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Testimony of Assistant House Majority Leader Rachel Talbot Ross sponsoring

LD 343, An Act To Set Aside Funds from Federal Block Grants for Certain Communities

Before the Joint Standing Committee on Health and Human Services

Senator Claxton, Representative Meyer and honorable members of the Health and Human Services Committee, my name is Rachel Talbot Ross. I represent House District 40, which comprises the Portland neighborhoods of Parkside, Bayside, East Bayside, Oakdale and the University of Southern Maine campus. Thank you for the opportunity to come before you today to present **LD 343, An Act To Set Aside Funds from Federal Block Grants for Certain Communities**.

For far too long, our Indigenous people and other vulnerable communities in our state have struggled and lived with the consequences of inequitable systems and policies. For example, our Tribal citizens experience lowered life expectancy, more than 20 years shorter than the average Mainer. We have resources to help address these unfortunate facts, but we must make changes to a system that is responsible to the communities that are struggling the most, including our Indigenous populations.

LD 343 would address our responsibilities in allocating federal block grant funding by requiring the Maine Department of Health and Human Services to dedicate a certain percentage of this funding to the Tribal nations in Maine and to other vulnerable populations.

As members of the committee know, block grants are a funding stream that support local and statewide public health efforts. Most federal block grants make it explicit that funds must be used to address health disparities and health inequities, with many stating clearly the requirement for Tribal consultation, inclusion of Tribal partners and leadership, and allocation of resources.

As written, this bill requires the Department to dedicate 20% of each federal block grant for the most vulnerable populations in the state. Of that 20%, at least 12% would be set aside for the Tribes.

The block grants managed by the Department make a significant impact on the state public health infrastructure and also offer funding for initiatives of statewide concern. The block grants

often have advisory committees composed of experts in a variety of fields. However, the committees and the programs making decisions on funding priorities often lack diversity, and they almost always lack Tribal representation. Often, priorities are set and budgets are developed by advisory committees that are not comprised of diverse members with lived experiences of poverty, racism, Tribal citizenship and discrimination.

For years, Wabanaki people have struggled to identify the needed resources to address the generational disparities that we know exist. These disparities contribute to the presence of longstanding and persistent generational health disparities. LD 343 offers an opportunity to address these disparities.

This legislation is not to guide the Department on how to do their work. LD 343 is present to shed light on the current inequities of funding awards and to refocus us on what the desired impact is of these programs.

I have attached to my testimony answers to some of the questions that arose when this committee considered a similar proposal during the 129th Legislature in hopes of giving you as much information as possible.

I respectfully ask the committee for time before the work session to engage with the Department, Tribal leaders and members, and other stakeholders to craft an amendment that addresses some of the outstanding questions on this issue. The amendment will include a request for a thorough analysis of existing block grants from DHHS in order to help us determine what percentage, above and beyond the 12% allocated to the Tribes, will go to vulnerable populations. We will also work to clearly identify who comprises vulnerable populations in our state and what outcomes have been achieved through block grant funding.

I want to extend my gratitude to Molly Bogart for providing some baseline information on the block grants the Department oversees. This will give us the opportunity to work with the Department and take the analysis further so we can bring that back to this committee.

It is in the best interest of all Mainers that we pursue this analysis with the utmost transparency in partnership and collaboration so that resources provided by the federal government for our most vulnerable Mainers with their participation and voices at the table.

Thank you for your consideration and the opportunity to continue working on this measure. I would be happy to take any questions.

HHS Committee questions on LD 1134 (129th Legislature)

What is the current process for distributing block grant funds? What kind of communication occurs between DHHS and the Tribes, if any?

Communication is extremely limited. Except for LiHEAP funding, block grant funds are virtually non-existent. We have one Tribe that receives a small amount of SAMHS treatment funds and that funding has decreased significantly over time.
Further, the Tribes are not included in any discussion regarding priority areas for any of the block grant programs nor do they receive funds.

A significant portion of the block grants use the DHHS contract process. There is not set aside for Tribes and they often cannot compete for funding due to eligibility requirements. The Tribal Public Health District has historically been offered small amounts of unspent funds and has limited substance use prevention funds.

What does the federal government require the process to be as it relates to Tribes?

Federal HHS has voiced that States are to consult with Tribes and address how they provide services specifically to Native American Tribes in their States when preparing their applications for continued funding. In some block grants, additional expectations are required.

The federal government has a formal consultation process: https://www.hhs.gov/sites/default/files/iea/tribal/tribalconsultation/hhs-consultation-policy.pdf CMS also requires States to confirm consultation with Tribes before they approve any State Plan amendments. Further, SAMHSA provides more direct guidance on how to work with Tribes for their block grant guidance.

How many block grants provided by the federal government are Tribes in the State eligible for?

Not sure of the total number, this is a question that DHHS could more easily answer.

Which block grants?

The following block grants are the block grants that we have identified. There certainly could be grants that we have missed in our review process. The block grants include:

- Community Mental Health Services Block Grant: Total funding: 4 different awards: $613,370, $1,045,501, $686,999, $141,000. TOTAL: $2,486,870[1]
- Community Services Block Grant: $3,749,521[2]
- Maternal Child Health Services Block Grant: $3,317,536 in FY16[3]
- Preventive Health and Health Services Block Grant: $1,392,368 in FY16[4]
- Social Services Block Grant: $7,786,309[5]

- Substance Abuse Prevention and Treatment Block Grant : 1 out of the 5 Maine Tribes receive direct funding for treatment although it is extremely limited. It seems that each year the amount gets reduced. Some prevention funds that comes through the Tribal Health District for underage drinking but is also an extremely small amount to serve all tribal communities given the geographic distance and disproportional disparity gap. Total funds: $5,226,398 in FY18[6]
- Title V Abstinence Education Block Grant
- Temporary Assistance for Needy Families (TANF) Block Grant[7]: $110 Million in SFY18[8]

TOTAL: 133,959,002

Which ones have the Tribes applied for? How many did they receive funding from?

None. In Maine, federal block grants do not travel directly to the Tribes. Tribes are not eligible to apply directly due to requirements and/or capacity challenges at the tribal level (such as population size, infrastructure capacity, etc.) If Tribes were to receive block grant funding consistently and reliably, it would need to come from the state block grant funding allocations.

What are the "10 essential services" provided by Tribes in the State?

The public health services provided by the tribal public health infrastructure include the same public health services that Maine CDC provides the state, recognizing that the tribal public health infrastructure is limited capacity and funding. The essential services include:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Some of the services delivered by the Tribes and/or public health infrastructure, which include focus areas and/or deliverables related to the block grants, include:

- Health Services – ambulatory care

- Substance Abuse and Mental Health Outpatient Treatment
- Substance Abuse and Mental Health Prevention
- Child Protective Services
- Child Abuse Prevention
- 5210 and other public health programming related to active lifestyles
- Domestic and Sexual Assault Victims Advocacy and Prevention
- Home Visiting
- Suicide prevention programming
- WIC Supplemental Food Program (separate from the State)
- General Assistance
- Adult Protective Services
- Emergency Management

What types of public health and healthcare programs have Tribes implemented?

Each Tribe has ambulatory health care programs that differ slightly. There is also one health center (the Micmac Service Unit) that is operated directly by the federal government (*IHS)*. Services typically include outpatient medical, dental and behavioral health services. Programs differ in their capacity—some offer Pharmacy, EMS, and WIC services, but not all. Wabanaki Public Health offers public health prevention services for all five tribal communities.

Are there any federal restrictions on establishing a set-aside amount of block grant funds?

None, many times Tribes cannot receive block grant funds directly from the federal government based on current law and/or requirements. Currently, most, if not all block grants require serving and consulting the Tribes when allocating funds and setting priorities.

Have any Tribes in the State applied to administer their own TANF programs? Why or why not?

The Penobscot Nation has submitted a plan to administer their own program. Some of the smaller Tribes have limitations due to their size/infrastructure capacity.