

STATE OF WASHINGTON

Governor's Indian Health Advisory Council October 5, 2023 1:00 PM – 3:00 PM DCYF Headquarters 1500 Jefferson Street, Conference Room 2208 Olympia, WA 98501

Join Meeting Virtually: <u>https://us02web.zoom.us/j/84799391619</u>

Agenda

*Times are approximate

1:00 PM Call to Order and Roll Call

Steve Kutz, Chair, American Indian Health Commission (AIHC) Vicki Lowe, Executive Director, American Indian Health Commission (AIHC)

1:15 PM Administrative Business

Vicki Lowe, Executive Director, AIHC

- 1) Approve minutes from October 24, 2022
- 2) Approve agenda
- 3) Approval of 2023-25 Biennial Indian Health Improvement Plan

1:30 PM Uniform Consultation Policy

Review of Consultation Policy checklist including input from Tribal and State Leaders in preparation for drafting template to be presented at the GIHAC Dec. 5th meeting. *Vicki Lowe, Executive Director, AIHC; Heather Erb, Legal and Policy Consultant AIHC*

2:00 PM Legislative Updates

Tribal Behavioral Health Legislation for 2024 State Legislative Session: Update on timeline for introducing and passing bill during 2024 Legislative Session *Vicki Lowe, Kathryn Akeah, AIHC*

2:30 PM Exchanging Data with Tribal Jurisdictions -

Discussion on draft charter for Washington State Tribal Data Sovereignty Workgroup Vicki Lowe, AIHC; Christine Winn, HCA; Candice Wilson, DOH

NOON- Adjourn- Steve Kutz, Chair AIHC



UNIFORM TRIBAL CONSULTATION POLICY CHECKLIST

Purpose: This document provides recommended items for Washington State agencies to include in their Tribal consultation policies and procedures. These recommendation items are based on the following sources of information:

- Feedback and input from Tribal representatives and urban Indian health organizations
- AIHC Tribal and Health Leaders' Summit, September 2022
- Washington Centennial Accord
- <u>RCW 43.376</u>
- Executive Order 13175
- Uniform Standards for Tribal Consultation, 87 Fed. Reg. 232, 74479 (Dec. 5, 2022)
- <u>NCAI Resolution #MOH-17-001</u>

Basic Tribal Consultation Policy Components

1.	GENERAL REQUIREMENTS	. 2
2.	PURPOSE AND APPLICABLE LAW	2
3.	REQUIRED PARTIES	3
4.	WHEN CONSULTATION MUST OCCUR	3
5.	PRE-CONSULTATION MEETINGS AND NOTIFICATION	4
6.	CONSULTATION MEETING REQUIREMENTS	5
7.	POST CONSULTATION MEETING REQUIREMENTS	. 5
8.	COLLABORATION PROCESS	. 5
9.	INTRA-AGENCY COORDINATION	6
10.	MISCELLANEOUS	6

American Indian Health Commission Uniform Tribal Consultation Policy Checklist v. 4: 10-2-23 Previous v.3: 9-5-23 Previous v.2: 8-10-23 Previous v.1: 9-27-22 Page 1 of 7

1. GENERAL REQUIREMENTS

1.	Is the consultation policy well-organized, concise, and easy to read, or does it include repetitive, unenforceable, and superfluous language? <i>From AIHC Tribal and Health Leaders' Summit, September 2022</i>
2.	Is the policy uniform/consistent with other policies?
3.	Is the consultation document a policy or a procedure? It should be a policy. From AIHC Tribal and Health Leaders' Summit, September 2022

2. PURPOSE AND APPLICABLE LAW

(1	
	1.	Clear Purpose and Goals. From AIHC Tribal and Health Leaders' Summit, September 2022
	2.	Legal References
		a. 🗆 Centennial Accord
		b. 🗆 RCW 43.376 (with quotes)
		c. 🗆 Executive Order #13175
		d.
	3.	Definition of Consultation. Tribal consultation is a two-way, Nation-to-State exchange of information and dialogue between official representatives of the State and of Tribal Nations regarding state policies that have Tribal implications. See Section 2, <u>Uniform Standards for Tribal Consultation</u> . "Consultation requires that information obtained from Tribes be given meaningful consideration." See <u>Uniform Standards for Tribal Consultation</u>
	4.	Sovereignty and Self-Governance. Statement that state agency recognizes the right of Tribes to self-govern and supports Tribal sovereignty and self-determination. See <u>Uniform Standards for Tribal Consultation</u> .
	5.	Trust Responsibility. Statement that state agency recognizes the Tribes' unique relationship with the United States and the responsibility to strengthen the government-to-government relationship. See <u>Uniform Standards for Tribal</u> <u>Consultation</u>
	6.	Regular, Meaningful, and Robust Consultation. Statement that state agency is required to engage in "regular, meaningful, and robust consultation" with Tribes in

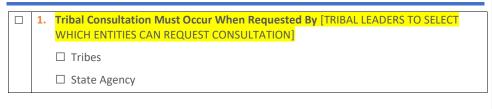
American Indian Health Commission Uniform Tribal Consultation Policy Checklist v. 4: 10-2-23 Previous v.3: 9-5-23 Previous v.2: 8-10-23 Previous v.1: 9-27-22 Page 2 of 7

		the development of state policies that have Tribal implications. See <u>Uniform</u> <u>Standards for Tribal Consultation</u>
	7.	Consensus. Statement that "agencies should strive for consensus with Tribes for a mutually desired outcome." See <u>Uniform Standards for Tribal Consultation</u>
	8.	Governments vs. Stakeholders. Statement of Tribes as governments and not stakeholders

3. REQUIRED PARTIES

r	
1.	Decision Making-Authority. Decision-making authority language such as "Each party shall be represented by individuals with decision-making authority."
	shall be represented by individuals with decision-making authority.
2.	Highest Level of State Agency Representation. Agency representation at the highest level
3.	Federally-Recognized Tribes
4.	Non-Governments as Consultation Parties [TRIBAL LEADERS TO CHOOSE OPTION A OR OPTION B FOR THE FINAL CHECKLIST]
	 a. <u>Non-governments are NOT consultation parties</u>. Urban Indian Health Organizations receive notice and have a separate Confer policy. Tribal organizations receive notice only. Urban Indian Organizations and Tribal organizations, while not parties, can be present at the consultation. [TPAC 9/27/23-Tribal representatives requested that Tribal orgs. be removed as consultation parties]; OR
	b. Non-governments ARE consultation parties equal to Tribes and can consult on a "government-to-government basis." [Some WA State Tribal consultation policies have Tribal orgs. as parties, and some do not. HHS rejected language re Tribal orgs as consultation parties from being included in their most recent consultation policy.]
5.	Consultation Party List Appendix

4. WHEN CONSULTATION MUST OCCUR



American Indian Health Commission Uniform Tribal Consultation Policy Checklist v. 4: 10-2-23 Previous v.3: 9-5-23 Previous v.2: 8-10-23 Previous v.1: 9-27-22 Page 3 of 7

Commented [A1]: IHS Proposed Language re Tribal Orgs Consulting as Gov-to-Gov. IHS is currently considering this issue in their draft consultation policy: "Intertribal Consortium and Intertribal Organization: Intertribal Consortia and Intertribal Organization: Intertribal consultations convened under this policy when authorized by those member Indian Tribes. <u>The IHS will acknowledge</u> these entities consist of Indian Tribes for consultation purposes, including consultation on a government to government basis. Participation by any Intertribal Consortium or Intertribal Organization does not abridge any member Indian Tribe's ability to also participate in consultation."

IHS BUDGET FORMULATION. On an annual basis, the **[HS** shall consult with, and solicit the participation of, Indian Tribes and Tribal organizations, regarding the development of the budget and annual performance plan for the IHS.

See Draft IHS policy:

https://www.ihs.gov/sites/newsroom/themes/responsive20 17/display_objects/documents/2023_Letters/Enclosure2_D TLL_072723.pdf

	Tribal Advisory Workgroup
	Tribal Organization
2.	Consultation Must Occur Prior to Agency Action. Statement that consultation must occur "prior to the development of policies, agreements, and program implementation that directly affect Indian Tribes." See Washington State Department of Health Consultation and Collaboration Procedure.
3.	Definition of Tribal Implications. "Policies and actions that directly affect Indian Tribes" language and supporting explanation and/or examples.
4.	How Tribal implications are identified. Tribal implications can be identified by a Tribe, a state agency, or a Tribal advisory workgroup.

5. PRE-CONSULTATION MEETINGS AND NOTIFICATION

	1.	Roundtables. When roundtables are required or recommended to be used
	2.	Consultation Notification Requirements
		a.
		b.
		c.
		d. I include the date, time, and location of the consultation
		e. □ deadlines for any written comments on the topic
		f.
		g. 🛛 request for Tribal input
		 h. □ provide notification to applicable Tribal staff as requested/designated by the Tribe [9/27 TPAC meeting]
		 i. provide notification to applicable Urban Indian Organizations and Tribal organizations
	3.	Appendix with Template Agency Request for Consultation. The request should include
		a briefing of the consultation issue and proposed agency action with relevant citations to state and federal statute and/or regulations.
	4.	Appendix with Template Tribal Request for Consultation
Ameri	can Ir	idian Health Commission Page 4 of 7

Uniform Tribal Consultation Policy Checklist v. 4: 10-2-23 Previous v.3: 9-5-23 Previous v.2: 8-10-23 Previous v.1: 9-27-22

6. CONSULTATION MEETING REQUIREMENTS

1. Consultation Venue/Forum
2. Presence of required agency leadership at the highest level
 Requirement that state leadership is prepared and knowledgeable about Tribal implications/input.
4. Tribal leadership have the right to bring their subject matter experts to consultation
5. Full explanation and identification of the issues
6. Opportunity for all parties to ask questions, provide feedback, offer criticisms, etc.
7. Opportunity for Tribes to request additional consultation if consensus is not achieved.
From 8/17 GIHAC Meeting Recommendations
8. Record taking/minutes
9. Urban Indian Organizations and Tribal organizations, while not parties, can be present at the consultation.

7. POST CONSULTATION MEETING REQUIREMENTS

1. Post Consultation Letter to Tribes within 14 days after consultation that documents:
a. D Meeting attendees;
b. 🔲 Tribal requests;
c. 🛛 Tribal input;
d. 🛛 What agency is doing in response to Tribal requests and input;
e. 🛛 Agency plan of action; and
f. 🛛 Whether consensus was achieved or whether additional consultation is
necessary to achieve consensus
From 8/17 GIHAC Meeting Recommendations
2. This Consultation Policy does not preclude the Tribal government from exercising
their sovereign authority to engage on the agency action at a higher level of
government, particularly when consensus has not been achieved through agency
consultation (i.e. Governor, federal agency level). From 8/17 GIHAC Meeting
Recommendations.

8. COLLABORATION PROCESS

1. Collaboration vs. Consultation. Separate and distinct process from consultation

American Indian Health Commission Uniform Tribal Consultation Policy Checklist v. 4: 10-2-23 Previous v.3: 9-5-23 Previous v.2: 8-10-23 Previous v.1: 9-27-22 Page 5 of 7

2. Tribal Advisory Workgroup.

a. Function(s). Assist with identifying issues that have Tribal implications.

b. Membership.

- Tribes
- □ State Agency Representatives/Staff
- Tribal Organizations. The Tribal Advisory Workgroup does not represent Tribes nor are a substitution for Tribal government-togovernment consultation. Tribal organizations' role on the Tribal advisory workgroup shall be limited to providing technical assistance only.

9. INTRA-AGENCY COORDINATION

1.	Requirements for Agency to consolidate consultation topics and/or coordinate with other agencies for joint consultations. <i>From AIHC Tribal and Health Leaders' Summit, September 2022</i>
2.	Requirement to forward consultation notice and information to Governor's Office of Indian Affairs (GOIA).

10.MISCELLANEOUS

1.	Appendix - Consultation Requirements Specific to Tribe. From AIHC Tribal and Health
	Leaders' Summit, September 2022
2.	Tribal Liaison
	a.
	b. □ Requirement to be located at highest level of organizational structure
	c. Interview panel requirements
3.	Training Requirements
	a. 🗆 Frequency.
	b.
	Tribal implications, RCW 43.376, and the Uniform Standards for Tribal
	Consultation.
	c. \Box Who conducts.
	d. 🛛 Who attends. Leadership and Staff.
4.	Requirement for Tribal Assessment (e.g. Tribal survey) of Agency's compliance with
	their consultation policy and RCW 43.376.

American Indian Health Commission Uniform Tribal Consultation Policy Checklist v. 4: 10-2-23 Previous v.3: 9-5-23 Previous v.2: 8-10-23 Previous v.1: 9-27-22 Page 6 of 7

5.	Appendix of "Tribal Consultation Best Practices" such as how an agency formally
	opens up the consultation meeting. From AIHC Tribal and Health Leaders' Summit,
	September 2022
6.	Sovereignty and Disclaimer
7.	Review, Approval, and Effective Date

American Indian Health Commission Uniform Tribal Consultation Policy Checklist v. 4: 10-2-23 Previous v.3: 9-5-23 Previous v.2: 8-10-23 Previous v.1: 9-27-22

Page 7 of 7

TRIBAL DATA SOVEREIGNTY SUBCOMMITTEE OF THE GOVERNOR'S INDIAN HEALTH ADVISORY COUNCIL

CHARTER

1.1. Purpose

The Tribal Data Sovereignty Subcommittee (TDSS) provides a venue to address Tribal data sovereignty issues including:

- 1.1.1 Protecting Tribes' data including how their data is used or shared outside their Tribes;
- 1.1.2 Ensuring all Tribal jurisdictions in Washington State have equitable access to public health data to protect the health and safety of their citizens.

The TDSS shall not serve as a substitute for the state agency requirement to conduct Tribal consultation pursuant to RCW 43.376. The TDSS will make recommendations to the Governor's Indian Health Advisory Council.

1.2. Definitions

- 1.2.1. **Tribal Data** means public or private data or information on or about a Tribe or its people subject to Tribal rights of ownership and control. This includes, but is not limited to, Tribe of membership, Tribe of affiliation, events and conditions within the Tribe's jurisdiction and lands, information about Tribal members and any persons living within the Tribe's jurisdiction, Tribal census tract, Tribal land, and identification of Tribal facilities, entities, and enterprises.
- 1.2.2. **Tribal Data Sovereignty** means the legal authority of a Tribe to govern the collection, ownership, application, and interpretation of its own data or information even if it is collected by federal, state, or local governments.

1.3. Membership

The TDSS is comprised of the following members:

- 1.3.1 **Tribes:** One individual from each of the twenty-nine (29) Tribes in Washington State, designated by the Tribal legislative body, who is either the Tribe's American Indian Health Commission for Washington State (Commission) delegate or an individual specifically designated by the Tribe for this role, or their designee. If a Tribe does not specifically designate an individual to the TDSS, the Tribe's AIHC delegate will be the Tribe's TDSS member by default.
- 1.3.2 **Native Project:** The chief executive officer of the Native Project or their designee
- 1.3.3 **Seattle Indian Health Board:** The chief executive officer of the Native Project or their designee
- 1.3.4 **Representatives from Each of the State Agencies Who Are A Party to the Governor's Indian Health Advisory Council:** One member of the executive leadership team or their designee from the Department of Health, Department of Children, Youth and Families, Health Care Authority, Department of Social and Health Services, Office of the Insurance Commissioner, Department of Corrections, and the Washington Health Benefits Exchange.

1.4. Collaboration

Where feasible, the subcommittee may invite and consult/collaborate with:

- 1.4.1 Staff of Tribal organizations with specific expertise including, but not limited to, Tribal sovereignty, jurisdiction, cultural practices, and data.
- 1.4.2 Staff of State Agencies having expertise in the topics of data policy and access to data within state agency systems.

1.5. TDSS Functions

The primary functions of the TDSS will be to make recommendations to the Governor's Indian Health Council and provide technical assistance regarding the following:

- 1.5.1 protecting Tribal data sovereignty including, but not limited to, the State's use of AI/AN population data/information or Tribal data/information;
- 1.5.2 ensuring equitable access to public health data/information needed to exercise jurisdictional public health authority;
- 1.5.3 developing state agency policies and systems for coordinating the sharing and usage of public health and health data/information between State Agencies and Tribes and Tribal Epidemiology Centers;
- 1.5.4 developing a framework for publishing data/information on AI/AN in Washington State;
- 1.5.5 providing to any individual Tribe or Tribes, upon their request, technical assistance on proposals to use data/information that is specific to their individual Tribe or Tribes;
- 1.5.6 providing subject matter expertise on collection, management, reporting, sharing and interpreting Tribal and AI/AN data/information;
- 1.5.7 identifying data that should not be collected and/or included in datasets of state agencies party to GIHAC; and
- 1.5.8 providing suggested edits and recommendations regarding protection of Tribal and AI/AN data/information for template data sharing agreements between the DOH and local health jurisdictions and between DOH and Tribal jurisdictions.

1.6. TDSS Operations

- 1.6.1 The TDSS will be facilitated by the American Indian Health Commission for Washington State.
- 1.6.2 The TDSS will determine whether meetings will occur on a regular schedule or ad hoc, depending on the volume of work.
- 1.6.3 State agencies party to GIHAC will be invited to participate in TDSS meetings; however, the TDSS may schedule meetings to include only Tribes and other assignees, as needed.

1.7. Amendment

This charter may be amended through Tribal consultation.