraph Description of Interim Results	Since 10/1/2025, Maine has identified 10 suspected or confirmed cases of active TB. Of these, the CHW has supported 8 of them with arranging DOT or facilitating other supports such as a prepaid phone or help with obtaining food.
Evidence Source	Other Source: MMWR Recommendations and Reports (Centers for Disease Control and Prevention);
Rationale for Choosing Intervention:	Directly Observed Therapy is an evidence-based strategy for the treatment of TB. The use of community health workers to support diverse populations in home settings and expand the capacity of public health workforce are also evidence-based interventions. The combination of these strategies is assisting Maine CDC is assuring the TB patients adhere to treatment protocols.

<b>Total # Activities for Objective</b>		<b>2</b>
Activity Title:	TB case investigations	
Sentence Summary of the Activity:	The contracted TB epidemiologist will investigate identified TB cases.	
Interim Status:	Met	
Interim Summary of Activity Progress:	Since 10/1/2025 the TB Contact Tracing Epi (filling in for the TB Epi) has investigated and worked with PHN to identify contacts for all 10 confirmed or suspected cases of active TB that have been identified.	
Activity Title:	Directly Observed TB Therapy	
Sentence Summary of the Activity:	The contracted CHW will provide Directly Observed Therapy (DOT) for identified TB patients.	
Interim Status:	met	
Interim Summary of Activity Progress:	The CHW has supported 8 TB patients with arranging DOT or facilitating other supports such as a prepaid phone or help with obtaining food.	

<b>Program Report</b>	
<b>Program Summary: Community Health Needs Assessments</b>	
<b>Healthy People 2030 Objective:</b>	PHI-R09 Explore the impact of community health assessment and improvement planning efforts
<b>Recipient Health Objective:</b>	Between October 1, 2025, and September 30, 2026, Maine CDC will update Maine Shared Community Health Needs Assessment data for 20 communities within the state.
<b>Describe Program Goal in One Sentence:</b>	Maine CDC will update CHNA data annually.
<b>Program Details: Community Health Needs Assessments</b>	
<b>Summary of Program Strategy:</b>	Maine CDC will routinize data analysis and update selected indicators on an annual basis and post these on an interactive dashboard with the option of data downloads, so that community partners have easy access to needed data. Data will be analyzed for 16 counties, at least 4 larger cities, and other communities that meet the community needs assessment requirements of hospitals and community action agencies.
<b>SDOH Addressed:</b>	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)
<b>Paragraph Summary of Evaluation Methodology:</b>	Effectiveness of the Maine Shared CHNA and activity under this program will be measured by the number of indicators with updated information, traffic and downloads from the data dashboard, and feedback from community partners regarding the data and dashboard.
<b>List of Primary Strategic Partners:</b>	MaineHealth, MaineGeneral Health, Northern Light Health, Central Maine Healthcare, Maine Community Action Partnership, the Maine CDC Health Advisory Council
<b>Program Setting(s):</b>	Childcare center; Community based organization; Local health department; Medical or clinical site; Schools or school district; State health department; Tribal nation or area
<b>Percent of Program Funding from PHHSBG:</b>	
<b>PHHSBG Funds Used to Gain Support?:</b>	true
<b>Support Received via PHHSBG Funding:</b>	Leverage resources from other organizations, gained increased buy-in or leadership support
<b>Other Support Received:</b>	

<b>Lessons Learned: Community Health Needs Assessments</b>	
<b>Challenges</b>	
<b>Key Challenges Experienced to Date:</b>	There were significant data quality issues with data submitted to us by a third party. Continued staff vacancies and completing priorities limited focused work on both new visualizations and data quality issues.

Strategies Used to Address Challenges:	Setting aside focused time and bringing contracted support to improve the database and improve our visualizations have helped make progress.
--	--

<b>Innovation:</b>	
Used Innovative/Promising Practice?:	false

<b>Support to Local Organizations: Community Health Needs Assessments</b>	
---	--

Supported Local Agency/Org?:	false
------------------------------	-------

<b>Monetary / Non-Monetary Partners: Community Health Needs Assessments</b>	
---	--

<b>Total # Monetary Partners</b>	<b>1</b>
----------------------------------	----------

<b>Monetary Partner:</b>	University of Southern Maine
--------------------------	------------------------------

Monetary Partner Type:	Academic Organization
------------------------	-----------------------

Type of Funding Mechanism Used:	Cooperative Agreement with State university
---------------------------------	---

Funded Amount:	\$339,941
----------------	-----------

Purpose of Funds:	Epidemiology support for the Maine Shared Community Health Needs Assessment
-------------------	---

<b>Total # Non-Monetary Partners</b>	<b>5</b>
--------------------------------------	----------

<b>Non-Monetary Partner:</b> (these need to be entered one by one)	MaineHealth, Maine General, Central Maine Health Care, Northern Light Health, Maine Community Action Partnership
---	--

Non-Monetary Partner Type:	Health system, CAP agency coalition
----------------------------	-------------------------------------

Other Type of Support:	Data analytics and visualizations; feedback and review of CHNA planning processes
------------------------	---

<b>Program SMART Objectives: Community Health Needs Assessments</b>	
---	--

<b>Total SMART Objectives</b>	<b>1</b>
-------------------------------	----------

SMART Objective :Updated data for Maine Shared CHNA indicators.	
---	--

SMART Objective Description:	Between October 1, 2025, and September 30, 2026, Maine CDC will update data for 200 Maine Shared CHNA indicators.
------------------------------	---

Type of Intervention:	Innovative/Promising Practice
-----------------------	-------------------------------

Item to be Measures:	Number of indicators that are updated during the project period. Indicators will be stratified whenever possible by county and by population demographics.
----------------------	--

Unit of Measurement:	indicator
----------------------	-----------

Baseline Value for Item to be Measured:	0
---	---

Interim Target Value to Reach by APR:	50
---------------------------------------	----

Interim Target Progress Achieved So Far:	76
--	----

Interim Target Met?:	Yes
----------------------	-----

Final Target to Reach by Closeout Report:	
---	--

1-Sentence Summary of Interim Results	76 of the 275 active indicators were updated in the Maine Shared CHNA database in this project period.
---------------------------------------	--

1-Paragraph Description of Interim Results	New data from Vital Records and the Behavioral Risk Factor Surveillance System were updated. These data have gone through two rounds of data quality checks and will be loaded into an internal Tableau Dashboard for a final check prior to publishing on a public dashboard.
Rationale for Choosing Intervention:	While the Maine Shared CHNA produces profiles and reports on a triennial basis. Maine CDC community partners value updated information whenever new data becomes available. A careful process that includes multiple quality assurance checks ensures that accurate data is displayed and disseminated. Up-to-date data across public health topics is critical for communities to be able to update their local needs assessments and plan for public health and related interventions. While some data is not available every year, it is important to update all indicators regularly. There were 270 indicators used in the 2025 Maine Shared CHNA. These indicators are stratified both geographically and demographically, and these stratifications will also be updated.

<b>Total # Activities for Objective</b>	<b>4</b>
Activity Title:	Support for the Behavioral Risk Factor Surveillance System
Sentence Summary of the Activity:	Maine CDC will use PHHS BG Funds to sponsor state-added questions and US CDC modules that are part of MSCHNA indicator list.
Interim Status:	met
Interim Summary of Activity Progress:	The Maine BRFSS was successful in reaching the targeted number of respondents in 2025. For the 2026 survey, PHHS BG funds will be supporting 2 suicide-related questions, 4 social determinant related questions, and 7 sexual violence related questions. PHHS BG funded epidemiologist and other staff have assisted in survey development and review of the 2026 questionnaire.
Activity Title:	Support for Maine Integrated Youth Health Survey
Sentence Summary of the Activity:	Subject matter expertise from contracted maternal and child health, injury, and chronic disease epidemiologists will inform the implementation of this survey and the analysis of its data.
Interim Status:	met
Interim Summary of Activity Progress:	The 2025 MIYHS data was released. Planning for 2027 is proceeding. Contracted epidemiologists participated in the MIYHS steering committee, provided consultation to the planning and implementation of MIYHS, including analysis best practices, conducted analyses of the data in response to data requests, assisted with updates to data dissemination products using MIYHS data.

Activity Title:	Analysis of data for the Maine Shared CHNA
Sentence Summary of the Activity:	Contracted epidemiologists will analyze data for Maine CDC as new data becomes available.
Interim Status:	Met
Interim Summary of Activity Progress:	Maine CDC data analysts have provided updated data for vital records, BRFSS, and MIYHS. New hospitalization and infectious disease analyses are underway.
Activity Title:	Creation of community-specific data products for the Maine Shared CHNA
Sentence Summary of the Activity:	Maine CDC will make on-going improvements to the MSCHNA interactive data display.
Interim Status:	Met
Interim Summary of Activity Progress:	Several rounds of feedback with key stakeholders and continues QA has resulted in a more user-friendly data display, to be published in February 2026.

<b>Program Report</b>	
<b>Program Summary: Asthma Management</b>	
<b>Healthy People 2030 Objective:</b>	RD-04 Reduce asthma attacks
<b>Recipient Health Objective:</b>	By September 30, 2026, at least 20 adults and children with asthma in Maine would improve their asthma control (as measured by the standardized Asthma Control Test) as a result of participating in the Asthma Self-Management Education and/or the Indoor Air Quality Pilot to reduce asthma home triggers.
<b>Describe Program Goal in One Sentence:</b>	Maine CDC will enhance the Asthma Self Management Education program.

<b>Program Details: Asthma Management</b>	
<b>Summary of Program Strategy:</b>	The program will be enhanced via the expansion of community partners implementing ASME. Maine CDC has established a "willing and able" contracting mechanism by which funding is offered to community partners to employ community health workers of other health care extenders such as paramedics, train them in the ASME program and implement them in households served by the organization. Currently the program is able to fund 6 providers, and additional block grant funding will double that. In addition, a pilot program to assess the feasibility of using indoor air quality (IAQ) monitors as educational tools for improved self-management of asthma in rural, low-income communities experiencing asthma disparities will be implemented. Over the course of 1 year, 20 households participating in the ASME program will receive a set of IAQ monitors that will be used to identify indoor asthma triggers from which interventions will be implemented. Monitors will then be used to evaluate the effectiveness of those interventions.
<b>SDOH Addressed:</b>	Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
<b>Paragraph Summary of Eval Methodology:</b>	The Maine Asthma Program will monitor the number of clients from each community-based organization, following guidelines from the evidence-based intervention. The Maine Indoor Air Quality (IAQ) Monitoring Project will be evaluated via a protocol to be developed, using data from the indoor air quality monitors and reports from the ASME educators.
<b>List of Primary Strategic Partners:</b>	Maine CDC's Asthma Program, the Maine Indoor Air Quality Council, and the Maine Asthma Coalition's Indoor Air Quality Monitoring workgroup, six community-based partners to be determined.
<b>Program Setting(s):</b>	Community based organization; Home
<b>Percent of Program Funding from PHHSBG:</b>	10-49% - Partial source of funding
<b>PHHSBG Funds Used to Gain Support?:</b>	yes
<b>Support Received via PHHSBG Funding:</b>	We blended Block Grant funding with funding from other sources

<b>Lessons Learned: Asthma Management</b>	
<b>Challenges</b>	
Key Challenges Experienced to Date:	Organizations delivering the ASME Program experienced challenges obtaining participant referrals from referral partners which impacted program enrollment numbers. Additionally, delayed contracting timelines shifted start dates for ASME Program expansion to Community Paramedicine organizations and the IAQ pilot project.
Strategies Used to Address Challenges:	Increased ASME Program participant referrals will be supported through promotional activities that aim to improve awareness and understanding of the program. Initial planning for the ASME Program expansion and IAQ pilot project began in advance of anticipated contract completion to enable work to begin promptly once contracts were encumbered.
<b>Innovation:</b>	
Used Innovative/ Promising Practice?	Yes
Successful Innovative/ Promising Practice?	Yes
What did you learn about Innovative/ Promising Practice that you used?	Tablets with an online data collection platform may be promising tools for collection of ASME Program data by Community Health Workers and Community Paramedics. These tools appear to provide educators and participants with access to additional asthma educational materials and resources at the point of service delivery. Additionally, program staff can monitor data collection in real time which seems to facilitate delivery of additional training and support to educators as needed.
Shared Interim Findings?	Not yet available.

<b>Support to Local Organizations: Asthma Management</b>	
Supported Local Agency/Org?:	Yes
<b>Monetary / Non-Monetary Partners: Asthma Management</b>	
<b>Total # Monetary Partners</b>	<b>3</b>
<b>Monetary Partner:</b>	United Ambulance Services
Monetary Partner Type:	local organization
Type of Funding Mechanism Used:	contract
Funded Amount:	\$122,500
Purpose of Funds:	Subcontract and manage 4 Community Paramedicine organizations for expanded delivery of the ASME Program. Also includes implementation of the IAQ pilot project.
<b>Monetary Partner:</b>	Maine Indoor Air Quality Council
Monetary Partner Type:	other
Other Monetary Partner Type:	State-wide indoor air quality non-profit organization
Type of Funding Mechanism Used:	contract
Funded Amount:	\$146,934
Purpose of Funds:	Subcontract and manage 2 indoor air quality experts to develop and lead the IAQ pilot project.

<b>Monetary Partner:</b>	Partners for Health
Monetary Partner Type:	other
Other Monetary Partner Type:	Public health organization
Type of Funding Mechanism Used:	contract
Funded Amount:	\$65,000
Purpose of Funds:	Provide training to CHWs, evaluate the program.

<b>Total # Non-Monetary Partners</b>	<b>4</b>
<b>Non-Monetary Partner:</b>	MaineHealth, Maine Access Immigrant Network, New Mainers Public Health Initiative, Rangeley Health & Wellness
Non-Monetary Partner Type:	Local organizations
Other Type of Support:	CDC Award: Maine: Advancing Health Equity in Asthma Control through EXHALE Strategies

<b>Program SMART Objectives: Asthma Management</b>	
<b>Total SMART Objectives</b>	<b>1</b>
<b>SMART Objective: Asthma Self Management Education</b>	
SMART Objective Description:	Between October 1, 2025, and September 30, 2026, the Maine CDC will expand the reach of its Asthma Self Management Education Program by 60 clients.
Type of Intervention:	Evidence-Based Intervention
Item to be Measures:	ASME participants
Unit of Measurement:	individuals
Baseline Value for Item to be Measured:	31
Interim Target Value to Reach by APR:	43
Interim Target Progress Achieved So Far:	38
Interim Target Met?:	Not met
Enter Amount Below Target:	5
Final Target to Reach by Closeout Report:	115
1-Sentence Summary of Interim Results	A total of 7 individuals with asthma were enrolled in the AS-ME Program between October 1, 2025, and December 31, 2025.
1-Paragraph Description of Interim Results	A total of 2 organizations engaged new participants through enrollment and/or delivery of education to support increased asthma self-management knowledge and skills. Services were delivered by Community Health Workers and Community Paramedics to participants in the greater Lewiston/Auburn area.
Evidence Source	Guide to Clinical Preventive Services (Task Force on Community Preventive Services)

Rationale for Choosing Intervention:	The use of this evidence-based intervention, delivered in homes by community health workers and healthcare extenders, provides for cost-efficient culturally appropriate care. The pilot program will test whether the use of indoor air quality monitors can improve the efficacy of the program.
Key Factors for Why Target Was Not Met:	Organizations experienced challenges obtaining participant referrals from referral partners such as health providers, thereby limiting access to populations with asthma. Delayed contracting timelines impacted program expansion to additional Community Paramedicine organizations, as well as the addition of new program participants through the IAQ pilot project.
Plan to Meet Target:	Planned supports for organizations delivering the program include promotional activities that aim to increase referrals from referral partners. Anticipated timeline for completion of contracting for the Community Paramedicine expansion organizations and IAQ pilot project partners is February 2026.

<b>Total # Activities for Objective</b>		<b>2</b>
<b>Activity Title:</b>	<b>Asthma Self Management Education</b>	
Sentence Summary of the Activity:	Maine CDC will contract with up to 6 additional community-based organizations to deliver the ASME program	
Interim Status:	Not met.	
Interim Summary of Activity Progress:	ASME Program delivery will be expanded to a revised target of 4 additional Community Paramedicine organizations. Contracting delays led to a later start date for this activity. Anticipated timeline for contract finalization is February 2026.	
<b>Activity Title:</b>	<b>Indoor Air Quality Monitoring Pilot</b>	
Sentence Summary of the Activity:	The Maine Indoor Air Quality (IAQ) Monitoring Project aims to assess the feasibility of using indoor air quality (IAQ) monitors as educational tools for improved self-management of asthma	
Interim Status:	Not met.	
Interim Summary of Activity Progress:	IAQ pilot project partners engaged in planning activities during this reporting period. Launch of the pilot was delayed due to timing issues with contracting processes. Contracting is expected to be completed in February 2026.	

<b>Program Report</b>	
<b>Program Summary: Sexual Assault Prevention and Response</b>	
<b>Healthy People 2030 Objective:</b>	IVP-17 Reduce adolescent sexual violence by anyone
<b>Recipient Health Objective:</b>	By 2030, Maine DHHS and community partners will reduce youth sexual violence as reported by high school students by 5%.
<b>Describe Program Goal in One Sentence:</b>	Engage with 10 communities to provide community-level prevention support and increase skills in order to serve 95% of the youth reaching out for support.

<b>Program Details: Sexual Assault Prevention and Response</b>	
<b>Summary of Program Strategy:</b>	Maine CDC collaborates with the Maine DHHS Office of Child and Family Services to contract with the Maine Coalition Against Sexual Assault (MECASA) for rape prevention education and sexual assault response services. While MECASA works with community partners across the state, PHHS BG funds are allocated to Sexual Assault Prevention & Response Services (SAPARS), which serves the Western Public Health District of Maine. SAPARS will augment community education and prevention efforts to deepen community residents' and leaders' abilities to plan, lead, and sustain community level sexual violence prevention efforts. Amongst these efforts, particular attention will be devoted to supporting students and school personnel to drive policy and cultural changes within their schools to prevent sexual violence. Community mobilization and education will empower communities to foster connection for young people. Effective responses to childhood experiences of sexual violence will additionally aim to ameliorate the impacts of ACEs on young people.
<b>SDOH Addressed:</b>	Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration); Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence); Adverse Childhood Experiences (ACEs)
<b>Paragraph Summary of Evaluation Methodology:</b>	SAPARS will record data in MECASA's database, EmpowerDB, including data on processes, such as number of engagements and attendance, as well as outcomes, such as whether efforts were participant-led. Additionally, staff will administer outcome surveys to youth participants and both process and outcome surveys to guidance counselors or other roles to better understand the impact of programming.
<b>List of Primary Strategic Partners:</b>	Maine DHHS Office of Child and Family Services, Maine Coalition Against Sexual Assault (MECASA), Sexual Assault Prevention & Response Services (SAPARS), school communities in Androscoggin, Franklin and Oxford Counties.
<b>Program Setting(s):</b>	Community based organization; Medical or clinical site; Rape crisis center; Schools or school district

<b>Percent of Program Funding from PHHSBG:</b>	Less than 10%
<b>PHHSBG Funds Used to Gain Support?:</b>	true
<b>Support Received via PHHSBG Funding:</b>	We blended Block Grant funding with funding for other sources

<b>Lessons Learned: Sexual Assault Prevention and Response</b>	
<b>Challenges</b>	
<b>Key Challenges Experienced to Date:</b>	No significant challenges to date.
<b>Strategies Used to Address Challenges:</b>	Prevention work effectiveness relies on relationship and trust building with community partners, which happens on unpredictable timelines, but has had significant success so far.
<b>Innovation:</b>	
<b>Used Innovative/Promising Practice?</b>	Yes, youth-led community level prevention in school communities
<b>Successful Innovative/Promising Practice?</b>	yes
<b>What did you learn about Innovative/Promising Practice that you used?</b>	Vital to the success of prevention efforts in school communities is tangible support from multiple partners within the school: administration, guidance counselors, teachers, and parents/caregivers.
<b>Shared Interim Findings?</b>	no

<b>Support to Local Organizations: Sexual Assault Prevention and Response</b>	
Supported Local Agency/Org?:	Yes
<b>Monetary / Non-Monetary Partners: Sexual Assault Prevention and Response</b>	
<b>Total # Monetary Partners</b>	<b>1</b>
<b>Monetary Partner:</b>	Maine Coalition Against Sexual Assault
Monetary Partner Type:	Other
Other Monetary Partner Type:	State-wide coalition
Type of Funding Mechanism Used:	Contract
Funded Amount:	40,000
Purpose of Funds:	To support subcontract with local sexual assault prevention and response agency in Western Maine to address sexual violence amongst youth.
<b>Total # Non-Monetary Partners</b>	<b>0</b>

<b>Program SMART Objectives: Sexual Assault Prevention and Response</b>	
<b>Total SMART Objectives</b>	<b>2</b>
<b>SMART Objective: Sexual Violence Prevention</b>	
SMART Objective Description:	Between October 1, 2025, and September 30, 2026, Sexual Assault Prevention & Response Services staff will support 12 community partners in prevention change efforts.

Type of Intervention:	Innovative/Promising Practice
Item to be Measures:	Number of community partners supported in prevention change efforts by SAPARS staff
Unit of Measurement:	Partners engaged
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	4
Interim Target Progress Achieved So Far:	12
Interim Target Met?:	Yes
Final Target to Reach by Closeout Report:	12
1-Sentence Summary of Interim Results	Prevention change efforts are well underway in 3 schools, in collaboration with at least 9 community partners.
1-Paragraph Description of Interim Results	SAPARS prevention educators have engaged Mt. Blue High School, Telstar High School, and Spruce Mountain Elementary School in youth-led prevention efforts. In each setting, youth are supported by principals, social workers/guidance counselors, and teachers to take class time to engage in discussions about sexual violence, community, and belonging and to plan their own programming efforts. Eleven students are deeply engaged with the Students Against Sexual Harassment group at Mt. Blue, and onto their second year of programming with SAPARS. Spruce Mountain has 70 students engaged with a Good Vibes Team. Telstar's program is in development.
Rationale for Choosing Intervention:	This intervention is in line with the state-wide Rape Prevention Education program administered by MECASA. It recognizes that the underlying causes of sexual violence go beyond attitudes and behaviors and are embedded in community culture and conditions.

Total # Activities for Objective	1
Activity Title:	Community change to prevent youth sexual violence
Sentence Summary of the Activity:	SAPARS staff will engage with community partners to initiate community-level changes that prevent sexual violence
Interim Status:	Met
Interim Summary of Activity Progress:	<p>Mt. Blue SASH students developed their own educational presentations which were delivered to four classes of 16-18 students each. Students are scheduled to present again two more times each trimester this school year. Students have engaged middle school youth in these presentations to build their knowledge and skills to affect long-term cultural change as "knowledge keepers" as they move on to high school.</p> <p>The Good Vibes Team at Spruce Mountain has grown exponentially in membership due to its popularity and support from administration. With the principal's support, they created</p>

	<p>a marketing campaign that was distributed via bulletin boards and posters, sponsored an essay contest, and held presentations during assemblies. These initiatives have explored digital citizenship, consent, and bus safety.</p> <p>School personnel demonstrated strong buy-in for this work by allowing students to miss class to participate, helping them make up missed coursework, and dedicating staff time and school resources to meetings. These actions reflect a clear commitment to prevention, community support, and an intolerance of sexual violence.</p>
--	---

**SMART Objective :Support for Youth Victims of Sexual Violence**

SMART Objective Description:	From October 1, 2025, to September 30, 2026, 95% minor victims of sexual violence seeking help will receive support and advocacy services.
Type of Intervention:	Innovative/Promising Practice
Item to be Measures:	Percentage of minors seeking services who received them
Unit of Measurement:	percentage
Baseline Value for Item to be Measured:	95
Interim Target Value to Reach by APR:	95
Interim Target Progress Achieved So Far:	100
Interim Target Met?:	Yes
Final Target to Reach by Closeout Report:	95
1-Sentence Summary of Interim Results	Of the 122 youth who sought services in the interim period, 122 were fully served.
1-Paragraph Description of Interim Results	<p>Services provided included: twenty-four (24) hour access through toll-free phone contact with a return call within fifteen (15) minutes of the original contact; access for Victims with limited English proficiency or who are hearing impaired; accompaniment to emergency medical care; accompaniment and referrals to community services and resources, such as law enforcement, civil legal services, and medical providers; provide information and resources regarding Sexual Violence and Sex Trafficking and Sexual Exploitation.</p> <p>Educational and community mobilizing efforts within and beyond the three school communities allowed outreach and trust building so that youth see SAPARS as a resource.</p>
Rationale for Choosing Intervention:	Sexual assault is traumatizing and can have lifelong effects on youth who experience it if they do not receive appropriate support and advocacy. Like all survivors, youth often feel isolated, especially if they experience the violence at home. Recognition and appropriate intervention and support for youth victims is critical.

Total # Activities for Objective		1
Activity Title:	Support for youth victims of sexual assault	
Sentence Summary of the Activity:	Sexual assault prevention educators and other SAPARS advocates will provide confidential support and assistance via one-to-one advocacy services.	
Interim Status:	Met	
Interim Summary of Activity Progress:	All youth who sought services in the interim period were fully served	

<b>Program Report</b>	
<b>Program Summary: PFAS Exposure Reduction</b>	
<b>Healthy People 2030 Objective:</b>	EH-05 Reduce health and environmental risks from hazardous sites
<b>Recipient Health Objective:</b>	Reduce Exposure to PFAS from agriculture exposure pathways
<b>Describe Program Goal in One Sentence:</b>	Maine CDC will generate actionable guidelines and data to reduce Mainers' exposure to PFAS from contaminated farmland.

<b>Program Details: PFAS Exposure Reduction</b>	
<b>Summary of Program Strategy:</b>	Maine is maintaining two toxicologists who will undertake field studies, literature reviews, and modeling analyses to derive PFAS soil screening and maximum limits of PFAS in food commodities following federal risk assessment guidance. Maine will also maintain one environmental epidemiologist to perform case investigations of Maine residents with elevated blood levels of PFAS to ensure individuals and their health care providers are supported in efforts to identify and mitigate any ongoing exposure to PFAS and accessing information on health monitoring and treatment to accelerate the reduction of body burdens.
<b>SDOH Addressed:</b>	Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
<b>Paragraph Summary of Eval Methodology:</b>	Program evaluation will include the completion of PFAS soil screening levels, the completion of derivation of maximum limits for PFAS in several food commodities, and the completeness of case investigations and number of individuals identified with elevated PFAS blood levels by mandatory reporting.
<b>List of Primary Strategic Partners:</b>	Maine Department of Agriculture Conservation and Forestry, Maine Department of Environmental Protection
<b>Program Setting(s):</b>	State health department; Other Settings: Business, corporation or industry
<b>Percent of Program Funding from PHHSBG:</b>	10% - 25% Partial source of funding
<b>PHHSBG Funds Used to Gain Support?:</b>	Yes
<b>Support Received via PHHSBG Funding:</b>	Leveraged resources
<b>Other Support Received:</b>	additional farm soil, forage crop, and livestock testing

<b>Lessons Learned: PFAS Exposure Reduction</b>	
<b>Challenges</b>	
<b>Key Challenges Experienced to Date:</b>	Current testing options have high costs, and a reliance on the US FDA laboratory has caused delays in obtaining laboratory test results from soil, forage crop, and animal tissue samples collected to inform PFAS exposure reduction studies.

Strategies Used to Address Challenges:	The program has been relying on the US FDA oratory for analysis of some samples as they do so at no cost, but with delays. Work with the State of Maine Health and Environmental Testing Laboratory (HETL) to assist with validation efforts in continuing. This will help HETL bring their PFAS testing capabilities on-line, reducing costs and resulting in more timely results.
<b>Innovation:</b>	
Used Innovative/Promising Practice?:	Yes.
Successful Innovative/Promising Practice?:	Yes.
What did you learn about Innovative/Promising Practice that you used?	We learned it was possibly to use a novel exposure model to describe tissue levels of PFAS levels in cattle to make predictions about the impact of modified farming practices to achieve lower levels of contamination.
Shared Interim Findings?	No

<b>Support to Local Organizations: PFAS Exposure Reduction</b>	
Supported Local Agency/Org?:	[yes/no] No
<b>Monetary / Non-Monetary Partners: PFAS Exposure Reduction</b>	
<b>Total # Monetary Partners</b>	<b>0</b>
<b>Total # Non-Monetary Partners</b>	<b>1</b>
<b>Non-Monetary Partner:</b>	<b>Department of Agriculture Conservation and Forestry</b>
Non-Monetary Partner Type:	Other
Other Non-Monetary Partner Type:	Other state government agency
Type of Support:	Technical assistant, job aids, field sampling support

<b>Program SMART Objectives: PFAS Exposure Reduction</b>	
<b>Total SMART Objectives</b>	<b>3</b>
<b>SMART Objective: Develop and update PFAS Soil Screening Levels</b>	
SMART Objective Description:	By September 30, 2026, Maine CDC toxicologists will develop or update 2 PFAS soil screening levels.
Type of Intervention:	Innovative/Promising Practice
Item to be Measured:	Completion of soil screening levels for two agricultural exposure pathways (one as an update to a prior 2020 value).
Unit of Measurement:	established screening level
Baseline Value for Item to be Measured:	1
Interim Target Value to Reach by APR:	1
Interim Target Progress Achieved So Far:	0
Interim Target Met?:	No

Enter Amount Below Target:	1
Final Target to Reach by Closeout Report:	2
1-Sentence Summary of Interim Results	Draft screening levels and their associated technical support documents have been completed for the two agricultural exposure pathways.
1-Para. Description of Interim Results	Methods for deriving one soil screening level have been submitted for publication in a peer review journal as an innovative practice and the paper is in the peer review process. Draft screening levels and their associated technical support documents for two other agricultural exposure pathways are undergoing review prior to being finalized and are on track for completion by September 2026.
Rationale for Choosing Intervention:	There are existing federal models for relevant agronomic exposure pathways, but they have not been applied to PFAS.
Key Factors for Why Target Was Not Met:	The necessary interagency review process to finalize the soil screening level documents has been delayed due to limited available in-kind staff time to complete.
Plan to Meet Target:	We are on target to meet the smart objective of 2 new soil screening levels by September 2026.

<b>Total # Activities for Objective</b>		<b>1</b>
Activity Title:	Develop PFAS Soil Screening Levels	
Sentence Summary of the Activity:	Between 10/1/25 and 9/30/26, determine scientifically sound soil screening levels for 2 agricultural food pathways	
Interim Status:	met	
Interim Summary of Activity Progress:	Draft screening levels and their associated technical support documents have been completed for the two agricultural exposure pathways. They are undergoing review prior to being finalized and are on track for completion by September 2026. Methods for deriving a third soil screening level have been submitted for publication in a peer review journal as an innovative practice and the paper is in the peer review process.	

<b>SMART Objective: Develop or update maximum limits of PFAS in agricultural food commodities</b>	
SMART Objective Description:	By September 30, 2026, Develop or update the scientific basis for maximum limits of PFAS in at least 6 agricultural food commodities to be used in State of Maine rule-making to make these limits enforceable standards.
Type of Intervention:	Innovative/Promising Practice
Item to be Measured:	maximum limits for PFAS in food commodities
Unit of Measurement:	recommended limits
Baseline Value for Item to be Measured:	3
Interim Target Value to Reach by APR:	3

Interim Target Progress Achieved So Far:	3
Interim Target Met?:	Met
Final Target to Reach by Closeout Report:	6
1-Sentence Summary of Interim Results	There are three existing maximum limits for PFAS in agricultural commodities previously developed by Maine CDC for use by the Maine DACF (milk, beef, eggs). These existing limits established the methods that will be used to develop updated and additional limits for other food commodities.
1-Paragraph Description of Interim Results	Maine CDC has completed the initial work to update existing and develop additional maximum limits for food commodities by updating estimates of food consumption rates based on national survey data.
Rationale for Choosing Intervention:	There are existing federal health assessment methods and federal databases for consumption rates for food commodities, but these are not yet applied to PFAS.

<b>Total # Activities for Objective</b>		<b>1</b>
Activity Title:	Develop maximum limits of PFAS in food commodities	
Sentence Summary of the Activity:	Between 10/1/25 and 9/30/26, derive maximum limits for selected PFAS for at least 6 different agricultural food commodities (milk, beef, pork, eggs, lettuce, spinach),	
Interim Status:	met	
Interim Summary of Activity Progress:	Maine CDC has completed the initial work to update existing and develop additional maximum limits for food commodities by updating estimates of food consumption rates based on national survey data. This work will be presented at national and regional scientific meetings to obtain peer-review and comment.	

<b>SMART Objective: Support individuals with elevated body burdens of PFAS and reduce exposure</b>	
SMART Objective Description:	Between October 1, 2025, and September 30, 2026, Maine CDC will provide case investigations for 90% of individuals with elevated blood levels of PFAS to identify likely exposure sources and assist in finding ways to reduce that exposure.
Type of Intervention:	Innovative/Promising Practice
Item to be Measures:	Case investigations of reported PFAS blood tests completed
Unit of Measurement:	percentage
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	75
Interim Target Progress Achieved So Far:	46%
Interim Target Met?:	No
Enter Amount Below Target:	29%

Final Target to Reach by Closeout Report:	90
1-Sentence Summary of Interim Results	To date, 46% of the 37 reported PFAS test results with elevated serum levels have received completed case investigations.
1-Paragraph Description of Interim Results	It is taking longer than expected to complete case investigations in part due to challenges of reaching cases and getting them to complete the case management survey instrument. We likely need to modify the target to establish a target of “timely completion of case investigations” and as we get more experience with this new reportable condition, determine what is a reasonable time for completing case investigations.
Rationale for Choosing Intervention:	In 2022, NASEM recommended that clinicians make blood testing available to individuals with elevated PFAS exposure and that States provide Public Health oversight of PFAS blood testing by making test results reportable. Maine is the first state to make this a notifiable condition.
Key Factors for Why Target Was Not Met:	Delays in reaching cases and compliance with completing the case investigation survey.
Plan to Meet Target:	Administer the case investigation survey both by phone as well as by emailing an online survey instrument.

<b>Total # Activities for Objective</b>		<b>1</b>
Activity Title:	Perform case investigations of individuals with elevated PFAS blood test results.	
Sentence Summary of the Activity:	Between October 1, 2025, and September 30, 2026, complete case investigations to identify sources of exposure and opportunities for exposure reduction on 90% of mandated reports of elevated PFAS blood levels in Maine residents.	
Interim Status:	Not met	
Interim Summary of Activity Progress:	All protocols and instruments for investigations are in place. All 37 cases have been opened. However, it is taking longer than expected to complete case investigations in part due to challenges of reaching cases and getting them to complete the case management survey instrument. As we get more experience with this new reportable condition, we are re-examining what is a reasonable time for completing case investigations.	