

# UTAH DEPARTMENT OF HEALTH FEDERALLY RECOGNIZED TRIBES OF UTAH CONSULTATION POLICY

## I. Purpose

This Consultation Agreement dated November 2, 2006 is executed between the federally recognized Indian tribes of Utah and Urban Indian Health Organization (UIHO) of Utah signatory to this Agreement and the State of Utah, through the Governor and the Department of Health, through its Executive Director, in order to better achieve mutual goals through improved consultation process between their sovereign governments. This Agreement provides a framework for that government-to-government relationship and implementation procedures to assure execution of that process.

Each party to this Agreement shall respect the sovereignty of the other. The respective sovereignty of the state and of each federally recognized Indian tribe provide paramount authority for that party to exist and to govern. The parties share in their relationship particular respect for the values and culture represented by tribal governments. Further, the parties share a desire for a comprehensive, collaborative relationship between the State of Utah and the federally recognized Indian tribes in Utah reflecting a full government-to-government relationship and will work with all elements of state, tribal governments and UIHO to achieve such a relationship.

## II. Definitions

For purposes of this Agreement the following terms shall apply:

**Consultation:** An enhanced form of communication that emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension. Consultation is integral to a deliberative process that results in an effective collaboration and informed decision making.

**Representative:** An individual with the expressed authority to speak on behalf of the Executive of that government.

**Policy:** A statement governing the rationale and implementation of department or program activities.

**Formal communication:** A written letter or document to inform or request input on a given topic. Replies are expected.

**Informal communication:** Includes a variety of communication methods to exchange ideas, establish logistics or matters of organizational processes. Replies are not always necessary.

**Utah Indian Health Advisory Board:** An Advisory Board to the Department of Health consisting of tribal representatives with expressed authority from their governments to maintain an open dialog with the Department of Health representatives on issues related to health. Elected tribal leaders are always welcome and able to speak on behalf of their tribe. The UIHO also participates on the Advisory Board with authority from its Board of Directors.

**Indian Health Liaison:** A designated person from the Department who serves as the primary point of contact in health issues relating to American Indians/Alaska Natives living in Utah.

III. Parties

Governor of Utah

The Chief Executive for the state of Utah recognizing the government – to - government relationship.

Indian Walk-In Center

The Urban Indian Health Organization (UIHO), provides health referral, diabetes education and mental health services for those American Indians /Alaska Natives living along Utah's Wasatch Front.

Tribal

There are eight federally recognized Indian tribes in the state of Utah: Confederated Tribes of Goshute Indians, Navajo, Northern Ute Tribe, Northwestern Band of Shoshone, Paiute Indian Tribe of Utah, San Juan Southern Paiute, Skull Valley Band of Goshute, and White Mesa Band of the Ute Mountain Ute. Each sovereign tribe has an independent relationship with each other and the state.

Utah Department of Health

The Utah Department of Health (UDOH) is the central state point of contact for all Public Health issues in Utah.

IV. Objectives

This Agreement provides the framework for that relationship between the State of Utah, Department of Health, the signatory tribes, and the UIHO.

This Agreement illustrates the commitment by the parties for implementation of the government-to-government relationship. This relationship respects the sovereign status of the parties, enhances and improves communication between them, and facilitates the exchange of ideas regarding health policy and the resolution of issues of concern.

This Agreement is intended to build confidence and establish trust among the parties in the government-to-government relationship outlining the process for implementing the policy. Not only is this process intended to implement the relationship, but also it is intended to institutionalize it within the organizations represented by the parties.

This Agreement also commits the parties to the initial tasks that will translate the government-to-government relationship into more efficient, improved and beneficial services to Indian and non-Indian people. This Agreement encourages and provides the foundation and framework for specific agreements among the parties outlining specific tasks to address or resolve specific issues.

The parties recognize that implementation of this Agreement will require comprehensive educational efforts to promote understanding of the government-to-government relationship within their own governmental organizations and with the public.

V. Implementation Process and Responsibilities

While this Agreement addresses the consultation process, its ultimate purpose is to improve the services delivered to people by the parties.

All health related issues that might become a consultation item will first be presented to the Utah Indian Health Advisory Board for their input on the need for consultation. Representatives of each government will have responsibility to determine whether an issue rises to the level of need for consultation. Once that need is determined, it will be conveyed by letter from the tribal representative(s), leader(s) or president(s) to either the Department of Health Executive Director or to the Indian Health Liaison.

When possible, notification of policy initiation, renewal or change, including Federal waivers, will be presented to the UIHAB and a formal letter of intent sent to each tribal chairperson or president no less than 90 days prior to submission to Centers for Medicare and Medicaid Services or other regulatory body. When operating under a legislative mandate or similar constraint not allowing for 90 days, Indian tribes and UIHO will be notified as soon as possible. The Department will initiate consultation following the notification from a tribe(s) or UIHO that one is requested.

The consultation process will include but is not limited to:

- An initial meeting to present the intent and broad scope of the policy to the Utah Indian Health Advisory Board;
- Discussions at the Utah Indian Health Advisory Board meeting to more fully understand the specifics and impact of the proposed policy initiation or change;
- Open meeting for all interested parties to receive information or provide comment;
- A presentation by tribal representatives of their concerns and potential impact of the proposed policy;
- Continued meetings until concerns over intended policy have been fully discussed;
- A written response from the Department of Health to tribal leaders as to the action on or outcome of tribal concerns.

If imposed deadlines limit the opportunity for modifications proposed by a tribe(s) or UIHO and agreed upon by the Department, the Department agrees to submit an amendment when an agreement has been reached. Consensus on all issues is not required before the implementation of a policy.

The Department of Health, the signatory tribes and UIHO agree to assure consistency in the tribal representation and urban representation in the attendance of meetings. It is only through such consistency that understanding of the issues and trust can be established which are paramount to the success of any consultation process. The parties recognize that a key principle of their relationship is a requirement that individuals working to resolve issues of mutual concern are accountable to act in a manner consistent with this Agreement.

The parties recognize that their relationship will successfully address issues of mutual concern when communication is clear, direct and between persons responsible for addressing the concern. The parties recognize that in state government, accountability is best achieved when this responsibility rests solely within the state agency at the Executive Director level who reports to the Governor.

All parties recognize that a system of accountability within its organization is critical to successful implementation of the relationship. The Department of Health, under the organization of state government, has the authority and responsibility to deal with the particular health issue of concern to the tribe(s) and UIHO. Therefore, all parties will direct their staff to communicate within the spirit of this Agreement.

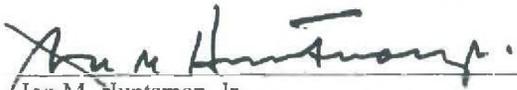
In order to accomplish these objectives and mutual understanding, the parties must ensure that their current organization, decision-making process, other procedures for implementing the government-to-government relationship and relevant personnel are known to all parties. Finally, each party will establish a documented system of accountability.

As a component of the system of accountability within state and tribal governments, all parties will review and evaluate every two years, or as necessary, the implementation of the consultation process. A report will be issued 90 days after the consultation process review summarizing this evaluation and will include joint strategies and specific agreements to overcome obstacles and achieve specific goals.

VI. Sovereignty and Disclaimers

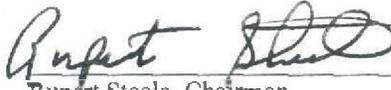
Each of the parties respects the sovereignty of each other. In executing this Agreement, no party waives any rights, including treaty rights, immunities, including sovereign immunities, or jurisdiction. Nor does this Agreement diminish any rights or protections afforded other Indian persons or entities under state or federal law. Through this Agreement parties strengthen their collective ability to successfully resolve issues of mutual concern.

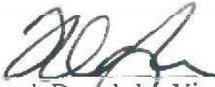
While the relationship described by this Agreement provides increased ability to solve problems, it likely will not result in a resolution of all issues. This Agreement will not preclude any tribe or UIHO to operate independently outside of this Agreement, to address issues directly to the Governor or the Department's Executive Director.

  
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Jon M. Huntsman, Jr.  
Governor of Utah

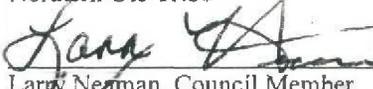
  
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David N. Sundwall, MD, Executive Director  
Utah Department of Health

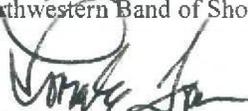
Date 11/02/06

  
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Rupert Steele, Chairman  
Confederated Tribes of Goshute Indians

  
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Frank Dayish Jr., Vice President  
Navajo Nation

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Maxine Natchees, Chairwoman  
Northern Ute Tribe

  
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Larry Newman, Council Member  
Northwestern Band of Shoshone

  
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Lora E. Tom, Chairwoman  
Paiute Indian Tribe of Utah

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Evelyn James, President  
San Juan Southern Paiute

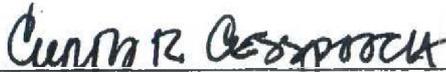
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Leon Bear, Chairman  
Skull Valley Band of Goshute Indians

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Elayne Atcity, Council Member  
White Mesa Ute Mountain Ute Tribe

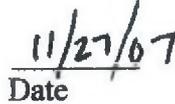
  
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Dory Peters, Board of Directors Chairperson  
Indian Walk-In Center

ADDENDUM  
UTAH DEPARTEMENT OF HEALTH  
FEDERALLY RECOGNIZED TRIBES OF UTAH  
CONSULTATION POLICY

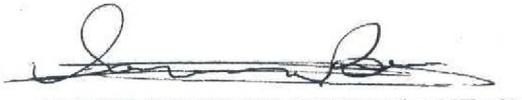
This is addendum to the "Utah Department of Health Federally Recognized Tribes of Utah Consultation Policy" which was executed on or about November 2, 2006, adds the undersigned individuals, and their respective Tribes, to the original Consultation Policy. The undersigned, on behalf of the respective federally recognized tribes wish to formally enter into this agreement as fully participating members in the consultation process outlined in the agreement with full rights and responsibilities as set forth therein.



Curtis R. Cesspoch, Chairman  
Ute Indian Tribe



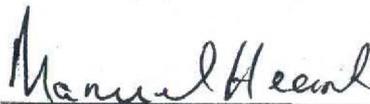
Date



Larwence Bear, Chairman  
Skull Valley Band of Goshute Indians



Date



Manuel Heart, Chairman  
Ute Mountain Ute Tribe



Date