

## **RECOMMENDATIONS OF THE WORKGROUP**

### **How to improve IHS' consultation process**

Discussion notes and recommendations from 12/8/09 and 1/5/10 meeting with tribal consultation workgroup by each step in the consultation process

1. **Critical Event** – what triggers the need for a tribal consultation
  - a. Critical events occur at multiple levels - National (HHS, IHS), Area, SU, and Tribal
  - b. A critical event requires a decision or action on an issue or challenge
  - c. Consultation is needed for critical events
  - d. Examples of critical events: New funding or funding increase or funding decrease, budget formulation, funding formulas, new policy needed, regulations, policy on services to members, legislation, multiple departments/agencies policy when health impacted, serious/urgent health issue/challenge
  - e. Who defines the critical event: either IHS or tribes
  - f. How to decide if do consultation on critical event? – while IHS Director makes ultimate decision on whether to hold the consultation, consultation with tribes can help define priorities when there is limited resources and time. Suggest having a group such as this group of 2 tribal elected officials from each IHS Area to help make the decision. Can also consult NIHB, NCAI, existing tribal workgroups, or do a survey in writing or web portal.
  
2. **Announcement of consultation** – how we communicate to tribes that a tribal consultation is taking place
  - a. Dear Tribal Leader Letter is the usual form of communication
    - i. To whom is it addressed it important
      1. Need updated information – tribal leaders change with elections
      2. Need an easy opportunity for tribes to update
      3. Who in the tribe is valid addressee – need to clarify
      4. Need confirmation of receipt of letter
      5. Can send letter out via blast email, notify in newsletters
      6. Need to send to health director also, and Area Directors as a back up to ensure notification was received – tribal elected official receive a huge amount of correspondence and don't want letter to be lost in the shuffle
      7. Develop a website on consultation activities – a log of what is going on, history of what is doing

8. Area Directors can help update tribal leader information
  9. Need tribal liaison to contact/a single tribal point of contact – for more information
  10. Send electronic version of letter also in addition to paper version
  11. Send it to the TOP Elected or appointed Tribal leader = Chair, President, Governor, etc. – tribes should determine who that is
  12. Stamp the letter – Time Sensitive, Urgent or Consultation – so it doesn't get lost in pile of mail
  13. Need multiple controls in the process to make sure Tribes receive the letter/notification
- ii. Content of letter – recommendations to help clarify details of consultation
1. Define issue and context, ask leading questions
  2. Describe the process for consultation
  3. Put time/date/place of meetings
  4. Define who is paying travel
  5. Indicate a timeline for input – 60 days from day send out is needed, unless there is an urgency - advance scheduling needed given busy schedules
  6. If use federal register to announce a consultation – make sure to send a letter also
  7. Define a process for alternate/representative if invited member is unable to attend
  8. Indicate if food will be served at the meeting
  9. include way to read what is in attachments – put text of letter in email or send as a word or text document
3. **Gathering input** – how can we improve the process for gathering input during the consultation process
- a. Will be defined by how much time and/or magnitude of critical event
  - b. If quick turnaround – could do a conference call or even use WebEx a couple of times
  - c. If have more time = regional/Area meetings are preferred
  - d. Need to have a clear timeline for the process
  - e. Use a tribal organization to help announce and gather input also - NIHB is health committee of NCAI – they can help gather input
  - f. Use technology – ability for Tribes to comment at any time - if cannot go in person but still can make a comment in writing
  - g. For in person meetings – listening sessions or workgroups – need 2 days sometimes for in depth discussion – important to give enough time for all to provide input
  - h. Develop a Director's advisory workgroup to help gather input, especially when there is limited time

- i. Have different tribal advisory workgroups work together on tasks
- j. Consider Incentive awards
- k. Have Staff and tribal workgroups to do more technical work
- l. Problem of staff interpretation – who is going to do the maintenance after the consultation
- m. What HHS, IHS, Interior, DOE do for the Presidential Memorandum will be important to process – need to avoid creating too many travel demands on tribal leaders
- n. HHS agencies all need to consult with Tribes
- o. Consider liaisons from offices to tribes – collaboration between agency and tribes on the work of the Agency
- p. Existing workgroups – what to do with them, are there too many combine?
- q. What about cross agency workgroups? Need to avoid duplication of effort
- r. How can we work together with different agencies with related funding?
- s. Meetings need to be at same times and locations – reduce travel time for tribal leaders
- t. List objectives of consultation – dialogue with OMB first for sufficient funding for programs
- u. Formats for gathering input – some more specific comments
  - i. Dear Tribal Leader Letter inviting written comments – can just use this format if there is a need to gather input quickly and there is limited time for response or meetings
  - ii. Listening Sessions/Meetings at Conferences – the Director should regularly schedule ½ day or full day meetings at major Tribal conferences throughout the year for consultation and determine the topics based on priorities at the time. Examples include NIHB, NCAI, Tribal Self Governance, and Direct Service Tribes meetings.
  - iii. Regional/IHS Area meetings – need to strengthen consultation in these formats and have IHS Director attend regional consultations with Area Directors
  - iv. Conference Calls/WebEx – only if time urgency or limited resources
  - v. Tribal Advisory Workgroups – the group made reviewed the list of existing workgroups and had an extensive discussion on the following points:
    - 1. Need distinction between tribal leader groups and technical workgroups
    - 2. Tribal leaders – need more at table to be considered a consultation, or technical workgroups can make recommendations to Area boards with tribal leaders
    - 3. Meeting with health directors may be necessary when more technical issues are discussed

4. Technical people work for tribe, do they “represent” the tribe at the table? Need to be clear about representation and whether it is a consultation session
5. Interagency coordination is recommended – nationally and regionally – combine agency workgroups on a common issue
6. Funding of all these workgroups is an issue – combine some? What is purpose of committees? Still valid? A part of a broader process? All these workgroups are costly.
7. The workgroups have been important
8. Some committees should stay and maybe expand? How effective are the workgroups? Careful about what we eliminate in case new administration. Condense into smaller number? Consolidation of some? Is some work being duplicated with multiple groups?
9. Do committees focus on Director’s priorities? Budget, data collection, obesity, diabetes, what want to achieve, etc.
10. Problem – a lot of committees, little time available for both the Tribal leaders and the Director
11. What about the life of the workgroups? Specific purpose of workgroups. Are they still needed?
12. Gather input vs. consultation with tribal leaders (more clout with the latter)
13. Evaluation of purpose of workgroups should occur – do we still need them?
14. The importance of a workgroup like this with tribal leaders at the table
15. After a discussion of what to do with the existing workgroups/committees, some general recommendations were made by the group:
  - a. Some workgroups are fundamental and need to continue, such as TSGAC, DST, Budget Formulation, Contract Support Costs
  - b. Some workgroups might be combined on common issues such as prevention, IT
  - c. Consider interagency collaboration on some workgroups, reduce redundancy of effort on some topics
  - d. Consider reducing the frequency of meetings for some – should only be a consultation session if there is a decision or critical event to consider

- e. Assess the purpose of all existing workgroups – are we discussing the most pressing issues and priorities
  - f. Sunset or discontinue workgroups that are no longer serving original purpose or a current need for consultation
  - g. Update timelines, rules for attendance, logistics for workgroups
  - h. Need follow up, what happened at workgroup, what were recommendations, need evaluation of workgroups
  - i. Develop a website to post current activities of workgroups for easy reference by tribal leaders
  - j. Reconsider how technical experts are used on tribal advisory groups – important role but consultation needs to be with tribal elected officials
  - k. Consider overall framework for consultation
  - l. Consider continuing this group of 2 elected tribal leaders from each Area to advise Director on strategy, pressing consultation issues, consultation priorities
4. Decision – how are decisions made after consultation
- a. Old model is tribes make recommendations individually or through workgroups, then IHS Director makes decision alone
  - b. New model to develop is IHS Director and Tribal leaders make recommendations and decisions together
    - i. Need to develop consultation process that allows time for this to occur whenever possible; needs to have a timeline and process that is responsive to the need and urgency as well
    - ii. Relates to Director's priority of renewing and strengthening partnership with tribes
5. Reporting – how Tribes know what happened as a result of consultation
- a. Common complaint is that there is no follow up, accountability, unaware of outcomes of consultation, and cannot therefore assess whether meaningful consultation occurred
  - b. Strategies for reporting outcomes
    - i. Currently, HHS Annual Report details all tribal consultation activity
    - ii. Recommendations for reporting
      - 1. Written follow up
      - 2. Website with current tribal consultation activity can include report on outcomes

3. Clear timelines and outcomes for consultation activities can help track, and report actions taken as a result of consultation
4. Evaluation of tribal consultation meetings
5. Make sure reporting not too cumbersome
6. Makes sure meetings are at least voice recorded, and then develop meeting summaries that are brief and adequate summarize what occurred and main points – transcripts of all meetings are not necessary and too expensive. However, if summaries are done, tribal leaders are allowed to review and correct any errors before making document public.