MDH Tribal Consultation Policy and Roles and Responsibilities

Chapter 1: Agency Management

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Responsible Manager:	Director of American Indian Health and Tribal Relations/Tribal Liaison (Tribal Relations Director)
Reviewed by:	Policy, Procedure, and Standard Review Committee
Approval:	Chief Operating Officer

Policy Statement

The Minnesota Department of Health (MDH) recognizes that the unique legal and political relationship between the State of Minnesota and federally recognized Indian Tribes, including the Tribal Nations that share geography with Minnesota. As the U.S. Constitution recognizes, Tribes are sovereign nations and have a right to exercise their inherent sovereign powers through self-governance and self-determination. MDH recognizes the government-to-government relationship that exists between the State of Minnesota and the Tribal Nations that share geography with the State.

This recognition is consistent with and required by Minnesota Statutes § 10.65, which affirms the Tribal Nations' "absolute right to existence, self-governance, and self-determination." Minn. Stat. § 10.65 Subd. 1(a). In contrast to Tribal sovereignty, state law mandates state agencies to timely and meaningfully consult with Tribal governments on matters of mutual interest with the goal of achieving mutually beneficial solutions. *See* Minn. Stat. § 10.65 subd. 1(d) and 3(a)-(f).

Tribal consultation aids in building, developing, and maintaining respectful relationships and effective collaboration between governments. Through coordination, the State and Tribal governments can co-create policies, programs, and initiatives, and align their activities to support culturally appropriate approaches to public health issues impacting Tribal communities. This approach fosters Tribal-State partnerships rooted in mutual respect and recognizes the power, experience, and cultural expertise of Tribal governments, resulting in improved program performance, positive health outcomes for Tribal communities and surrounding areas, and stronger relationships between Tribal Nations and MDH.

Purpose and Scope

The purpose of this policy is to support MDH's responsibility to implement Minn. Stat. § 10.65 and ensure the agency engages in a meaningful consultation process that is ongoing and reciprocal with the 11 Tribal Nations across Minnesota. This policy also supports the role of the Office of American Indian Health and Tribal Relations in coordinating communication to and engagement with Tribal Nations about MDH activities that have or are likely to have Tribal implications and/or are likely to impact the agency's relationships with Tribes and American Indian health leaders in a meaningful way. This policy applies to all MDH programs and divisions and shall guide timely and meaningful consultation between MDH and Tribal Nations. In accordance with Minn. Stat. § 10.65 subd. 3(d), MDH will invite each of the 11 Tribal Nations that share geography with the State to participate in an annual consultation and will engage in additional consultations with the respective Tribal Nations on all matters with Tribal implications and as desired by the Tribal Nations.

As identified in Minn. Stat. § 10.65, subd. 2(4), the 11 federally recognized Tribal Nations that share geography with Minnesota are:

- Bois Forte Band of Chippewa
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Mille Lacs Band of Ojibwe
- Prairie Island Indian Community
- Red Lake Nation
- Shakopee Mdewakanton Sioux Community
- Upper Sioux Community
- White Earth Nation

This policy requires MDH to engage Tribal governments in formal consultation on all matters that have Tribal implications. Under Minn. Stat. § 10.65 subd. 2(3), "matters that have Tribal implications" include legislative proposals, fiscal matters and proposals, rules, policy statements, and/or other actions that substantially and directly affect one or more Tribal governments or that affect the distribution of power and responsibilities between the State and Tribal Nations. Examples are provided below. If a matter has implications for some Tribal governments but not others, it is MDH's duty to consult with the Tribal governments that are specifically affected.

Consultation

Consultation, as defined by Minn. Stat. § 10.65 subd. 2(2) involves the direct and interactive engagement of Tribal governments in the development of policies and other decisions on matters that affect them to the degree that they have Tribal implications, as explained above. It is a proactive, formal, and reciprocal process to identify and seek timely, meaningful input from Tribal governments that considers their interests as a necessary and integral part of MDH's decision-making processes and supports co-creation of policies, programs, and initiatives. Consultations may be initiated by MDH or a Tribal Nation.

An essential aspect of consultation is that it is a formal engagement between agency executive leadership and Tribal government leadership. Formal meetings and communication are key elements.

MDH is required to demonstrate and document that it has made good faith efforts to gather, incorporate, and respond to feedback from Tribal governments on MDH actions and decisions that impact them. Many MDH programs work with Tribal Nation staff on projects on a daily basis. This work depends on developing and maintaining good working relationships with Tribal public health staff and leaders. These regular communications are crucial, and consultation is not a replacement for them. At the same time, these regular communications are not the same as consultation. If MDH staff believe that a meeting, decision, or initiative involves a matter that is likely to have Tribal implications, the Director of the MDH Office of American Indian Health and Tribal Relations and the Tribal Liaison (also known as the Tribal Relations Director at MDH) should be contacted to help assess whether a consultation should be initiated.

It is MDH policy to engage Tribal governments in formal consultation on all matters that have Tribal implications. Under Minn. Stat. § 10.65 subd. 3(d), MDH will invite each of the 11 Tribal Nations that share geography with the State to participate in an annual consultation and will engage in additional consultations with the respective Tribal Nations on specific topics as needed arises and as desired by the Tribal Nations. If the Liaison/Tribal Relations Director and Tribal representatives conclude that a formal consultation is not necessary on a matter, then formal consultation is not required. MDH must retain formal written documentation of that decision. Minn. Stat. § 10.65 subd. 3(g).

Consultation is essential for building and maintaining strong and respectful relationships, which in turn are the basis of effective collaboration between governments. As reflected in statute, respect and an understanding of Tribal sovereignty are at the forefront of consultation. If Tribal Nations are not consulted, there is a risk that Tribal input will not be reflected in how public health programs and services are administered in these communities. As a result, opportunities to improve American Indian health in Minnesota and to improve the effectiveness of the State‘s public health system more broadly will be missed.

Timely and Meaningful Consultation

Minnesota law requires that consultation be timely and meaningful. Minn. Stat. § 10.65 subd. 1(d). "Timely and meaningful” consultation "occurs at a favorable or useful time to ensure that the result of consultation can be included in the agency’s decision-making process.” Minn. Stat. § 10.65 subd. 2(5). To support compliance with these statutory requirements, consultation should occur at the earliest possible stage, before the development of a program, initiative, or policy, to ensure that the consultation result is included in the decision-making process and outcome. This means that staff should be proactive in assessing ideas for potential Tribal implications and reach out to the Office of American Indian Health and Tribal Relations early on to help identify possible issues and assess whether consultation or another kind of engagement with Tribal partners would be necessary or helpful.

It is also important to recognize that consultation should be viewed as an ongoing series of efforts. Minn. Stat. § 10.65 subd. 3(f). Consultation is not a one-sided site visit or merely a meeting. Tribal consultation is most effective when it is seen and understood as a process for continuous input and discussion. Programs requesting Tribal consultation should recognize that meaningful consultation is based on open communication and coordination that acknowledges and considers the views of all participants and seeks agreement on how to provide mutually supportive continuing assistance. The process of consultation and relationship building can be as essential as the outcome.

MDH will initiate or implement a consultation at least once per year with each Tribal Nation, and in all of the following situations:

- When developing legislative and/or fiscal proposals that affect one or more Tribal governments or their members, to identify priority issues.
- MDH is considering development of a rule or taking an action that has Tribal implications.
- One or more Tribal government(s) have requested consultation with MDH.

See Minn. Stat. § 10.65 subds. 3 (d) and (e). Examples of matters that could have Tribal implications include, but are not limited to:

- Agency-wide Initiatives: When developing and implementing initiatives designed to inform or shape how the agency works with Tribal Nations and American Indian communities.
- Grant and Program Administration: When making decisions about the amount or duration of MDH program funding or delivery of services for one or more Tribal governments or their members.
- Internal MDH Policies and Standards: When making decisions about MDH's policies, standards, and procedures that could or will have Tribal implications because they affect how MDH deals with Tribal Nation partners and communities.
- Public Health Initiatives: Ensuring culturally tailored health programs that address the unique health disparities faced by Tribal communities.
- Disease Prevention: Collaborating with Tribal health departments to develop and implement disease prevention strategies that are culturally relevant.
- Health Education: Providing health education materials and resources in a manner that respects and incorporates Tribal languages and traditions.
- Emergency Response: Coordinating with Tribal governments to develop emergency preparedness plans that consider the specific needs of Tribal communities.
- Mental Health Services: Enhancing access to mental health services that are sensitive to the cultural and historical experiences of Tribal members.
- Data Collection and Sharing: Establishing protocols for the respectful and confidential sharing of health data between MDH and Tribal health authorities. Decisions about data collection, sharing, and control over data must, to the extent possible within applicable state and federal laws, consider Tribal data sovereignty concerns in practice.
- Environmental Health: Partnering with Tribes to address environmental health concerns, such as clean water and air quality, that directly affect Tribal lands and communities.

Biennial Policy Review

This policy is a living document and will be reviewed and renewed every two years in collaboration with the 11 Tribal Nations according to Minn. Stat. § 10.65 subd. 3(b). The review process should include consideration of consultation effectiveness, relationship quality, responsiveness, equity outcomes, and opportunities for continuous improvement identified by Tribal Nations. Updated language and policy will be shared with the Tribal State Relations Office in the Governor's Office, or equivalent office in Minnesota Management and Budget.

Consultation Process

Ideally, consultation should occur early and often to allow Tribes the opportunity to provide meaningful input to MDH's decision-making process. As noted above, consultation is not a substitute for collaboration and appropriately engaging with Tribal governments on a day-to-day basis when required, and vice versa. Also, consultation is not a substitute for community engagement; even in

cases where consultation is not required, some kind of engagement with Tribal Nation partners may be necessary or helpful, and OAIHTR can help with assessing what is needed or helpful. The consultation process will vary depending on the specific facts and circumstances of the situation but the basic steps are:

- identifying the activities or issues with a Tribal implication;
- notifying the Tribe(s) about these items;
- making a formal request for a consultation;
- seeking input from the Tribe(s); and
- following-up with the Tribe(s) with a report about what was discussed during the consultation, and the outcome.

Consultation generally takes one of two forms: annual and ad hoc or topic-based consultations.

Annual Consultation

MDH is responsible for initiating a consultation request with each of the 11 Tribal Nations that share geography with the State of Minnesota at least once per year. Each Tribal Nation has discretion to choose whether to participate. If they choose to participate, MDH will coordinate the meetings in partnership with each Tribe using the process described below. MDH will request in-person consultation meetings to be held at each respective Tribal Nation or community, unless determined otherwise by the Tribe. Virtual consultations may be requested by the Tribe to accommodate travel, logistical, or other challenges. If a Tribe requests a consultation on a specific topic, this may also present an opportunity for an annual consultation if one has not already been held. An annual consultation should include appropriate MDH leadership, such as the MDH Commissioner and/or Deputy Commissioner.

Ad Hoc or Topic-Based Consultation

An ad hoc or topic-based consultation may be requested by MDH or a Tribal Nation(s). Requests for consultation may be initiated by either party at any time through a verbal or written request. MDH will coordinate the meetings in partnership with the Tribe using the process described below. These meetings can be virtual or in-person, at the Tribe's discretion. Ad hoc or topic-based consultations are likely to be limited to one topic area. Issues from an ad hoc or topic-based consultation might require additional discussion at an annual consultation if they touch on broader or deeper issues relevant to an annual consultation. For ad-hoc/topic-based consultation meetings, MDH representatives are expected to be at an equivalent level to the representatives from the Tribal government. The Tribal Liaison/Tribal Relations Director can provide guidance on this issue if needed.

Procedures for annual consultation requests from MDH to any of the 11 Tribal Nations

- Annual consultation meetings should be face-to-face and held at each respective Tribal Nation unless the Tribal government requests a virtual format.
- The MDH Tribal Liaison/Tribal Relations Director will proactively coordinate the scheduling and planning for the consultation, including reaching out to each Tribal government to identify an appropriate date and time to hold the consultation and confirming details such as the topics, attendees, and the agenda. Ideally, these details will be confirmed with the Tribe at least seven (7) business days before the consultation.

- During the consultation, MDH staff will accurately record a summary of the ideas exchanged and any actual or possible outcomes.
- MDH will provide a draft consultation report for the Tribal government to review and comment on. Ideally, this should occur within thirty (30) business days after the consultation meeting. The goal of the report is to accurately record what occurred during the meeting. The report will likely include information such as:
    - *Tribal Narrative*: The topics and issues the Tribal Nation raised to MDH.
    - *MDH Narrative*: The topics and issues MDH raised with the Tribe.
    - *Action Items and Considerations*: Detailed, comprehensive responses to topics and issues raised by the Tribe and how their input has been taken into consideration.
- MDH will allow an appropriate amount of time (ideally, at least thirty (30) business days) for Tribal governments to comment, request an amendment, or provide additional information to MDH.
- MDH will consider all feedback and additional information from the Tribal Nation(s) and include or address it in the final consultation report. The final consultation report should contain complete and accurate responses from impacted MDH divisions that have been verified by appropriate leaders of those divisions.
- The MDH Tribal Liaison/Tribal Relations Director will coordinate the distribution and circulation of all drafts of the consultation report.
- After considering and addressing all input, MDH will provide a final consultation report to the elected leader(s) of the Tribal Nation(s). The report should be signed by the Commissioner.
- MDH will retain a copy of the final consultation report and any notes from the meeting per the MDH records retention schedule.

Procedures for topic-based consultation requests from a Tribal Nation to MDH:

- MDH program staff who receive a consultation request should acknowledge the request to the requestor by thanking them for the request and informing them that the request has been forwarded for action to their supervisor and to the Tribal Liaison/Tribal Relations Director. The request should be acknowledged and forwarded to the supervisor and Tribal Liaison/Tribal Relations Director within five (5) business days. The MDH Tribal Liaison/Tribal Relations Director will coordinate the consultation.
- MDH's Tribal Liaison/Tribal Relations Director will formally acknowledge receipt of the consultation request with the original requester and other appropriate parties and begin arranging the consultation. Ideally, the consultation will be scheduled to take place within twenty-one (21) business days after acknowledgement is sent by the Tribal Liaison/Tribal Relations Director.
- The MDH Tribal Liaison/Tribal Relations Director will develop and maintain a communication protocol for the consultation process in partnership with the Tribal government. The consultation coordination may occur via face-to-face meetings, teleconferences, letter or email, or using other technological formats. The MDH Tribal Liaison/Tribal Relations Director will develop and send written communication to the Tribal government confirming the agreed-upon topics, agenda, and all logistical details of the consultation process at least seven (7) business days prior to the consultation meeting.

- During the consultation, MDH staff will accurately record a summary of the ideas exchanged during the consultation meeting, including any actual or possible outcomes.
- MDH will provide the draft consultation report for the Tribal government to review and comment on, ideally, within thirty (30) business days of the consultation meeting. This draft report will describe the consultation and will include:
    - *MDH Narrative: Included only if additional topics are addressed at the consultation*
    - *Tribal Narrative*: The topics and issues the Tribal Nation raised to MDH.
    - *Action Items and Considerations*: Detailed, comprehensive responses to topics and issues raised by the Tribe and how their input has been taken into consideration.
- MDH should allow an appropriate amount of time for the Tribal government to review and comment on the draft report. Ideally, MDH will allow at least thirty (30) business days for comment, request amendment, or provide additional information to MDH.
- MDH should consider all feedback and additional information from the Tribe and include it and address it in the final consultation report. The final consultation report should contain complete and accurate responses from impacted MDH divisions that have been verified by appropriate leadership within the divisions.
- The MDH Tribal Liaison/Tribal Relations Director will coordinate the distribution and circulation of all drafts of the consultation report.
- After considering all input, MDH will provide a final consultation report to the Tribal Nation(s). The report should be signed by an individual with appropriate agency leadership.
- MDH will retain a copy of the final consultation report and any notes from the meeting per the MDH records retention schedule.

Procedures for topic-based consultation requests from MDH to a Tribal Nation

- Consultation is a formal process and is not a substitute for collaboration and daily work by MDH divisions. However, if a matter has a Tribal implication that cannot be solved on a staff-to-staff level, then program staff should reach out to their supervisor, who should contact the Tribal Liaison/Tribal Relations Director to help determine whether consultation is appropriate.
- The consultation request to the Tribal Liaison/Tribal Relations Director should identify the following information:
    - The subject issue(s) for attention.
    - Any applicable program(s), policy, rule, regulation, and/or statute.
    - The impact or potential impact on Tribal Nation(s) or on American Indian/Alaska Native communities.
    - The affected and potentially affected Tribal Nation(s).
- The Tribal Liaison/Tribal Relations Director will work with the relevant MDH staff and Tribal representatives to assess the need and scope of the potential consultation. If it is determined that a consultation is appropriate and necessary, the Liaison/Tribal Relations Director will send a formal request for consultation to the Tribal Nation.
- Ideally, the MDH Tribal Liaison/Tribal Relations Director will schedule the consultation to take place within twenty-one (21) business days after the Tribal Nation(s) are notified of the consultation.

- The MDH Tribal Liaison/Tribal Relations Director, in consultation with the Tribal government and MDH staff, will develop and confirm agreed-upon topics, the agenda, and all logistical details of the consultation. Ideally, this should occur at least seven (7) business days prior to the consultation meeting.
- The MDH Tribal Liaison/Tribal Relations Director and MDH leadership at the equivalent level to the Tribal representatives will participate in the consultation.
    - For example, if Tribal elected leaders plan to be present at any meetings, the MDH Commissioner, Deputy Commissioner, or Assistant Commissioner(s) must also attend.
    - For example, if Tribal Health Directors are participating, MDH Division and/or Assistant Division Directors should participate.
- MDH staff will accurately record a summary of the ideas exchanged during the consultation meeting, including any actual or possible outcomes.
- MDH will provide a draft consultation report to the Tribal government for review and comment. Ideally, this will occur within thirty (30) business days of the consultation meeting. This draft report should include the following information:
    - *MDH Narrative*: The topics and issues MDH raised with the Tribal Nation.
    - *Tribal Narrative*: The topics and issues the Tribal Nation raised to MDH.
    - *Action Items and Considerations*: Detailed, comprehensive responses to topics and issues raised by the Tribe.
- MDH should allow an appropriate time period for the Tribal government to comment, request an amendment, or provide information to MDH, which ideally would be at least thirty (30) business days.
- MDH should consider all feedback and additional information from the Tribe and include it and address it in the final consultation report. The final consultation report should contain complete and accurate responses from impacted MDH divisions and have been verified by appropriate leadership within the divisions.
- The MDH Tribal Liaison/Tribal Relations Director will coordinate the distribution and circulation of all drafts of the consultation report.
- After considering all input, MDH will provide a final consultation report to the Tribal Nation(s), signed by appropriate agency leadership, such as the Assistant Commissioner of the relevant bureau.
- MDH will retain a copy of the final consultation report and any notes from the meeting per the MDH records retention schedule.

Roles and Responsibilities

Principal Points of Contact:

MDH:

- The Commissioner, or other designated executive office leadership at the agency.
- Director of the Office of American Indian Health and Tribal Relations
- Tribal Liaison/Tribal Relations Director
- Division Directors and program staff (as applicable)

Tribal Nation(s):

- Tribal President, Tribal Chair, Chief Executive Officer, an elected or appointed Tribal Leader, or their authorized representative.

MDH Responsibilities:

Commissioner

- Designates the MDH Tribal Liaison/Tribal Relations Director
- Attends Tribal-State Relations Training once every four years
- Participates in each annual consultation
- Depending on the Tribally requested or MDH-initiated consultation item(s), they may designate an Executive Office Agency Official to represent MDH at the consultation

Executive Office Agency Officials

- Deputy Commissioner, Assistant Commissioners, Senior Leadership, and/or other designated officials
- Executive Office Agency Officials will:
    - Give presentations and field questions
    - Attend and participate as needed on consultation requests
    - Attend Tribal-State Relations Training once every four years

Director of the Office of American Indian Health and Tribal Relations:

- Assist MDH Division Directors and MDH Tribal Liaison/Tribal Relations Director in determining which items may need to be advanced for consultation.
- In partnership with the MDH Tribal Liaison/Tribal Relations Director, share priority consultation issues identified during the process with MDH Leadership teams and other appropriate staff.
- Attend Tribal-State Relations Training once every four years
- Coordinate and attend the Tribal Health Directors' meetings to build relationships and ensure priority needs are understood and addressed.

MDH Tribal Liaison/Tribal Relations Director:

- Assure all program areas within MDH are aware of and incorporate the MDH Tribal Consultation Policy into their work.
- Provide for the annual consultation with the 11 federally recognized Tribal governments across Minnesota to identify consultation issues for the coming year.
- Share priority consultation issues identified during the process with MDH Leadership teams and other appropriate staff.
- Receive consultation requests from the Tribal governments and send MDH consultation requests to the Tribes.
- Coordinate timely implementation of the consultation process.
- Assist MDH Division Directors in determining which matters may need to be advanced for consultation.
- Support executive office agency officials and Tribal governments in establishing and maintaining effective working partnerships with each other.
- Initiate a review of the MDH Tribal Consultation Policy no less than every two years.

- Maintain agency record of MDH consultation activities. Final consultation reports will be maintained in accordance with MDH's records retention policy.
- Maintain communication protocols for each Tribal government across Minnesota, including updated points of contact.
- Attend Tribal Health Directors' Meetings with the Director of the Office of American Indian Health and Tribal Relations to ensure priority needs are understood and addressed.
- Retain records of consultation requests, notes, and final reports in accordance with MDH's records retention schedule.
- Provide training on the MDH Consultation Policy that is available to all MDH staff annually and/or as requested.
- Attend Tribal-State relations training every four years
- Participate in panels at Tribal-State Relations Training throughout the year and follow up with MDH staff to address any agency-specific issues.

Division Directors

- Attend available training, including Tribal-State Relations Training, to improve understanding of the history, culture, and organizational design of each Tribal Nation.
- Review communications about work with or involving Tribal Nations within the division and preliminarily determine which matters may need to be advanced for consultation.
- Use the consultation procedure set forth by the MDH Tribal Liaison/Tribal Relations Director.
- Participate in ad hoc and/or topic-based consultations as needed.
- If requested, attend Tribal Health Directors' Meetings with the Director of the Office of American Indian Health and Tribal Relations when division programs are on the agenda.

Program Staff who work directly with Tribal Governments:

- Follow the MDH Tribal Consultation Policy, including assuring that any consultants or contractors are aware of this policy.
- Secure meaningful Tribal input for program activities, keeping the Tribal Liaison/Tribal Relations Director and Director of the Office of American Indian Health and Tribal Relations informed and consulted when input is gathered.
- Identify any action within the program area that is likely to have Tribal implications and thus raise the need for consultation.
- Inform the Division Director, the MDH Tribal Liaison/Tribal Relations Director, and the Director of the Office of American Indian Health and Tribal Relations of the potential need for an ad hoc and/or topic-based consultation with one or more of the Tribal governments, or of a request for consultation from a Tribal Nation.
- Preserve communications with Tribal governments and their staff, including email and other written correspondence, in accordance with MDH's records retention policy, including any updates made to that policy. Program staff shall preserve these records until they have received approval or direction from the Commissioner to dispose of the records in accordance with MDH's records retention policy.
- Attend Tribal-State relations training at least once.
- Attend additional available training to improve understanding of the history, culture, and organizational design of each Tribal Nation.

Applicability

This policy applies to all MDH staff and management in MN.IT staff and management, contractors, divisions and offices, councils, boards, commissions, and other entities associated with the Minnesota Department of Health.

History

- Replaces PL102.01 AKA Policy 613.01

Appendix: Definitions

Collaboration

Collaboration means interactions that frequently occur between MDH mid-level management and technical staff and program staff from Tribal Nations through meetings, telephone calls, e-mails, web conferences, and on-site visits. Collaboration generally serves as a useful conduit for sharing information and developing positive relationships between state and Tribal staff.

Consultation

Consultation means a formal, two-way, government-to-government dialogue between official Tribal political leadership and state agencies.

Consultation is the process by which Tribal governments should have direct and interactive involvement in agency decisions on matters that have Tribal implications. Consultation is a proactive, affirmative process of identifying and seeking input and guidance from appropriate Tribal governments and considering their interests as a necessary and integral part of the decision-making process, and supports the co-creation of policies, programs, and initiatives.

- Consultation is a formal engagement between the MDH executive office agency officials and the governing body or bodies of a Tribal Nation. MDH or a Tribal Nation or Tribal Official may initiate a consultation.
- Formal meetings and communications between executive leadership of the agency and the Tribal Nation are a necessary element of consultation.
- MDH has the burden to demonstrate that it has made good faith efforts to elicit feedback from Tribal governments.

Consultation report

A formal document compiled by MDH that records the narrative summary of ideas exchanged during the consultation process with Tribal governments, including any actual or potential outcomes. The typical report will consist of three main sections: the Tribal Narrative (topics and issues raised by the Tribal Nation), the MDH Narrative (topics and issues raised by MDH to the Tribe), and Action Items and Considerations (detailed responses to the topics and issues raised by the Tribe).

Meaningful input

Refers to the active and substantial participation of Tribal officials in the decision-making process. This involves providing timely, relevant, and substantial feedback on agency policies or actions that have Tribal implications, ensuring that Tribal perspectives and concerns are genuinely considered and integrated into the final decisions.

Self-determination

Self-determination is a legal term used in American and international law. This term refers to the right of people to decide their own destiny.

Self-governance

The ability of an entity, such as a Tribal Nation, to govern itself. Tribes have inherent authority to self-govern (see ”Sovereignty”).

Sovereignty

Sovereignty is a legal term that refers to the inherent authority to self-govern. It is not something that is given or granted. As sovereign nations, Tribes can and do govern, protect, and enhance the health and safety of their citizens. Tribal sovereignty has been recognized and upheld through treaties, the Constitution, case law, statutes, and agreements.

This inherent authority means that Tribes define their citizenship and make and enforce laws. Tribal Nations have jurisdiction over their own lands and are responsible for education, resource management, health care, business regulation, and more.

Tribal Implications

Matters that have Tribal implications include legislative proposals, proposed rules, policy statements, fiscal proposals, or other actions that substantially and directly affect one or more Tribal governments. They also include matters relating to the distribution of power and responsibilities between the State and Tribal Nations.

Tribal Liaison/Tribal Relations Director

A Tribal Liaison (also known as the Tribal Relations Director at MDH) is the designated representative to act as the official liaison between the government agency and the Tribal Nation. The Tribal Liaison/Tribal Relations Director serves as the primary point of contact for Tribal Nations and works to foster relations, address concerns, and facilitate collaboration.