

Indian Health Service Rockville MD 20852

JAN 15 2010

Dear Tribal Leader:

I am writing to report progress to date and request your input on recommendations on how to improve IHS' Tribal consultation process. On August 13, 2009, I sent a letter to all Tribes requesting input on how to improve the IHS Tribal consultation process. I also indicated that I planned to form a workgroup of two tribally elected officials from each IHS Area to review input and make recommendations. I met with this workgroup on December 8, 2009, and on January 5-6, 2010. We reviewed the input received from Tribes on this topic, reviewed the current process for Tribal consultation with IHS, and discussed recommendations on how to improve the process for each of these steps. The workgroup made detailed recommendations, and I have attached a summary of these recommendations.

I believe that these recommendations are consistent with several of my priorities as Director of the IHS, including my priority to renew and strengthen our partnership with Tribes, to reform the IHS, and to make all our work transparent, accountable, fair and inclusive.

I believe that some of the recommendations to improve the Tribal consultation process for IHS can be implemented immediately, and some may take some time. Some of the more immediate recommendations that I plan to implement immediately include the following, organized by the basic steps of consultation:

- Critical event that triggers a Tribal consultation
 - Consultation activities are defined by a critical event that requires a decision, such as new funding increases, the need for new policies or regulations, or pressing/serious issues
- Announcement of Tribal consultation activities
 - IHS will develop a process to improve communication about Tribal consultation activities, including updating contact information and improving and clarifying the content of letters to Tribes as indicated in the recommendations
 - IHS will send out both written and electronic notification of consultation activities to Tribes, and will also send copies of announcements of consultation activities to IHS Area Directors, Tribal health directors, and Tribal organizations
 - IHS will develop a Web site to announce and provide current information on all Tribal consultation activities, including information on standing workgroup activities
- Gathering input during Tribal consultation activities
 - IHS will clarify and better utilize both national and regional/Area formats for consultation activities

- IHS will work to ensure that adequate time is provided for consultation in all formats unless there is a pressing need or other urgency for quicker input
- The IHS Director will create a regular schedule of consultation meetings at major national Tribal conferences to allow for regular in person input on current consultation topics
- The IHS Director is currently planning on meeting with Tribes in all IHS Areas in the next few months and will continue these Area meetings on a regular basis
- IHS will conduct a review of all Tribal advisory and consultation workgroups to assess the original charge, current activities and will determine if workgroups need to continue or can be discontinued to focus on more pressing issues. Some workgroups will be continued because of their important recurring role in advising the IHS Director, such as the Tribal Self-Governance Advisory Committee, Direct Service Tribes Advisory Committee, Tribal Budget Formulation Committee, Contract Support Costs workgroup, etc. Some workgroups may be combined or meet less frequently. Cross agency opportunities for consultation will be explored.
- The IHS Director will continue the Tribal Consultation Workgroup formed during this process as a group of two tribally elected officials from each IHS Area to review progress on these efforts to improve Tribal consultation and to advise the Director on more general consultation issues. The group will now be called the IHS Director's Tribal Advisory Workgroup on Consultation
- Decision-making process
 - The Director will continue to develop a process for working directly with Tribes to develop recommendations and make decisions in partnership
- Reporting/Follow up of consultation activities
 - IHS will work to improve written follow up of consultation activities and outcomes
 - IHS will develop a Web site as mentioned previously to document and summarize Tribal consultation activities
 - IHS will develop a process to evaluate all Tribal consultation activities

I am requesting your input on the recommendations of the workgroup as a final step in this consultation on the IHS process for consultation. Please send any additional recommendations you have to me at the address that follows (written or e-mail) by March 15, 2010.

While I plan to use these recommendations as an ongoing guide to our decisions about how to conduct Tribal consultation on IHS-related issues, I also plan to share these recommendations with other agencies and departments as a part of the current process for our response to the November 5, 2009, Presidential Memorandum on Tribal Consultation. The IHS has had a Tribal consultation policy since 1998 and it is clear that we have extensive experience on consultation that could be shared with other agencies.

Page 3 - Tribal Leader

I plan to update Tribes regularly on how we are improving the Tribal consultation process. Thank you for your input and recommendations on how to ensure that IHS' partnership with Tribes includes meaningful and accountable consultation with Tribes. I truly believe the only way we can improve the health of our communities is to work in partnership with them. Your recommendations on how to improve the Tribal consultation process help us move forward with our partnership towards improving the health of our people and our communities.

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H. Director

Enclosures:

- 1. August 13, 2009 consultation letter
- 2. IHS Director's Tribal Advisory Workgroup on Consultation listing
- 3. Recommendations from workgroup on how to improve consultation
- 4. IHS Tribal Consultation Policy (1/2006)

Please send your input/recommendations by March 15, 2010 to:

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Or by e-mail <u>consultation@ihs.gov</u>