

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

Refer to: ADM

---

**ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 2000-02**

**CONSULTATION/COLLABORATION POLICY**  
**WITH TRIBAL GOVERNMENTS**

Sec.

1. Purpose
2. Background
3. Authority
4. Definitions
5. Objectives
6. Responsibilities
7. Consultation/Collaboration Schedule
8. IHS Budget
9. Tribal Resolutions
10. Effective Date

1. **PURPOSE.** The Albuquerque Area Indian Health Service (AAIHS), together with the tribal governments, establishes this policy requiring consultation/collaboration and participation by and between tribal governments on Indian Health program policies and activities. The AAIHS shall consult, to the greatest extent practicable and to the extent permitted by law, with the tribal governments prior to taking any actions that affect the tribal governments. This policy is consistent with the requirements stipulated in the Indian Self-determination Act and Education Assistance Act, Public Law 93-638.
2. **BACKGROUND.** A unique government-to-government relationship exists between American Indian and Alaska Natives (AI/AN) and the Federal government. Treaties and laws, together with court decisions, have defined a relationship between the AI/AN people and the Federal Government that is unlike that between the Federal Government and any other group of Americans. This special relationship has emphasized self-determination for Indian people and meaningful involvement by Indian people in Federal decisions. The United States has a moral obligation to promote consultation/collaboration and participation with tribal governments. The implementation of this policy is in recognition of this special relationship.

---

Distribution: All Indian Health Service Manual Holders

Date: February 23, 2000

**Page 2. ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 2000-02**

3. **AUTHORITY.** This policy is based on the following regulations, Indian Self-Determination and Education Assistance Act, Public Law (P.L.) 93-638, Indian Health Care Improvement Act, P. L. 94-437 and Memorandum from President William J. Clinton dated April 29, 1994.
4. **DEFINITIONS.**
  - A. **Consultation.** Consultation is an enhanced form of communication that emphasizes trust and respect. A shared responsibility that allows an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension. Consultation is integral to a process of mutually satisfying deliberation to result in collaboration and joint decision-making.
  - B. **Collaboration.** Communication that emphasizes working together in a partnership and to cooperate in a joint decision-making effort.
  - C. **Participation.** Participation is effective, mutually satisfactory, joint decision-making. In true participation, an individual is not required to endorse or accept unilateral decisions made by either party.
5. **OBJECTIVES.**
  - A. To develop a mechanism for representatives of tribal governments/organizations to participate in the consultation/collaboration process in IHS policy development and program activities.
  - B. To establish requirements and expectations with respect to the consultation, collaboration and participation process with the tribal governments and/or tribal organizations.
  - C. To promote development of innovative methods of consultation/collaboration on issues involving tribal representatives in the AAIHS decision making process.
6. **RESPONSIBILITIES.**
  - A. **Area Director**
    1. The Area Director shall notify the respective tribal governments and/or tribal organizations of the opportunities to participate in consultation/collaboration process for decision-making in IHS program policies and activities.

2. The Area Director in consultation with tribal governments must designate an organization/committee representative of all tribal governments and/or tribal organizations serviced by the AAIHS.
3. To the extent prescribed by law, allow consultation/collaboration and participation by tribal representatives in the selection of candidates for key positions (AAIHS Circular No. 93.04, "Filling Key Area Position-Tribal Participation", dated April 9, 1993). Those key positions are identified as: Chief Medical Officer, Executive Officer, Service Unit Directors and Director, Office of Tribal Activities.

**B. Service Unit Directors**

1. The Service Unit Directors (SUD's) in conjunction with the respective Service Unit Health Advisory Boards must ensure the implementation of the consultative/collaboration process.
2. The SUD's and Health Advisory Boards shall provide advice and consultation to the Area Director and Governing Board.
3. SUD's shall ensure maximum tribal collaboration and participation through meeting with Service Unit Health Advisory Boards and with local management including, but not limited to administrative and/or clinical staff.
4. The SUD's further seek collaboration and participation by having quarterly meeting with tribal government officials (i.e. governors, chairperson, tribal councils etc.)
5. Establishes a mechanism for communicating to the Indian communities the IHS program priorities.

**7. CONSULTATION/COLLABORATION SCHEDULE.**

- a. Meetings between the tribal representatives and Area Office management should occur on a regular basis, at least quarterly.
- b. AAIHS management shall establish a formal schedule of meetings to consult with tribal governments/organization and representatives concerning the planning and administration of IHS activities. Management must involve tribal representatives in meetings at every practicable opportunity.

- c. AAIHS management should establish additional forums for tribal participation sharing with tribal leadership.

8. **AAIHS BUDGET.**

A. **Budget Formulation.** The AAIHS shall solicit the active participation of tribes and tribal organizations in the formulation of the President's proposed budget for the IHS. The formulation of the President's budget involves the three levels of IHS management and requires tribal collaboration/consultation and participation at each level. (AAIHS Circular 95.06, "Planning, Formulation and Consultation Process for the Albuquerque Area Budget Enhancement Packages", dated July 19, 1995).

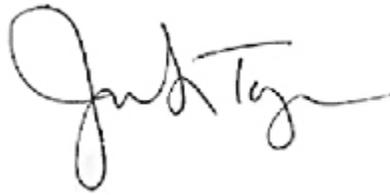
1. **Area Office.** The Area Director will establish budget formulation team comprised of tribal representatives and appropriate AAIHS staff. This team is responsible for identifying Area-wide health and budget priorities, within the parameters and guidelines provided by the Office of Management and Budget. The team will provide input at every major stage of the budget formulation process
2. **Service Unit.** Each SUD will meet with tribes on an annual basis to ensure the tribes' participation in the budget formulation process and in identifying budget priorities.

B. **Budget Execution.** AAIHS will involve tribal governments in the decision-making process concerning allocation of new funding (i.e., funding that is not "base" funding to a tribe or is congressionally earmarked for specific tribes) provided as a result of the appropriations process. This process is described in IHS Circular No. 92-5, "Budget Execution Policy" (Allocation of Resources) dated June 19, 1992.

C. **Budget Information Disclosure.** The Area Director will ensure the following information, at a minimum, is provided to tribal governments and organizations on an annual basis: appropriations, allocation, expenditures, and funding levels for programs, functions, services, and activities.

9. **TRIBAL RESOLUTIONS.** Resolutions submitted by tribal governments to the AAIHS shall be referred to the Area Director. The Area Director will formally acknowledge receipt of tribal resolutions within three working days. A substantive response, if required, must be forwarded to the tribal government within thirty days.

10. **EFFECTIVE DATE** . This circular is effective upon the date of signature and shall remain in effective until canceled or superseded.

A handwritten signature in black ink, appearing to read "James L. Toya". The signature is fluid and cursive, with the first name "James" being the most prominent part.

2/23/02

James L. Toya  
Area Director  
Albuquerque Area Indian Health Service