

MAINE STATE LEGISLATURE

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Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner



Maine Department of Health and Human Services
Commissioner's Office
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

REPORT TO THE LEGISLATURE

TO: Joint Standing Committee on Health and Human Services
FROM: Maine Department of Health and Human Services
DATE: January 2025
RE: Report Pursuant to 5 M.R.S. §11055(2), Tribal-State Collaboration

This report is submitted pursuant to 5 M.R.S. §11055(2), which requires the Department of Health and Human Services (DHHS) to file biennial reports with this Committee and the Maine Indian Tribal State Commission describing our implementation of the Tribal-State Collaboration Act.

Background:

In 2022, representatives of the Houlton Band of Maliseet Indians, the Passamaquoddy Tribe, the Penobscot Nation, and the Governor's Office negotiated the terms of legislation intended to expand economic opportunities for, and improve the welfare of, the Wabanaki Nations and their citizens, and to make structural changes in certain state agency decision-making to promote government-to-government dialogue with the Wabanaki Nations. That legislation, enacted as Public Law 2021, Ch. 681, contains three parts. First, it amends Maine's tax laws both to provide financial benefits to Tribal citizens residing on Tribal lands, and to encourage economic development on Tribal lands. Second, it provides each of the four Wabanaki Nations located in Maine the exclusive opportunity to conduct mobile sports wagering operations within the state. Third, it establishes in law a Tribal-State collaboration process designed to promote meaningful communication on issues of particular significance to the Tribes and their citizens.

The Tribal-State Collaboration Act:

The Tribal-State Collaboration Act, 5 M.R.S. §11051 *et seq.*, requires 15 agencies identified in the statute to engage in a Tribal collaboration process regarding contemplated programs, rules, or services that substantially and uniquely affect Maine's four federally recognized Tribes or their citizens. It is intended to be a user-friendly process free from unnecessary bureaucracy that will be implemented within existing resources.

DHHS Collaboration Policy, Tribal Liaison Contact Information, and Training Received

Title 5 M.R.S. §11053(1) requires each agency covered by the statute to adopt a collaboration policy. On December 20, 2022, the DHHS adopted its collaboration policy, which is appended to this report and can also be found on the DHHS website under "Accessibility and Policy" (<https://www.maine.gov/dhhs/>). The Department's Tribal liaison, as required by 5 M.R.S.

§11053(3), is Olivia Demosthenes, the Policy and Engagement Associate in the Commissioner's Office. She can be reached at Olivia.Demosthenes@maine.gov or 207- 441-5480. Given the size of the Department of Health and Human Services and the breadth of services provided by its eight offices and two psychiatric hospitals, the Tribal liaison has requested representatives from each DHHS Office to engage directly in collaboration with the Tribes, thereby ensuring more meaningful engagement. The Tribal liaison scheduled trainings with designated Office representatives on the DHHS Tribal Collaboration Policy.

On November 21, 2024, the Governor's Office provided training on how to implement the statute in a manner that promotes effective communication and positive government-to-government relations with the Tribes. The Governor's Office has also requested that the Maine Indian Tribal State Commission (MITSC) help to facilitate training of state agency Tribal liaisons on issues of cultural competency, and MITSC has agreed to do so. They have recently obtained funding to do this, and we look forward to participating as soon as it can be arranged.

Contemplated Collaboration Anticipated During the Upcoming Biennium

Pursuant to our Tribal Collaboration Policy, DHHS intends to collaborate on programs, grants, rules, and services that are generally applicable as well as those that substantially and uniquely impact Indian Tribes and tribal citizens. Contemplated collaboration and coordination during the next biennium include but are not limited to rulemakings, potential grant opportunities, block grant planning, program implementation, trainings, inclusion on and regular convenings of various advisory councils and stakeholder workgroups across the Department. In addition, the Office of Behavioral Health plans to establish regular engagement and collaboration meetings with Tribal representatives and the Office of Health Insurance Marketplace will have staff attend an upcoming Wabanaki REACH training happening in February.

Summary of Notification and Engagement during the Preceding Biennium

Prior to the Tribal-State Collaboration Act becoming law on August 8, 2022, and DHHS adopting its Tribal Collaboration policy, Offices within DHHS regularly conducted outreach and noticing regarding new policies, rules, programs, services, and grants in the spirit of collaboration with Maine's federally recognized Tribes. Since the adoption of the Act, these efforts have continued. Below is a summary of those activities:

- Office of Aging and Disability Services (OADS):
 - In October 2024, OADS staff attended the Wabanaki REACH History and Culture Sharing Training hosted at Camp Chamberlain on the Maine National Guard Joint Force Headquarters.
 - Adult Protective Services coordinated with Tribal governments regarding investigations of allegations of abuse, neglect, or exploitation of clients who are Tribal citizens. This coordination, engagement, and outreach will continue.
 - Aging Services – Older Americans Act: Participated in two tribal meetings (Passamaquoddy Tribe – Pleasant Point and Mi'kmaq Nation) with Title VI coordinators (Title VI funds of the Older Americans Act are awarded directly to tribal organizations and require coordination with State units on aging, which is OADS in Maine) and regularly invited Title VI coordinators to participate in

public hearings, stakeholder groups, and advisory councils related to Older Americans Act services and programs.

- Developmental Services, Brain Injury, and Other Related Conditions: OADS staff participated in monthly Tribal Health Director Meetings hosted by the Office of MaineCare Services to share updates on the Lifespan waiver and plans for rollout, as well as updates related to brain injury or other waiver services.
- Office of Behavioral Health (OBH):
 - Awarded a third RFA (Expansion Funds for Residential Substance Use Disorder Treatment Facilities) to Wabanaki Public Health and Wellness to support capital and start-up expenditures to increase the supply of SUD residential treatment.
 - Ongoing direct collaboration with Wabanaki Public Health and Wellness in
 - the prior two RFA awards to increase the supply of SUD residential treatment
 - their SAMHSA Tribal 988 grant and implementation. WPHW is also developing culturally affirming training for the Maine crisis line staff.
 - the funding and development of a Peer Support Program for indigenous communities.
 - the Quality Improvement Council of the Mental Health Block Grant, on which a WPHW employee sits
 - Funded:
 - Overdose prevention staff development workshops to WPHW in Presque Isle and Maine Family Planning's location in the Passamaquoddy Indian Township Reservation to address their ongoing needs and concerns.
 - In-person Recovery Coach Academy training with the Mi'kmaq Health Department at the Mi'kmaq Nation Council Chambers in Presque Isle. That successful event allowed Healthy Acadia to begin tailoring the CoacherVision to the needs of the indigenous community.
 - Community primary and secondary prevention activities in partnership with MeCDC
 - The Tribal Health District provided naloxone and safe storage supplies, as well as naloxone training at local events, including community health fairs, family workshops, and the Millinocket. MeCDC staff worked with district partners to enhance their programming. Following this visit, the partners expanded services and distributed safe storage supplies at their spring social, other events, food pantries, and recovery homes. They planned a naloxone training for a local recovery-focused organization. They laid the groundwork for the first piece of their workplan, which is putting a safe disposal box in each community. They are interested in learning more about the Recovery Friendly Workplace Toolkit, and potentially engaging with businesses with this.
 - The Wabanaki Public Health and Wellness syringe service program participated in multiple pride events across the state, a native community health fair, and local festivals where they distributed over 3,800 safe sex supplies items, 284 kits of

naloxone, 180 fentanyl test strips, and 57 xylazine test strips. Each of these events generated over 1,100 outreach interactions and opportunities for education on safe sex, substance use and recovery, the recent rise in HIV and HCV cases, and the importance of testing.

- The addition of a second Passamaquoddy Community Health Navigator at Healthy Acadia. Previously, the tribal navigator supported both Washington County reservations with recovery support navigation. Now, there are tribal navigators in each of the two communities. Both navigators are residents of their respective communities and provide support to mothers with substance use disorder and their children.
- Office of Child and Family Services (OCFS):
 - Child Welfare: The OCFS child welfare team finalized the ICWA policy in August 2023 and provided training on the policy and continue to ensure that new OCFS caseworkers receive an ICWA training within the first six months of hire. There are ongoing co-case management discussions and collaboration within the ICWA workgroup that meets on a regular basis. On November 12, 2024, Director Johnson joined the workgroup meeting.

OCFS and the tribes have ongoing engagement in the development and ongoing implementation of the Child Safety and Family Well-Being Plan.

The Office of the Attorney General, in collaboration with tribal partners and their attorneys, and with technical support from OCFS, drafted the Maine Indian Child Welfare Act, which was passed into law last session.

There is ongoing collaboration with Tribal partners to train and approve the people that serve in the role of Qualified Expert Witness. The OCFS team also made changes to Katahdin to indicate that a family is Tribally approved vs OCFS licensed.

- CSBG/SSBG: The CSBG and SSBG State Office has had direct contact with Passamaquoddy State Office personnel, Diane Libby, in FFY2023, and FFY2024, in relations to CSBG Reporting, Data Management opportunities, and Training and Technical Assistance opportunities. The result was that Passamaquoddy staff found a vendor to suit their needs and identified that federal reporting guidelines differed too much for OCFS' assistance to be helpful. OCFS has continued to ensure staff are available to provide assistance; however, also recognize collaboration taking place at the local level with OCFS providers/extended provider network.

Currently, Maine Community Action Partnership (MeCAP) collaborates with Wabanaki Public Health and Wellness through the [federally funded diaper grant pilot](#) that was awarded to MeCAP on behalf of Maine's Community Action Network. Megan Hannan, Executive Director, meets with Lisa Sockabasin on a

monthly basis to identify collaboration needs. OCFS leans on the connections that MeCAP holds to help assist with collaboration, given their existing relationship. They are aware that OCFS wants to navigate statewide collaborations this year to include the other tribal nations that exist in Maine. The CSBG and SSBG State Office have attended all of the latest WABANAKI Reach trainings in order to be learn communication styles, and other skills that may help build relationships.

- **Early Care and Education:**

Child Care Development Fund (CCDF): Early Care and Education Division staff sent invitations and notices to all five Maine CCDF Tribal Administrators regarding child care rule making, grants, and other opportunities for engagement and/or feedback to create a coordinated early care and education system statewide.

Preschool Development Grant Birth to Age 5 (PDG B-5): OCFS is collaborating with Wabanaki Public Health and Wellness with a preschool development grant that will fund training for 20 doulas to provide prenatal care and infant home visiting services for all five tribes.

Professional Development & Learning: Several staff have participated in trainings, meetings, and listening sessions to increase knowledge and improve communication and collaboration with Maine Tribes. In April 2024, staff members from OCFS attended a 2-day Maine government listening session at Wabanaki Public Health and Wellness with staff from Maine CDC and GOPIF. Over the past two years staff have taken the Wabanaki History and Culture Sharing training and a few Wabanaki Reach trainings, including Interacting with Wabanaki-Maine History.

- **Division of Licensing and Certification (DLC):**

- The Division of Licensing and Certification licenses medical facilities across Maine. Maine has (3) Federally Qualified Health Centers (FQHCs) operated by Maine Tribes which are not subject to licensure by DLC; however, the Centers for Medicare and Medicaid Services (CMS) interact with them directly. DLC previously partnered with Maine Office of Rural Health and Primary Care within the Maine CDC to ensure Pleasant Point Health Center maintained its CMS certification and will continue to partner with them to address concerns of CMS certification requirements in the future. DLC does however license some tribal health centers through our behavioral health program, and we will likely interface with them via State Behavioral Health Licensing surveys/licensing activities in the new year.

- **Office of Family Independence (OFI):**

- **Leadership Outreach and Collaboration:** In 2024, OFI's Director reached out to designated contacts at Wabanaki Nations to schedule in-person or virtual visits to discuss areas of collaboration, questions, and concerns. Initial discussions started

with the Houlton Band of Maliseet Indians and the Penobscot Nation, with the expectation that most meeting opportunities would occur in 2025.

- Data Sharing for the Food Distribution Program on Indian Reservations (FDPIR): OFI is working with the Houlton Band of Maliseet Indians and Passamaquoddy Tribe at Indian Township to finalize memoranda of understanding (MOU) regarding the Food Distribution Program on Indian Reservations (FDPIR). The MOU efforts serve to prevent duplicate SNAP-FDPIR participation and to promote efficient certification of SUN Bucks eligibility among school-aged FDPIR recipients, both of which are consistent with requirements of Food and Nutrition Service (FNS).
- SNAP-Education Services: The University of New England (UNE), the SNAP-Ed Implementing Agency, sub-contracts with Wabanaki Public Health and Wellness (WPH&W) to deliver SNAP-Ed services in the Tribal Public Health District. A member of WPH&W serves on the SNAP Advisory Council. OFI met regularly with WPH&W on issues of interest and engaged with WPH&W representatives at monthly SNAP Statewide Nutrition Action Council meetings.
- Higher Opportunity for Pathways to Employment (HOPE): The HOPE Program met with the Director of the Department of Education and Career Services for the Penobscot Nation regarding specific educational opportunities for Wabanaki Nations in Maine. This is also a topic of conversation during the quarterly HOPE stakeholder meetings. HOPE expects this and/or related efforts to extend over the next two years.
- **Training:** Several OFI leaders have attended Wabanaki REACH's "Interacting with Wabanaki-Maine History." OFI has also consulted the Wabanaki Alliance's [Wabanaki Style Guide](#) in the creation of OFI training and communication materials.
- **Rulemaking:** During the past two (2) years, OFI has extended outreach to Tribal Leaders regarding potential rulemaking initiatives including the MaineCare eligibility, the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF).
- Office of Health Insurance Marketplace (OHIM):
 - Distributed Open Enrollment and Special Enrollment toolkits to Tribal representatives through our stakeholder interested parties email distribution list.
 - Invited Tribal representatives to all DHHS stakeholder briefings where updates were provided on CoverME.gov
 - OHIM and Maine Bureau of Insurance (BOI) appointed Theresa Cochran of Wabanaki Public Health and Wellness to represent Tribal citizens on the Easy Enrollment Advisory Group, a group that advises OHIM and BOI on the implementation of the Easy Enrollment law.
 - Distributed notice of proposed rulemaking for the Easy Enrollment program to Tribal representatives
 - We also had one team member attend the Wabanaki History and Culture Training and have another team member signed up to attend the Wabanaki REACH training in February

- Office of MaineCare Services (OMS):
 - The State of Maine Office of MaineCare Services provided a total of 35 tribal letters regarding State Plan Amendments, waivers, and anticipated policy and rule changes to Tribal leaders as well as Tribal health care directors. The letters addressed a wide range of topics including but not limited to adult day health services, accountable communities, behavioral health homes, behavioral health services, chiropractic services, dental services, family planning services, Federally Qualified Health Centers, Home and Community-Based Services for Adults with Brain Injury, Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder, home health services, hospital services, Medicaid and Children's Health Insurance Program, medical supplies and durable medical equipment, nursing facilities and private duty nursing and personal care, Private Non-Medical Institutions, and Targeted Case Management Services.

In addition, a letter was sent on April 4, 2023 inviting tribal leaders and any tribal representatives or members interested in attending to join our monthly MaineCare Advisory Committee (MAC) meeting.

- Maine Center for Disease Control and Prevention (Maine CDC):
 - Engaged with Tribal representatives at Public Health District site visits; disseminated health alerts/advisories to Tribal Health Centers using the Health Alert Network (MaineHAN) messaging platform.
 - Asthma Prevention and Control Program: The Penobscot Nation Health Department and the Maliseet Health and Wellness Center are part of the Program's Asthma Coalition, which meets bimonthly.
 - Data Research and Vital Statistics (DRVS): Entered into a data sharing agreement with Maine Health / Maine Medical Center Research Institute for the Passamaquoddy Clean Water Project.
 - Maine Immunization Program: Allocated \$1M in grant funding to support Tribal Health Departments and \$50K to support Tribal Health Centers.
 - Office of Public Health Equity: Coordinated funding opportunities across Maine CDC related to COVID-19 disparities and immunizations, resulting in each Tribal community determining the best way to allocate available Maine CDC resources between 2022-2025. The total reserved for each community is \$710,000 or \$3.5 million across all five Tribal communities.
 - Women Infant and Children (WIC): Entered a Memorandum of Understanding with the WIC Nutrition Program at the Passamaquoddy Health Center to exchange information to prevent dual participation of WIC participants through use of a Management Information System (MIS). The Maine CDC WIC program also supports the use of the MIS system with training, supplies and troubleshooting when needed.

- Riverview and Dorothea Dix Psychiatric Hospitals
 - Staff from both hospitals attend “Advancing Wabanaki Wellness: Wabanaki History and Culture Sharing” to gain knowledge about the indigenous people in Maine. Lecturer Lauren Stevens from Wabanaki Public Health and Wellness explained historical legislation and its impact on the Wabanaki people in addition to health disparities among indigenous groups, including higher rates of chronic diseases, historical trauma, limited access to healthcare, inadequate housing, inadequate water, poverty, decreased life expectancy, and higher rates of self-injury and suicide. Information was presented on Missing and Murdered Indigenous Relatives, indicating that indigenous people (particularly women) go missing and are murdered at higher rates than non-indigenous people and these crimes are often not reported nor investigated. Staff has shared these beneficial insights back to their peers with the goal of furthering the hospitals’ education and collaboration efforts.