

**State of Maine Response to RFP for TANF Pilot Projects Under the Fiscal Responsibility Act
(FRA)
September 3, 2024**

State of Maine

Department of Health and Human Services, Office for Family Independence

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I. Theory of Change

Under this pilot, Maine is seeking to greatly improve the lives of families across the state. Maine's proposed interventions will increase job retention, earnings, and income for several reasons: 1) they expand and enhance Maine's existing services and partnerships that support TANF families in economic mobility; 2) they offer the opportunity for TANF families to first stabilize and then pursue education, training, and employment, rather than trying to stabilize and pursue economic mobility simultaneously to meet Work Participation Rate (WPR) requirements; 3) they support Maine's expanded focus on retention for families once employed; and 4) they support Maine Department of Labor's (MDOL) increasing focus on articulated career pathways and the range of programming implemented under the American Rescue Plan Act (ARPA), which will continue to offer enhanced opportunities for economic mobility.

The Maine TANF program is operated by the Office for Family Independence (OFI) in the Maine Department of Health and Human Services (DHHS). OFI currently collaborates with a number of other agencies, including the Office for Child and Family Services (OCFS), the state's child welfare agency; MDOL; the State Workforce Board; the higher education system; the Adult Education system; several human service agencies within DHHS; the state's community action agencies and other community organizations; and with the primary Temporary Assistance for Needy Families (TANF) contractor, Fedcap. Over the past several years, DHHS has worked closely with its partners to begin articulating career pathways to high demand jobs and identify what TANF participants need to succeed in moving forward. There are a range of programs at DHHS, MDOL, the Department of Education,

and within the college system that some TANF families have accessed, yet the number of TANF participants doing so is a small percentage of the families who could benefit. Maine continues to have a shortfall of over 40,000 workers.¹ Partners recognize the importance of articulated pathways, combined with reducing barriers to participation in training and the labor market, as critical to economic mobility, particularly for TANF families. Of particular importance and interest for DHHS is work to support and stabilize families either engaged, or with the potential to be engaged, in the child welfare system, recognizing that economic hardship and the associated instability and stressors are often at the root of system engagement,² and that targeted interventions with system-involved families both provides a route out of current engagement for families and likely prevents future system engagement. In addition, for Maine's broader eligible TANF population, the pilot proposal recognizes the vast regional differences in labor market demand across Maine, as well as the related workforce development and work support systems, and will structure a regional focus to increase economic mobility and well-being.

Maine's theory of change reflects its commitment to all TANF families to expand economic opportunity, while also focusing on TANF families in the child welfare system. DHHS, its partner state agencies, other stakeholders, and its contractor, Fedcap, will create and refine a more integrated systems approach to working with families and reduce barriers to employment and well-being for parents and their children, while providing career coaching along defined career pathways focused on achieving credentials and training that lead to family-sustaining wages. As a result, more TANF families will achieve significant economic mobility and report improved well-being for their families; additionally, a focus on providing these services to TANF families currently engaged in the child welfare system and TANF-eligible families identified as at-risk, will result in a decrease in the number of TANF families engaged with the child welfare system.

Measuring Outcomes and Progress in New Ways

The pilot offers Maine the opportunity to significantly expand its approach to working with families

¹ <https://www.uschamber.com/workforce/the-states-suffering-most-from-the-labor-shortage?state=me>

² <https://www.chapinhall.org/wp-content/uploads/Economic-and-Concrete-Supports.pdf>

towards economic mobility and sustainability that is not possible under the current work participation requirements. With a singular focus on WPR, Maine previously sought to prepare individuals for immediate employment. As best practices in social assistance and workforce development have evolved, Maine has sought to update the TANF work support program (Additional Support for People in Retraining and Employment - ASPIRE). However, progress in the areas of employment skills gain, barrier remediation, and whole family well-being is not currently measured and therefore has not been supported through program development and implementation. In 2021, 86 percent of Maine families who exited the TANF program had earnings below 200 percent of the Federal Poverty Level (FPL) the second quarter after exit. This indicates that a large majority of families leave the program while remaining reliant on public benefits to meet their basic needs. Flexibilities afforded under this pilot will allow Maine to quantify successes in areas outside of an hour count, successes that have proven to lead to more sustainable outcomes than immediate employment. Many of the TANF families in Maine have significant progress in multiple areas that need to be made prior to long-term employment, and the pilot will demonstrate progress in those areas as well.

Not only will the pilot flexibilities allow Maine to quantify success in areas outside of hourly activities, but they will also support and promote additional success not available under the current WPR-only system. For example, DHHS has received feedback indicating that many TANF participants engaged in English language learning plateau at Level Three proficiency. Educators and perhaps more importantly employers are seeking Level Four proficiency, those described by the Department of Education as having exited the English Learner status.³ DHHS has also received feedback that some families are eager to work, but are not sufficiently prepared in qualitative ways, such as familiarity with workplace norms. The current time limit requirements on educational and vocational education activities often prevent families from fully developing the necessary English language and other skills for sustainable employment. Investing the time initially, for these and other families, provides a long-term

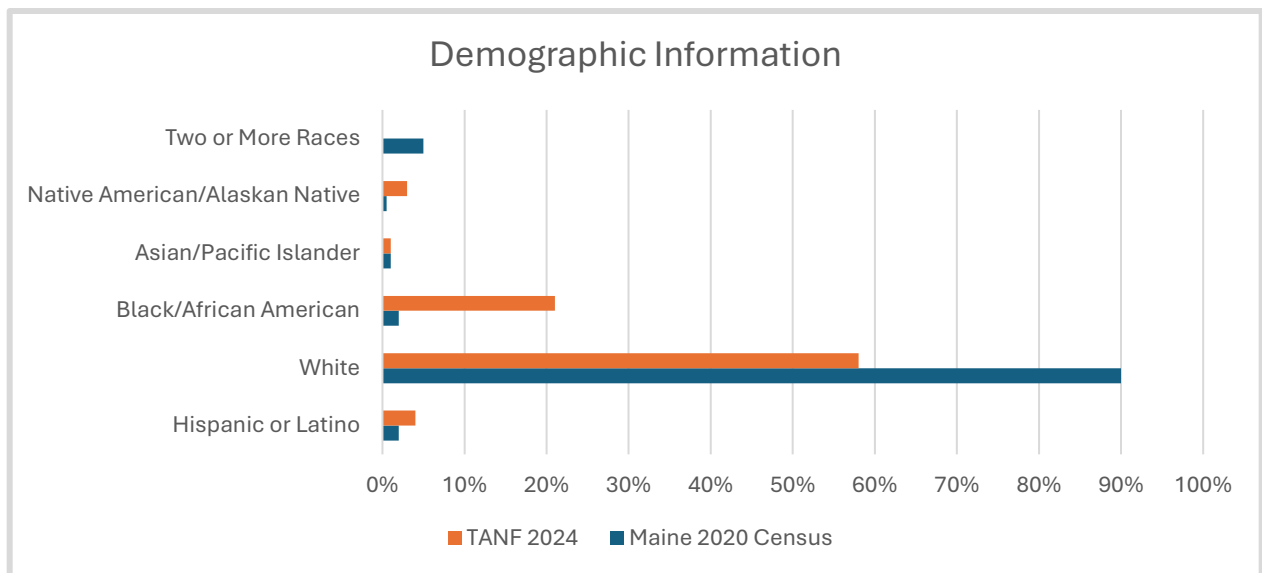
³ https://www.maine.gov/doc/Testing_Accountability/MECAS/materials/access

benefit to the families and to the state when they are able to enter the workforce properly prepared for long-term success through employment.

As detailed in Section II, Maine will measure progress in the indicators required by the Administration for Children and Families (ACF) as well as the following: Employment Skills Gain and Barrier Remediation (both Economic and Education), Family Stability and Well-Being Measures – Maternal and Infant Health Outcomes (Health) and Child Welfare Involvement (Community). We expect that the focus on these indicators will enable DHHS and partners to focus on successfully supporting parents, caregivers, and their children with immediate benefit in each area, as well as greater long-term economic mobility and well-being.

Maine’s TANF Population

Maine’s TANF families are varied in their interests and needs in achieving economic mobility and family well-being. The teams strive to deliver services in a trauma informed and linguistically appropriate manner. Maine’s unique demographic breakdown provides an opportunity to design programming that better meets the needs of all Mainers.



In 2021, 50 percent of TANF parents and caretaker relatives had earned a diploma or equivalent; 14 percent had obtained a credential of value or completed some college; 3% had earned an associate’s degree, and 4 percent had earned a bachelor’s degree. The remaining 29 percent of TANF parents and

caretaker relatives had not completed high school and could be a priority for successful intervention given supported flexibilities around education timelines outside of WPR requirements.

Our program design reflects this nuanced understanding of how to best support individual TANF families as having unique needs and interests. It is also rooted in recent changes to contracting and systems that will be tested through this pilot, as well as enhanced services and new partnerships, all designed to improve TANF family economic mobility and overall well-being.

Building Upon Progress

In the years prior to 2016, Maine was not meeting WPR requirements. As a result, the State went through the process of reforming the ASPIRE program and seeking to improve WPR, program integrity, and accountability. Maine has worked continually to improve the program – evolving to support a changing TANF population, adjusting to a dynamic state labor market and employer needs, and adapting programs to incorporate emerging best practices. Part of the reform process included developing and implementing an initial and a subsequent contract for administration of some of the ASPIRE services. These contracts progressively included multiple performance metrics above and beyond WPR. The most recent contract, negotiated in part in anticipation of this RFP, began in Fiscal Year 2024 and continues for eight total fiscal years. This contract focuses on addressing barriers to employment for the whole family and reflects a program philosophy that long-term employment leads to family sustainability and reduces program dependency and re-enrollment.

Maine has also progressed in the area of “support services,” or funding for childcare, transportation, and other expenses that pose a barrier to employment. As the program has evolved into a more individualized, family-centered approach, support services have become more flexible and specific to the needs of the household. Under the pilot, Maine will continue to enhance the flexibilities in its support services program, ensuring that progress is not derailed by obstacles that can be relatively easily remedied.

Enhanced Partnerships

DHHS and Fedcap have partnerships with a range of state agencies and community organizations. Through this pilot, DHHS will enhance two kinds of partnerships and coordinate services based on and through WIOA local regions. There are three such regions in Maine, each with distinct demographic, economic, and social contexts.

Barrier Reduction/Family and Work Supports

Currently, referrals and supports occur on an as-needed basis for families. With this pilot, DHHS and Fedcap will convene a regular table in each region of providers to identify 1) which services are most needed; 2) where gaps in services exist so that DHHS and its partners can work to address them; and 3) how to best coordinate services for families.

- Workforce development: DHHS will work with MDOL, higher education, and other workforce partners to improve coordination between TANF/Fedcap staff and the range of education, training, and employment opportunities. Of particular interest is regional coordination with programs that provide long-term supports and funding, including three specific opportunities: 1) Maine's robust and expanded Apprenticeship Program; 2) the Harold Alfond Foundation Grant (a \$75 million investment over several years), which is funding robust skills training and education through the Community College system;⁴ and 3) MDOL's Competitive Skills Scholarship Program (CSSP), which provides up to three years of education, skill building, and work supports for participants.

Coaching

Trained and skilled coaches that knit together services and partner with families to reach their goals are a key part of Maine's overall TANF work. DHHS procured a new contract with Fedcap that began October 1; the contract represents a significant shift in approach to working with TANF families and in measuring progress and outcomes. The pilot offers DHHS greater understanding of the impact of these

⁴ https://www.mccs.me.edu/press_release/harold-alfond-foundation-investing-75-million-in-maines-community-colleges-largest-grant-in-mccs-history/

changes on economic mobility. The new contract includes the following:

- A more participant-centered and whole-family approach, understanding that there is more to securing successful employment than resume writing and job search.
- An increased emphasis on individualized services that reflect each participant's unique background, strengths, needs, circumstances, and preferences.
- A focus on trauma-informed, culturally and linguistically appropriate services.
- Increased support for education, if that is the best path for the family.
- Implementing the Mobility Mentoring approach, which offers career coaching, goal setting, and long-term support for families.
- Increased collaboration and coordination with State and community service providers.
- Enhanced performance measures, many of which align with the reporting requirements of the FRA and the pilot domains.

Coaches will work with each parent to identify a customized path forward towards economic mobility and family well-being by working to develop short- and long-term goals, using the mobility mentoring approach. For some families, this will mean barrier remediation is the first focus; for others, moving to career coaching will have the greatest impact. In all cases coaches will work with participants to chart a direction that leads to economic mobility, whether beginning with support services or moving directly to developing a career pathway based on their current education and skills levels, identified aptitudes, and interests. Coaches are also trained in the use of the Atlanta Federal Reserve Bank's Benefit Cliff Forecaster, which will support families in identifying a realistic path to leaving benefits as they map their career ambitions. Once participants have obtained employment, coaches maintain the regular meeting schedule and communication, with flexibilities to accommodate the participant's schedule. This ongoing communication post-employment is designed to increase retention, and to ensure the client is accessing transitional transportation, childcare, and supports as they progress through the early stages of their career.

In addition to the changes included in the new contract, DHHS has created a state-wide team of Whole Family Case Coordinators (WFCC). This staff is responsible for working with Fedcap staff to assist certain TANF households, including those families that have been on the program over 50 months, those that have been involved in the child welfare system, those that have not yet had success due to extreme or unusual barriers, and those that have been sanctioned. WFCC staff are tasked with developing an understanding of the household's unique situation and facilitating access to community and state resources that may be beneficial in assisting the family be successful. WFCC staff will be instrumental in pilot administration, as they are experienced with coaching, barrier remediation, and collaboration and coordination with state and community resources.

Barrier Remediation

As further detailed in Section II, TANF families in Maine face significant barriers to long-term sustainability. Maine's TANF program currently seeks to remediate barriers to employment quickly and move participants into jobs when those barriers have been addressed. Solely focusing on WPR and moving participants rapidly into employment does not necessarily lead to sustained success. Under the pilot, Maine will be able to direct time and personnel resources to address barriers more fully. For example, Maine will require coaches to make direct referrals, and when necessary, "warm hand offs" for substance use disorders, followed by ongoing support and accountability. Recent research published in the American Journal of Public Health found that "ICM [intensive case management] is a promising intervention for managing substance dependence among women receiving TANF and for improving employment rates among this vulnerable population."⁵

Another significant barrier in Maine is lack of housing. Under the pilot, DHHS TANF staff, in particular the state-wide WFCC team, will be trained as housing search and landlord liaisons, recognizing that housing is a key barrier, and will work with local housing search organizations to secure safe and affordable housing for TANF families. When a housing barrier is identified, during the comprehensive

⁵ <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2007.133553>

intake conducted by Fedcap staff, WFCC staff will be included to become familiar with the circumstances these families are facing, and will work closely with the families, Fedcap, and other community partners to remedy the crisis. Currently Maine seeks to address housing barriers for families, but with an emphasis on rapid employment and WPR, there are limited resources to be devoted to the issue.

Enhanced Focus on Child Welfare-Involved TANF and TANF-Eligible Families

Numerous studies have been conducted assessing the impacts of childhood poverty and the direct connection to an increased likelihood of substantiation for child maltreatment.⁶ Providing comprehensive services for these families that target poverty, one of the primary drivers of child welfare engagement, aims to change the long-term trajectory for these families. A subset of TANF families, including those families engaged in the child welfare system, often require barrier remediation before they can begin to access education and training opportunities. The pilot, because of its removal of the work participation requirement, will enable coaches to identify and reduce barriers such as substance use prior to engaging in skill-building. Stability is a pre-requisite for economic mobility, and the pilot offers DHHS and its partners the time often needed to focus on barrier remediation and provide supports and services to the hardest-to-serve TANF families, leading towards stabilization, and then to support their education, training, employment, and career goals.

Under the pilot, Maine is seeking to greatly enhance and expand its current coordination and collaboration with OCFS, through cross training OCFS staff regarding the resources available to families through the TANF and other state and community programs outside of the child welfare system; setting up warm handoffs to and from OCFS and TANF for those families in which there are child welfare concerns but do not yet meet the threshold for extended Child Protective Services involvement; and providing comprehensive supportive services that will lead to stability for families in need. These prevention efforts will not only reduce the number of child welfare involved families in the long term

⁶ <https://www.chapinhall.org/wp-content/uploads/Economic-and-Concrete-Supports.pdf>

but will also serve to protect innocent children that are unable to protect themselves. The flexibility of this pilot will allow DHHS to take a proactive approach. Through an enhanced partnership with the child welfare program, Maine can ensure that families are aware of and utilizing all available resources and can provide critical supports before an emergency arises.

Career Pathways

The State Workforce Board will establish a new website and set of tools in late 2024 that will map career pathways and related training and education options. The career pathways are being developed by industry partners in collaboration with state agencies and post-secondary systems. Coaches across the workforce and human services system will be trained, including DHHS and Fedcap staff, so that they can effectively support career planning for families. Career pathways requiring education are often not a viable option for many families. Educational time limits under the current WPR-centered regulations often prevent families that need to learn English or want to pursue a two- or four-year degree, from efficiently pursuing their chosen career pathway, as core activities other than education are required after 12 months. The pilot would provide the flexibility for sufficient English language mastery, or sufficient training and education, for a family to be successful long-term.

Currently, Maine TANF staff serve on the Maine Apprenticeship Council and are actively involved in the WIOA one-stop projects across the state. Career Center staff meet with TANF participants on-site in most Fedcap offices, and every office across the state has a relationship with MDOL and Career Center staff. Under the pilot, Maine DHHS will enhance their partnership with MDOL staff, utilizing the programs available to maximize effectiveness for participants, coordinate services, and reduce duplication of services and activities. Coordination and full partnership on specific households will better enable Maine to address the unique job market needs of each region of the state.

II. Family Stability and Well-Being Outcomes

Additional Domains and Related Measures

For additional economic well-being measures, Maine has selected two Economic Family Stability and

Well-Being Measures – Employment Skills Gain and Barrier Remediation. Maine has also selected the Health and Community domain, and within that domain will specifically focus on the two areas of Family Stability and Well-Being Measures of – Maternal and Infant Health Outcomes (Health) and Child Welfare Involvement (Community).

Importance of Employment Skills Gain

In Maine, many TANF families are eager to find employment, but lack the necessary skills, and in some cases family readiness, to do so. Maine also has a significant labor shortage across many sectors of the economy. The U.S. Chamber of Commerce rates Maine’s “Worker Shortage Index” as 0.42, which means that Maine has 42 available workers for every 100 open jobs, and employers report skills shortages at every level, but particularly at the higher skilled level. Furthermore, the Department of Labor has increased its focus on quality jobs, offering the opportunity to ensure TANF participants move beyond the entry level.⁷ In addition, practical experience in Maine concurs with the research conducted by the HHS Office of Human Services Policy indicating that family economic stability through employment supports overall family health and wellbeing.⁸

Maine currently documents employment skills gain through credentialing and educational achievement. While not a new internal performance measure for Maine, documenting and reporting Employment Skills Gain data will be critical to understanding how parents progress towards their goals. Furthermore, when combined with the other measures required by ACF, DHHS and its partners will be able to analyze data in greater granularity to identify patterns of mobility that can inform future program design and state policy.

With a current focus on WPR, many families do not have the ability to fully pursue skills gain that leads to longer-term, higher-wage employment. Educational and vocational educational time limits are often reached well before the necessary skills for employment have been obtained. This is especially true for families that are seeking to gain or improve English language skills. Success is currently measured

⁷ <https://www.uschamber.com/workforce/the-states-suffering-most-from-the-labor-shortage?state=me>

⁸ <https://aspe.hhs.gov/sites/default/files/documents/8228e700f6e369df9382ac8e0d3976c1/primary-prevention-convening-brief.pdf>

solely by obtaining any employment and hours of that employment, not the incremental successes and accomplishments in what is sometimes a lengthy effort towards the goal of family-sustaining employment. With the flexibilities permitted under the pilot, Maine intends to demonstrate the progress made towards that goal.

While preserving an individualized and participant-centered approach, Maine DHHS will enhance their partnerships with MDOL and industry members. DHHS will work with MDOL continually to identify high-demand, high-wage jobs and will utilize the information that guides WIOA and other workforce programming to work to align education and training to support families in gaining employment skills and accessing employment.

Barrier Remediation

Many families in Maine face significant state-wide barriers to employment and economic security, including substance use disorder, physical and mental health challenges, lack of housing, lack of childcare, and lack of transportation. Maine routinely ranks in the bottom 10 states in drug overdose deaths and rates of substance use disorder, according to the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration. According to the National Alliance on Mental Illness, 25 percent of adults in Maine have a mental health condition,⁹ and Maine is among the top ten states when measuring prevalence of mental illness.¹⁰ Across the state, the Maine State Housing Authority estimates a need for 80,000 new homes by 2030¹¹ and the National Low Income Housing Coalition estimates that there is a shortage of rental homes (17,772 needed) affordable and available for low-income renters.¹²

Understanding that obtaining and retaining employment is nearly impossible when a family is faced with one or more of these barriers, Maine will focus on strength-based coaching using the EMPATH model and increasing supports for TANF families. Coaching will focus on setting and achieving goals

⁹ <https://namimaine.org/wp-content/uploads/2023/05/MaineStateFactSheet-6.pdf>

¹⁰ <https://mhanational.org/issues/2023/ranking-states>

¹¹ <https://mainehousing.org/docs/default-source/annual-reports/2023-annual-report---website.pdf>,

¹² <https://nlihc.org/housing-needs-by-state/maine>

related to accessing needed supports including for substance use disorders, mental health, housing, childcare, and transportation. Maine will customize supports to each household and build upon and expand existing flexibilities in issuing support service funds as follows:

- Substance use and mental health – seeking to ensure that families are accessing services and providers in these areas through MaineCare (Medicaid) and other state and community resources.
- Housing emergencies – seeking to provide support for obtaining new housing and prevent displacement from existing housing.
- Childcare – seeking to ensure preservation and continuity of quality care and to take advantage of all existing appropriate childcare opportunities.
- Transportation – seeking to work with community partners and other state programs to enhance transportation opportunities in both more urban and rural areas.

Maine will also train program staff specifically in housing search and landlord negotiation skills, as well as how to access and utilize federal, state and community housing resources. Staff will coordinate with housing staff at the state level to continually identify and secure housing for TANF families at risk of eviction or who are already unhoused.

In addition, Maine will implement a survey to understand better how parents perceive the impact of barrier reduction on their family stability and economic mobility, recognizing that perception and experience often guides parents in decision-making, and that better understanding their lived experience and individual point of view can best inform future program design.

Maternal and Infant Health Outcomes

According to the American Academy of Pediatrics, children’s brains grow and change more in the first 1,000 days (pregnancy to second birthday) than at any point in their lives,¹³ making prenatal and child nutrition “crucial factors in a child’s neurodevelopment and lifelong mental health. Child and adult

¹³ <https://www.healthychildren.org/English/ages-stages/baby/Pages/Babys-First-1000-Days-AAP-Policy-Explained.aspx>

health risks, including obesity, hypertension, and diabetes, may be programmed by nutritional status during this period.”¹⁴ Improving maternal and infant health in Maine will lead to better family outcomes on a long-term basis and will reduce reliance on Maine’s assistance programs in the future, as well as increase the economic viability of Maine’s workforce and the state as a whole. Under this pilot, Maine intends to enhance access to and participation in proven programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (administered by the Maine CDC), as well as other State and community resources, such as the state-wide Whole Family Services Program. The Whole Family Services Program is a TANF-funded, state-wide, two-generation program designed to provide supportive services to families in need, whether or not they are enrolled in TANF cash assistance. This program is administered by OFI through contracts with each of Maine’s community action agencies, as well as Maine Immigration and Refugee Services. Participation in these programs will improve family well-being, reduce stressors, and allow for a stronger family foundation from which to seek sustainable employment.

Child Welfare Involvement

Measuring family well-being needs to be done in a holistic manner. Single indicators do not give a complete answer to the question of whether or not a family is doing well, but they can be very important in diagnosing and assisting. For example, if a family is not involved in the child welfare system, it does not necessarily mean that a family is doing well. If a family is involved however, it is a strong indicator that they may not be doing well. According to ACF, Maine had over 4,000 child maltreatment victims and over 2,200 children in foster care in 2021.¹⁵ Maine is seeking to reduce the number of TANF families engaged with child welfare through intensive parental skills education, coaching, and barrier reduction, coupled with career coaching to support parents in choosing and progressing to sustainable employment. Reduction in the stressors associated with poverty, combined with increased access to and participation in Whole Family Services programming, will act as a preventative measure and have a

¹⁴ <https://publications.aap.org/pediatrics/article/141/2/e20173716/38085/Advocacy-for-Improving-Nutrition-in-the-First-1000>

¹⁵ <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/maine.html>

reduction in child welfare involvement. In addition to reducing the specific long-term negative impacts on the children, the reduction in child welfare involvement will also improve family well-being, reduce stressors, and allow for a stronger family foundation from which to seek sustainable employment.

Data Sources to Track Progress

When appropriate, Maine plans to capture and report data from active family case management, reported by the participant and then verified and recorded in Fedcap CARES and ACES, the current case management and eligibility software systems. When appropriate, Maine will also utilize existing state and federal data sources, including, but not limited to, those listed below.

Employment Skills Gain	Barrier Remediation	Maternal and Infant Health and Child Welfare Involvement
<ul style="list-style-type: none"> • Participant Case Management • Maine DOL • Maine Adult Education • Maine Community Colleges, Colleges, and Universities • Industry-specific credentialing and certification courses 	<ul style="list-style-type: none"> • Participant Case Management • Maine CDC • Maine State Housing Authority • Maine DHHS Office of Behavioral Health • Maine Office of MaineCare Services • SAMHSA • HHS 	<ul style="list-style-type: none"> • Participant Case Management • Maine CDC • Maine OCFS • USDA • HHS • Maine Whole Family Services Program

Anticipated Barriers

Maine would anticipate barriers pertaining to applicable federal and state regulations concerning confidential data sharing, format matching, system compatibility, and state capacity. Maine would seek ACF technical assistance with interpretation and allowability of cross-program data sharing, as many of the programs fall under the jurisdiction of HHS. Maine would also seek assistance regarding inter-

agency communications as it relates to programs under USDA and DOL. Maine plans to address capacity concerns by training and re-purposing existing state personnel resources.

DHHS has data sharing agreements with numerous state agencies and would welcome review by ACF to ensure that the measures required by ACF and proposed by DHHS are covered within the agreements, and to work with DHHS to adjust agreements as needed.

Maine welcomes and appreciates this opportunity and support from ACF for a community of practice and for working together on benchmarks and data sources.

III. Service Population

Maine is the second-most rural state in the country, with over 61 percent of its total population living in rural areas. However, Maine's TANF population is significantly more diverse than in other states and certainly more diverse than Maine's population as a whole. For the purposes of this pilot, the TANF population, the TANF-eligible population, and the target population are often the same or nearly the same. This is because in Maine, the TANF-eligible population and the TANF population are virtually identical. Very few Maine families that are eligible for TANF are not enrolled. Maine also intends to implement the flexibilities under the pilot and the associated interventions state-wide, in both its very rural regions and metro areas. As discussed below, the impact of specific interventions on specific barriers or issues may vary by region.

As outlined in Section II, Family Stability and Well-Being Outcomes, Maine has reviewed the unique hardships our families face state-wide, selected performance measures, and designed interventions that will effectively address the experiences of our TANF population. There are both similarities and differences in the challenges across geographic regions of the state. For example, there is a lack of childcare in the northern and western regions of the state, while the childcare barrier in the southern portion of the state is both availability and cost. Transportation issues in rural parts of the state center on reliable vehicle access and ownership, and in the more urban parts of the state public transportation holds navigability, availability, and access challenges. Substance use and mental health issues are state-

wide. Housing issues (both cost and availability) are most impactful in the southern and central regions of the state, affecting both new arrivals to the state and those living in generational poverty. Maine has prevalent generational poverty in all areas of the state. In the central and southern regions of the state, there are a significant number of new arrivals, with language, educational, and cultural familiarity barriers to employment. Families that would benefit from improved maternal and infant health and families that are involved in the child welfare system are found state-wide.

Population and Regional Focus

The interventions will address issues state-wide but will also be tailored to the specific nature of the needs in each region. Interventions related to employment skills, barrier remediation, and maternal and infant health are designed to reach almost all TANF families, but child welfare interventions will be focused on a sub-population of TANF households. This sub-population will be identified through the information gained and reports made in the course of case management, and through working with OCFS to identify at risk and child-welfare engaged families, prioritizing them for Whole Family Services and related interventions. Flexibilities proposed in the pilot, such as removal of the limit on the duration of vocational and other education activities, will benefit the TANF sub-population that are engaging in English language learning or are seeking to enhance their careers through degree attainment.

Plans for Targeting and Engaging

Current program infrastructure, as well as regulations, require participation in Maine's ASPIRE program as a condition of receipt of TANF cash assistance. TANF participants are served through Maine's administering agent, Fedcap, at 16 offices state-wide, remotely, and in additional satellite offices and shared spaces in more remote areas. As indicated in the RFP, Maine will continue the current outreach and engagement policy pertaining to households that are not participating.

Maine's engagement techniques have changed significantly over the last several years, evolving into effective techniques to engage families and engage them differently. This includes an emphasis on Good Cause, trust building, meeting families where they are, hiring culturally diverse staff, among other efforts.

Maine has found that engagement increases when participants have ownership of their plans, when goals are SMART (Specific, Measurable, Achievable, Relevant and Timebound) and strength-based, and when communication and services are provided in a culturally appropriate manner.

Families will be provided case management services through Fedcap and will also be served by State and community staff and organizations. Through the enhanced coordination and collaboration born out of the partnerships discussed in this proposal, specific interventions contained in this pilot will be administered by Fedcap staff, state TANF-ASPIRE staff, Maine CDC Public Health Nursing staff, WIC agency staff, Whole Family Services staff, Maine DOL staff, Adult Education providers, community action agency staff, and immigrant and refugee organization staff, among others.

Supporting Diverse Cultures in Maine

Given the diverse nature of Maine's TANF population, culturally competent services are integral to success. Maine state and agency TANF staff have undergone significant training in this area, and Fedcap prioritizes hiring staff that are members of the communities served and who may also be multi-lingual. Under the pilot, Maine's TANF program will enhance existing partnerships and relationships with Catholic Charities, Maine Immigrant and Refugee Services, the Jewish Community Alliance of Southern Maine, the Capital Area New Mainers Project, Maine Association for New Americans, the New England Arab American Association, and other related community agencies. Maine currently operates a program called Growing Employment Access for Refugees (GEAR), funded by a Wilson-Fish grant and administered by Catholic Charities of Maine. GEAR workers are housed jointly in the relevant Fedcap offices, and work closely with their TANF colleagues.

Under the pilot, OFI will also work with the Maine CDC's Office of Population Health Equity. This office "advances health equity by illuminating and addressing underlying conditions and systems that limit the full potential of all Maine people to lead healthy, safe, and opportunity-rich lives." OFI will utilize this office's expertise in addressing the social, economic, and other systemic barriers that prevent health equity in the TANF population.

IV. Implementation Capacity

Given the evolution of the TANF program in Maine over the last eight years, Maine is uniquely positioned to design, develop, and implement the pilot. There will be no state statutory changes necessary, and regulatory changes have been made or are currently in process. State staff have the expertise and capacity to make any necessary adjustments to the State TANF Plan or Work Verification Plan, if requested by ACF. Pilot participation will not affect TANF eligibility.

Maine has sufficient financial, human, and technological resources available for implementation. The TANF grant is budgeted in five- and ten-year windows, and the current contract with the non-profit case management agency, Fedcap, is set for eight years. This contract, recently encumbered, changes the priorities of the ASPIRE program from solely WPR to a more comprehensive, family-centered service model. These changes, including contract performance measures, align with the opportunities and flexibilities included in the pilot.

Fedcap has over 100 personnel that are responsible for the daily provision of ASPIRE services and are currently hiring additional staff. In addition, Maine has ample state-wide TANF staff including over 150 staff trained in TANF cash assistance eligibility in addition to over 40 staff dedicated to enrolled participants. Currently one state-wide team is tasked with policy support and oversight for Fedcap, one is responsible for issuing support services, and another team is working with families that have specific barriers or have not yet been successful in the TANF program, despite having been in the program for an extended period of time. Maine has the ability to adjust staff responsibilities and to re-purpose personnel resources to properly implement the pilot. In addition, the vast majority of staff are experienced, having community relationships across social service providers and other state and community resources. Other staff members are experts in data procurement, aggregation, and analysis.

Technologically, Maine DHHS Office for Family Independence (OFI) has a team of experts responsible for maintaining and updating the Automated Client Eligibility (ACES) system, an integrated system designed to manage eligibility determination processes for all programs provided by OFI

including, but not limited to, TANF, SNAP and MaineCare. ACES is also used by other agencies within Maine DHHS, allowing the cross referencing of data cross the Department. The ACES team handles all data extraction from that system. Fedcap has a professional information technology team that oversees the Fedcap CARES system and produces regular reports, which will help inform the pilot. An existing infrastructure allows ACES and Fedcap CARES to exchange data, and OFI and Fedcap continually enhance and refine the information exchange. Changes and enhancements made to the data exchange, as well as to either system, will easily be incorporated into existing update schedules. These would include minor changes to capture and report data related to pilot indicators. OFI has existing data sharing agreements and data transfers with OCFS, the Office of MaineCare Services, Maine CDC, WIC, and Maine DOL. Other data sharing and information exchange agreements are currently in process and could be expanded to include any necessary modifications due to the pilot.

Beginning in 2015, the State of Maine went through the process of reforming their ASPIRE program and has worked continually to improve the program – evolving with a changing TANF population, adjusting to a changing state labor market and needs, and adapting to current best practices. Part of the reform process included developing and implementing an initial and a subsequent contract for administration of some of the TANF work program services. These contracts included multiple performance metrics above and beyond WPR. Having the recent experience of program reform, development, oversight, and accountability over multiple performance measures, Maine is uniquely positioned to successfully implement the interventions and the pilot as a whole, and to simultaneously ensure accountability and effectiveness. The State has an existing infrastructure that provides program support, monitors program effectiveness, and holds Fedcap accountable for results on more than just WPR. In addition, Fedcap has a proven track record of effectiveness in improving participant engagement and success, and over the last five years the program has had approximately 70% re-engagement after sanction. Maine will use the existing accountability infrastructure, as well as continually evolving and innovative techniques, to ensure accountability and effectiveness for the

program and for participants.

Through the pilot, DHHS will also engage the regional stakeholder tables to review data emerging from the pilot, to build ongoing awareness of “what it takes” to truly achieve economic mobility, as well as to identify gaps in services that need to be addressed in order to fully support families. The pilot will benefit from the relationships built especially over the pandemic years across stakeholders. Finally, DHHS will engage parents through the Advisory discussed below in reviewing and analyzing data as proof points on the data and/or to identify where the data might be improved to understand TANF families’ experiences and outcomes.

State government continually undergoes change, whether it be due to actions of the legislature, the state executive branch leadership, or the federal government. Maine DHHS is familiar and experienced in adapting to those changes, while ensuring stability and continuity of services to program participants. Within any process, unexpected events and obstacles occur. For this pilot, Maine DHHS has the support of both State and community leadership across the political spectrum and at all levels, and will utilize experience, deep personnel resources, and the support of state, federal, and community partners to mitigate obstacles and to adapt to any changing dynamics. Maine DHHS and OFI have a robust community engagement process, and existing processes and systems to involve and interact with tribal entities, local governments, and community organizations.

V. Collaboration and Partnerships

Engaging Individuals with Lived Experience

DHHS has engaged individuals with lived experience to inform the response to this RFP and will engage them throughout the pilot. Feedback was solicited from over 1,200 participants. A focus group was held at which TANF participants were asked to provide input into the pilot in several ways: 1) how coordinated services have been, and what would improve that service coordination; 2) major barriers to moving ahead; and 3) the general program design for the pilot. In addition, in 2023 Governor Mills commissioned a deep dive into what supports families report they need to succeed; this data provided

secondary affirmation of the pilot goals and design.

Moving forward, people with lived experience will be engaged through an advisory council to the pilot, which will include people with lived experience as well as state agencies, that will meet quarterly; in the first year to support final program design, and in subsequent years to monitor implementation and offer guidance on improvements to the design as learning progresses. Importantly, this table, plus other collaborative tables, will learn from the pilot what policy and practice changes are needed to improve economic mobility for families as well as family well-being. It will be essential to lift the voices of lived experience through this initiative to inform those long-term changes.

A survey of participants will also be fielded at regular intervals to 1) understand their experience of the pilot and identify how families define “success”; and 2) understand what is working and what is in the way of their success. Results will be shared with parents and stakeholders on the Advisory and with agency Commissioners with a focus on identifying ways to improve services.

Additionally, pilot design to date has been informed by the Departments of Labor and Education (for WIOA), the Office of Child and Family Services, OFI’s Community Partners, the TANF Advisory Council, and by discussions with Maine stakeholders who are engaged in the Maine team of the Whole Family Approach to Jobs regional initiative in partnership with ACF, where employers, non-profits, advocates, parents, and state agencies identify and address two-generation policy and practice challenges. Moving forward, as noted above, a larger stakeholder table will continually evaluate family priorities and needs and the design of the pilot to make any needed shifts in programming to support the anticipated outcomes.

Expanding Partnerships and Collaborations to Serve TANF Families

Partnership and collaboration are integral to Maine’s pilot design and build upon relationships already in place. The pilot will enable Maine to deepen the partnerships, with targeted and detailed goals and outcomes for work with each partner, and will be carried out through several mechanisms:

- 1) Collaboration with parents through the TANF Advisory Council (TAC) to improve policies and

programs; this will also happen in conjunction with advocacy organizations across the state working with TANF parents and income-eligible parents to ensure a broad representation of parent voices, both urban and rural, and representative of Maine's very different geographies.

- 2) Regional tables of providers to coordinate services, identify gaps, and strengthen referral networks (which will also be informed by the Advisory and families with lived experience)
- 3) Use of data to track families and evaluate outcomes across agencies, described above; and
- 4) Training of staff across providers to ensure they are trained in referrals and have knowledge of the programs available to families.

The pilot will be implemented in collaboration with:

- Public health (Maine CDC): regular contact and work with public health nurses through the regional tables to bolster connection and referrals to a range of health and mental health programs to support family well-being.
- WIC: development of a strategy to reach out to current TANF families to ensure they are receiving WIC throughout the eligibility (families often drop off after the first year), and to reach out to WIC families to ensure they are aware of TANF supports.
- OCFS: a stronger partnership to identify TANF families already engaged in child welfare, as well as identifying how to work together to prevent engagement through the comprehensive supports and services of the pilot.
- CAP Agencies: These contracts work relatively independently of the TANF program; through the pilot and the proposed regional tables we will establish regular communication about families engaged or at risk of engagement in the child welfare system from both sides and identify how to best coordinate services.
- Department of Labor, State Workforce Board, Adult education and post-secondary education: with the pilot's increased emphasis on career pathways and mobility, DHHS will work with these agencies to ensure tighter referrals and coordination, primarily at the regional level. A range of

training and employment programs that focus on quality jobs and higher wages are in place, and regular coordination and assessing if and how TANF families are enrolling in and retaining in programs will be critical to assessing the pilot's design and success.

VI. FRA Pilots Federal Implementation and Outcomes Study

Maine is willing and eager to participate in the implementation and outcomes study. This component of the pilot is vital to program improvement. The opportunity to provide input into evaluation design is appreciated, as well as the cognizance of administrative burden.