

Family First Prevention Services Act: Maine Planning and Implementation

Webinar: April 30, 2020

Christine Theriault, LMSW

Family First Prevention Services Program Manager

Office of Child and Family Services



Objectives for Today

To provide an overview of the Family First Prevention Services Act (FFPSA).

To discuss the components and needs of the Act that Maine needs to consider.

To provide updates on where Maine OCFS is at with planning for FFPSA.

To discuss ways that everyone can have a voice and play a part in Maine's planning and implementation.

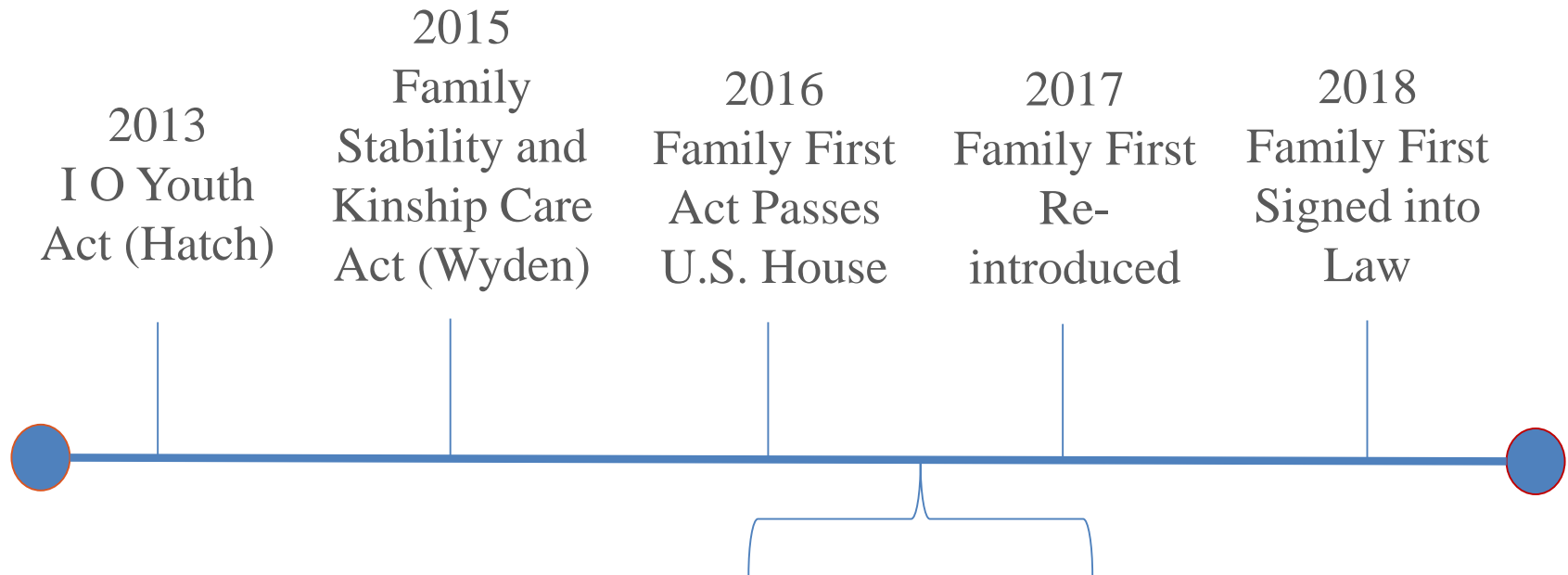


We are re-modeling the Ship!

The History Behind the Family First Prevention Services Act (FFPSA)



The Family First Prevention Services Act: 4+ years in the making



- Introduced for Unanimous Consent in Senate
- Two holds placed in Senate (TX, WY) objections from others (CA, NY)
- Added to 21st Century Cures Act
- Removed from Cures Act following opposition from NC (Burr)

Data shows the need for change....

2017

CPS agencies across the U.S. screened 2.4 million reports of suspected child abuse and neglect.

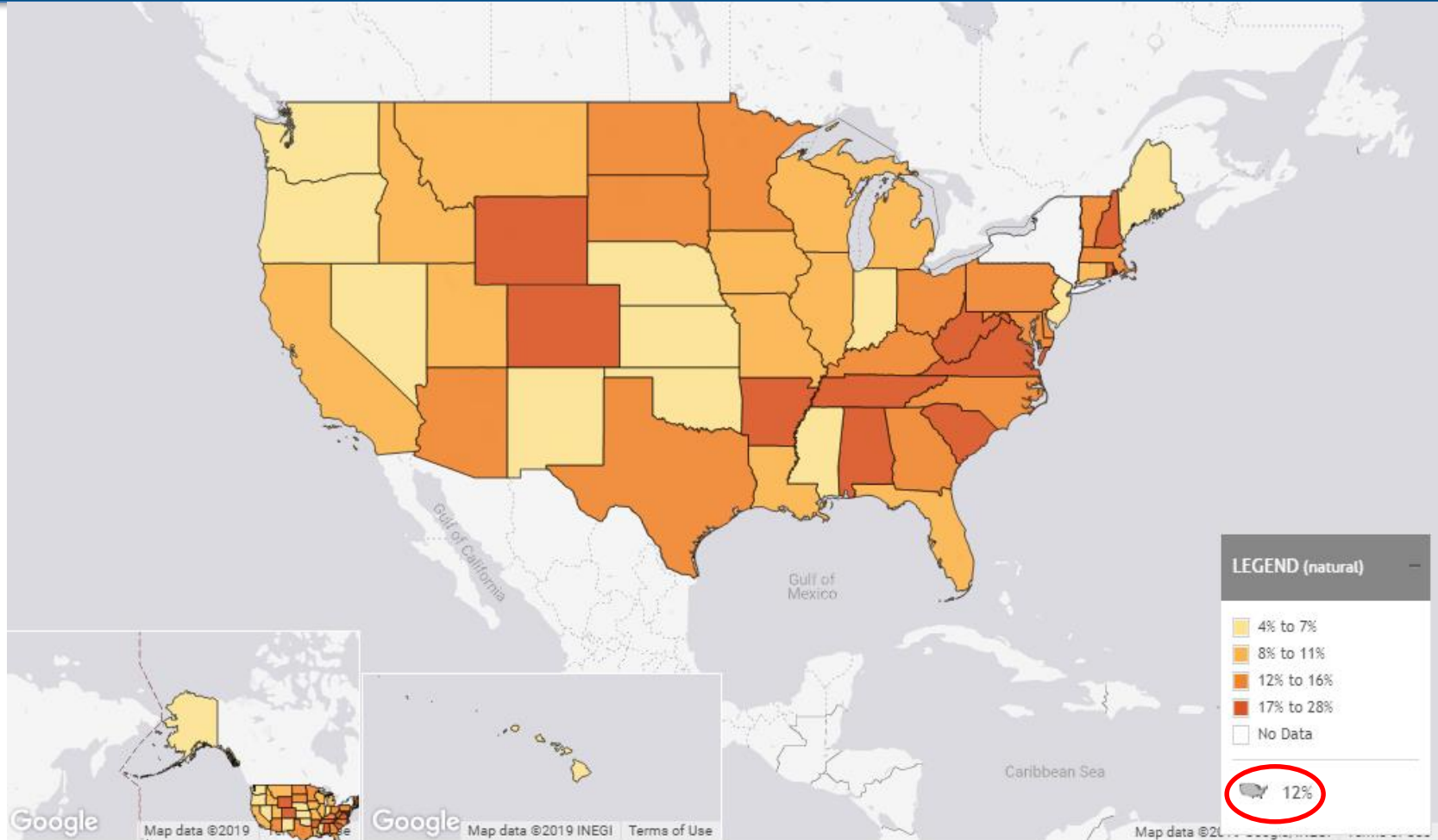
(674,000 children and youth were confirmed as victims of maltreatment)

Over 440,000 children and youth were in foster care (the highest number since 2008.)

-Babies, under age 1, made up the highest percentage, by age group, of children entering foster care.

-36% of children entering care in 2017 were removed because of parental substance abuse. (1999 to 2014, parental substance use as a reason for removal more than doubled.)

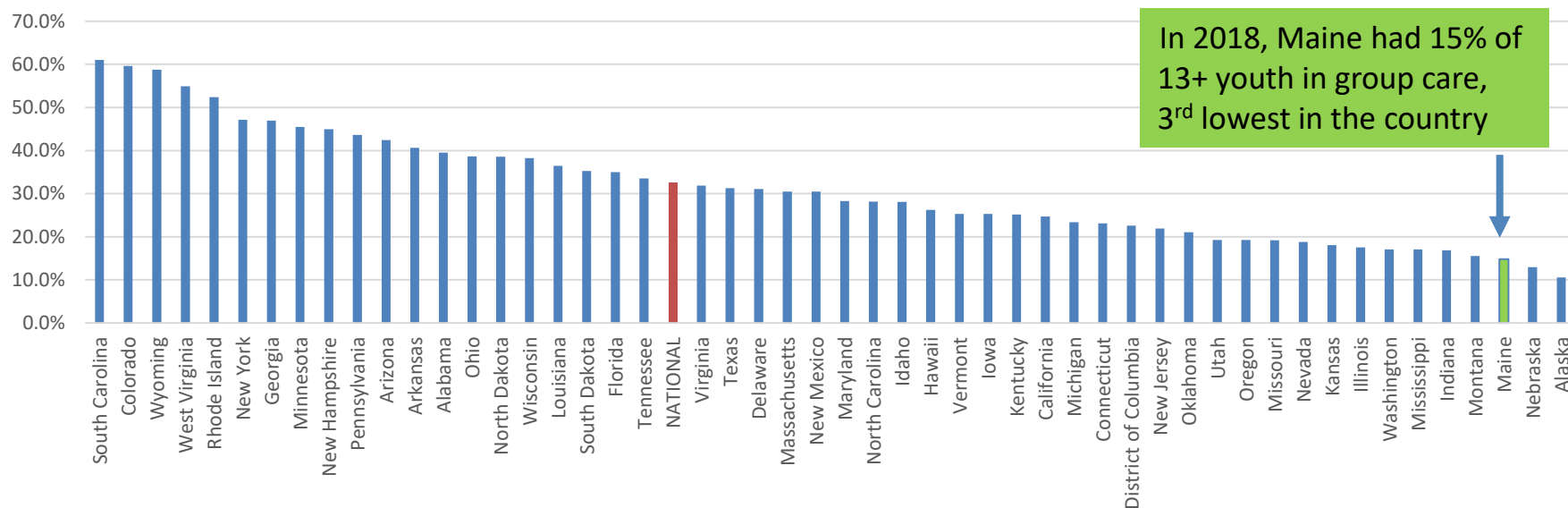
Children In Foster Care By Placement Type: Group Home or Institution (Percent) – 2017



National KIDS COUNT
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

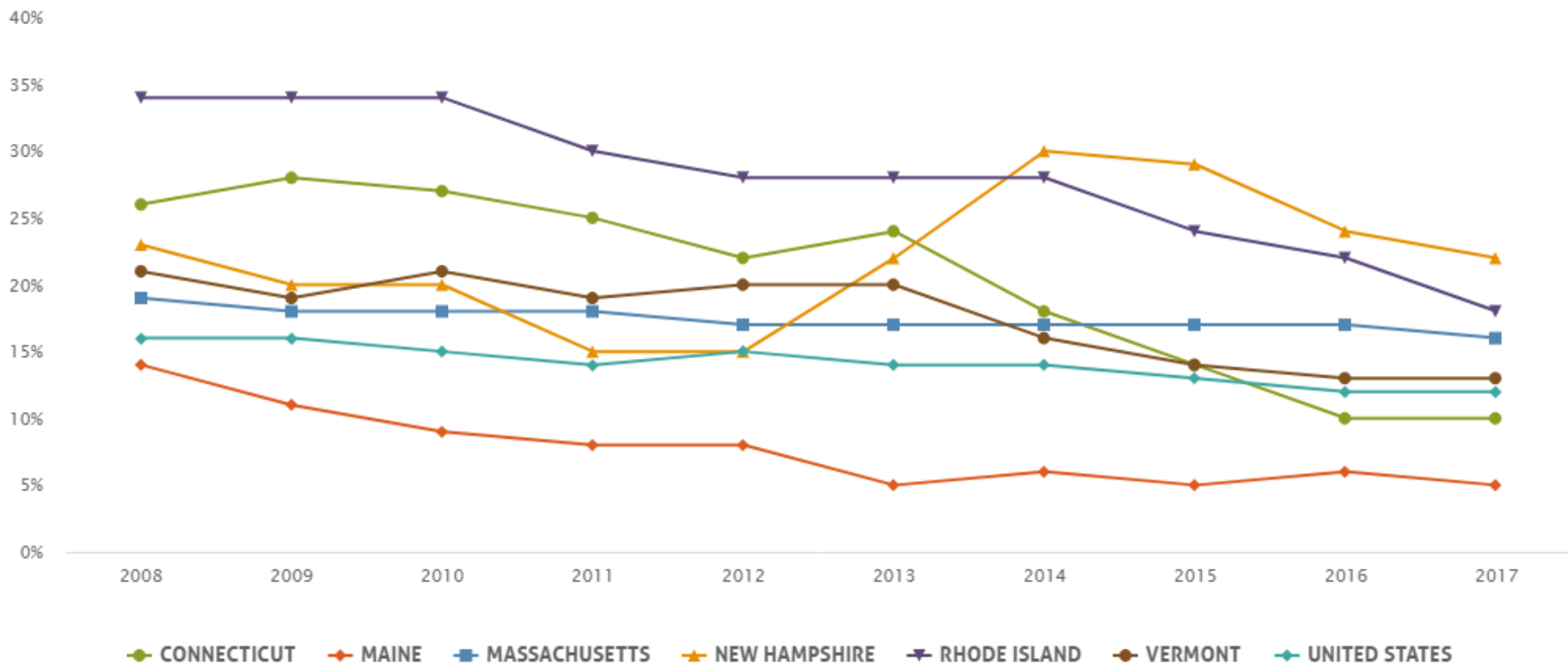
Proportion of Children in Group Care Settings, 2018

In 2018, the National Average of Children 13 and older in Group Care was 33%



AFCARS, 2018 data

Children In Foster Care By Placement Type: Group Home or Institution (Percent) – 2008-2017



National KIDS COUNT
 KIDS COUNT Data Center, datacenter.kidscount.org
 A project of the Annie E. Casey Foundation

The Nation Can do Better....


- The Family First Act was the result of growing belief and evidence that the nation can do better!
 - Growing understanding/evidence that children do best in families and that many children are being unnecessarily placed in non-family settings
 - History of success in states in reducing group placements (Maine was one of first)
 - ACF report on children placed in group settings without therapeutic need
 - Growing understanding/evidence that many children were not having needs met in residential treatment
 - Reports of abuse in group homes
 - Long lengths of stay in residential settings
 - Poor long-term outcomes of children who exit group care
 - Growing evidence that teens were being placed in group facilities as default, not because of clinical need

Federal Family First Prevention Services Act


Federal Bipartisan Budget Act: Passed in 2018
Most significant Child Welfare legislation since 2008!



Federal reimbursement now available to address the underlying factors that lead children to be placed in foster care by providing prevention services that help children remain safely at home, instead of just funding for after entry into care.



Prevention services funded must be evidence-based and include mental health services, substance use disorder treatment, and in-home skills based parenting support.



Family First also aims to improve the lives of children who cannot remain safely with their parents by establishing quality standards of residential care (Qualified Residential Treatment Programs (QRTP)).



FFPSA Vision:

*To keep children safe,
strengthen families, &
reduce the need for foster care
whenever it is safe to do so.*

FFPSA is about
changing policy
and practice in
how we support
families!

Family First offers OPPORTUNITIES for preventing the need to place children in foster care

Opportunity for open-ended, federal reimbursement for services to prevent entry into foster care for all children at risk of foster care without eligibility requirements.

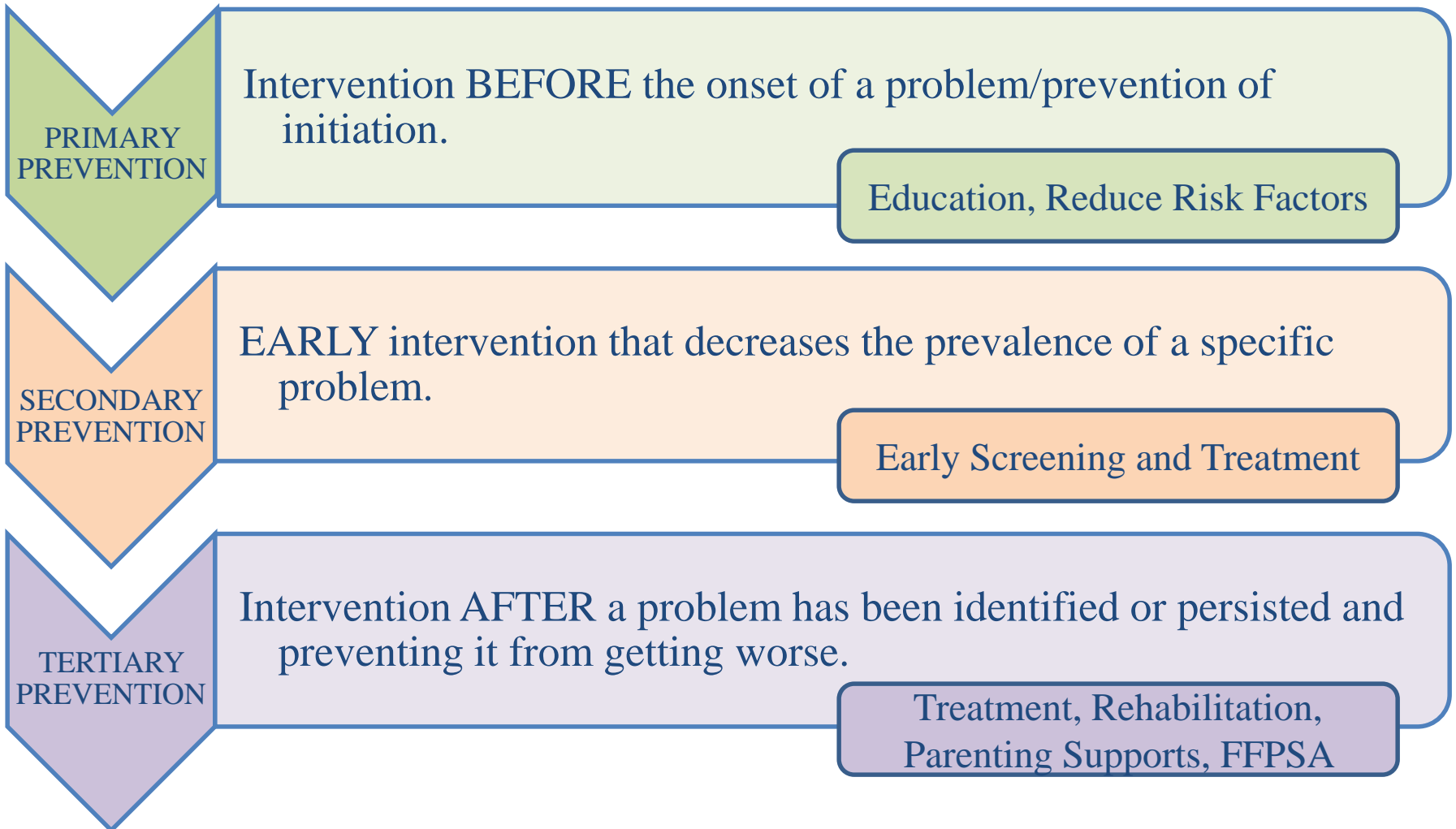
Opportunity to reduce the use of group placements used inappropriately (group placements solely for lack of foster families won't be reimbursable, nor will group placements that are non-therapeutic).

Opportunity to beef up kin and foster family resources and improve quality of residential treatment. Offers partial federal reimbursement for kinship navigator programs.

State Requirements for Electing Title IV-E Prevention and Family Services and Programs (ACYF-CB-PI-18-09)

“The creation of the title IV-E prevention program is an unprecedented step in recognizing the importance of working with children and families to **prevent the need for foster care placement and the trauma of unnecessary parent-child separation.** The Title IV-E prevention program is part of a much broader vision of strengthening families by **preventing child maltreatment, unnecessary removal of children from their families, and homelessness among youth.** It provides an opportunity for states to re-think dramatically how they serve children and families and creates an impetus to **focus attention on prevention and strengthening families as our primary goals rather than placing children in foster care as our main intervention.** The Children’s Bureau strongly encourages all title IV-E agencies to take this opportunity to not only use the title IV-E prevention program to fund these very important services, but also to **envision and advance a vastly improved way of serving children and families, one that focuses on strengthening their protective and nurturing capacities instead of separating them.**”

Defining Prevention



FFPSA and Prevention Focus

- Primary prevention is not part of Family First legislation. In order to have access to Family First prevention funds, a child must be determined to be a candidate for foster care (tertiary prevention) and have a “prevention plan” developed by the child welfare agency.
- Fed discretionary grants and demonstration projects focused on primary prevention are part of the Child Abuse Prevention and Treatment Act (CAPTA, the CBCAP program).
- Feds have brought to the table other federal agencies, families and youth served through the system to discuss collaboration at the service delivery level, particularly around primary prevention—requiring coordination with other agencies.
 - Opportunity in Maine for collaboration across all state agencies implementing prevention services across the continuum.



Overview of Federal IV-E Financing for Child Welfare Services

Mar-12	Apr-12	May-12	Jun-12
43	25	35	45
17	24	44	18
13	7	2	3
14	2	1	3
15	3	2	2
16	5	1	2

Title IV-E: Social Security Act (1980)

Placement Costs (for eligible children)

Stipends for board and care costs while children are in care;
Subsidies to persons who adopt special needs children;
Guardianship subsidies to relatives;

Case Planning/ Case Management

To oversee and manage family-based cases to prevent foster care;
To develop and manage case planning, participate in court hearings, place children into care, and supervise a child's placement

Current Title IV-E Reimbursement Components

Placement Resources

To recruit, train and supervise foster parents;
To recruit, train and supervise guardians and adoptive parents

Other

Training for those working in each state's child welfare program;
Administrative costs associated with the program.

FFPSA Changes to Federal IV-E Financing for Child Welfare

- Prior to Family First, IV-E did not reimburse states for the cost of **services to prevent placement**. Most reimbursements were triggered *only when a child was removed from the home and placed in out-of-home care*.
- IV-E reimburses a portion of the cost for administration, including case management and state staff costs (50%), and for board and care costs, based on each state's per capita income (~63% in Maine).
- Upon the approval of a FFPSA state plan, IV-E will reimburse states for **up to 50% of specified prevention services**.
- IV-E does not reimburse states for:
 - the cost of **investigating** child abuse reports
 - the cost of **services** (social or clinical) to children in placement.

Title IV-E Eligibility

- Not all children are IV-E eligible. Initial eligibility is, in part, linked to the financial/ income status of the home a child is removed from. The eligibility standards are based on 20-year old income levels, which have never been adjusted for inflation.
- Nationally less than half of all children in foster care are IV-E eligible. The rate of eligibility is declining over time, and varies from state to state.
- Important to note that new policies relevant to IV-E are likely to impact those not eligible for IV-E as well, in order to keep program consistent.

Federal IV-E Financing for Child Welfare

This does not necessarily mean there will be an influx of federal dollars to the state of Maine.



It does mean that we will have additional ways to support families using federal reimbursement and State dollars as match.

Family First Prevention Services Act Focus Areas

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graph TD; A[Family First Prevention Services Act Focus Areas] --> B[Prevention Services for Children and Families (the carrot)]; A --> C[Increased Quality and Appropriateness of Residential Care (the stick)];
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Prevention
Services
for
Children
and
Families (“the carrot”)

Increased
Quality
and
Appropriateness of
Residential
Care (“the stick”)



Prevention Services

Prevention Services Snapshot

Determine
who
candidates
are...

Determine
what services
they will
receive....

Individual
Prevention
Plan

Who is ELIGIBLE for Prevention Services?

Family First specifies two groups who may receive prevention services:

- A child who is a “candidate for foster care” but can remain safely at home or in a kinship placement with receipt of evidence-based services
- A child in foster care who is pregnant or parenting

The law allows for the child, parents, or kin caregivers of these children to receive the prevention services.

States will determine (with federal approval) who is a “candidate for foster care” as long as the child meets each of the following parameters:

- At *imminent risk* of entering foster care
- Identified in a *child-specific* Prevention Plan
- Can remain safely at home with provided *evidence-based prevention services*

“Candidate” for foster care has been defined by the feds*

Definition: A candidate for foster care is a child who is at *imminent risk of removal from home as evidenced by the State agency either pursuing his/her removal from the home or making reasonable efforts to prevent such removal.*

A child cannot be considered a candidate for foster care when the State agency has no formal involvement with the child or simply because s/he has been described as "at risk"



Documentation: A State must document that it has determined that a child is a candidate for foster care choosing one of these methods:

- A case plan that identifies foster care as the goal absent preventative services;
- An eligibility form used to document the child's eligibility for title IV-E; or
- Evidence of court proceedings related to the child's removal from the home.

But there is more.....

- **“Candidate” for foster care also includes Aftercare:** A child who is reunified, adopted/placed with legal guardian or transferred to a relative may be considered a candidate if the services or supports provided to the family can be considered the *State agency's reasonable efforts to prevent the child's removal from the home and re-entry into foster care.*
- **Length of candidacy:** HHS does not prescribe the maximum length of time a child may be considered a candidate; however, a State must document its justification for retaining a child in candidate status for longer than six months.
- **Prevention services episodes:** Each prevention services episode cannot last longer than 12 months, but additional episodes are allowed with new documentation of candidacy.

What are the SERVICES?

OCFS, in consultation with stakeholder groups and federal partners, will determine what services will be covered by the FFPSA in Maine. Through our submitted state plan, these will be recommended and need **federal approval**.

- ✓ We must prioritize the use of **evidenced-based** prevention programs that support primary and secondary prevention services based on the needs of children and their families.
- ✓ Services must be evidence-based (*per federal definition*) meaning well-supported, supported, or promising
- ✓ We need to locate and identify state funding that will be used to match federal reimbursement.

Prevention Services

Types of Services:

Mental health services

Substance Use prevention and treatment services

In-home parent skill-based programs

Kinship Navigator programs

Residential parent-child substance abuse treatment programs

Limitations:

No more than 12 months (per candidate episode)

Services must meet certain evidence-based requirements

Services must be trauma-informed

Services must be provided by a qualified clinician

Cannot be Medicaid reimbursable

Services Based on EVIDENCE and NEED!

Feds have specified that programs and services eligible for reimbursement must be categorized as **promising, supported, or well-supported programs**.

- At least 50% of expenditures to be reimbursed must be for well-supported programs (the highest standard of evidence).

“Judging” of the evidence is under the Title IV-E Prevention Services Clearinghouse who will assess and categorize all the candidate services and programs for prevention funds.

- Currently few services/programs meet the standards.

How do we even know what we need?

- We need to assess needs of our service population in order to determine what services to fund.
- Need to be careful that families and children don't just get what's available, but they get what is **NEEDED**.

Services in Title IV-E Prevention Services Clearinghouse

Program/Service	Category	Rating
Functional Family Therapy	Mental Health	Well Supported
Multisystemic Therapy	Mental Health	Well Supported
Parent Child Interaction Therapy	Mental Health	Well Supported
Healthy Families America	In-Home Parent Skill-Based	Well Supported
Nurse-Family Partnership	In-Home Parent Skill-Based	Well Supported
Parents as Teachers	In-Home Parent Skill-Based	Well Supported
Families Facing the Future	In-Home Parent Skill-Based	Supported
Trauma-focused Cognitive Behavioral Therapy	In-Home Parent Skill-Based	Promising
Methadone Maintenance Therapy	Substance Abuse	Promising
Children's Home Society of New Jersey Kinship Navigator Model	Kinship Navigator	Does not currently meet criteria
Kinship Interdisciplinary Navigation Technologically-Advanced Model	Kinship Navigator	Does not currently meet criteria
Multisystemic Therapy for Child Abuse and Neglect	Mental Health	Does not currently meet criteria

Services Under Review by the Clearinghouse

Mental Health

1. Attachment and Bio-Behavioral Catch-up*
2. Brief Strategic Family Therapy*
3. Child Parent Psychotherapy
4. Incredible Years
5. Interpersonal Psychotherapy
6. Multidimensional Family Therapy*
7. Triple P – Positive Parenting Program

In-Home Parent Skill-Based

13. Attachment and Bio-Behavioral Catch-up*
14. Brief Strategic Family Therapy*
15. Homebuilders
16. Multidimensional Family Therapy*
17. Nurturing Parenting
18. SafeCare
19. Solution Based Casework

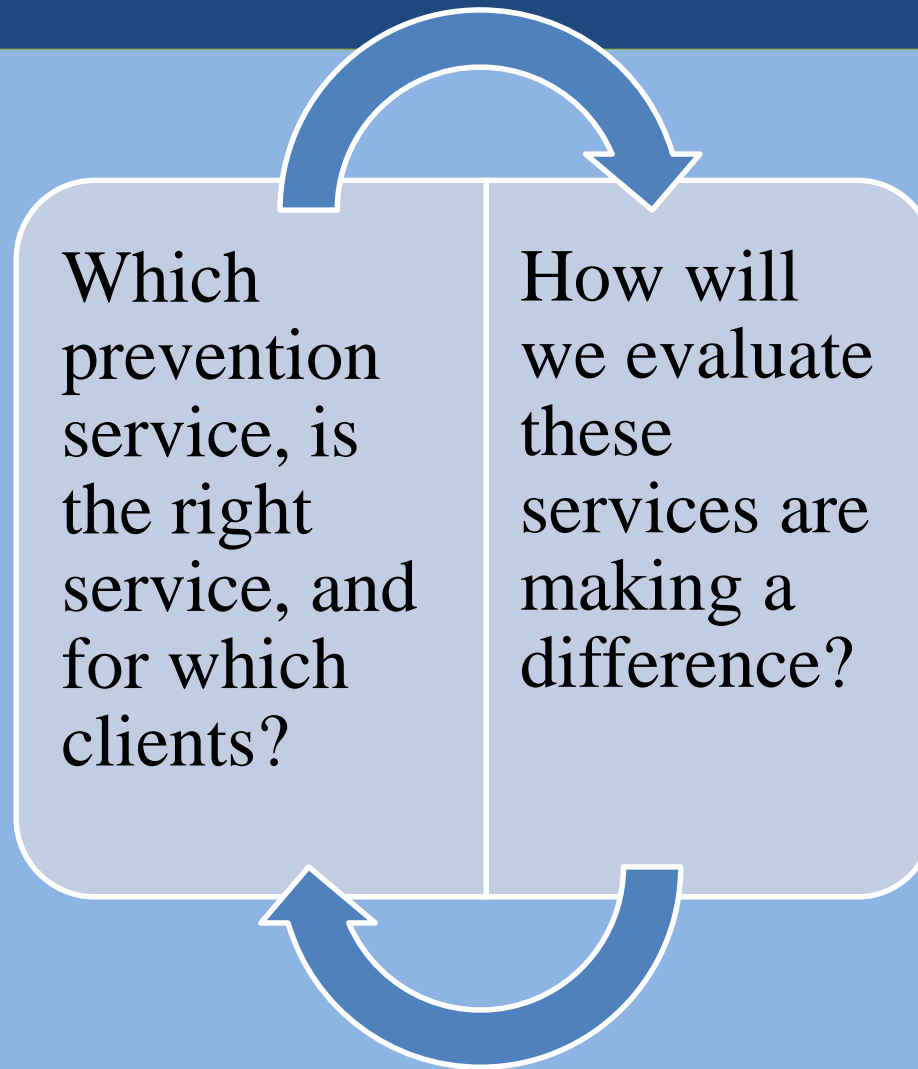
Substance Abuse

8. Brief Strategic Family Therapy*
9. Family Behavior Therapy
10. Multidimensional Family Therapy*
11. Seeking Safety
12. The Seven Challenges

Kinship Navigator

20. Ohio's Kinship Support Intervention/ Protect Ohio
21. YMCA Kinship Support Services, YMCA Youth and Family Services of San Diego County

Many decisions to be made....



ACCESS to Prevention Services: The Prevention Plan

Once a candidate and service has been identified, an individual prevention plan must be developed for access to prevention services reimbursement

- For each child, the plan must include:
 - A description of the foster care prevention strategy that will allow the child to remain at home or with a kin caregiver
 - The service(s) to be provided, specified *in advance of service provision*.
- For a pregnant or parenting foster youth, the prevention plan must:
 - Be included in the child's case plan,
 - List the services to be provided to ensure the youth is prepared or able to be a parent, and
 - Describe the prevention strategy for any child born to the youth.

ACCESS to Prevention Services: The Prevention Plan



The part of
the ship that
needs to be
built...

Services and Care for Older Youth

- For older youth, services begin at age 14 and extension of care up to age 23, education and training vouchers to age 26, with overall 5-year limitation.
- Focus on:
 - preparing youth with training and opportunities to practice daily living skills,
 - helping youth achieve meaningful, permanent connections with a caring adult,
 - helping youth engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience.
- Training on youth development.
- States must analyze services compared to outcomes.



Residential Treatment Services

FFPSA: New Standards for Residential Treatment

- Goals:
 - Establish and implement a more consistent process for decision making around residential treatment for children.
 - Developing enhanced process to make sure the right children are in residential treatment for the right reasons
 - Establishes standards for residential placements only when needed
 - Lack of foster home is not an acceptable reason

FFPSA: New Standards for Residential Treatment

Establishment of Qualified Residential Treatment Program (QRTP) Standards

In order for states to get Federal Title IV-E reimbursement for residential programs, the placement must meet QRTP standards:

- Placement assessment within 30 days by a “Qualified Individual”
- Heavy family engagement/involvement
- Have registered or nursing staff and other licensed clinical staff available 24/7
- Provide discharge planning and family-based aftercare support for at least 6 months post-discharge
- Use trauma-informed treatment model
- Licensed AND accredited

QRTP Level of Care Determination

- An assessment must be completed within 30 days of QRTP placement by a qualified individual, a trained professional or licensed clinician who is *not a state employee or affiliated with any placement setting*.
- Tool must be age appropriate, evidence-based, validated, functional assessment (HHS to release guidance).
- Assessment must be conducted in conjunction with the family and a permanency team meeting.
- If QRTP is determined necessary, professional must document why child's needs cannot be met in a family.
- If assessment does not support QRTP placement, states have 30 days to move child to an eligible placement or risk losing federal reimbursement.

Increased Focus: Youth and Family Voice & Family-Centered Practice

Family and Permanency Team for each child/youth will be required and include:

- All appropriate biological family members, relatives, and fictive kin.
- Appropriate professionals who are a resource to the family (e.g., teachers, providers etc.)

The state must document all reasonable and good faith efforts to identify and include all such individuals in the child's plan.

If the child is 14 or over, the Team shall include members selected by the child.



The state must provide evidence that meetings are held at a time and place convenient for family.

If reunification is goal, the state must provide evidence that the reunification parent provided input.

Family Involvement in the Treatment Process

QRTPs must to the extent appropriate, and in accordance with the child's best interests:

- Facilitate participation of family members in the child's treatment program,

- Facilitate outreach to family members, including siblings, document how outreach is made (including contact information),

- Maintain contact information for any known biological family and fictive kin of the child, and

- Document how family members are **integrated into the treatment process**, including post-discharge, and how sibling connections are maintained.

- QRTPs are required to provide discharge planning and family-based aftercare supports for at least 6 months post-discharge.



Utilization Review of QRTP Residential Services

- Court review within 60 days of QRTP placement.
- At every status and permanency hearing, state must submit evidence
 - Ongoing assessment confirms need for QRTP placement
 - Specific treatment needs that will be met
 - Length of time child is expected to need additional treatment
 - Efforts made to prepare child to transition to a family
- State/Jurisdiction's child welfare director approval for children in QRTP placement for 12 consecutive/18 cumulative months (or for 6 months for children under 13).
- Protocol to prevent inappropriate diagnoses.
- Criminal background checks for adults working in QRTPs and other group settings.
- States will have to certify that efforts to meet federal funding limits on non-family settings will not increase juvenile justice population.

Residential Settings excluded from QRTP requirements



Supervised independent living settings in states that have extended foster care coverage past age 18.



Licensed residential family-based treatment facility for substance abuse

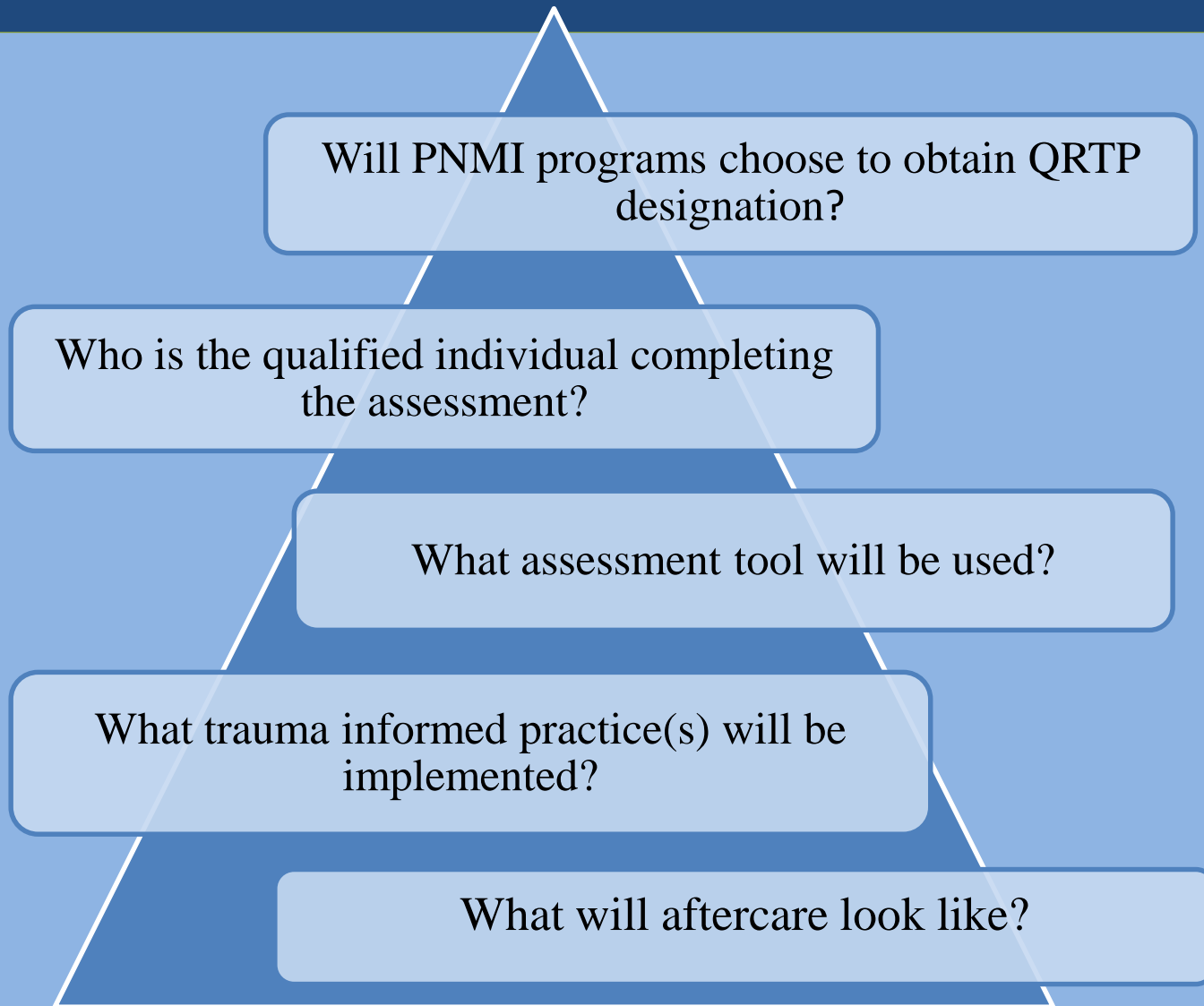


A setting specializing in providing prenatal, post-partum or parenting supports for youth



Residential care and supportive services to children and youth are or at risk of becoming sex trafficking victims

A few of many decisions to be made....



Data Reporting Requirements

- For all children not in foster family home, for each placement setting:
 - Numbers of children served
 - Ages, gender, race/ethnicity of children
 - Special needs, diagnosed mental or physical conditions
 - Permanency goal
 - Length of placement
 - Whether placement was first placement, or number of previous placements
 - Extent of specialized education, treatment, counseling provided in the setting
 - Number and ages of children with APPLA goals



Family First Prevention Services Act State Plan

FFPSA State Plan

The state plan must define services and programs to be provided:

- The Services:
 - How services were chosen
 - The target population for each service,
 - The evidence level each service has received;
- Service Fidelity:
 - How implementation will be undertaken and monitored for fidelity,
 - How service effectiveness will be measured, the outcomes achieved, and how continuous quality improvement will be done.
- Caseworker Supports:
 - How caseworkers will be trained and supported to access the services and determine the continuing appropriateness of the service,
 - How caseload size and type will be determined, managed and overseen

FFPSA State Plan

The state plan must define services and programs to be provided:

- Workforce:
 - How the state will ensure the workforce is competent and skilled to deliver trauma-informed and evidence-based services.
- Service Coordination:
 - How other state agencies and community providers were involved in order to ensure a continuum of services for children and their parents or kin caregivers,
 - How services to individual families will be coordinated across agencies and providers.



How is
Maine going
to do this?



FFPSA Planning Process

STAKEHOLDER TEAMS

Evidence Based Practices

Gather and present data to inform target populations, contribute to and review 5-year Prevention Plan

Qualified Residential Treatment Program (QRTP)

Create the QRTP requirements guide for providers and develop report and QRTP assessment process.

Workforce/Training Supports

Contribute to 5-year Prevention Plan and the Standards of Practice and training requirements

Candidacy

Define the requirements of candidate for prevention services in the 5-year Prevention Plan.

5-year Prevention Plan

Evidenced Based Practice & Workforce Focus



MAINE FAMILY FIRST PREVENTION SERVICES ACT (FFPSA) STATE PREVENTION PLAN

Office of Child and Family Services (OCFS)

FFPSA Vision: Keeping children safe, strengthening families, and reducing the need for foster care when it is safe to do so.



FFPSA LEADERSHIP TEAM



OCFS Executive Management Team

EXISTING STAKEHOLDER GROUPS



District Management
Statewide Supervisors
Caseworker Advisory Team
Resource Parent Advisory Board
Maine Child Welfare Advisory Panel

FFPSA STAKEHOLDER WORKGROUPS



Community Providers
State Partners
Parents & Youth
OCFS Staff

OPERATIONS WORKGROUP



Quality Improvement
Fiscal/Claiming
Technology/Data
Policy/Training
Evaluation




QUALIFIED RESIDENTIAL TREATMENT PROGRAMS WORKGROUP

Enhancing residential services for all youth.




WORKFORCE/TRAINING WORKGROUP

Enhancing and supporting community based provider & OCFS workforce.



EVIDENCED BASED PRACTICE WORKGROUP

Strengthening services for families with new and existing evidenced based practice.



CANDIDACY WORKGROUP

Defining candidates for Family First Prevention Services.

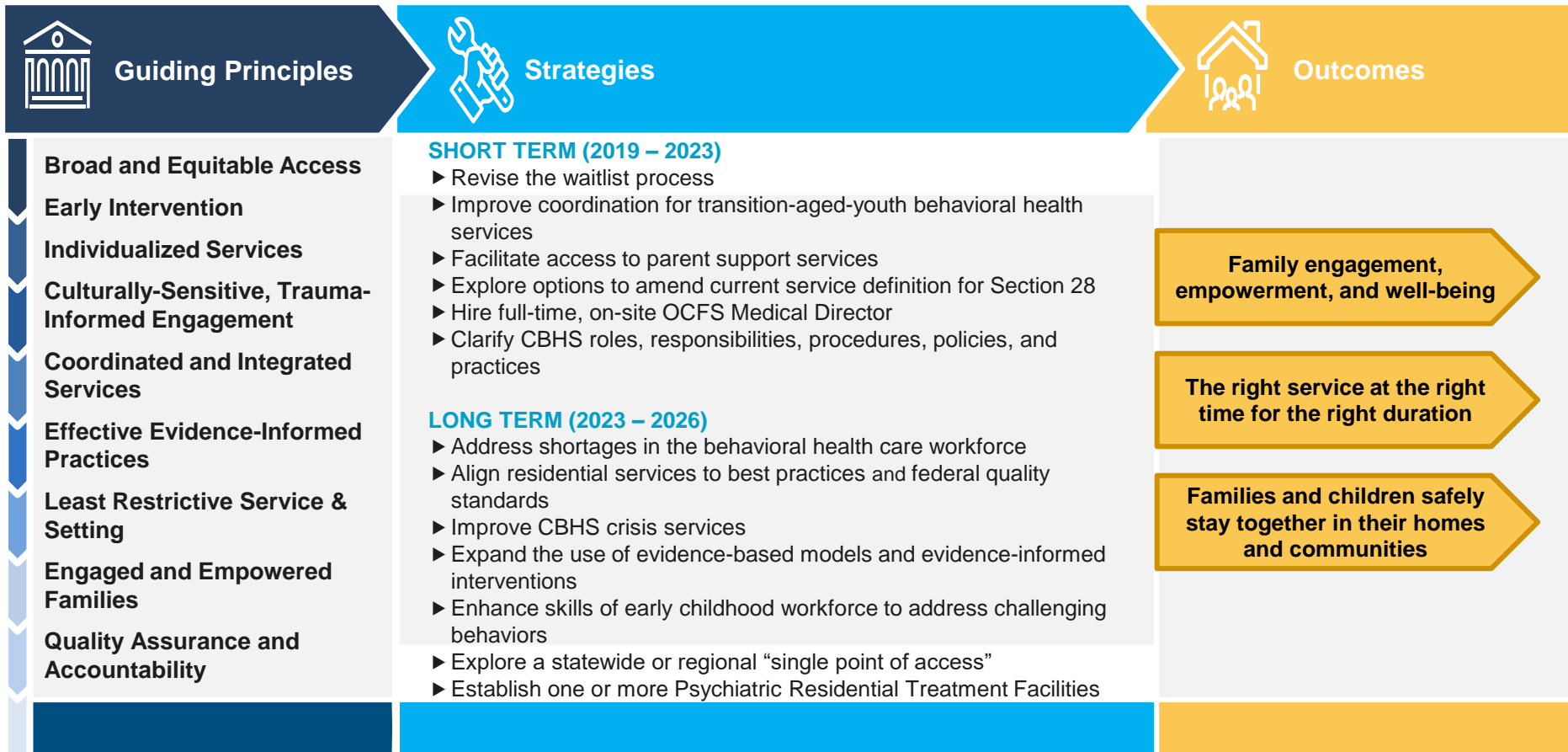


FAMILY PREVENTION PLAN

April 2020

Children's Behavioral Health Services Visioning

All Maine children and their families receive the services and supports they need to live safe, healthy, and productive lives in their home, school and community.



Family First Transition Act: December 2019

One time implementation funds: Provides states with a total of \$500 million in one-time, flexible funding to support implementation of FFPSA and reduce any adverse fiscal effects due to startup costs, waiver transition, and improving foster care safety and quality.

50% of prevention reimbursement requirement for “well-supported” programs: Proposal to delay this requirement for two years (through FY 2021), and then allow spending on both “supported” and “well supported” programs to count toward that 50% requirement in FYs 2022 and 2023. In FY 2024, the requirement that 50% of claims be for well supported programs would resume.

Family First Transition Act Grant

OCFS Plan Grant Funds: 5 year spend (\$1,869,714)

QRTP Readiness Support: Accreditation/Fingerprinting/Background Checks

QRTP Qualified Individual and Assessment Process Support

FFPSA Planning Support: State Plan development

Evaluation Services for FFPSA

Family Prevention Plan: Planning, Development, Implementation

New Evidenced Based Practice Capacity Building

Community Intervention Program: Assessment, Development, Planning, Implementation

Where are we at with FFPSA in Maine?

- **FFPSA Stakeholder Groups:** All 4 stakeholder groups have convened for the first time and have been provided overviews of FFPSA and initial discussions have taken place.
 - **Qualified Residential Treatment Program:** meetings with providers to determine readiness, needs, etc. Internal meetings to discuss processes have taken place.
 - **Evidenced Based Practice:** Assessment phase of what exists in Maine currently and what options there are for selection.
 - **Candidacy:** Data collection is taking place and a draft definition is being prepared for the stakeholder group to discuss and refine.
 - **Workforce / Training:** Assessment phase of current workforce gaps/needs/capacity.
- **Internal OCFS Planning Groups:** Multiple internal working groups have convened to begin some data gathering and suggestions for stakeholder groups to discuss

Family First Prevention Services Act (FFPSA) Updates

Communication:

- The OCFS FFPSA webpage is being modified to allow for more information sharing now that workgroups are starting to convene and documents are being created. This is in final review phase.
- A FFPSA Fact Sheet was created and posted to the [webpage](#)
- A FFPSA Planning Infrastructure diagram was created and posted to the web to assist with communication on how the State Plan will be created.
- Mini-presentations on FFPSA have taken place with existing stakeholder groups, state partners, and youth group representatives.
- This FFPSA webinar.

Family First Prevention Services Act (FFPSA)

Updates

Collaboration:

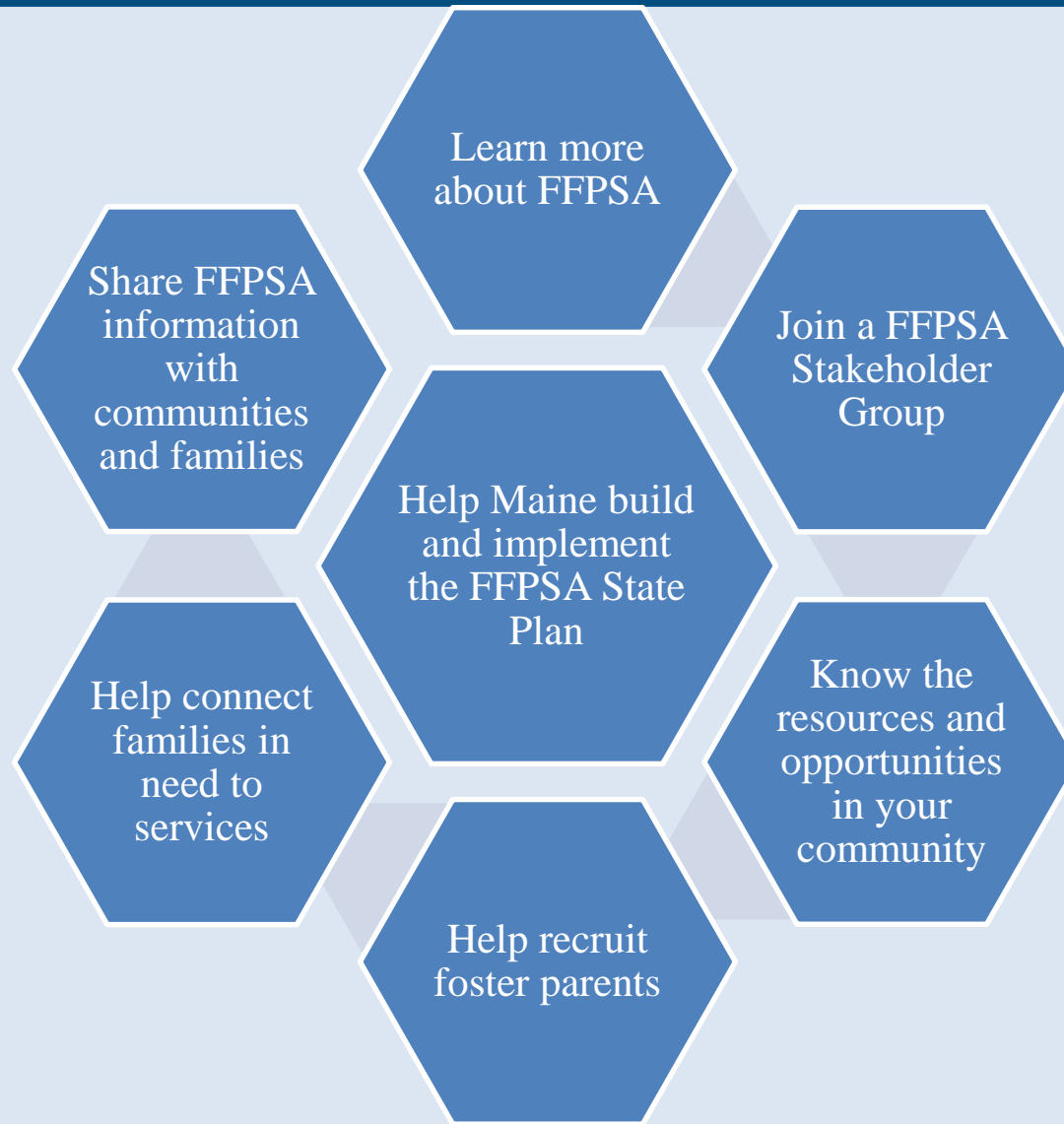
- Our hope is to increase State agency collaboration including those funding/implementing primary, secondary, and tertiary prevention in an effort to leverage existing resources and build a solid FFPSA state plan that will describe supports for families across the prevention continuum (even if not funded by FFPSA.)
- Overviews on the FFPSA have been completed with staff from various state offices and internal to OCFS.
- The FFPSA Program Manager has participated in learning collaborative calls and meetings with other states to assist with the development of Maine's plan.
- Utilizing tools and resources with other states who have plans approved/in-development.

Family First Prevention Services Act (FFPSA) Updates

Legislation:

- *LD 1792 – An Act to Ensure Compliance with Federal Family First Prevention Services Legislation (Passed)*
 - *Required the Department to adopt rules for children’s residential care facilities that include procedures for fingerprint-based background checks and child abuse and neglect registry checks for all staff working in the facility*
- *LD 2039 – To Provide for Judicial review in Compliance with the Federal Legislation Known as the Family First Prevention Services Act (Not passed yet)*
 - *This bill proposed to add definitions to the CFSCPA to create a statutory requirement for a court hearing within 60 days of a child’s placement in a QRTP, and then regular judicial reviews thereafter.*

Family First Prevention Services Act: Embracing Opportunities and Working Together!!!



Family First Prevention Services Act (FFPSA)

Next Steps:

- If you are interested in participating in a workgroup or to be engaged in this planning and implementation process, email Christine.
 - Even if you can't be on a workgroup but wish to collaborate, please email Christine.
- This webinar will be recorded and housed on our Family First webpage.
- Any questions not answered today will be responded to via email to the group.
- The OCFS Family First website will have updates and materials created as a part of this process. Visit it frequently....

*Thank
You*

QUESTIONS??

Christine Theriault

Family First Prevention Services Program Manager

Christine.Theriault@maine.gov or 624-7914

Websites:

- <https://www.maine.gov/dhhs/ocfs/family-first-act.shtml>
- www.familyfirstact.org

