



**NACA**  
NATIVE AMERICANS  
FOR COMMUNITY ACTION

# **BOARD MEETING PACKET**

## **February 18, 2026**



**NACA Main Office**  
1500 E. Cedar Ave., Suite 56  
Flagstaff, Az. 86004  
Phone: (928) 526-2968 Fax: (928) 526-0706

**NACA Family Health & Wellness Center**  
1500 E. Cedar Ave., Suite 26 & 52  
Flagstaff, Az. 86004  
Phone: (928) 773-1245 Fax: (928) 773-9429

# **AGENDA**



Monthly Meeting of Board of Directors  
In-Person Meeting at Hopi Room  
February 18, 2026 at 5:30 p.m.

## AGENDA

Notice is hereby given to the members of the Board of Directors and to the public that the Board of Directors, Native Americans for Community Action, Inc. will hold a Board Meeting. The Native Americans for Community Action, Inc. Board of Directors may vote to go into Executive Session, which will not be open to the public, to discuss certain matters.

Call to Order: PM on February 18, 2026

### REGULAR MEETING

#### Roll Call: Board Members

Liv Knoki, President  
Vacant, Secretary  
Rachael Baker

Juliette Roddy, Vice-President  
Charles Doughty  
Melinda Smith

Vacant, Treasurer  
Victoria Tewa

#### **NACA Mission Statement:**

The mission of Native Americans for Community Action, Inc. is to provide preventative wellness strategies, empower, and advocate for Native people and others in need to create a healthy community based on Harmony, Respect, and Indigenous Values.

1. **Prayer** –
2. **Agenda** – Adoption of the agenda, as submitted, is recommended. (ACTION)

February 18, 2026 Board Agenda

3. **Minutes** – Approval of Minutes (ACTION) – Estimate 3 minutes:

January 21, 2026 Board Minutes

4. **Public Participation (limited to 3 minutes)**

5. **Announcements** (NON-ACTION) – New Staff

- 1) Douglas Griffin – Patient Services Coordinator
- 2) Esther Dreher – Advanced Practice Provider (Psychiatric)

6. **Consent Items** (ACTION/NON-ACTION)

Items for consideration, discussion, and possible approval. Items on consent agenda are considered routine and unless otherwise indicated, expenditures approved by the Board are budgeted items.

A. Justification for Approval to Purchase Influenza Vaccines (ACTION) – Verity Quiroz

B. Review and Approval of Policies & Procedures (ACTION) – Verity Quiroz

- Revision: HP 100 Health Promotion Program Services Policy
- Revision: HP 110 Patient Referrals to Health Promotion Program Services
- Review: HP 120 Initial Health Needs Evaluation for Health Promotion Services
- Review: HP 130 Health Education and Health Coaching
- Review: HP 140 Diabetes Education Curriculum
- Revision: HP 150 Community Health Representative Program
- Review: HP 160 Health Promotion Program Evaluator Policy
- Review: HP 170 Medical Nutrition Therapy Program Policy
- Review: HP 180 Fitness Specialist Program Policy
- Review: HP 200 Health Promotion Patient/Client Registries

C. Consent to Treat Form for FHC and BH (ACTION) – Darlene Schuster

D. Review and Approval of Policies & Procedures (ACTION) – Walter McCullough

- Revision: FIN 9.0 Fees & Collections

E. Justification for Approval to Purchase Laptops for FHC and BH (ACTION) – Walter McCullough

7. **Regular Items** (ACTION/NON-ACTION)

A. Financial Report:

- Financial Updates (NON-ACTION)

B. CEO/NACA Program Reports (NON-ACTION)

8. **Old Business**

A. Physician Recruitment (NON-ACTION)

- Dr. Nelson – candidate
- Dr. Harwood – candidate
- Ruth DeBoard, Advanced Practice Provider – licensing

9. **New Business**

**Next Board Meeting Date:** March 18, 2026 at 5:30 p.m.

**Adjournment of Meeting:**

**MEETING MINUTES**  
**JANUARY 21, 2026**



Monthly Meeting of Board of Directors  
In-Person Meeting at Hopi Room  
January 21, 2026 at 5:30 p.m.

## MEETING MINUTES

Notice is hereby given to the members of the Board of Directors and to the public that the Board of Directors, Native Americans for Community Action, Inc. will hold a Board Meeting. The Native Americans for Community Action, Inc. Board of Directors may vote to go into Executive Session, which will not be open to the public, to discuss certain matters.

Call to Order: 5:30 PM by Board Vice-President Juliette Roddy.

### REGULAR MEETING

#### Roll Call: Board Members P/NP/E

Liv Knoki, President – E  
Vacant, Secretary  
Rachael Baker – P

Juliette Roddy, Vice-President – P  
Charles Doughty – P  
Melinda Smith – P

Vacant, Treasurer  
Victoria Tewa – E

#### **NACA Mission Statement:**

The mission of Native Americans for Community Action, Inc. is to provide preventative wellness strategies, empower, and advocate for Native people and others in need to create a healthy community based on Harmony, Respect, and Indigenous Values.

1. **Prayer** – Offered by Dorothy Denetsosie Gishie.
2. **Agenda** – Adoption of the agenda, as submitted, is recommended. (ACTION)

January 21, 2026 Board Agenda

*Motion to adopt and approve as provided.*

Motion: Charles Doughty    Second: Melinda Smith  
Yes: 4    No: 0    Abstain: 0

3. **Minutes** – Approval of Minutes (ACTION) – Estimate 3 minutes:

October 15, 2025 Board Minutes

*Motion to adopt and approve as provided.*

Motion: Charles Doughty    Second: Rachael Baker  
Yes: 4    No: 0    Abstain: 0

**4. Public Participation (limited to 3 minutes)**

No public participation.

**5. Announcements (NON-ACTION) – New Staff**

- 1) Dante Davis – Accounting Technician
- 2) Francisco Rendon – QI & Compliance Director

**6. Consent Items (ACTION/NON-ACTION)**

Items for consideration, discussion, and possible approval. Items on consent agenda are considered routine and unless otherwise indicated, expenditures approved by the Board are budgeted items.

**A. Review and Approval of Policies & Procedures (ACTION) – Darlene Schuster**

- Review: HIM 210 Information System Closet Access Policy
- Review: HIM 220 Employee Laptop Use
- Review: HIM 230 Remote Access to NACA Electronic Health Records
- Review: HIM 300 Policy for the Artificial Intelligence in Patient Visit Documentation

*Motion to **adopt and approve** as provided.*

Motion: Charles Doughty    Second: Rachael Baker

Yes: 4    No: 0    Abstain: 0

**B. Review and Approval of Policies & Procedures (ACTION) – Verity Quiroz**

- Review: MR 400 Medical Records, General Rule
- Review: MR 410 Medical Records Protection Policy
- Revision: MR 420 Release of Medical Records
- Review: MR 430 Request for Medical Records
- Revision: MR 440 Documentation in Medical Records
- Revision: MR 450 Patient Charts Filing Order
- Review: MR 460 Electronic Health Records Policy for Scanning Documents and Images
- Review: MR 470 Annual Purge of Charts
- Revision: MR 480 Records Retention
- Revision: MR 490 Medical Records Access Policy
- Review: MR 500 Student Access to Electronic Health Records (EHR) in Healthcare Setting

*Motion to **adopt and approve** as provided.*

Motion: Charles Doughty    Second: Melinda Smith

Yes: 4    No: 0    Abstain: 0

**7. Regular Items (ACTION/NON-ACTION)**

**A. Financial Report:**

- Financial Updates (NON-ACTION)

**B. CEO/NACA Program Reports (NON-ACTION)**

**8. Old Business**

A. Board Election (NON-ACTION)

9. **New Business**

A. Physician Recruitment (NON-ACTION)

- Dr. Farinha Resignation
- Medical Director, Locum Dr. Arhin
- Recruitment for Medical Director update

**Next Board Meeting Date:** February 18, 2026 at 5:30 PM

**Adjournment of Meeting:** January 21, 2026 at 7:06 PM

# **CONSENT ITEMS**



To: Board of Directors

From: Verity Quiroz

Subject: Request for Approval to Purchase Influenza Vaccines

Date: February 3, 2026

This request seeks approval for the purchase of influenza vaccines for use in our Primary Care Clinic during the upcoming 2026-2027 flu season. Timely procurement ensures availability for our patients—particularly those at highest risk—and supports our mission as a community-focused organization committed to preventive healthcare. Influenza remains a significant public health concern. Vaccination is the most effective strategy for preventing influenza and its complications. Many of our patients face barriers to receiving vaccines elsewhere, making on-site access essential. Clinical and Operational Benefits:

- Protecting High-Risk Populations: Offering vaccines reduces preventable complications, emergency visits, and hospitalizations.
- Preventive Care and Quality Measures: Maintaining supply supports UDS metrics, PCMH standards, and value-based care outcomes.
- Community Trust: Providing vaccines aligns with our mission and reinforces our public health role.

The purchase of influenza vaccines will be funded through the 1120 cost center. The proposed order includes two vaccine types:

- FLUAD (for adults 65+):  
Unit cost: \$674.10 per box  
Quantity: 15 boxes  
Total cost: \$10,111.50
- Flucelvax (for standard-dose adult and pediatric vaccination):  
Unit cost: \$327.71 per box  
Quantity: 35 boxes  
Total cost: \$11,469.85

These combined purchases represent a total of 50 boxes, equaling 500 doses of influenza vaccine, for a combined estimated expenditure of \$21,581.35.

Acquiring influenza vaccines is an essential investment in patient health, quality performance, and operational efficiency. Your consideration on this matter is greatly appreciated.

Sincerely,

Verity Quiroz, RN MSN (Director of Operations),

Verity Quiroz



Quote Name:	NACA FAMILY HEALTH CENTER
Quote Number:	Q-6516429
PO Number:	
Customer Name:	NACA FAMILY HEALTH CENTER
Customer Number:	5009461
Address:	NACA FAMILY HEALTH CENTER, SUITE #26 1500 E CEDAR, FLAGSTAFF, AZ, 86004,
Effective From:	2/2/2026
Expires On:	3/4/2026
Total Items:	1
Sales Rep:	Jon Ashworth
Contact Number:	

Item #	Item Description	Vendor Name	Catalog Number	Qty	UOM	Case/Pack	Product Category	Final Price	Extended Price	Comments
1286068	FLUAD 2026, TRI SYR 0.5ML 65+ADJ PRES FREE GU (10DOSE/BX)	Seqirus USA Inc	70461002603	15	BX	10EA/BX;1BX/BX	C028 - Flu	\$674.10	\$10,111.50	

<b>Quote Sub Total:</b>									\$10,111.50	
<b>Additional Freight:</b>									\$0.00	
<b>Estimated Taxes:</b>									\$0.00	
<b>Shipping &amp; Handling:</b>									\$1.35	
<b>Quote Total:</b>									\$10,111.50	

<b>Important Notice:</b>										
<ul style="list-style-type: none"> <li>● Unless otherwise specifically stated in this price quote or a contract, all prices shown are good for 60 days from the date of this price quote.</li> <li>● Contracted pricing is subject to qualifications and/or approval from each manufacturer associated with the GPO, along with completion and approval of a Letter of Commitment, if applicable.</li> <li>● In order to be eligible for pharmaceutical base costs, you must provide the DEA or HIN # for each ship-to with the GPO application.</li> <li>● Applicable sales tax, freight, handling or any other customary charges will be calculated at time of invoice.</li> </ul>										



Quote Name:	NACA FAMILY HEALTH CENTER
Quote Number:	Q-6516429
PO Number:	
Customer Name:	NACA FAMILY HEALTH CENTER
Customer Number:	5009461
Address:	NACA FAMILY HEALTH CENTER, SUITE #26 1500 E CEDAR, FLAGSTAFF, AZ, 86004,
Effective From:	2/2/2026
Expires On:	3/4/2026
Total Items:	1
Sales Rep:	Jon Ashworth
Contact Number:	

Item #	Item Description	Vendor Name	Catalog Number	Qty	UOM	Case/Pack	Product Category	Final Price	Extended Price	Comments
1286072	FLUCELVAX 2026, TRI SYR 0.5ML PRES FREE GU (10DOSE/BX)	Seqirus USA Inc	70461065603	35	BX	10EA/BX;1BX/BX	C028 - Flu	\$327.71	\$11,469.85	

<b>Quote Sub Total:</b>									\$11,469.85	
<b>Additional Freight:</b>									\$0.00	
<b>Estimated Taxes:</b>									\$0.00	
<b>Shipping &amp; Handling:</b>									\$1.35	
<b>Quote Total:</b>									\$11,469.85	

**Important Notice:**

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- Contracted pricing is subject to qualifications and/or approval from each manufacturer associated with the GPO, along with completion and approval of a Letter of Commitment, if applicable.
- In order to be eligible for pharmaceutical base costs, you must provide the DEA or HIN # for each ship-to with the GPO application.
- Applicable sales tax, freight, handling or any other customary charges will be calculated at time of invoice.

Policy Number	Policy Name	(Annual Review, Revision, Deletion, New)	Summary of Change
100	Health Promotion Program Services Policy	Revision	<b>VI.C.:</b> Define ages for under 18 (we do not serve under 16 years old)
110	Patient Referrals to Health Promotion Program Services	Revision	<b>III.A.</b> Define duration a referral is valid and limit per year (Referrals authorize six (6) months of exercise clearance. Individuals may receive up to two (2) referrals per calendar year) <b>III.C.</b> Specify date validity to calendar year (SDPI-related referrals must be dated within the calendar year to qualify for grant eligibility.)
120	Initial Health Needs Evaluation for Health Promotion Services	Annual Review	N/A
130	Health Education and Health Coaching	Annual Review	N/A
140	Diabetes Education Curriculum	Annual Review	N/A
150	Community Health Representative Program	Revision	<b>IV.A.</b> Encourage work towards licensure (It is encouraged for the CHR to obtain state licensure or actively be working towards licensure as a condition of continued training compliance.)
160	Health Promotion Program Evaluator Policy	Annual Review	N/A
170	Medical Nutrition Therapy Program Policy	Annual Review	N/A
180	Fitness Specialist Program Policy	Annual Review	N/A

200	Health Promotion Patient/Client Registries	Annual Review	N/A
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**List of Health Promotion (HP) Policies:**

<a href="#">HP 100</a>	Health Promotion Program Services Policy
<a href="#">HP 110</a>	Patient Referrals to Health Promotion Program Services
<a href="#">HP 120</a>	Initial Health Needs Evaluation for Health Promotion Services
<a href="#">HP 130</a>	Health Education and Health Coaching
<a href="#">HP 140</a>	Diabetes Education Curriculum
<a href="#">HP 150</a>	Community Health Representative Program
<a href="#">HP 160</a>	Health Promotion Program Evaluator Policy
<a href="#">HP 170</a>	Medical Nutrition Therapy Program Policy
<a href="#">HP 180</a>	Fitness Specialist Program Policy
<a href="#">HP 200</a>	Health Promotion Patient/Client Registries



<b>POLICY: HP 100</b>	(X) Revision ( ) New	Original Issue Date: 10/01/08 Revised Date: 01/01/16; 03/28/17; 02/16/24
<b>Health Promotion Program Services Policy</b>	Author: Health Promotion	Approved by: Board of Directors Approval Date: 02/21/24; 02/19/25 Effective Date: 04/01/17; 02/22/24; 02/20/25 Annual Review Date: 02/19/25

- I. **POLICY:** The policy of Native Americans for Community Action, Inc. (NACA) is to provide quality, competent, and culturally sensitive health and wellness services to urban American Indians and the general community.
- II. **PURPOSE:** The purpose of this policy is to outline the framework of health promotion services at NACA which aims to promote the health and well-being of community members through the delivery of health promotion initiatives.
- III. **DEFINITIONS:**

Term	Definition
Health Promotion	The process of enabling people to improve their health as well as conditions that influence their health.
Evidence-Based	Interventions, Program, or Policies that are based on scientific evidence of their effectiveness.

- IV. **PRINCIPLES:**
  - A. NACA is committed to the following principles in the provision of health promotion services:
    - Equity: Ensuring that community members have equal opportunities to access and benefit from health promotion initiatives.
    - Empowerment: Empowering individuals and communities to take control of and improve their health.
    - Collaboration: Working in partnership with other organizations, stakeholders, and community members to maximize the impact of health promotion efforts.
    - Evidence-Based: Implementing interventions and strategies that are grounded in the best available evidence of their effectiveness.
    - Derives its responsibilities based on the components of National Commission for Health Education Credentialing (NCHEC).

- V. **SERVICE DELIVERY:**
  - A. Health Promotion services provided by NACA will be delivered through a variety of channels, including but not limited to:
    - Health Education Workshops and Seminars
    - Community Outreach Programs
    - Advocacy for Health-Supportive Policies and Environments



- Partnerships with local health care providers and community organizations
- Development and dissemination of health promotion materials (e.g., brochures, posters, online resources)
- Virtual Forums
- Hybrid Forums (in-person & virtual)

## **VI. SERVICES (including but not limited to):**

### **A. 18 years and older, general services:**

- Health & Wellness screening, assessment, and/or evaluation
- Health and wellness classes
- Personal training
- General Nutritional coaching
- Group fitness classes
- Community outreach events
- Tobacco Cessation
- WC Open Gym Access

### **B. 18 years and older, services that require a referral from a primary care provider, contract and/or agreements:**

- Diabetes Prevention Program,
- Diabetes Self-Management and Education
- Diabetic Retinopathy Screening (fundus photos)
- Personal Training
- Chronic Disease Self-Management
- Limited Point of Care Laboratory Services
- Specialty Provider Visits (e.g., Podiatry)
- Medical Nutrition Therapy

### **C. 16-17 years old Under 18 years old, with parent/guardian presence and consent, general services and services that require a referral from a primary care provider, contract and/or agreements:**

- Medical Nutrition Therapy
- Personal Training
- Fitness Evaluations
- Health Coaching and Education
- Community outreach events and activities

## **VII. EVALUATION & MONITORING:**

A. Regular evaluation and monitoring of health promotion services will be conducted to assess the effectiveness of the initiatives. This may involve collecting and analyzing data on health outcomes, participation rates, and community feedback.

B. Feedback from participants, community partners, and stakeholders will be used to identify areas for improvement and inform program enhancements.

<b>POLICY: HP 110</b>	(X) Revision ( ) New	Original Issue Date: 10/01/08 Revised Date: 01/01/16; 03/28/17; 02/16/24
<b>Patient Referrals to Health Promotion Program Services</b>	Author: Health Promotion	Approved by: Board of Directors Approval Date: 02/21/24; 02/19/25 Effective Date: 04/01/17; 02/22/24; 02/20/25 Annual Review Date: 02/19/25

- I. POLICY:** The purpose of this policy is to establish guidelines for the management of referrals to health promotion services within Native Americans for Community Action, Inc. (NACA). The policy aims to ensure that patients have access to appropriate health promotion resources and services to support their well-being.
- II. PURPOSE:** To provide uniform guidelines for referral procedures for diabetes education and self-management programs, chronic disease, tobacco education and cessation, diabetes prevention, adult weight-loss, the wellness center, and other programs at NACA.
- III. PROCEDURE:**

A. Referral Process

- Individuals may be referred to any Health Promotion Program by any medical provider which includes internal and external providers.
- Referrals authorize six (6) months of exercise clearance. Individuals may receive up to two (2) referrals per calendar year.
- NACA Health Promotion Referral Form and Medical Waiver must be completed by a medical provider licensed to practice medicine in the State of Arizona or any Indian Health Services employed physician.
- The referral request can include the desired service(s) which may include but are not limited to:
  1. Health & Wellness screening, assessment, and/or evaluation
  2. Health and wellness classes
  3. Personal training
  4. General Nutritional coaching
  5. Group fitness classes
  6. Community outreach events
  7. Tobacco Cessation
  8. WC Open Gym Access
  9. Diabetes Prevention Program
  10. Diabetes Self-Management and Education
  11. Chronic Disease Self-Management
  12. Limited Point of Care Laboratory Services
  13. Specialty Provider Visits (e.g., Podiatry)
  14. Medical Nutrition Therapy
  15. Diabetic Retinopathy Screening (fundus photos)
- Referrals to health promotion services will be managed by the health promotion program manager or a specified individual(s) within the department responsible for the specific health



promotion program/activity.



- Upon receiving a referral request, the health promotion personnel will assess the patient's needs through a confidential consultation or assessment process.
  1. The assessment will determine the specific health promotion needs of the patient, which may include physical health, mental health, stress management, nutrition, fitness, or other relevant areas.
  2. Based on the assessment, the health promotion coordinator will recommend appropriate health promotion services or resources available within the organization or externally.
- All individuals over the age of 18 within the community may be referred to NACA Health Promotion programs; there are no restrictions on race, ethnicity, gender, or income.

#### B. External Referrals

- Individuals referred from outside providers (non-NACA Clinic) will need to complete new patient paperwork to obtain a Health Record Number to become established with the Health Promotion program in our efforts to collect useful, quality data.

#### C. Grant-Funded Eligibility

- Occasionally, individuals referred must also meet grant requirements to receive services at no charge, including but not limited to medical diagnosis, proof of lab work and being an enrolled member of a federally recognized Native American/Alaska Native tribe.
  1. Diabetes Prevention Program requires individuals to provide proof of being an enrolled member of a federally recognized tribe and proof of lab work indicating A1C levels in the range of pre-diabetic to be considered an eligible participant.
  2. The Special Diabetes Project for Indians (SDPI) Community Directed grant requires individuals to provide proof of being an enrolled member of a federally recognized tribe and having received a medical diagnosis of Type II Diabetes to be considered an eligible participant.
  3. SDPI-related referrals must be dated within the calendar year to qualify for grant eligibility.

#### D. Applicable Fees

- Fees apply to individuals who do not meet grant reporting requirements for fee-based services.
- Fees subject to change.



<b>POLICY: HP 120</b>	(X) Revision ( ) New	Original Issue Date: 02/15/05 Revised Date: 10/15/14; 09/01/20; 04/06/21; 11/01/21; 02/16/24
<b>Initial Health Needs Evaluation for Health Promotion Services</b>	Author: Health Promotion	Approved by: Board of Directors Approval Date: 07/19/17; 12/31/20; 04/21/21; 02/21/24; 02/19/25 Effective Date: 11/01/14; 07/20/17; 01/01/21; 04/22/21; 01/01/22; 02/22/24; 02/20/25 Annual Review Date: 02/19/25

- I. POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to conduct an initial health needs evaluation for individuals seeking health promotion services. This evaluation is a critical component of the health promotion process and serves as the foundation for developing tailored health promotion plans.
- II. PURPOSE:** The purpose of this policy is to outline the procedures for conducting an initial health needs evaluation for individuals seeking health promotion services. This evaluation aims to assess the current health status, identify potential health risks, and gather relevant information to develop personalized health promotion plans.
- III. PROCEDURE:**
- A. Appointment Scheduling:
    - Upon expressing interest in health promotion services, individuals will be scheduled for an initial health needs evaluation with qualified health promotion personnel.
  - B. Health Risk Assessment:
    - During the initial evaluation, the health promotion personnel will conduct a comprehensive health risk assessment, which may include:
      1. Collection of personal health history, including past illnesses, surgeries, allergies, and medical conditions.
      2. Assessment of current lifestyle factors such as diet, exercise habits, stress, and sleep patterns.
      3. Measurement of vital signs such as blood pressure, heart rate, and body mass index (BMI).
      4. Evaluation of any existing health concerns or symptoms reported by the individual.
  - C. Health and Wellness Goals:
    - The health promotion personnel will collaborate with the individual to identify their health and wellness goals, including areas for improvement and specific health outcomes they aim to achieve.
  - D. Information Gathering:
    - Relevant information related to the individual's social, environmental, and occupational factors that may impact their health will be gathered during the evaluation.



E. Documentation:

- The findings of the initial health needs evaluation will be documented in the individual's health record, ensuring that all information is accurately recorded and securely maintained.

F. Development of Personalized Health Promotion Plan:

- Based on the evaluation, a personalized health promotion plan will be created in collaboration with the individual, outlining specific health promotion interventions, education, and resources tailored to their needs and goals.

G. Confidentiality:

- All information gathered during the initial health needs evaluation will be treated with the utmost confidentiality and in accordance with relevant privacy and data protection regulations.

**IV. HEALTH PROMOTION SERVICES PERSONNEL:**

A. Initial health needs evaluations are conducted by one of the following qualified staff in their respective areas of expertise:

- Health Promotion Program Manager
- Health Coach
- Health Educator
- Fitness Specialist
- Community Health Representative
- Registered Dietitian

B. NACA Health Promotion Services Personnel are not medical providers and any recommendations provided should not be considered medical advice or in place of a healthcare provider.

C. NACA Health Promotion Services Personnel are trained and qualified to provide health promotion services as it relates to nutrition, physical activity, and lifestyle change(s). Programs are structures to complement healthy lifestyle behaviors and improve overall health.



<b>POLICY: HP 130</b>	(X) Revision ( ) New	Original Issue Date: 10/01/08 Revised Date: 01/01/16; 03/28/17; 02/16/24
<b>Health Education and Health Coaching</b>	Author: Health Promotion	Approved by: Board of Directors Approval Date: 02/21/24; 02/19/25 Effective Date: 04/01/17; 02/22/24; 02/20/25 Annual Review Date: 02/19/25

- I. POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to establish and maintain a comprehensive Health Educator Program that provides reliable and accurate education, resources, and support, to promote the health and well-being of the community. This program will adhere to the highest standards of professionalism, ethics, and evidence-based practices to ensure the delivery of accurate and effective health education services.
- II. PURPOSE:** To provide accessible and culturally sensitive health education to individuals and communities to promote healthy behaviors and prevent disease, to empower individuals to make informed decisions about their health and well-being, to collaborate with community partners to address health disparities and promote health equity, and to conduct ongoing assessment and evaluation of the program’s effectiveness to ensure quality improvement and impact.
- III. PROCEDURE:**
- A. Scope of Services:
- Health Promotion Services do not take the place of an individual’s medical provider’s advice and recommendations.
  - Health Promotion Personnel will encourage and advocate for patients’ compliance according to their primary medical providers advice and recommendations.
  - Health educators employed within the program will possess relevant qualifications, such as a degree in public health, health education, or a related field.
  - Health Educators demonstrate experience in delivering health education programs and possess strong communication and interpersonal skills.
  - Health education and coaching will interact and base patients’ goals according to the Transtheoretical Model (Stages of Change)
    1. Pre-Contemplation
    2. Contemplation
    3. Preparation (Determination)
    4. Action
    5. Maintenance
    6. Termination
  - All interactions and information shared within the Health Educator Program will be treated with the utmost confidentiality and in compliance with relevant privacy laws and regulations.
- B. Health Education Appointments, Workshops, and Seminars:



- NACA shall regularly schedule one on one (1:1) appointments, workshops, and seminars on various health topics such as nutrition, physical activity, stress management, and chronic disease management.
- NACA shall distribute educational materials such as pamphlets, brochures, and digital resources to supplement in-person education and reach a wider audience.
  1. Educational Materials will be developed from reliable and evidence-based resources including but not limited to: Centers for Disease Control, World Health Organization, American Diabetes Association, and American Heart Associations.

C. Community Outreach and Engagement:

- NACA shall collaborate with local organizations, schools, and businesses to provide health education and resources to diverse populations.
- NACA shall organize or participate in health fairs, expos, and events to offer screenings for conditions such as blood pressure, cholesterol, and diabetes, along with health risk assessments.

D. Referral and Follow-Up:

- NACA shall aid patients to establish care with healthcare providers and provide resources for individuals who require additional support beyond the scope of the program.

E. Evaluation and Quality Improvement:

- Regular evaluation of the Health Educator Program will be conducted to assess the impact, reach, and effectiveness of the services provided.
- Feedback from participants, community partners, and stakeholders will be used to identify areas for improvement and inform program enhancements.



<b>POLICY: HP 140</b>	(X) Revision ( ) New	Original Issue Date: 10/11/08 Revised Date: 01/01/16; 03/28/17; 02/16/24
<b>Diabetes Education Curriculum</b>	Author: Health Promotion	Approved by: Board of Directors Approval Date: 02/21/24; 02/19/25 Effective Date: 04/01/17; 02/22/24; 02/20/25 Annual Review Date: 02/19/25

- I. POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure that individuals with diabetes receive high-quality education and support to effectively manage their condition, improve their quality of life, and reduce the risk of complications.
- II. PURPOSE:** To provide guidelines for diabetic resources, tools, and education that empowers people with diabetes to reach their daily and lifetime goals for living well with diabetes, lower healthcare costs, and reach underserved populations/communities by developing, promoting, implementing, and sustaining Diabetes Self-Management Education and Support Program(s).
- III. PROCEDURE:**

A. Curriculum:

- Any curriculum or materials implemented and delivered by NACA Health Promotion will be shown to be evidence based through national recognized certifying agencies, including but not limited to:
  1. American Association of Diabetes Educators (AADE)
  2. American Diabetes Association (ADA)
  3. Center for Disease Control and Prevention (CDC)
  4. National Institutes of Health (NIH)
  5. Indian Health Services (IHS)
- Diabetes curriculum and education materials will be evidence-based and include the following core topics:
  1. Description of the diabetes disease process and treatment options
  2. Nutritional Management
  3. Physical Activity
  4. Medication safety
  5. Blood glucose and Hemoglobin A1C measurements with other parameters to interpret and use results for self-management decisions
  6. Preventing, detecting, and treating acute and chronic complications
  7. Psychosocial Support
  8. Health and Behavior change(s)
- The curriculum used will assist in continued development of a comprehensive Diabetes Self-Management Education and Support program offered through NACA Health Promotion that will be eligible for the Diabetes Education Accreditation Program through AADE.
- The curriculum will be developed by a multidisciplinary team of healthcare professionals, including but not limited to diabetes educators, dietitians, nurses, and exercise physiologists.



B. Patient-Centered Approach:

- The curriculum will be designed to empower individuals with diabetes to actively participate in their self-care and decision-making processes.
- Cultural, linguistic, and literacy considerations will be integrated into the curriculum to ensure accessibility and relevance to diverse patient populations.
- The curriculum will promote shared goal-setting and individualized care plans based on the specific needs and preferences of each participant with diabetes.

C. Delivery and Accessibility:

- NACA will provide opportunities for individuals with diabetes to access comprehensive education and support through group classes, individual sessions, online resources, and community outreach programs.
- The curriculum will be delivered by qualified healthcare professionals with expertise in diabetes education and a commitment to ongoing professional development.
- Efforts will be made to ensure that the curriculum is accessible to individuals with disabilities, including providing materials in alternative formats and accommodating specific learning needs.

D. Evaluation and Quality Improvement:

- The effectiveness of the diabetes education curriculum will be regularly evaluated using standardized assessment tools and patient feedback.
- Feedback from participants will be used to inform ongoing improvements to the curriculum, ensuring its relevance and effectiveness.
- NACA shall maintain records of curriculum delivery, participant outcomes, and continuous quality improvement efforts.



<b>POLICY: HP 150</b>	(X) Revision ( ) New	Original Issue Date: 04/22/21 Revised Date: 02/16/24 Approved by: Board of Directors
<b>Community Health Representative Program</b>	Author: Health Promotion	Approval Date: 04/22/21; 02/21/24; 02/19/25 Effective Date: 02/22/24; 02/20/25 Annual Review Date: 02/19/25

**I. POLICY:** The policy of Native Americans for Community Action, Inc. (NACA) is to provide culturally sensitive, appropriate health education, promotion, and disease prevention services to community members, facilitate access to healthcare services and resources particularly those facing barriers to care, to serve as a liaison between the community and healthcare providers, and to contribute to the development and implementation of community health initiatives.

**II. PURPOSE:** The Community Health Representative (CHR) Program aims to improve the health and well-being of our community by providing culturally competent, accessible, and comprehensive health services to individuals and families. This policy outlines the objectives, guidelines, roles, and responsibilities of the Community Health Representative Program to ensure the delivery of high-quality healthcare services to the community.

**III. DEFINITIONS:**

Term	Definition
Community Health Representative Program	A unique community-based outreach program, staffed by a cadre of well-trained, medically guided, tribal and Native community people, who provide a variety of health services.
Community Health Representative (CHR)	Is a well-trained, medically guided, health care provider, who may include traditional Native concepts in his/her work.
Community	Is a defined CHR service delivery area.
Healthcare	Is the provision of services that help individuals achieve an optimal state of well-being, in any setting or stage in the human life cycle.
Health Promotion	Is the provision of information and/or education to individuals, families, and communities that encourage family unity, community commitment, and traditional spirituality, that make positive contributions to their health status.

**IV. PROCEDURE:**

**A. Scope of Services:**

- CHRs are responsible for conducting health assessments, providing health education, facilitating access to healthcare services, conducting home visits, and advocating for the health needs of community members.
- CHRs must receive comprehensive training in areas such as basic health education, communication skills, advocacy, and cultural competency to effectively serve the community. Requires CHR state licensure or work towards licensure to obtain within 12 months of employment as a condition of continued training compliance



- 

B. Confidentiality:



- CHRs are expected to adhere to strict confidentiality guidelines to protect the privacy and rights of community members.

C. Collaboration:

- CHRs are encouraged to collaborate with healthcare providers, social service agencies, health promotion and community organizations to address the health needs of the community.

D. Safety Measures:

- As CHRs schedule to go into community member homes, the first two (2) visits they will go to the home with an accompanying health promotion personnel, then can conduct the visit one to one (1:1) with their patient/client.
- CHRs may utilize the NACA owned vehicle to conduct home visits if the vehicle is available and all mandatory requirements according to the Fleet policy are adhered to.



<b>POLICY: HP 160</b>	( ) Revision (X) New	Original Issue Date: 02/12/24 Revised Date: Approved by: Board of Directors
<b>Health Promotion Program Evaluator Policy</b>	Author: Health Promotion	Approval Date: 02/21/24; 02/19/25 Effective Date: 02/22/24; 02/20/25 Annual Review Date: 02/19/25

- I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure that health promotion program evaluation is conducted in a consistent, rigorous, and ethical manner as the health promotion program evaluator(s) play a crucial role in assessing the effectiveness and impact of health promotion initiatives.
- II. **PURPOSE:** The purpose of this policy is to establish guidelines for the evaluation of health promotion programs to ensure accountability, effectiveness, and continuous improvement.
- III. **PROCEDURE:**
  - A. Principles:
    - Rigor: Evaluations should be conducted using rigorous and appropriate methodologies to ensure validity and reliability of findings.
    - Ethical Conduct: Evaluators must adhere to ethical principles and conduct evaluations with integrity, respect, and fairness.
    - Utilization: Evaluation findings should be used to inform decision-making, improve program effectiveness, and demonstrate accountability to stakeholders.
    - Cultural Competence: Evaluators should be sensitive to the cultural, social, and economic contexts of the populations being served by the health promotion programs.
    - Transparency: Evaluation processes and findings should be transparent and communicated to relevant stakeholders in a clear and accessible manner.
  - B. Responsibilities:
    - Program Managers: Program managers are responsible for initiating and supporting the evaluation of health promotion programs, providing necessary resources, financial planning, program staffing, and acting on evaluation findings.
    - Evaluators: Evaluators are responsible for conducting evaluations in accordance with professional standards, ensuring the quality of data collection and analysis, and communicating findings to program stakeholders.
    - Stakeholders: Stakeholders are responsible for actively engaging in the evaluation process, providing necessary information and feedback, and using evaluation findings to inform decision-making.
  - C. Evaluation Process:
    - Planning: Evaluation plans should be developed at the outset of health promotion programs, specifying evaluation questions, methods, timelines, and resources.
    - Data Collection: Data should be collected using appropriate methods and tools, ensuring the privacy and confidentiality of participants.



- Analysis: Data analysis should be conducted using sound statistical and qualitative techniques to derive valid and reliable conclusions.
- Reporting: Evaluation findings should be communicated through clear and accessible reports, highlighting key findings, conclusions, and recommendations.

D. Quality Assurance:

- Continuous Improvement: Evaluation processes should be continuously reviewed and improved based on feedback and lessons learned.
- Professional Development: Evaluators should engage in ongoing professional development to enhance their skills and knowledge in evaluation methodologies.

E. Compliance:

- All individuals and organizations involved in the evaluation of health promotion programs are required to comply with this policy and any relevant laws and regulations.
- Confidentiality and Privacy: All interactions and information shared with the program Evaluator will be treated with the utmost confidentiality and in compliance with relevant privacy laws and regulations.



<b>POLICY: HP 170</b>	( ) Revision (X) New	Original Issue Date: 02/12/24 Revised Date: Approved by: Board of Directors
<b>Medical Nutrition Therapy Program Policy</b>	Author: Health Promotion	Approval Date: 02/21/24; 02/19/25 Effective Date: 02/22/24; 02/20/25 Annual Review Date: 02/19/25

- I. POLICY:** It is the policy of Native Americans for Community Action, Inc (NACA) to commit to promoting the health and well-being of its patients through the provision of evidence-based medical nutrition therapy (MNT) as a part of our comprehensive family health and health promotion services.
- II. PURPOSE:** The purpose of this policy is to ensure that all patients receive high-quality, individualized medical nutrition therapy to prevent and manage nutrition-related conditions and promote overall health and well-being. This policy aims to establish standards for the delivery of medical nutrition therapy and to promote consistency and best practices across NACA.
- III. PROCEDURE:**
- A. Scope of Services:
- Medical Nutrition Therapy does not take the place of an individual’s medical provider’s advice and recommendations.
  - Registered Dietitians will encourage and advocate for patients’ compliance according to their primary medical providers advice and recommendations.
  - Registered Dietitians employed within the program will possess relevant qualifications as described in the Registered Dietitian job description.
  - Registered Dietitians demonstrate experience in delivering medical nutrition therapy and possess strong communication and interpersonal skills.
  - Medical Nutrition Therapy and Coaching will interact and base patients’ goals according to the Transtheoretical Model (Stages of Change):
    1. Pre-Contemplation
    2. Contemplation
    3. Preparation (Determination)
    4. Action
    5. Maintenance
    6. Termination
  - All interactions and information shared within the Medical Nutrition Therapy Program will be treated with the utmost confidentiality and in compliance with relevant privacy laws and regulations.
- B. Insurance Coverage Eligibility:
- Insurance benefits for medical nutrition therapy are available to eligible individuals who are covered under a health insurance plan that includes MNT as a covered benefit.
  - Eligibility for MNT coverage may be determined based on the individual's diagnosed medical condition, such as diabetes, cardiovascular disease, renal disease, obesity, gastrointestinal disorders, or other qualifying conditions as specified by the insurance plan.



- In certain circumstances, medical nutrition therapy participants may be covered by a grant funded program in which their sessions are complimentary.

C. Assessment and Referral:

- Healthcare professionals, including physicians, and nurses, are responsible for identifying patients who may benefit from medical nutrition therapy and referring them to a registered dietitian for further assessment and intervention.
- In order to access insurance benefits for MNT, individuals may be required to obtain a referral from their primary care physician or other authorized healthcare provider, as stipulated by the insurance plan.
- The referral should include the diagnosis necessitating MNT, along with the recommended frequency and duration of MNT services.

D. Coverage Limitations and Reimbursement:

- Insurance benefits for MNT may be subject to limitations on the number of visits, maximum reimbursement amounts, or specific coverage criteria established by the insurance plan.
- Reimbursement for MNT services may be contingent upon the utilization of licensed or registered dietitians or other qualified healthcare professionals recognized by the insurance plan.
- It is the responsibility of the patient to communicate regarding benefits and coverage regarding MNT with their insurance plan. NACA staff may assist with communicating as time and staffing permits.

E. Preauthorization and Documentation:

- Prior authorization from the insurance plan may be required for MNT services, particularly if the coverage includes a limited number of visits or if the MNT provider is not within the plan's network.
- Documentation of the medical necessity of MNT, including the nutrition assessment, individualized care plan, progress notes, and outcomes, may be necessary for reimbursement purposes.

F. In-Network and Out-of-Network Providers:

- Insurance benefits for MNT may vary based on whether the MNT provider is within the insurance plan's network of preferred providers.
- Individuals may be responsible for higher out-of-pocket costs if they choose to receive MNT services from out-of-network providers, unless otherwise specified by the insurance plan.

G. Individualized Nutrition Care Plans:

- Registered dietitians will develop individualized nutrition care plans based on the results of the nutrition assessment, medical history, and specific nutritional needs of each patient.
- Nutrition care plans will be tailored to address the patient's medical condition, dietary preferences, cultural considerations, and any other relevant factors.
- Counseling sessions may cover topics such as portion control, relationship with food and body image, label reading, mindful eating, cooking skills, and strategies for dining out.

H. Implementation and Monitoring:



- Registered dietitians will implement the nutrition care plans in collaboration with the healthcare team and provide ongoing monitoring and support to patients.
- Patients' progress will be regularly monitored through follow-up appointments to assess adherence to the nutrition care plan, track dietary changes, and address any barriers or challenges encountered.
- Adjustments to the nutrition care plan will be made as needed based on the patient's response to the interventions and changes in their health status.

I. Documentation and Communication:

- Accurate and timely documentation of MNT services, including assessment findings, nutrition care plans, counseling sessions, and progress notes, will be maintained in the patient's electronic health record.
- Effective communication and coordination of care will occur between the registered dietitians, referring providers, and other members of the patient's healthcare team to ensure continuity of care and integrated management of the patient's health.

J. Patient Education and Counseling:

- Registered dietitians will provide patient education and counseling on nutrition-related topics, including dietary modifications, meal planning, and lifestyle changes to support health promotion and disease prevention.
- Healthcare professionals will reinforce nutrition education and counseling during patient interactions and provide support for patients to adhere to their nutrition care plans.

K. Interdisciplinary Collaboration:

- Registered dietitians will collaborate with physicians, nurses, and other healthcare professionals to ensure the integration of medical nutrition therapy into the overall patient care plan.
- Interdisciplinary communication and collaboration will be facilitated to promote coordinated care and optimize patient outcomes.

L. Quality Improvement and Evaluation:

- Regular review of patient outcomes, satisfaction, and adherence to nutrition care plans will be conducted to continuously improve the delivery of medical nutrition therapy services.

M. Compliance and Training:

- All healthcare professionals involved in the provision of medical nutrition therapy at NACA are required to comply with this policy.
- Training and ongoing education will be obtained by the registered dietitians to ensure that staff members are knowledgeable about current best practices in medical nutrition therapy and health promotion.



<b>POLICY: HP 180</b>	( ) Revision (X) New	Original Issue Date: 02/12/24 Revised Date: Approved by: Board of Directors
<b>Fitness Specialist Program Policy</b>	Author: Health Promotion	Approval Date: 02/21/24; 02/19/25 Effective Date: 02/22/24; 02/20/25 Annual Review Date: 02/19/25

- I. POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to establish and maintain a Fitness Specialist Program that provides comprehensive fitness assessment, personal training, and lifestyle coaching to promote physical well-being and overall health. This program will adhere to the highest standards of professional ethics, safety, and evidence-based practices to ensure the delivery of effective and safe fitness services.
- II. PURPOSE:** The purpose of this policy is to ensure that NACA provides personalized fitness assessments and exercise programming to individuals seeking to improve their physical fitness, strength, flexibility, and overall health, offers professional guidance and support to individuals in setting and achieving their fitness and wellness goals through evidence-based strategies, ensures the safety and well-being of program participants by providing exercise programs tailored to individual needs and abilities and maintains a current understanding of best practices in fitness and wellness to continuously improve program offerings and outcomes.
- III. PROCEDURE:**
- A. Program Components:
- Fitness Assessments: Conduct comprehensive fitness assessments, including cardiovascular fitness, muscular strength and endurance, flexibility, and body composition measurements.
  - Personal Training: Develop individualized exercise programs tailored to each participant's goals, fitness level, and any specific health considerations or limitations.
  - Lifestyle Coaching: Provide guidance on nutrition, stress management, sleep hygiene, and other lifestyle factors that impact overall health and fitness.
  - Exercise Instruction and Supervision: Offering hands-on instruction and supervision of exercise techniques to ensure proper form and minimize the risk of injury.
  - Health and Fitness Education: Provide educational resources and workshops on topics such as exercise physiology, injury prevention, and the benefits of physical activity.
- B. Program Staffing and Qualifications:
- Fitness specialists employed within the program must possess relevant certifications: American College Sports Medicine Certified Exercise Physiologist or equivalent.
  - Fitness Specialists shall have demonstrated experience in developing and implementing fitness programs and possess strong communication and interpersonal skills.
- C. Safety and Risk Management:
- All fitness assessments and exercise programming will be conducted with a focus on participant safety and risk management.
  - Staff will be trained to recognize and respond to potential risks and to provide modifications or alternatives to exercises as needed.



D. Confidentiality and Privacy:

- All interactions and health information shared within the Fitness Specialist Program will be treated with the utmost confidentiality and in compliance with relevant privacy laws and regulations.

E. Evaluation and Quality Improvement:

- Regular evaluation of the Fitness Specialist Program will be conducted to assess participant progress, satisfaction, and overall program effectiveness.
- Feedback from participants and staff will be used to identify areas for improvement and inform program enhancements.



<b>POLICY: HP 200</b>	(X) Revision ( ) New	Original Issue Date: 10/01/08 Revised Date: 01/01/16; 03/28/17; 02/16/24
<b>Health Promotion Patient/Client Registries</b>	Author: Health Promotion	Approved by: Board of Directors Approval Date: 02/21/24; 02/19/25 Effective Date: 04/01/17; 02/22/24; 02/20/25 Annual Review Date: 02/19/25

- I. POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to commit to the effective management of patient registries to support health promotion initiatives. Patient registry data will be collected, stored, and utilized in accordance with industry best practices, ethical principles, and legal requirements to safeguard patient privacy and confidentiality while promoting the delivery of high-quality care and health promotion interventions.
- II. PURPOSE:** The purpose of the Health Promotion Patient Registry Management policy aims to establish guidelines for the creation, maintenance, and utilization of patient registries to support health promotion initiatives at NACA. Patient registries are valuable tools for identifying at-risk populations, tracking health outcomes, and facilitating targeted interventions to promote wellness and prevent illness. This policy outlines the standards for the ethical and secure management of patient registry data, ensuring compliance with relevant privacy regulations and promoting the responsible use of patient information to improve healthcare delivery and population health.
- III. PROCEDURE:**
- A. Creation and Maintenance of Patient Registries:
- Patient registries established for health promotion purposes must have clearly defined objectives and eligibility criteria for inclusion of individuals.
  - Procedures for data collection, entry, and updates to the patient registries must adhere to standardized protocols to ensure data accuracy and integrity.
  - Patient registry data should be regularly reviewed and updated to reflect changes in patient status or health-related information.
- B. Data Security and Privacy:
- Patient registry data must be stored in secure electronic systems with access restricted to authorized personnel based on the principle of least privilege.
  - Strong data encryption, access controls, and audit trails should be implemented to protect patient registry data from unauthorized access or breaches.
  - Any use or disclosure of patient registry data must comply with relevant privacy laws and organizational policies, and patient consent should be obtained when required.
  - Any suspected breaches of patient registry data security or privacy will be promptly reported and investigated, and appropriate corrective actions will be taken in accordance with NACA policies and procedures.
- C. Utilization of Patient Registry Data:



- Patient registry data may be used to identify at-risk populations, track health outcomes, and inform the development of targeted health promotion programs and interventions.
- When sharing patient registry data with external parties, such as researchers or public health agencies, appropriate data sharing agreements and privacy safeguards must be in place.
- Access to patient registry data for research purposes should be governed by research ethics and oversight mechanisms to ensure the protection of patient privacy and confidentiality.

D. Patient Rights and Transparency:

- Patients included in the patient registries should be informed about the purpose of the registry, their rights regarding data use, and their ability to opt out if desired.
- Patients have the right to access and request corrections to their registry data, and procedures for addressing patient requests should be clearly outlined and followed.



## **General Consent for Treatment**

I request and authorize healthcare services provided by my provider and/or their designee(s), as they determine necessary and in my best interest. These services may include routine examinations, diagnostic tests, laboratory work, radiology procedures, and the prescribing or administration of medications.

I understand that no substantial or invasive procedure will be performed without first giving me the opportunity to provide informed consent, unless an emergency or extraordinary circumstance requires immediate care. Informed consent means that my provider will explain the expected benefits, risks, and alternatives of the recommended procedure or treatment. I also understand that I have the right to refuse care or withdraw consent at any time, except when actions have already been taken based on my prior consent. I understand that no research or experimental procedures will be performed without my knowledge and explicit consent.

### **Release of Medical Information**

I authorize Native Americans for Community Action, Inc. (NACA) to use and disclose my health information for purposes of treatment, obtaining payment for services provided, and healthcare operations, as permitted by federal and state law. This may include coordination with other treating providers, insurance carriers, or healthcare partners involved in my care.

NACA uses secure, HIPAA-compliant electronic health record systems. Providers may use digital tools to support clinical documentation; these tools do not replace clinical judgment.

### **Payment and Financial Responsibility**

I authorize payment of benefits for all services provided directly to NACA from my insurance company or third-party payer, including but not limited to Medicare, AHCCCS, commercial insurance carriers, automobile insurance, or workers' compensation programs.

I agree to pay all charges not covered by my insurance plan or health benefit, including deductibles, co-payments, co-insurance, and non-covered services. I understand that it is my responsibility to provide accurate and up-to-date insurance information.



### **Coordination of Care Consent**

I authorize NACA to exchange my health information with other healthcare providers, specialists, hospitals, laboratories, pharmacies, case managers, and care coordinators involved in my treatment. This includes verbal, written, and electronic communication as needed to support safe, effective, and coordinated care.

I understand that:

- My information may be shared through secure electronic systems, including Health Information Exchanges (HIEs).
- This exchange supports continuity of care, reduces duplication of services, and helps ensure that each provider involved in my care has the information needed to treat me safely.
- I may request to limit certain disclosures as allowed by law.

### **Consent for Contact**

I authorize NACA to contact me by phone, voicemail, text message, email, or patient portal for purposes related to my care. This may include appointment reminders, test results, care coordination, billing statements, and other healthcare communications.

I understand that:

- Message and data rates may apply
- Some messages may be sent using automated systems
- I may request to opt out of text or email communications at any time

### **Consent for Telehealth**

I consent to receive healthcare services through telehealth, including phone or video visits, when appropriate. I understand that telehealth:

- Involves electronic communication of my medical information
- Has potential risks, including technology failures or privacy limitations
- May not be as complete as an in-person visit



## **Behavioral Health Program**



### **Informed Consent for Treatment**

The Behavioral Health Program offers culturally sensitive mental health and substance abuse services to Native American individuals, couples, and families as well as to others in need. The goal of the program is to assist people in attaining harmony and balance in their lives. Sometimes, to achieve treatment goals, individuals may experience discomfort such as anger, depression, or frustration during treatment as significant events are remembered and worked through to resolution. There is also a risk the services provided by NACA may not fully resolve the individual's concerns. Throughout treatment, the therapist will assess progress and provide referrals for other services if the need is identified and deemed necessary for goal attainment.

Therapists/counselors at NACA are licensed within their specialty by the Arizona Board of Behavioral Health Examiners. And those currently working to fulfill requirements for a license are under the supervision of Dr. Curtis Randolph PhD, LPC, Ext. 260. Additional supervision is also provided by Dr. Cori Perkins EdD, LCP, Ext 255, and by Dr. Katherine Mommaerts PhD, LCSW, (928) 525-4177.

The individual and the therapist/counselor will collaboratively develop a Treatment Plan to establish treatment goals and objectives. Attendance to all service appointments is recommended. In the case of court ordered treatment, attendance may be required by the court. A minimum of 24-hour notice of cancellation or rescheduling of appointments is requested. Abstinence from non-prescribed, mind-altering drugs and/or alcohol is required for service provision to occur. Not adhering to these guidelines may result in termination of services.

#### **Consent for Contact**

I authorize NACA to contact me by phone, voicemail, text message, email, or patient portal for purposes related to my care. This may include appointment reminders, test results, care coordination, billing statements, and other healthcare communications.

I understand that:

- Message and data rates may apply
- Some messages may be sent using automated systems
- I may request to opt out of text or email communications at any time



<b>POLICY: FIN 9.0</b>	(X) Revision ( ) New	Original Issue Date: 09/02/08 Revised Date: 09/28/23; 11/11/24 Approved by: Board of Directors
<b>Fees &amp; Collections</b>	Author: CFO/Controller	Approval Date: 11/10/23; 11/20/24; 10/15/25 Effective Date: 11/10/23; 12/02/24; 10/16/25 Annual Review Date: 10/15/25

**I. POLICY:** This policy determines how fees and collections for client services are handled at NACA.

**II. PURPOSE:** To protect accounts receivable by efficiently collecting payments on current accounts receivable and past-due accounts while maintaining positive customer relationships.

**III. PROCEDURE:**

- A. Clients eligible for services at NACA are Native American clients as well as non-Native Americans. ~~No Native American client will be denied sick care based on inability to pay.~~ NACA provides services to all individuals (Native American and non-Native) regardless of ability to pay. As a Federally Qualified Health Center, NACA does not deny access to care based on a person's insurance status or inability to pay. Sliding fee discounts are available for eligible patients to ensure everyone can receive needed health services.
- B. The fee schedule is determined with due consideration to actual cost of providing the service, usual fees of other providers in the area, third party reimbursement allowances, efforts to maintain low costs by efficient operations, and applicable Federal and State regulations and guidelines. Fees will be reviewed and revised as necessary a minimum of once per year.
- C. Clients will be notified of full charges at the time of service. Payment for services is expected at time of service unless prior arrangements have been made with the Finance.
- D. If payment cannot be made at the time of service an appointment will be scheduled on a future date when the client has the ability to pay. Clients who may be eligible for AHCCCS will be assisted in applying for AHCCCS. If, upon being triaged, we find that the client requires immediate services we will provide options so that the client's medical needs are met.
- E. Currently contracted insurance companies shall be billed for services by billing personnel or contracted to a billing and collections firm.
- F. Native American clients without a tribal census or CIB number will be assisted as needed in applying for tribal enrollment on their first clinic visit. However, full fees will be charged to uninsured Native American clients' accounts until a tribal census number is provided.

G. There are no client billable fees for services for:

- Patients who have Medicare QMB or certain AHCCCS plans contracting with NACA, except for over-the-counter medications.
- Children's vaccines if qualified for VFC.
- NACA Diabetes Mellitus patients who are treated for DM treatment and related issues only.

H. Full fees for services are charged to:

- Uninsured Native American patients without a tribal census number, or CIB number.
- Uninsured non-Native American patients.

**Laptop Quote**

**Summary:** Due to the requirements of our EHR software, Next Gen, new laptops with more memory and processing power are needed for the FHC and BH.

BH - needs 15

FHC - needs 11

		26			
Equipment	Specifications	Price Per	Extended	Shipping	Total
Lenovo	I7, 16GB, 512	1,016.91	26,439.66	-	26,439.66
Lenovo	I7, 16GB, 512	1,270.89	33,043.14	-	33,043.14
Dell Pro	I5, 16GB, 512	1,020.32	26,528.32	-	26,528.32
Dell 16 Plus	I7, 16GB, 1 TB	750.00	19,500.00	-	19,500.00

The differences in each machine is negligible. The more memory and processing power, the better. Each would take about 3 hours to set up TL needs to install their security system, SOPHOS, and online tool for computer control (Ninja). Each computer comes with Windows 11. The one small drawback is the latter is a computer designed for personal use. The more the laptop is opened and closed and moved from one suitcase to another, the less life it has.

Also, we get a 10% discount as this would be our first order.

**Laptop Options:****\$0.00**

<b>Product</b>	<b>Quantity</b>	<b>Price</b>	<b>Amount</b>
<input type="checkbox"/>  Lenovo ThinkBook 16 G8 IRL 21SH0002US 16" Touchscreen Notebook - WUXGA - 60 Hz - Intel Core 7 240H - 16 GB - 512 GB SSD - English Keyboard - Arctic Gray Lenovo Deal Reg Price	15	\$1,016.91	\$15,253.65
<input type="checkbox"/>  Lenovo ThinkPad E16 Gen 3 21SR0033US 16" Notebook - WUXGA - 60 Hz - Intel Core Ultra 7 255H - 16 GB - 512 GB SSD - English Keyboard - Black Lenovo Deal Reg Price	15	\$1,270.89	\$19,063.35
<input type="checkbox"/>  Dell Pro 16 PC16250 16" Notebook - Full HD Plus - 60 Hz - Intel Core 5 120U - vPro Technology - 16 GB - 512 GB SSD - English (US) Keyboard - Magnetite Dell Deal Reg Price	15	\$1,020.32	\$15,304.80



Lenovo ThinkBook 16" Touchscreen (Core 7 / 16GB / 512 GB)



Lenovo ThinkPad E16 16" (Core 7 / 16 GB / 512 GB)



Dell Pro 16 16" (Core 5 / 16 GB / 512)



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Intel® Core™ Ultra 7 256V (47 TOPS NPU, 8 cores, up to 4.8 GHz)

Intel® Core™ Ultra 7 258V (47 TOPS NPU, 8 cores, up to 4.8 GHz) ⓘ

Intel® Core™ Ultra 9 288V (48 TOPS NPU, 8 cores, up to 5.1 GHz) ⓘ

### Operating System ^

Which operating system is right for you?

Dell Technologies recommends Windows 11 Pro for business

Warranty support options vary by operating system: Dell offers support plans for businesses with Windows Pro and support plans for personal use with Windows Home.

Windows 11 Pro, Copilot+ PC

Windows 11 Home, Copilot+ PC

### Operating System Language Pack

English, French, Spanish, Brazilian Portuguese

### Graphics

Intel® Arc™ Graphics

### Memory

How much memory is right for you?

16GB, LPDDR5X, 8533MT/s, Memory on Package, onboard

32GB, LPDDR5X, 8533MT/s, Memory on Package, onboard

### Storage

How much storage is right for you?

512 GB, M.2, PCIe NVMe, SSD

1 TB, M.2, PCIe NVMe, SSD

2 TB, M.2, PCIe NVMe, SSD

### Display

Which display is right for you?

*Touch*

16", Touch, 2.5K, 90Hz, Mini-LED, ComfortView Plus, HDR600

*Non-Touch*

16", Non-Touch, 2.5K, IPS, WVA, Anti-Glare, 300 nits, ComfortView Plus

### Color Choice

Ice Blue

### Keyboard

English Backlit Copilot key keyboard, numeric keypad

English/French Backlit Copilot key keyboard, numeric keypad



[Customization](#)

[Tech Specs](#)

[Features](#)

[Reviews](#)

[Support](#)



## Tech Specs

### Processor

Intel® Core™ Ultra 7 256V (47 TOPS NPU, 8 cores, up to 4.8 GHz)

### Operating System

(Dell Technologies recommends Windows 11 Pro for business)

Windows 11 Home, Copilot+ PC

### Graphics Card

Intel® Arc™ Graphics

### Display

16", Non-Touch, 2.5K, IPS, WVA, Anti-Glare, 300 nits, ComfortView Plus

### Memory

16GB, LPDDR5X, 8533MT/s, Memory on Package, onboard

### Storage

1 TB, M.2, PCIe NVMe, SSD

### Case

Ice Blue

### Microsoft Office

Activate Your Microsoft 365 For A 30 Day Trial

### Home and Small Business Security Solutions

McAfee+ Premium 30-day trial

### Hardware Support Services Upgrades

Basic Onsite Service after remote diagnosis with Hardware-Only Support, 12 Month(s)

### Accidental Damage Service

None

### Keyboard

English Backlit Copilot key keyboard, numeric keypad

### Ports

1 USB 3.2 Gen 1 (5 Gbps) port

1 USB 3.2 Gen 2 (10 Gbps) Type-C® port with DisplayPort™ 1.4 and Power Delivery

1 Thunderbolt™ 4 port with DisplayPort™ 2.1 and Power Delivery

1 HDMI 2.1 port

1 Universal Audio jack

**Dimensions & Weight**

Height: 0.67 in. (16.99 mm)  
Width: 14.05 in. (356.78 mm)  
Depth: 9.87 in. (250.60 mm)  
Starting weight: 4.12 lb (1.87 kg)

**Touchpad**

Precision touchpad

**Camera**

1080p at 30 fps FHD camera, dual-array microphones

**Audio and Speakers**

Dual speakers with Waves MaxxAudio® Pro and Dolby Atmos Cores, 2.5W x 2 = 5W total

**Chassis**

**Exterior chassis materials:**

LCD Cover/Base: Aluminium

Bezel/Palmrest: Plastic

**Touchpad material:**

Mylar

**Wireless**

Intel® Wi-Fi 7 BE201, 2x2, 802.11be, Bluetooth® wireless card

**Primary Battery**

4-Cell Battery, 64Whr (Integrated)

**Power**

65W Type-C Adapter

**Palmrest**

Ice Blue power button with Fingerprint Reader

How easy is it to compare and select options for this product?

Very Difficult  Very Easy



**CEO AND NACA  
PROGRAM REPORTS**



Monthly Meeting of the NACA Board of Directors  
CEO Report February 2026

**Key Highlights:**

- Open Drum, Drum Dedication, 6:00pm – 7:30pm, January 20<sup>th</sup> and February 2, 2026.
- January 2026 NACA Board of Director Reports submitted January 16, 2026
- NACA closure on January 19, 2026, MLK day.
- Interview with Dr. Chad Nelson, DO. For Medical Director, January 30, 2026.
- Interview for the Health Information Specialist position, January 20, 2026.
- Urban Program Executive Directors/CEO Monthly conference call, January 20, 2026.
- Interview for the Health Information Specialist position, January 21, 2026.
- NACA Board of Directors Meeting, January 21, 2026.
- Attended in the HEHSC leadership meeting, January 21, 2026.
- Quarterly Quality Improvement Monthly Meeting, January 22, 2026.
- ADHS leader to leader meeting with Tribal Nations in Arizona, January 23, 2026.
- MMIW/MMIP meeting with HP, Madison D. January 23, 2026.
- Prayer Vigil at Buffalo Park with WA, January 24, 2026.
- Luma Project Meeting, January 26, 2026.
- Operation Committee Meeting, January 28, 2026.
- NACA Leadership Meeting, January 29, 2026.
- 2<sup>nd</sup> Interview with Chad Nelson, Medical Director Position, January 30, 2026.
- Medical Executive Committee, ad hoc meeting, February 2, 2026.
- SMPR Planning Meeting, February 2, 2026.
- Workplace and community Support Committee Meeting, February 3, 2026.
- Coconino Prevention Meeting, February 5, 2026.
- CEO:NACA meeting, February 6, 2026.
- DOO:CEO Budget review, February 9. 2026.
- Grants Committee Meeting, February 10, 2026.
- Aegis Security Meeting with David Watters, February 11, 2026.
- All clinic staff meeting, February 12, 2026.
- Dr. Nelson on site visit, February 12, 2026,
- Executive Session with NACA Board to review budgets, February 13, 2026.

**Current and Ongoing Activities:**

- Implement 2025 NACA strategic plan.
- Developing leadership curriculum based on Indigenous values/concepts.
- Directors are working of I H S recommendations, hiring process, ADA, clinic/building modifications.
- We will continue to meet regularly with directors and leadership twice a month, alternate weeks.
- Meet with Marketing/Advertisement officer to discuss strategies, weekly.
- Participation on NACA committees (Workplace/Community SMPR, Employee Retention)
- Finance meeting with CFO.
- Meeting with H I S officer on billing, coding, and NextGen patient portal, bimonthly.

- Meeting with NACA Board of Directors weekly, Thursdays, 2pm.
- Credentialing and Privileging process, preparation for I H S audit 2025, Audit pending.
- Operations Meeting with Finance department and Program Directors once a month.
- Open Drum: every two weeks, Tuesdays at 6:00pm to 7:30pm.
- Medical Director Training- ongoing.

**Meeting/Events:**

- Program Budgets for 2026, ongoing meetings with the Board.
- NCUIH Conference, April 27<sup>th</sup> to May 1<sup>st</sup>, 2026.
- AACHC Conference, May 2026.

**Respectfully submitted: Chris David, CEO, NACA**



## NACA Board of Directors Monthly Meeting Update

### Agenda

- **Billing Program**
  - Clean Claims to the clearing house.
  - NextGen Tools
    - LUMA
    - Instamed
    - Waystar
  - ~ 30 visits per day per biller
    - Release of claims
    - Collections of AR
    - Denial management
  - Credentialing
  - Accounts Receivable
    - 12/1 - ~ 400k
    - Mid Jan 2026 – 200k
    - Mid Feb 2026 – 170k
      - AR has leveled off
      - Need to focus on clean claims and getting to the clearing house.
      - Contracts.
- **Financial Close and Grant draw down/cash**
  - Financials closed erty and Casualty – The Mahoney Group
  - Professional and General Liability
  - Directors and Officers – The Leavitt Group
    - This was brokered in June 2025.
  - Medical – Crest Insurance
  - Workers Comp – ADP
  - MED/MAL – MICA – Mahoney Group
- **Medicare cost report**
  - Peer consultation
  - Contact with Medicaid.
  - Engage with Forvis Mazars.
  - Desk review of 2023.
- **Medicaid Payable.**
  - Choice to leave a liability on the balance sheet.
  - Medicaid has no idea.
- **Medicaid Rate**
  - Working with Medicaid to get the rate re-calculated.
  - Need to change the regulations.
  - Reconciliation upcoming of ~ 65k.
- **Audits**
  - Grant Audit – the planned date of finalization, there were underlying issues. is 2/13/2026.
  - Financial Audit – the planned date of completion is 2/13/2026.

- Currently under partner review.
- Presentation to the BOD in the February meeting.
- Wells Fargo – there are four major changes upcoming.
  - Credit cards – we are migrating to a higher level of service. A portal is provided to us that will allow real time changes, such as cancelation, credit limit changes, and charge blocks.
    - Additionally, Wells Fargo will deduct from our account the value of credit card transactions from all users. So, the payment is automatic.
  - Sweeps – We are being moved to a daily sweep that earns returns and will cover all fees and more. 2024 audit is needed.
  - Investments – we are looking into how we can utilize our funds and capitalize.
    - Investment policy. What is the vision?
  - Treasury management – with the ‘vantage’ online portal and having access we can perform banking steps in real time.
- MIP – Live on 1/1/2026
  - Complete 2025 with CYMA and audit then discontinue.
- Next/Gen
  - Collaboration with the billing team and Darlene.
  - More robust cash processing, data capture, and process flow.
  - Streamline process for accounting and revenue capture.
- Revenue Generating Maximization
  - Overlook
  - Daycare
  - Pharmacy
  - Xray
  - Phlebotomy
- 2026 Budget - presentation
- IDC
- Marketing
- Grant Mangement, Tracking, and compliance
- Banking
  - Native American Bank
  - Sunwest Bank
- Auditor
  - Baker Tilly
  - WIPFLI
- LLC and revenue generating cost centers



Human Resources  
February 2026 Meeting-Board Report

**Major Highlights**

- Interviews were conducted for the Medical Director/Physician, Physician, Health Information Specialist, Overlook Ranger, and Certified Medical Assistant position. A FHC site visit by the candidate for the Medical Director position is scheduled for February 12, 2026. A challenge in recruitment is when we have candidates committing to an interview and does not show. The position will be advertised again, which has happened this month.
- The New Employee Orientation is scheduled for March 3, 2026. Five (5) new employees are scheduled to attend the orientation to learn about the NACA organization and the various department functions and staffing.
- HR continued to prepare for the IHS site review the few weeks which is scheduled for February 17-20, 2026.
- The HR Director attended the SafeTALK suicide training on February 6, 2026, with nine (9) other staff members. The training is mandated for all NACA employees.
- The overall employee completion rates for SafeTALK and ASIST suicide training are 70% for SafeTALK and 55% for ASIST. The safeTALK training is an annual training and ASIST is every two (2) years.
- The completion rates for the required employee training mandated by IHS, ADHS and AAAHC are as follows: HIPAA training is 98%; Information Systems Security Awareness (ISSA) is 97%; Sexual Abuse Prevention is 95%; and Basic Life Support (BLS) is 95%. Overall, employees know the importance of the required training and have maintained an excellent completion rate. The training courses are done on the IHS website and/or the HealthStream training module.
- One (1) insurance benefit enrollment was processed this month for an eligible employee on their 60<sup>th</sup> day of employment.

**Current Activities**

- Recruitment activities are on-going for vacant positions.
- Prepare and work on the AAAHC, ADHS, and IHS site visits.
- Continue work with retirement plan representatives.
- Continue monthly meetings for the following: director, leadership, MedEx, QI & Compliance, HealthStream, AAAHC workgroup, SMPR, employee engagement survey, tenured staff survey (5+ yrs), new employee orientation, employee benefits, and the retention committee.

**Vacancy Listing**

	Administration	
1	Health Information Specialist	New
	Family Health Center	
2	Medical Director/Physician	1/9/2026
3	Physician	New
4	Certified Medical Assistant	1/23/2026
	Health Promotion	
5	Community Health Representative	New
	Community Development	
6	Grand Canyon Ranger	10/31/2025

**Month: February 2026**  
**Program: Community Development**  
**Staff: Dorothy Denetsosie Gishie, Director**  
**Date: February 12, 2026**

**Program Monthly Highlights:**

**Division Director: Dorothy Denetsosie Gishie**

**Community Development Program Monthly Highlights:**

The year is panning out to be another productive one, filled with meaningful collaboration and strengthened partnerships with our community partners, as well as expanding our presence at the national level to increase awareness of the exceptional services NACA provides. The Community Development Program staff will continue to work closely with other NACA programs to ensure coordinated, efficient, and seamless service delivery to the community members we serve.

**The Economic Development Program:**

Program Coordinator: Pearl Tsosie

Staff: OL & Grand Canyon Rangers: Max Morale

Our collaboration meeting with the Grand Canyon Park Service resulted in several positive developments. We successfully negotiated the addition of one more month of sales at one of our current vending locations, as well as the potential addition of two new selling locations within the Grand Canyon. These new sites will need to be vetted and approved through the Park Service, but we are hopeful that sales at these locations could begin as early as May or June. We have not yet shared this information with program participants and will do so once the agreement is finalized.

With the season at the Grand Canyon Visitor Center beginning on March 1, we are facing tight timelines. We need to hire for two positions, complete employee orientation, and have offices set up by the end of February. We have interviewed two candidates and hope they will accept our offers and remain in their positions long-term. If staffing challenges arise, Pearl and I will cover shifts as needed to ensure operations continue. In addition, we still need to hire for the part-time position at the Overlook site and are currently using Performance Staffing to fill this shift. Another ongoing challenge is marketing. Vendors have expressed the need for stronger marketing efforts to drive customer traffic to the locations, and we agree. Increasing and sustaining daily marketing efforts will be a priority moving forward.

**Reach UR Life (RUL) Program:**

Program Manager: Onelia Soto:

Staff: Shoshana James, Angelina Tso, Anya Ashley

The RUL staff remain actively engaged in scheduling trainings and monthly meetings with school and agency partners. As reflected in Onelia's monthly report, the program has a robust calendar of upcoming trainings. The team meets daily for check-ins and weekly for collaboration meetings, focusing on self-care and staying aligned with service delivery goals. Onelia continues to actively pursue grant opportunities while also providing ongoing support to her team.

Program Challenge: The program has been operating on ARPA funds for the past two years, and this funding will end in December. Securing a new grant of similar magnitude is critical to sustain suicide prevention and education efforts.

**Pathways Program:**

Program Coordinator: Kateri Slim

Staff: Joi Lynch: Recreational Assistant

The Pathway Program staff continue to provide services to our young children. They recently hosted a successful Shoe Game Night with strong community participation. The event had a very positive outcome, with the children showcasing their knowledge of the Shoe Game and sharing the story of its origins.

Students are now learning archery in collaboration with Health Promotions. Another partnership is with NAU's Economic Policy Institute, through which students are receiving classes. With Valentine's Day approaching, family-centered activities are also being planned to engage both students and their families.

**Supportive Services Program:**

Supportive Services Case Manager: Selena Holgate

Community outreach efforts continued through regular and intentional visits to the Flagstaff Family Food Center, Flagstaff Shelter Services, Crowns Traditional House, the Taylor House, and Mountain Line, ensuring ongoing visibility and access to services within the community. Staff sustained strong collaborative partnerships, including providing on-site support at Flagstaff Shelter Services, where hygiene and PPE bags were distributed to individuals in need. Engagement also remained consistent through active participation in Continuum of Care meetings and weekly Coconino Case Conferences, supporting coordinated service delivery and shared problem-solving.

In addition, support continued through the Memorandum of Agreement with the Taylor House for patient lodging, while the partnership with Mountain Line remained in place to offer discounted bus passes. We continue to offer Better Buck assistance to our unsheltered relatives.

**Leadership Coordination:** Weekly Directors and Leadership meetings provided essential updates and guidance to advance program goals.

Meetings/Activities:

Several staff members and I attended the *Stronger as One* community meeting, where we received updates on community services and upcoming events. I also attended one of the Shoe Game classes, where students received instruction on the game and accompanying songs. It was impressive to witness their knowledge and understanding of the process. On the night of the Shoe Game event, students showcased their skills and performed the songs associated with the game.

I attended the Arizona American Indian Tourism 2026 Arizona Indian Festival planning efforts, which proved successful, as I recruited 60 artist vendors for the event. Some of our program participants participated in this event. In addition, the Directors and Finance Department held several meetings to review program budgets and finalize the 2026 program year budgets for presentation to the Board.

The CFO, the Economic Development Coordinator, and I met with a marketing team on several occasions to explore ways to strengthen and improve our marketing strategies. I also attended the Special Drum Dedication Ceremony hosted by NACA, which demonstrated strong community support and engagement.

I attended the NACA Operations Committee meeting, where we received agency updates and discussed the upcoming audits. Additionally, we met with Grand Canyon Park Service personnel and finalized our agreement for the upcoming season. Walter, our CFO, joined us to observe our operations on site, as we plan to ensure the installation of our ADP system at the work locations.

**Community Development Department Board Report**  
**Submitted by: Selena Holgate Supportive Services Case Manger**  
**January 2026**

**Community Events:**

Community outreach to Flagstaff Family Food Center, Flagstaff Shelter Services, Crowns Traditional House, Taylor House. Mountain Line.

**Collaborations:**

- **Flagstaff Shelter Services** – Continue to provide on-site visits, clients have not signed up for intake but have casually converse with individuals on site. Distributes twenty bags of hygiene and PPE bags.
- **Continuum of Care meetings** - These are quarterly meetings; the next meeting planned for March 2026. At the meeting staffs provided updates from other programs.
- **Coconino Case Conference** – Attend weekly meetings on Thursday's. We continue to discuss our clients' referrals, and we provided updates at the meeting.
- **Advocates for Unsheltered Relatives** - No meeting for the month of January 2026 on the RARE Assessment.
- **Flagstaff Family Food Center: Hot Meal Services** - Provided on-site visits. Disseminated PPE supplies and hygiene bags. Distribute basic needs supplies: Backpacks, Sleeping bags, Jackets, Beanies, Gloves, and socks.
- **Crowns Traditional House** - Continue to provide on-site visits, clients have not signed up for intake but have casually conversed with individuals on site. Provided PPE to clients. No request for services.
- **Pathway**- Continue to provide collaboration with the Pathway Program Coordinator.
- **Taylor House** – I submitted the Memorandum of Agreement 2026 (MOA) between the Northern Arizona Healthcare Corporation, and The Taylor House and Native American for Community Action, Inc. The purpose of establishing a mutual agreement is to exchange funds for services related to payments for patient lodging. This is currently in the review process with their legal team.
- **Mountain Line** – The Mountain Line Social Services Agency Discount Fare Program Agreement is in placed to purchase Regular Day Bus passes. To help families and individuals become stable and more self-sufficient.

**FUNDS:**

- **January 2026** -
- **Program 1980 (Supportive Services)** - Continue to provide services when client makes a request for education enhancement, utility assistance, and burial assistance. Submit requisitions for Regular Day Bus Passes and Better bucks.
- **Program 7004** - Continue to provide services when client makes a request. Submitted requisition for better bucks & bus passes monthly. Completed two applications for rental assistance and one utility assistance.
- **Program 7004** - Submitted a requisition for basic needs for unsheltered relatives. Distributed three sleep bags. Distributed four shoes. Distributed eight jackets. Distributed 202 regular day bus passes and assisted with one 30-day bus passes. Distributed six Food & Gas cards. Distributed one backpack. Distributed 183 better bucks for January 2026. Distributed fifty-six hygiene bags.
- **Program 7014 (NCUIH Indian Health Services)** – We continue to have face masks available, and hand sanitizer supplies on hand at GSA.
- **Pathways** – No outreach for the month of January 2026.

## HIGHLIGHTS:

- **The Inter-Tribal Council of Arizona, Inc.** - Area Agency on Aging (ITCA-AAA), Region 8 donated sleeping bags, tents, and backpacks to Native Americans for Community Action, Inc. (NACA), to be use for homeless, older adults in Flagstaff, Arizona. I continue to distribute sleeping bags, tents, and backpacks. And I made a request to ITCA can assist with back to school event.
- **Flagstaff Shelter Services** – Follow up if there are any clients who sign up for NACA Services intake. Continue to disseminate basic needs to unsheltered relatives. Distributed 24 PPE bags.
- **Food Bank** - Continue to provide on-site visits. Outreach on 1/13/26, 1/14/2026, 1/20/26, 1/22/2026, 1/27/2026 and 1/28/2026. Distributed basic needs supplies: hoodies, shoes, beanies, gloves, and socks, Hygiene bags, and PPE bags.
- **Crown Traditional House** - Follow up if there are any clients who sign up for NACA Services intake. Distributed 16 PPE Bags and Hygiene Bags. For the month of January outreach.
- **Cats Bus** - Distributed basic needs supplies for unsheltered relatives. Distributed 20 PPE and 20 Hygiene Bags.
- **Desert Financial** - No sleeping Bags distributed.
- **Meetings** – On a monthly base I attend leadership meetings, workplace community support committee meeting, operations committee meeting, retention committee meeting, and attended the Board Meeting. I provided update on Supportive Services.
- **Investiture for Judge** – I attended the investiture for Charles W. Doughty.
- **NACA GSA Strength** – The staff(s) engage with the community, sharing their passion, and representing NACA with excellence. We continue to open our doors; it reflected the heart and dedication that drives our work every day. staff teamwork, energy, and commitment truly made the day memorable.

I continue to be active in spending time. And the \*Weather has been cool". And it has not impacted on resource navigation and distribution during this reporting period. Social Supportive staff continue to have a regular weekly presence out at the community to check for community client eligibility. Provided basic needs to clients and navigate distribution of the workflow.

Respectfully submitted,

*Selena Holgate*

Supportive Services Case Manager

Pronouns: She/her/hers

Native Americans for Community Action, Inc.

1500 E. Cedar Ave., Suite 56

Flagstaff, Arizona, 86004

Ph: (928) 526-2968 x 139

Email: [Sholgate@nacainc.org](mailto:Sholgate@nacainc.org)

Website: [www.nacainc.org](http://www.nacainc.org)

**Board Report**  
**Economic Development Program**  
**Submitted by Pearl Tsosie**  
**January 2026**

**Community Events:**

I always like to start with the monthly event.

The Community Event for January 2026 was the monthly lottery. The lottery was on January 4, 2026. We had less than 30 people in attendance, for February 2026. But at the end of January the vendors managed to buy more than the days sold on lottery. Which keeps me very busy.

The only site open this time of the year is the Overlook, and that was 75% sold for January 2026. Because of adverse weather conditions, we closed the site for 3 days in January.

**Collaborations:**

- **Forest Service** (Sedona) Occasionally the Forest Service Rangers from Red Rock Ranger District from Sedona office come to the site to check on certain work that they are implementing.
- Since the New Year, it has really slowed down for business, and this is the time of the year when all holidays are done, and people have gone home and back to work. And we need additional help to advertise the site.
- We are having a meeting with the Grand Canyon South Rim crew for the coming season. We will be going over the logistics for the two sites at South Rim.

**Economic Development Program**

I do not have any adverse situations to report, other than the Overlook buildings are getting older and in need of repairs and updating. An internet signal is needed to open apps to make sales and credit card transactions. I had mentioned that maybe we can get a satellite at the Overlook but probably need one that we can shut down at the end of each day.

All permit cards have been distributed and waiting to make another date for another Orientation.

We will be scheduling another Orientation for at least 20 more people in February.

## **RUL Team - Board Report - February 11, 2026**

**1. Vacant Positions** - Community Training Coordinator - Position remains vacant.

**1. Training that has been scheduled** - Programming for the remainder of 2025

- Lifeskills
  - Pine Forest Charter School – 02/20/26
  - Coconino County Juvenile Detention – 02/25/26
- MBSAT
  - STAR School – 02/12/26, 2/19/26, 2/26/26
  - Flagstaff Dorm (KBD) - 02/09/26, 2/23/26
- QPR – United Way – 02/11/26 2:30 -4:30PM
- Cultural Workshop – Winslow Residential Hall – 02/18/26 6:00-7:00PM
- SafeTalk – United Way – 02/06/26 – 12:00 – 4:00pm

**2. Intakes - Angie**

- January/February - January completed 3 takes. February, have 1 intake scheduled for 2/17, 02/23, and 3/1/26

**3. RUL Team Meetings** - We continue to have morning team huddles. We begin with positive thinking and reinforce our strengths.

a. We continue to focus on:

- Individual strengths
- Individual challenges
- Most important thing to do on “To Do” list for the day.
- Share personal or team achievements in the past month.
- Ensure we are all practicing self-care daily.
- Assess and evaluate what is working well, and what we need to change for better outcomes.

b. Monthly Meetings with RUL Team and Partners - These will continue to provide updates on partnerships and services. Our meetings now are in person every other month.

c. Henry Luce Foundation. The concept note was submitted on November 4<sup>th</sup>. Awaiting for a response.

2. **Grant Forecasted Opportunity** - The CDC released a forecast opportunity for Comprehensive Suicide Prevention Program for States grant. The post date has not yet been released. RUL team checks Grants.gov daily to monitor status of grant post date. RUL team plans on applying for this when it is released. It is a 650,000 a year grant.

- a. The purpose of this NOFO is to implement and evaluate a comprehensive approach, with attention to one or more disproportionately affected populations (such as veterans, rural communities, tribal populations, LGBTQ, homeless, or others). These populations account for a significant proportion of the suicide burden and/or have suicide rates greater than the general population in a jurisdiction(s) (such as state, county, or tribe).

#### **4. Update With Partners/Community**

- I. **Suicide Prevention Evaluation Advisory Committee** – Sponsored through U of A Center for Participatory Evaluation and Action Research. RUL program manager was invited to participate. Program manager attended second meeting held on February 2<sup>nd</sup>, via ZOOM. A Stipend of 300.00 for participating ( 1 year Commitment) will be sent to NACA.
- II. **NAESP/NAPO** - February 19, 2026 being held at Puente De Hozho 5:30 - 7:00pm. RUL team planning on attending.
- III. **TMC/HPDP** - Grant meeting - Twin Arrows December 18, 2025 8:00am – 12:00pm

**Month: Jan-Feb**  
**Program: Pathways Youth Program**  
**Staff: Kateri Slim, Joi Lynch**  
**Date: February 11, 2025**

**Program Monthly Highlights:**

- **NACA Health Promotion team started Archery with pathways students. The younger group has really caught up on to the sport, and both groups really enjoy this activity.**
- **Pathways will be hosting a Valentines Day party with both groups on Friday, Feb 13. Parents have responded to this event very well and most have RSVP.**
- **Danielle Bonfig, Community Program Coordinator Sr. at Economic Policy Institute's Center for Economic Education (NAU) will be teaching the students via zoom about finances and economic decisions in a fun age-appropriate lesson. Students will learn the importance of spending, saving, and how to make smart decisions when it comes to money. (Monday Feb, 9 and Thursday Feb, 13)**

**Program Lows:**

- **None currently**

**Client encounters:**

- **Pathways have 99% attendance.**

**Client Services Provided:**

- **Pathways Youth Programs offers the Beauty Way curriculum.**
- **NACA HP/ LIFE program visits pathways weekly for an hour.**

**Network Meetings:**

- **Leadership meeting scheduled for 2/12 and 2/26.**
- **ITRE group meetings 2/6**
- **Pathways/ RUL scheduled for 2/19**
- **Workplace and community meeting 2/3**
- **Attended SMPR meeting 2/2**
- **1:1 meeting with Dorothy Gishie, CD Director (Pathways update) 2/4**

**Program Trainings:**

- **Joi Lynch attended safeTALK with NACA RUL 2/6**

# January 2026 Marketing Report



## Marketing goals

Increase community outreach and engagement, increase event attendance, and in turn, raise funding for NACA.

## Current marketing strategy

1. Consistent social media posting using the social media content calendar, with daily themes for posting. Responding to comments and messages promptly and thoroughly.
2. Send NACA e-newsletter to all subscribers every 2 months. Occasional funding emails.
3. Promote NACA and departmental events/programs on social media, the website, in the e-newsletter, at public outreach events, in public media outlets, and via printed

materials. Take photographs at NACA special events.

4. Collaborate with other organizations that can partner with NACA to further community outreach and engagement, and funding.

## Completed Trainings/Webinars –

### Completed Tasks

#### NACA Tasks

- Open Drum Group
- Drum dedication
- Planning 2026 budget
- SMPR planning
- Website redo
- Google Street View Maps updates
- Meeting with NACA programs for 2026 marketing
- Prayer vigil
- Human trafficking awareness month lunch and learn
- Subscriptions renewals
- Bowl for Kids' Sake
- Prompts for staff stories

#### Department Tasks:

- Family Health Center –
  - Mammogram Screening Event
  - PatientPoint Tvs

#### Behavioral Health –

#### Health Promotions -

- Run 4 Renewal
- Newsletter and Calendar
- Beading Circle

#### Pathways –

- Shoe Game

#### Community Development –

#### Economic Development –

- Ranger job positions postings

#### Supportive Services –

#### RUL –

- safeTALK

#### QPR

#### Ongoing Tasks:

- Kind Traveler partnership
- GSA Lobby TV powerpoint
- GoodHealth TV
- Leadership meeting
- Board of Directors meeting
- Workplace and Community Support Committee meeting
- Business Cards
- All-Star Employee Recognition
- Website maintenance

## January 2026 Marketing Report

Patient Satisfaction Survey

Monitoring Outreach email  
inbox

Promoting Oak Creek  
Overlook and Grand

Canyon vending sites on  
social media

All Staff Calendar

Facility Communication  
boards

Social media reposts

QI/QA meeting

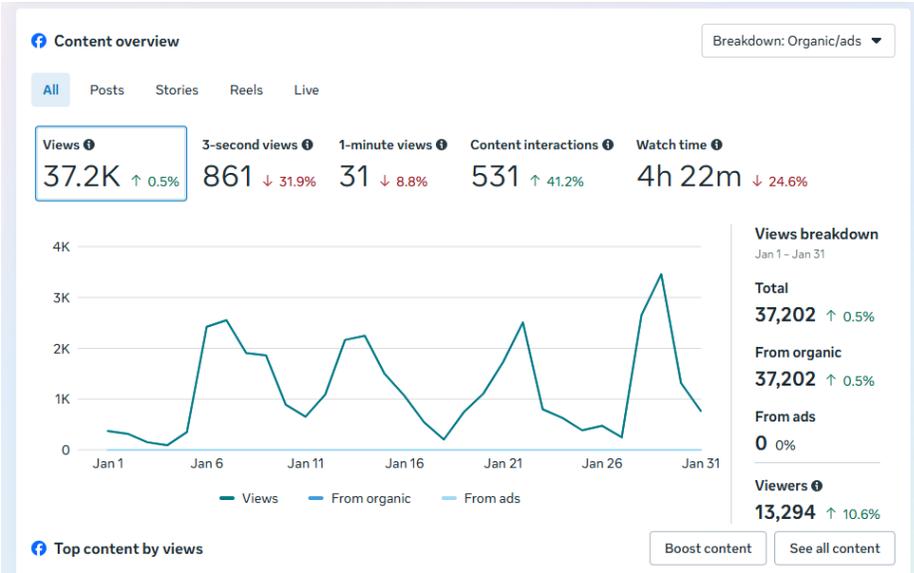
Strategic Planning  
Committee

.....and more!

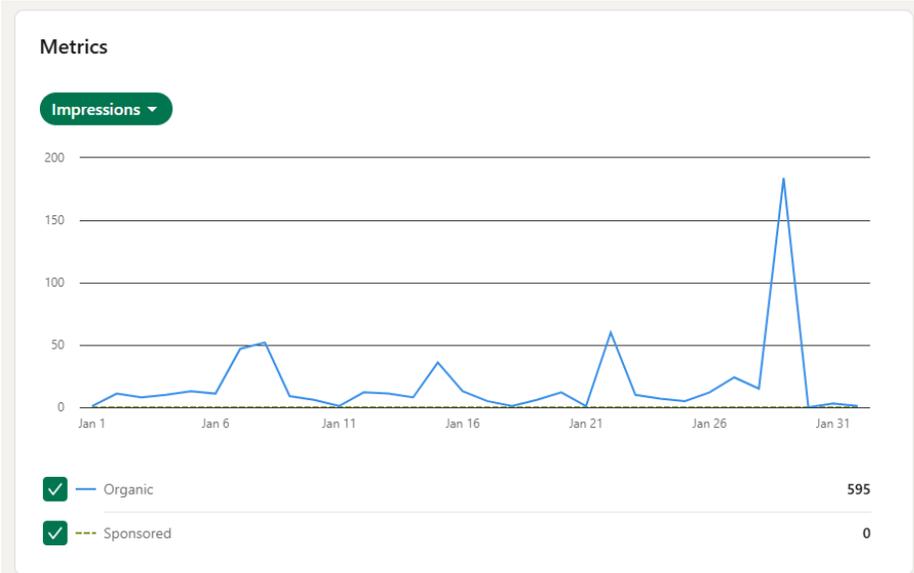
Use the Linktree below to find NACA on Social Media:

<https://linktr.ee/NACAFlagstaff>

# January 2026 Marketing Report



# Facebook

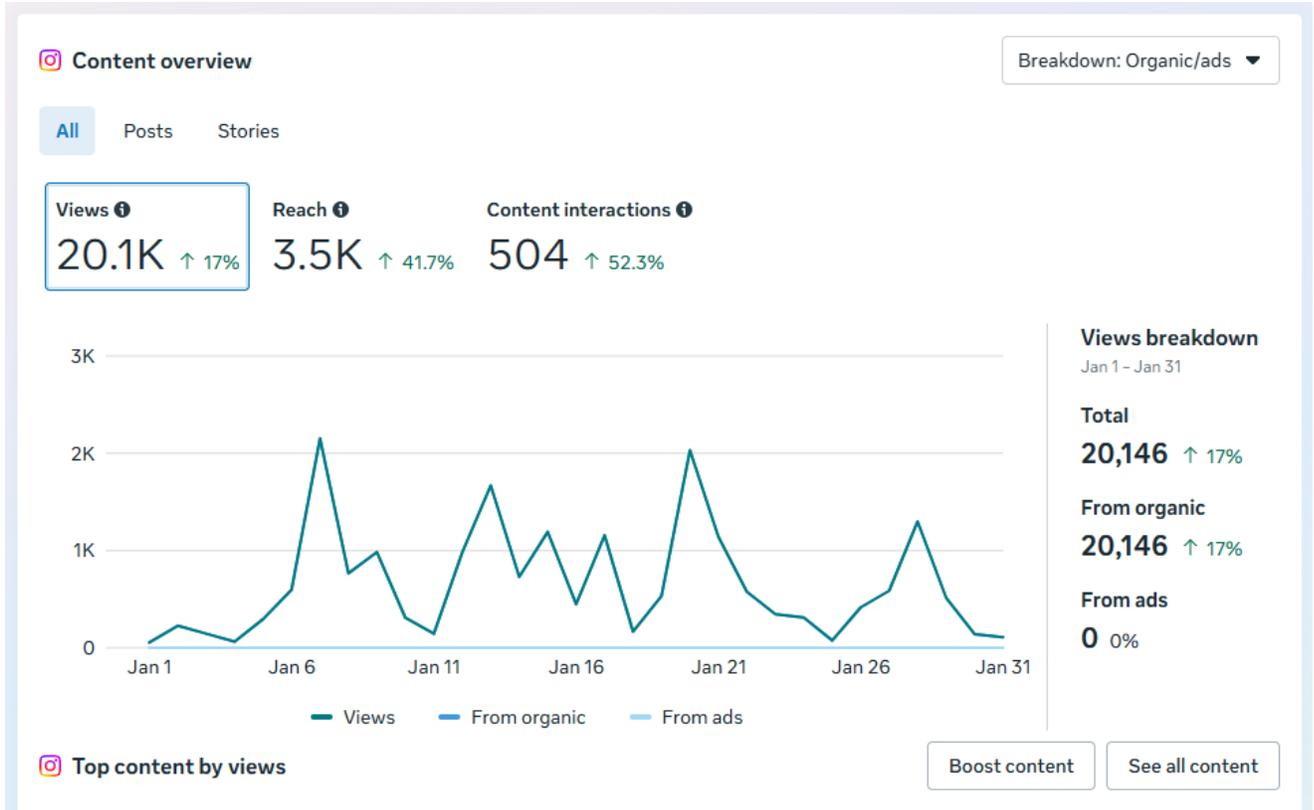


# LinkedIn



# TikTok

# January 2026 Marketing Report



## Instagram



## Quality Improvement and Compliance February 2026 Board Report

### **Major Highlights:**

- Relias kick off call Feb 10 2026
- Safe Injection Practices Audits to start February 2026
- Storage Organization

### **Major Challenges:**

- Delay in TempDev custom reporting due to Mirth connection error
- Outstanding Maintenance Orders
- Prolonged Staffing Vacancies
- Changes in FHC Staffing

### **Compliance, Risk Management**

- **IHS:** Site Review scheduled Feb 17-20, 2026
- **AAAH:** ACCREDITED! Dec 9, 2025-Dec 9, 2027
- **Risk Management:** Inadequate staffing in HIM (need 2<sup>nd</sup> support person), FHC (need 3<sup>rd</sup> CMA), Providers (need permanent medical director and 2<sup>nd</sup> physician)
- **Policy:** Health Promotion and Admin/Governance due in Feb 2026
- **Incident Reports**  
Incident Reporting Period: January 7 – February 3, 2026

#### 1. Overview

Multiple incident reports were reviewed across Behavioral Health, Family Health Center, Wellness Center, Health Promotions, and General Services. Most incidents were handled appropriately with proper documentation and supervisory consultation. Patterns indicate recurring workflow and customer service concerns in the Wellness Center.

#### 2. Key Incident Categories

- A. Statutory Reporting / Child Safety – All mandated reporting was timely and compliant; no deviations noted.
- B. Patient Safety Events – Emergency responses were appropriate; some environmental safety issues were identified.
- C. Administrative Errors – Included charting mistakes and miscommunication; generally low-risk but preventable.
- D. Customer Service & Workflow Lapses – Significant trend in the Wellness Center involving miscommunication, referral handling errors, and dismissive interactions.

#### 3. Trends & Root Cause Themes

- Recurrent workflow failures in the Wellness Center.



- Strong adherence to mandated reporting processes.
- Need for improved environmental safety compliance.
- Operational errors suggest need for documentation training.

#### 4. Recommendations

- Retraining in Wellness Center workflows and customer service.
- Customer service and de-escalation training for frequently involved staff.
- Quarterly Environment of Care audits.
- Standardized cross-department communication protocols.

Conclusion: While mandated reporting and clinical responses are strong, systemic workflow issues—particularly within the Wellness Center—require targeted corrective action and ongoing monitoring.

- **ADHS:** Will need to update Med Dir to Dr. Arhin

### **Quality Improvement Program / Quality Improvement Committee**

- **Quality Studies, SMART goals, Plan-Do-Study-Act (PDSA):**
  - FHC Diabetic Management, A1c < 9 (goal 12.5% - inverse goal): **61% down from 73%**  
Working with Sonora Quest for standing orders, data analytics, and outreach platforms.
  - Hand Hygiene (goal 85% +):
  - No-shows: data obtained still need further analysis. We have discussed at QIC. Pending 2025 start. Major action plan item will be LUMA implementation.
  - Retinopathy Exam Completion (goal 44%): **30% up from 13%** (working to iron out some updated IHS coding requirements)
  - Annual Exam/Wellness exam on rolling 12 mos: (goal 50%) : **12% (Previous year total 2025- 12%)**
  - **Note:** Need to cross reference mapping/coding with new Population Health\*  
Current GPRA Reporting reset on Oct 1
  - HIM:
    - Luma Implementation pending 2026
    - NG8 Upgrade early 2026
- **QIC:** Next meeting 2.26.2026
- **Patient Satisfaction:**

Concise Patient Satisfaction Summary (Jan 1–Feb 9, 2026)

#### **Overall performance:**

12 total responses.

Overall average rating: 4.86 / 5

Top-box (5 ratings): 92.5%.

Low-box (1–2 ratings): 2.4%.

#### **What Patients Rate Highest**

Ease of getting care / ability to be seen

Hours the location is open

Time in waiting room

Friendly and answers your questions



These indicate extremely strong access, customer service, and communication experiences.

**Relative Opportunities**

Takes enough time with you

Time in exam room

Listens to you

Gives good advice and treatment

Likelihood to refer others

**Yes/No Operational Measures**

100% Yes: Exam room & table clean (12/12).

~92% Yes: Know how to obtain medical records, where to access urgent care, where to access emergency care, consider NACA their regular source of care.

83% Yes: Know provider availability.

~73% Yes: Observed provider hand hygiene (8 of 11 responses).

**What they like best:**

*Staff, everyone, very open, explains, amazing, medical people.*

→ Indicates strong rapport, friendliness, and clarity.

**Suggestions for improvement:**

Add Saturday/Sunday hours (especially Saturday 9–2)

Concerns about turnover

Waiting for labs

- **Peer Review:**

- July-Sept 2025 completed by Dr Arhin (need to do team summary)
- Oct-Dec 2025 pending completion by Dr Arhin (need to do team summary)
- Annual Peer Evaluations completed, next due Apr 2026 to include in performance eval
- Team Summary Meeting: pending new Med Dir completion of chart reviews

**Current GPRA Performance: Oct 1 2025 – Feb 9 2026**

Metric	IHS Target	Previous	Current
Access to Dental Services GPRA 2025	27.0%	0.08%	0%
Adult Immunizations - Pneumococcal Vaccine GPRA 2025	39.0%	46.38%	44.58%
Adult Immunizations - Shingrix GPRA 2025	39.0%	31.62%	32.69%
Adult Immunizations - TDaP GPRA 2025	39.0%	29.19%	29.07%
Adult Immunizations Comprehensive GPRA 2025	39.0%	25.42%	25.2%
Adult Immunizations TDaP/Td GPRA 2025	39.0%	25.42%	25.12%
Adult Influenza Immunization GPRA 2025	21.0%	11.25%	5.9%
Alcohol Screening GPRA 2025	36.0%	40.14%	23.68%
Cancer Screening: Mammogram Rates GPRA 2025	40.0%	33.02%	33.9%
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Child Influenza Immunization GPRA 2025	18.0%	12.87%	8.54%
Childhood Weight Control GPRA 2025	22.0%	100%	100%
Colorectal Cancer Screening GPRA 2025	24.0%	8.92%	7.06%



<b>Controlling High Blood Pressure (Million Hearts) GPRA 2025</b>	<b>48.0%</b>	35.54%	40.82%
<b>Dental Sealants GPRA 2025</b>	<b>11.0%</b>	1.52%	0%
<b>Depression Screening: Age 18 yrs and older GPRA 2025</b>	<b>39.0%</b>	46.9%	20.57%
<b>Depression Screening: Ages 12-17 yrs GPRA 2025</b>	<b>36.0%</b>	56.41%	34.38%
<b>Diabetes Glycemic Control GPRA 2025</b>	<b>12.0%</b>	33.75%	53.33%
<b>Diabetes: Blood Pressure Control GPRA 2025</b>	<b>57.0%</b>	65%	62.71%
<b>Diabetes: Nephropathy Assessment GPRA 2025</b>	<b>44.0%</b>	27.5%	30.51%
<b>Diabetic Retinopathy GPRA 2025</b>	<b>47.0%</b>	28.75%	32.2%
<b>HIV Screening GPRA 2025</b>	<b>42.0%</b>	2.92%	2.96%
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<b>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease GPRA 2025</b>	<b>36.0%</b>	31.93%	28.06%
<b>Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes GPRA 2025</b>	<b>52.0%</b>	100%	100%
<b>Tobacco Cessation GPRA 2025</b>	<b>27.0%</b>	14.6%	10.99%
<b>Tobacco Use and Exposure Assessment: Screening GPRA 2025</b>	<b>50.0%</b>	44.56%	21.13%
<b>Tobacco Use and Exposure Assessment: Tobacco Use GPRA 2025</b>	<b>50.0%</b>	40.51%	17.54%
<b>Topical Fluoride GPRA 2025</b>	<b>27.0%</b>	0%	0%

**Emergency Management and Safety**

- **Safety Plan:** no updates
- **Facility Fire Inspection:** Due June 2026
- **Facility Drills:**
  - Snow Delay 1/9/2026 – real event (drill) summary (see attached)
  - Next due: Medical Emergency Apr-June 2026
- **Emergency app:**
- **Monthly Hazard Surveillance:**
  - Previous Issues: (from January 2026)
    - All Ceiling Tiles have been replaced: MR, FHC and WC
    - Escutcheons have been replaced: WC and GSA; **one is loose in FHC Lobby**
    - FHC Staff Bathroom no longer has supplies stored under sink
    - Vents have been cleaned
    - WC Fire Extinguisher Tag up to date
    - GSA Handicap door opener has been repaired and ADA compliant



#### January Rounds Performed 1.21.26

- Custodial office was not appropriate for staff. Moved staff to cubicle in GSA.
- Shipping boxes were found to be used as storage and removed from premises.
- Eyewash station found to have an expired tag. PSE replaced and updated tag.

#### Pending

- Consider fire extinguisher in Hopi
  - Excess IT equipment in Hopi Alcove will be removed 2.13.26
  - Consider emergency lighting in GSA lobby
  - FHC Formulary to be updated for 2026
  - Recycle medical equipment that is not used/does not work: Looking to find a medical equipment recycling agency.
- 
- **Quarterly Facility Inspections: next due for Jan-Mar 2026**
  - **Community Plan / Activities: Consider FIAT training**
- **Emergency Preparedness, Safety, QI training/orientation:**
    - Fire Ext Training
    - De-escalation
    - Detailed HIPAA
    - Stop the Bleed
  - **Committees / Work Groups**
    - Ongoing: AAAHC Work Group (on hold)
    - Ongoing: QIC, Emergency Management, Safety
    - Ongoing Committees: Med Exec, Directors, Leadership, Infection Control
    - All Clinic Staff Meetings
    - Department Staff Meetings (pending)

#### **Attachments:**

Snow Delay Event Summary 1/2026

Hazard Rounding 1/2026

# Monthly Surveillance Round



## Month: JAN Year: 2026

	Family Health Clinic	Behavioral Health	Wellness Center	Medical Records	GSA / Admin
Inspection Date/Standard	1/21/2026	1/21/2026	1/21/2026	1/21/2026	1/21/2026
A. Privacy & HIPPA compliant?	Y	Y	Y	Y	Y
B. Appropriate chemical use & disposal	No. See Note 1. (Corrected 1/26/26))	Y	Y	Y	Y
C. PPE & hand hygiene supplies readily available	Y	Y	Y	Y	Y
D. Exam rooms, bathrooms, waiting rooms clean & organized?	No. See Note 3 (corrected 1/26/26)	Y	No. See Note 4 (corrected 1/26/26)	N/A	No. See Note 5 (corrected 1/26/26)
E. Medical equipment in good order?	Y	Y	Y	N/A	N/A
F. All eyewash stations in good order?	No. but corrected. See Note 7	N/A	N/A	N/A	N/A
G. Med room compliant, clear, organized?	Y	N/A	N/A	N/A	N/A
I. Oxygen, first-aid, stat bag maintained & accessible	Y	N/A	N/A	N/A	N/A
J. Fire Extinguishers in good working order?	Y; Tag updated	Y; Tag updated	Y; Tag updated	Y; Tag updated	Y; Tag updated
K. Annual Inspection due date?	7/8/2026	7/8/2026	7/8/2026	7/8/2026	7/8/2026
L. Facility clear of hazards that could cause slips, trips, falls?	Y	Y	Y	Y	Y
M. Facility clear from hazards blocking paths of egress?	Y	Y	Y	Y	Y
N. Exit Signs tested & in good working	Y	Y	Y	Y	Y

O. Emergency back-up lights in good working order?	Y	Y	Y	Y	Y
P. Exit doors unlocked?	Y	Y	Y	Y	Y
Q. Fire Door closed?	Y	N/A	N/A	N/A	N/A
R. Emergency Call Light battery (every 6 months)	9/19/2025 changed	N/A	9/19/2025 changed	N/A	N/A
S. Emergency Call Lights in good working order?	Y	N/A	Y	N/A	N/A
T. AED in good working order?	FHC Maintains AED checks	N/A	Y	N/A	Y
U. Automatic Doors in good working order?	Y	N/A	N/A	N/A	No. Corrected. See Note 8.
Surveyor Initials	FR/VQ	FR/VQ	FR/VQ	FR/VQ	FR/VQ
Surveyor Name & Signature					

### Standard A: Privacy & HIPPA compliant?

#### NOTE 1

#### Health Clinic: IC: Custodial office: Shipping boxes

Issue: Shipping boxes are used to house supplies in the custodial office. Shipping boxes are exposed during transit and may harbor communicable diseases so it becomes an Infection Control violation. We can use the box or boxes that come from within the shipping box since they were not exposed to the elements or environment. \*\*\*Need to find policy location\*\*\*

POA Shipping boxes need to be removed ASAP and items in the boxes need to be put in totes. FR will work with George to correct the problem.

Timeline: FR will connect with George by 1/26 to create completion timeline.

Additional Notes: I met with George and Mark and explained the policy and the concern. We agree that all items in shipping boxes will be put in plastic totes. Totes need to be purchased. 1/30/2026: Totes were purchased. All items out of shipping boxes. **Deficiency corrected.**

#### Health Clinic: IC: Custodial office: Spray bottle

Issue: Found in the custodial office: Policy states that Windex/Glass Cleaner is the only liquid chemical that is allowed to be in a spray bottle in the clinic. For everything else, we are to use wipes that come in purple top. \*\*\*Need to find policy location\*\*\*

POA: All sprayer bottles, except for sprayer bottles with Windex, to be pulled ASAP from all sites and disposed of appropriately.

Timeline: FR will meet with George by Mon 1/26 to ensure all spray bottles are pulled from use.

Additional Notes: QIC met with George and explained the concern. QIC met with George and he explained the process he takes with the spray bottles. All spray bottles have been taken out of the custodial office. Deficiency corrected. **1/30/26: QIC believes that a refresher on custodial policy would be a good idea prior to site visit.**

**Standard D: Exam rooms, bathrooms, waiting rooms clean & organized?**

**Note 4**

**WC: EOC 100: Fire safety**

Issue: Fire sprinkler escutcheon needed in WC classroom.

POA: QIC will contract with vendor to properly seal the escutcheon.

Timeline: QIC will coordinate with CEO to get a vendor

Additional Notes: 1/23: CEO informed QIC that escutcheons have been ordered and will arrive next week and George will install. **2/11.26: Issue fixed.**

**Note 7**

**FHC: MS 910: Medical Equipment:**

Issue: Eyewash has an expired tag/strap dated 11/2025.

POA: QIC to investigate how to update tag/strap

Timeline: 1/23

Additional Notes: 1/26: QIC reached out to vendor PSE and they confirmed that they can replace the cartridge to bring the station into compliance. They will come Wed 1/28. 1/28/2026: PSE replaced expired solution. **Deficiency corrected.**

**Standard U: Automatic Doors in good working order?**

**Note 8**

**GSA: EOC 200: Automatic Door**

Issue: Automatic front door is not working properly. It opens at a good speed but closes very quickly. This can cause harm and bodily injury.

POA: QIC will talk to CEO about contacting vendor.

Timeline: 1/23/2026: FR to meet with CEO to determine POA

Additional Notes: 1/23: CEO forwarded vendor contact information. QIC will follow up. 1/26: Reached out to Pete and requested service on the automatic doors; 2/4/26: Pete reviewed all doors. They are ADA compliant.

**Health Clinic: EOC 210: Custodial office: Chemical Smell**

**Date identified: 1/23/2026; Date closed out: 1/26/26**

Issue: Had strong odor of chemicals and no ventilation system in place.

POA: Space is not to be used as an office effectively immediately. Steps should be taken to locate another office space. QIC will work with CEO to ensure move is done ASAP.

Timeline: 1/23/2026: FR to meet with CEO to determine POA

Additional Notes: 1/23: QIC met with CEO and we agreed to find a suitable place on Mon.

1/26: QIC met with DOO and office space will be moved to MR dept effective today. This concern has been remediated and no longer a problem since the office space has been moved to another location. **This concerned has been corrected.**

**Note 3**

**FHC: IC: Ceiling Tiles**

**Date identified: 1/23/2026; Date closed out: 1/26/26**

Issue: Ceiling tile are watered damaged/dirty in rooms 2, 6, 7 ; Tile replacement needed in Utility Closet. They are a safety and health hazard/

POA: QIC will meet with handyman to determine if they can fix the tiles.

Timeline: FR will meet with George no later than Mon 1/26 to create POA. If George cannot complete the work in a timely manner, FR will seek an outside vendor to complete the work.

Additional Notes: 1/23: CEO informed QIC that tiles were ordered and received today and that George would be installing. I will confirm with George on Mon 1/26.

1/26: Met with George and he confirmed that tiles have been replaced. I confirmed by performing visual checks. **This concern has been fixed.**

#### **Note 4**

**WC: IC: Ceiling Tiles**

**Date identified: 1/23/2026; Date closed out: 1/26/26**

Issue: Ceiling tile are watered damaged/dirty and need to be replaced.

POA: QIC will meet with handyman to determine if they can fix the tiles.

Timeline: FR will meet with George no later than Mon 1/26 to create POA. If George cannot complete the

Additional Notes: 1/23: CEO informed QIC that tiles were ordered and received today and that George

1/26: Met with George and he confirmed that tiles have been updated. I confirmed by performing visual checks. **This concern has been corrected.**

#### **Note 5**

**GSA: IC: Ceiling Tiles**

**Date identified: 1/23/2026; Date closed out: 1/26/26**

Issue: Ceiling tile are watered damaged/dirty and need to be replaced.

POA: QIC will meet with handyman to determine if they can fix the tiles.

Timeline: FR will meet with George no later than Mon 1/26 to create POA. If George cannot complete the

Additional Notes: 1/23: CEO informed QIC that tiles were ordered and received today and that George would be installing. I will confirm with George on Mon 1/26.

1/26: Met with George and he confirmed that tiles have been updated. I confirmed by performing visual checks. **This concern has been corrected.**



Family Health Center Board Report  
February 2026  
Prepared by: Verity Quiroz, Director of Operations

Major Highlights:

- Initiation of DM II and HTN protocol implementation
- 2026 Budget preparation
- Hire of Ruth Deboard, NP
- Mary Sylvia Smith, NP completed 90-day probation period
- Re-hire of Rhonda Davis-Begay, NP Locums
- Hire and Orientation of Dr. Arhin, interim Medical Director
- Implementation & Training of Vocera for internal communication
- Clinical Case Management meeting scheduled February 2026
- Orientation and use of Microix
- Interviewed Dr. Chadd Nelson for Phys/Medical Director
- Interview pending Dr. Tracey Godfrey
- Guest Speaker: Kristie Riebe, NAH Breast Cancer Navigator presented at All Clinic Staff Meeting
- Medical Records annual review and approval Jan 2026
- Attended DUJA Monthly meeting
- HIM System Specialist Interviews
- Orienting Francisco Rendon, QI & C Director
- HRSA Site Review Preparation
- IHS Site Review Preparation

Major Challenges:

- Provider stability and reliability
- CMA Resignation (Valencia Ketchum) – had 2 interviews who no showed
- Workload / Balance
- New provider payor credentialing & timeline
- Staff covering for more than one job
- Population Health appears inaccurate (working on data validation and NG support) however is improving

Staffing updates:

- Offer made and accepted by Ruth Deboard, NP (start pending NP license renewal and credentialing)
- Physician Dr. Jagarlamudi unable to obtain AZ License by Jan 30 2026, NACA withdrew offer
- Interviewed and up for consideration: Dr Harwood, Dr. Nelson, Dr. Godfrey, Samantha LaBuda PA



Family Health Center Board Report  
February 2026  
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**GPRA: Oct 1, 2025- Feb 9, 2026**

Metric	IHS Target	Previous	Current
Access to Dental Services GPRA 2025	27.0%	0.08%	0%
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Family Health Center Board Report  
February 2026

Prepared by: Verity Quiroz, Director of Operations

Tobacco Use and Exposure Assessment: Tobacco Use GPRA 2025	50.0%	40.51%	17.54%
Topical Fluoride GPRA 2025	27.0%	0%	0%

Infection Control:

- Offering Flu vaccines to all staff and patients through Apr 2026
- Covid Vaccines in stock
- Request for approval to purchase 2026-2027 Flu Vaccines (consent)
- Microorganism Report (see attached)

Employee Health:

- Offering Flu Vaccines to all staff free of charge through Apr 2026

Staff Trainings:

- Upcoming: HIPAA Procedures
- Upcoming: Advanced Directives March 5, 2026

Annual Policy Updates:

- January: Medical Records & Health Information Management
- February: Health Promotions (consent)
- April: Medication Management
- May: Laboratory Services & Infection Control, Infection Control Plan Program
- June: Medical Services

Ongoing Projects:

- P&P generation, revision, deletion – per AAAHC standards
- IHS Site review corrective action plan / Remediation (Next review pending 2026)
- Assist with LUMA implementation
- Assist with NG 8 Upgrade
- Implement DM II and HTN protocols with standing orders

2025-2026 Pending Projects/Plans/Goals

- Safe Injection Practice Audits to start Jan 2026
- PCMH QI Study
- No Shows Performance Improvement
- Close Referrals / Open Orders - QI Study/Performance Improvement



Family Health Center Board Report  
February 2026  
Prepared by: Verity Quiroz, Director of Operations

Committee/Meeting Involvement:

- NCUIH As needed
- Employee Health As needed
- NextGen Administrator Weekly
- COCA/CDC Calls/Webinars Ad hoc
- QA/QI/Emergency Preparedness/Safety Monthly
- Med Exec Committee Quarterly
- Infection Control Bimonthly
- All Clinic Staff Meetings Monthly
- Nurse Staff Meetings Monthly
- Operations Committee Meeting Monthly
- Peer Review Committee Quarterly
- Care1st Center of Excellence Quarterly
- QPM Meetings with Equality Health – bimonthly
- Nextgen Pop Health Beta Team – weekly
- Nextgen Luma Implementation Meetings – weekly
- CFO FHC and HP Meetings – biweekly
- DUIA Executive Calls – monthly
- LUMA calls weekly
- CEO-DOO - monthly
- Finance - weekly

Travel:

- Verity to NCUIH, D.C. April 2026
- Verity to CHW Summit, Chandler AZ June 2026

Attachments:

- Fonemed Report
- Urban and 1ALOE Reports
- Microorganisms Report
- Ashline Referral Report
- 2026 Annual Review of Health Promotions Policies (**consent**)
- Summary of Health Promotion Policies (review/revisions)
- Flu Vaccine Purchase Request (**consent**)



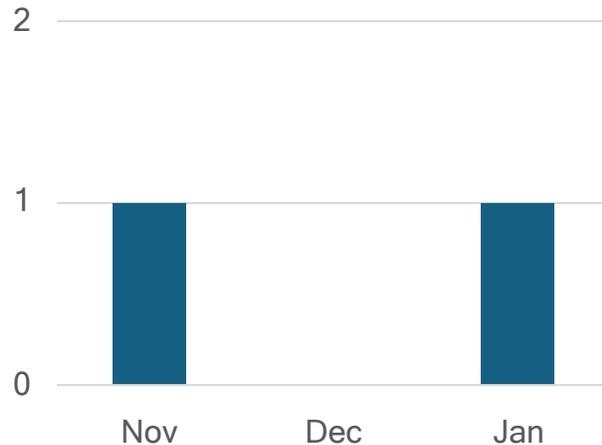
# January 2026 ASHLine Referral Status Report

## Native Americans for Community Action (NACA)

1

Validated Referrals: 100%  
Reach Rate: 100%  
Conversion Rate: 0%

## Number of Referrals



Overall number of referrals in Arizona for January 2026 was 138.

**Patient Care Tip:** February is American Heart Health month. Show your patients you care about their hearts by sending a valentine referral to the ASHLine today.

### Key Resources:

Arizona QuitLogix Health Professionals Resource Page  
<https://ashline.quitlogix.org/en-US/Health-Professionals/Resources>  
Quitlogix Education for Arizona Providers  
<https://quitlogixeducation.org/arizona/>

### Definitions:

**Referrals:** Received referrals and outreach to the participant has been completed. Note: The number of closed referrals may not align with the number of referrals sent.

**Validated Referrals:** Received referrals that have complete and accurate contact information to conduct outreach. A rate less than 100% means the referral was missing data resulting in no participant contact. (Intake Only + Enrolled + Declined + Unreachable)/Closed)

**Reach Rate:** Percent of participants with whom we were able to connect during outreach. (Intake Only + Enrolled + Declined) /Validated)

**Conversion Rate:** Percent of participants who have completed an intake and/or enrolled in the program. (Intake Only + Enrolled/Reach)

Please contact [healthsystemschange@njhealth.org](mailto:healthsystemschange@njhealth.org) to let us know who the best person is to receive this report at your organization. Kindly include their name and email address. If you have any questions about this report, please email or call us at 844-251-0006.

**NACA**  
**1500 E Cedar Ave**  
**Suite 26**  
**Flagstaff, AZ 86004**



1255 W. Washington St  
Tempe, AZ 85281  
602.685.5000 or 800.766.6721

**Account: 76050**

Report Date: 02/01/2026 12:03 PM

Approval  
Date **01/01/2026 - 01/31/2026**  
Range:

## Microorganisms Summary Report

**NACA**

**Culture Type: Urine**

<b>Microorganism</b>	<b>Total</b>
Streptococcus agalactiae (Group B Streptococcus)	1



# Complete Call Report

## Native Americans for Community Action (NACA)

December 2025



Please contact us with any questions by phone or email.

The **FONEMED**  
Team

1.800.366.3633

[www.fonemed.com](http://www.fonemed.com)

[reports@fonemed.com](mailto:reports@fonemed.com)

# Call Summary

Total Calls For Period:	24
Company Wide Abandonment Rate:	11.13%
Callers who indicated that they will comply with nurses recommendation:	100.0%
Average Speed to Answer:	35.49 seconds
Company Wide Satisfaction Rate:	97.70%

# Cost Savings

Nurse Advice Line savings due to redirection\*:

Emergency Room Visits:	\$0.00
Urgent Care Facility Visits:	\$0.00
Doctor Visits:	\$0.00
Total:	\$0.00

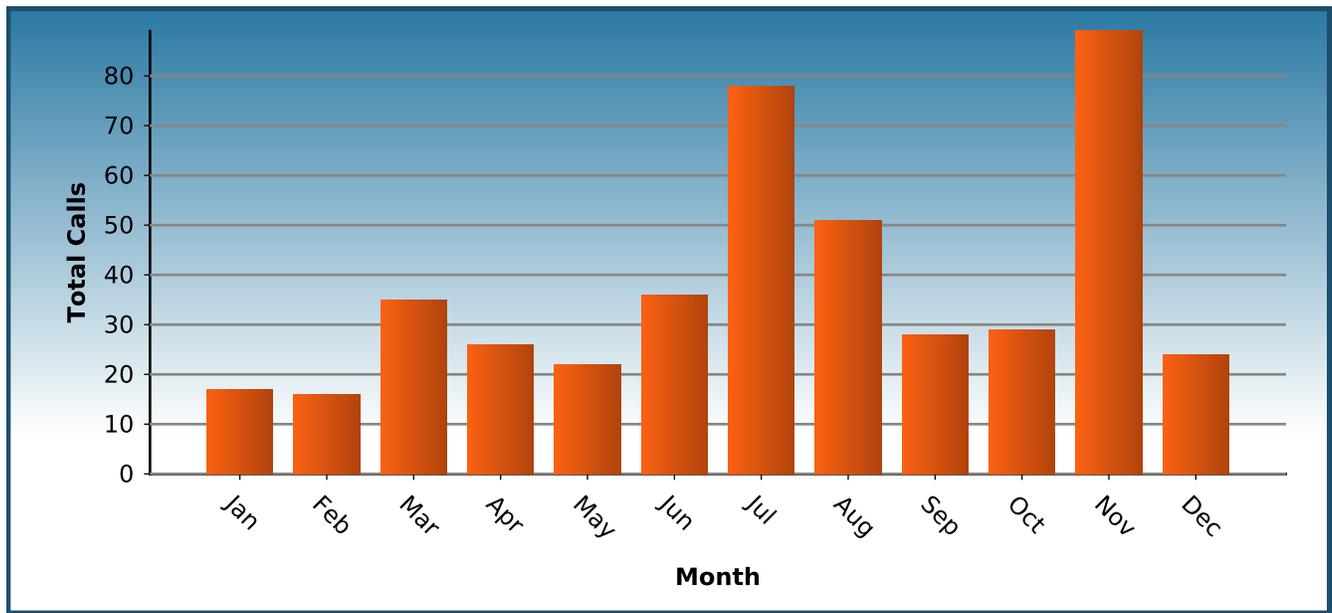
\*Estimated National Averages for Health Care Services:

Emergency Room Visits - Source: United Health; Health and Human Services	\$1700.00
Urgent Care Facility Visits - Source: United Health; Health and Human Services	\$190.00
Physician Office visit: Source: Health and Human Services; National Institute of Health Study	\$200.00

\*All call times reported in UTC

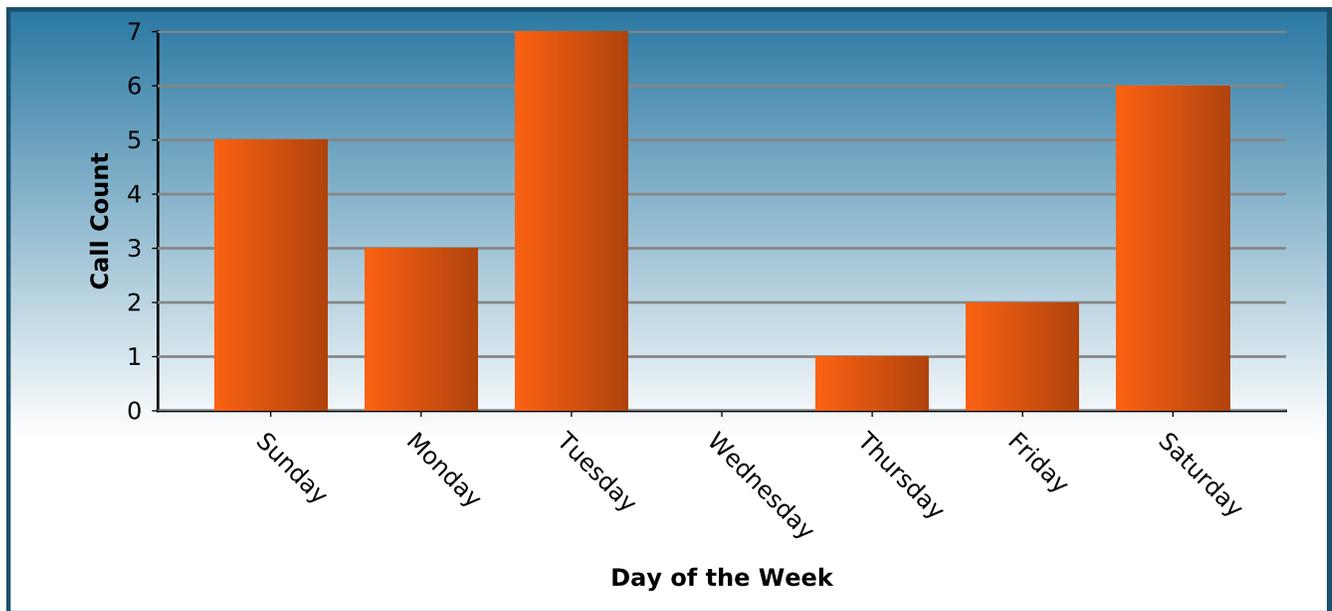
# Calls By Month

Report Month	Total Calls
January	17
February	16
March	35
April	26
May	22
June	36
July	78
August	51
September	28
October	29
November	89
December	24



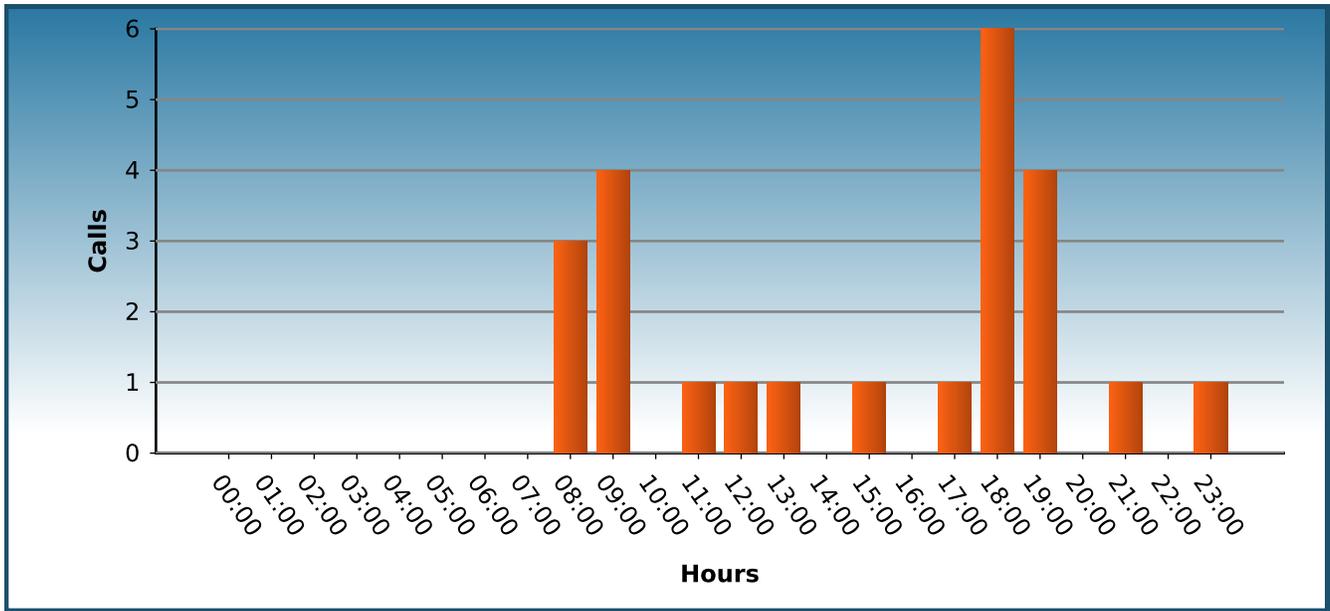
# Calls By Weekday

Weekday	Call Count
Sunday	5
Monday	3
Tuesday	7
Wednesday	0
Thursday	1
Friday	2
Saturday	6



# Calls By Hour

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
0	0	0	0	0	0	0	0	3	4	0	1
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
1	1	0	1	0	1	6	4	0	1	0	1

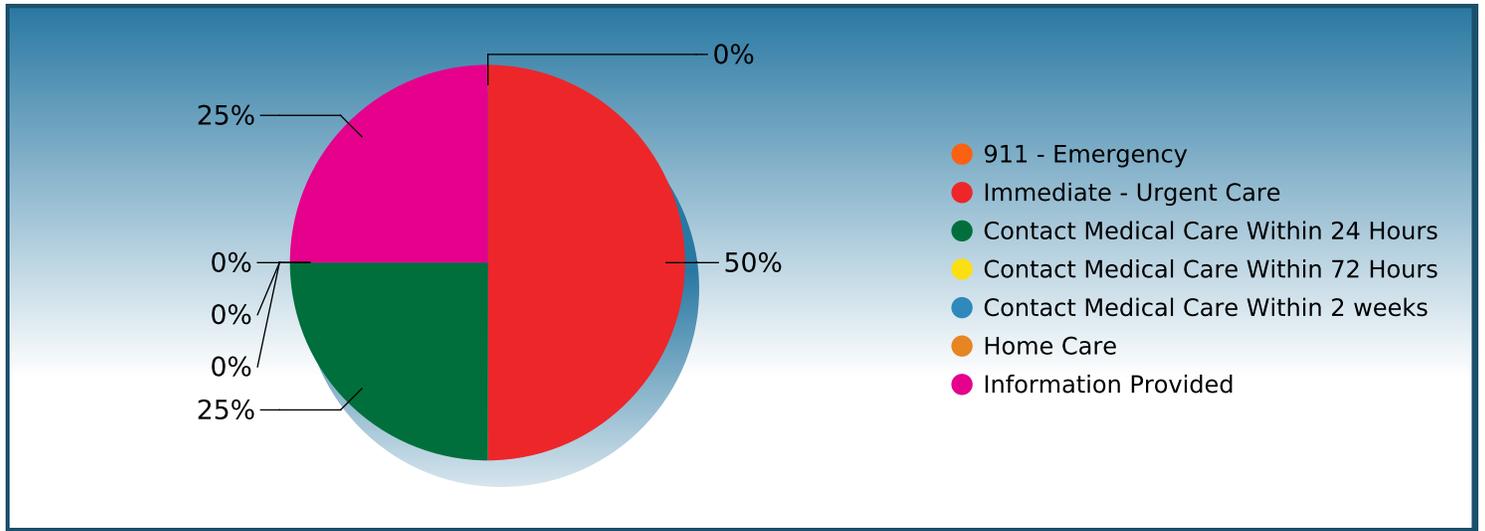


# Calls By Redirection

	Call 911	Go to ER	Go to UCF	Called Doctor in AM	Access other service	Nothing / Home Care	Unsure	Question Not Available	Total	Percentage
911 - Emergency	0	0	0	0	0	0	0	0	0	0.0%
Immediate - Urgent Care	0	0	1	0	0	0	1	0	2	50.0%
Contact Medical Care Within 24 Hours	0	0	0	1	0	0	0	0	1	25.0%
Contact Medical Care Within 72 Hours	0	0	0	0	0	0	0	0	0	0.0%
Contact Medical Care Within 2 weeks	0	0	0	0	0	0	0	0	0	0.0%
Home Care	0	0	0	0	0	0	0	0	0	0.0%
Information Provided	0	0	0	0	0	1	0	0	1	25.0%
<b>Total:</b>	0	0	1	1	0	1	1	0	4	100%
<b>Percentage:</b>	0.0%	0.0%	25.0%	25.0%	0.0%	25.0%	25.0%	0.0%	100%	
<b>Savings:</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

**Final Disposition**

**Original Inclination**



# Adult Protocol Counts

<b>Protocol</b>	<b>Protocol Count</b>
Cough - Acute Non-Productive	1
Cough - Acute Productive	1
Leg Swelling and Edema	1
Poisoning	1

# Pediatric Protocol Counts

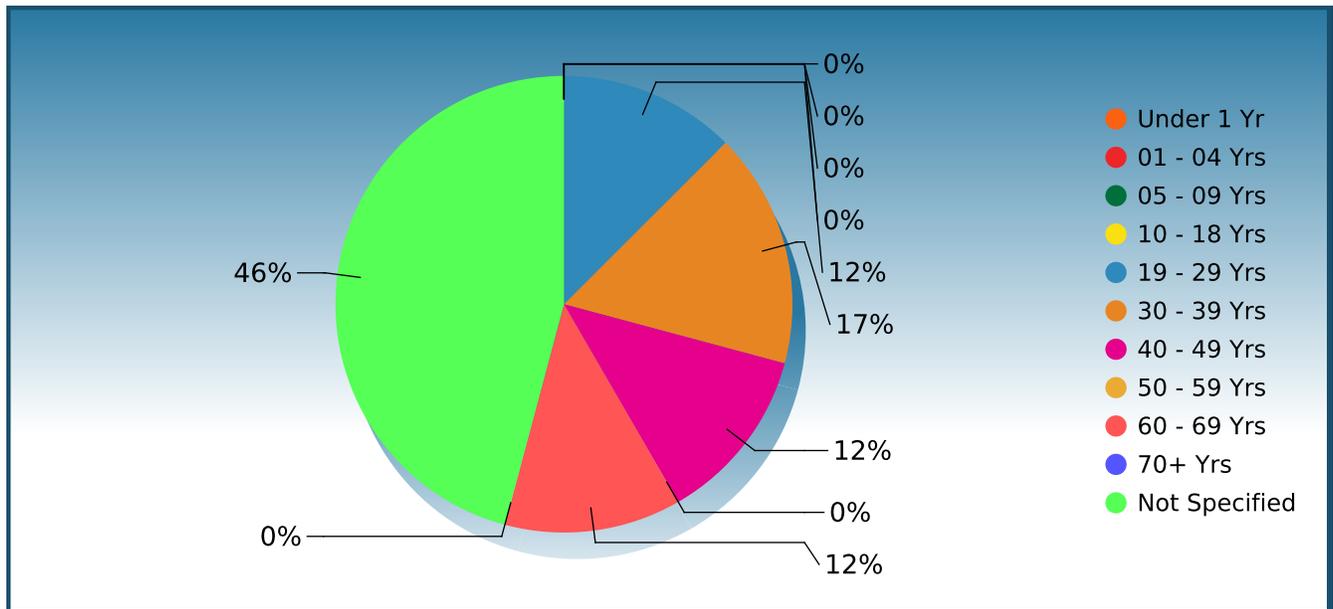
Protocol

Protocol Count

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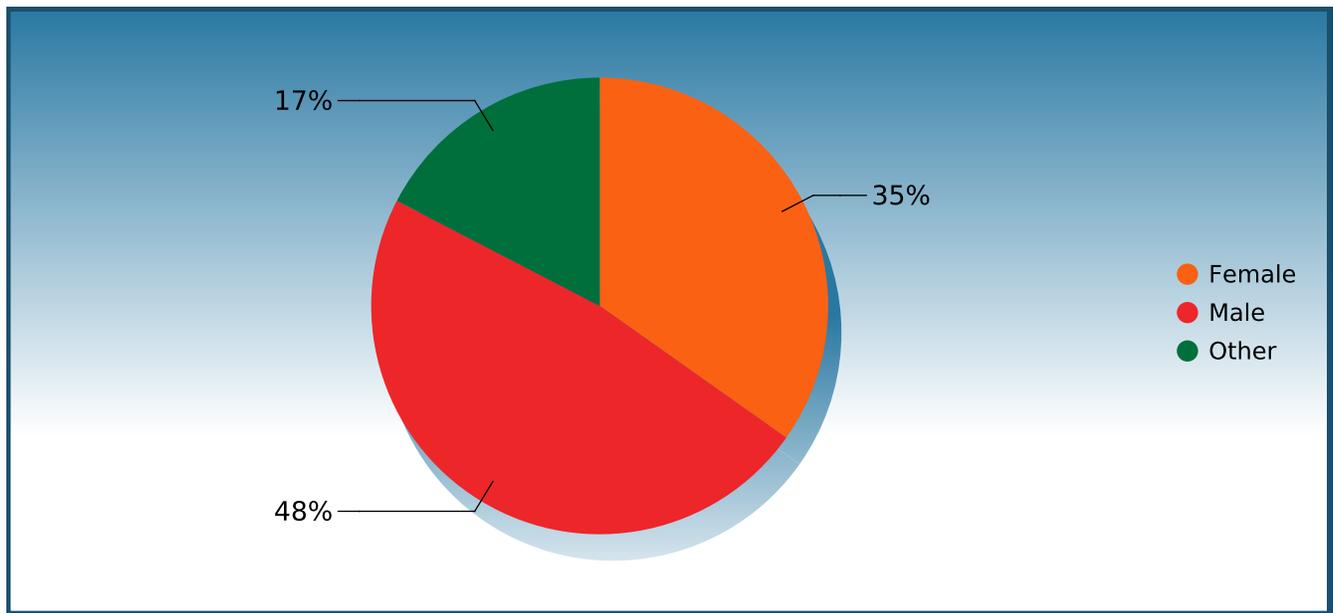
# Calls By Age

Age Group	Patient Count
Under 1 Yr	0
01 - 04 Yrs	0
05 - 09 Yrs	0
10 - 18 Yrs	0
19 - 29 Yrs	3
30 - 39 Yrs	4
40 - 49 Yrs	3
50 - 59 Yrs	0
60 - 69 Yrs	3
70+ Yrs	0
Not Specified	11



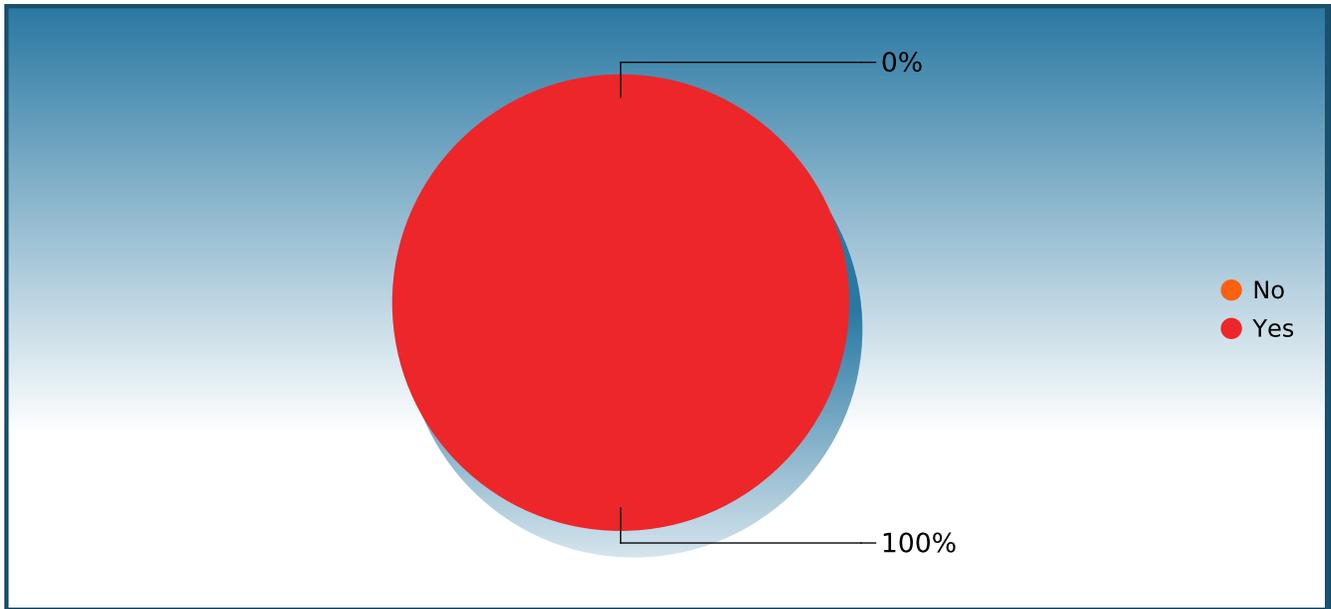
# Calls By Gender

Gender	Patient Count
Female	8
Male	11
Other	4



# Compliance

Comply	Call Count
No	0
Yes	4



# URBAN TRANSMISSION REPORTS

Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 01/28/2026 | Data As Of: 01/18/2026



INDIAN HEALTH SERVICE

# Urban AREA Data Loaded to the NDW

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Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 01/28/2026 | Data As Of: 01/18/2026

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Includes data sent in by any site in the report area for services taking place at any site in the report area.

Region Abbr Code	ITU	ASUFAC	Service Taking Place At...	Files
NAV	U	878711	NACA HEALTH CENTER	3

# URBAN 1ALOE MONTHLY REPORT

Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 01/28/2026 | Data As Of: 01/18/2026



INDIAN HEALTH SERVICE

# Report 1A - **URBAN** By Location of Encounter Ambulatory Care Visits by Provider and Month of Service

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Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 01/28/2026

Data As Of: 01/18/2026

# Report 1A - **URBAN** By Location of Encounter

## Ambulatory Care Visits by Provider and Month of Service

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Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 01/28/2026

Data As Of: 01/18/2026

### **OUIHP Notice to Recipient**

As a reminder, the urban workload statistics were removed from the official Workload reports generated by the IHS Office of Public Health Support. The urban 'view' of the reports follow the same format and naming convention, and continue to provide statistics on all facility types for any of the UIOs that are sending data to the National Data Warehouse (NDW). Please note that low numbers or zeroes shown in the workload reports are likely attributed to UIOs switching to a non-RPMS system, in which case there is usually a delay between switching systems and the ability to report data to the NDW. Once these programs are configured for export, an increase in workload data should begin appearing in the reports.

OUIHP kindly requests you provide the contact information of the individuals at your UIO who are responsible for data file submissions and receiving subsequent notices from the NPIRS team acknowledging when a file has been uploaded to the NDW. If the contact information for these individuals needs to be updated, please contact the Office of Urban Indian Health Programs (OUIHP) at [IHSUrbanWorkloadReports@ihs.gov](mailto:IHSUrbanWorkloadReports@ihs.gov), to provide and update this crucial contact information.

### **Generated Reports Notice**

Blank pages may result depending on the report generator and the flow of the report data.

Blank or empty reports may be generated if one report has data and other does not.



▶ 1500 E. Cedar Ave., Suite 26

▶ Flagstaff, Arizona

▶ (928) 773-1245

## Monthly Meeting of the NACA Board of Directors HIS Specialist Report – February 2026

### Major Highlights

#### HIS Specialist FTE

- Interviewed five candidates.
- Two candidates advancing to second interviews.

#### Luma Project

- NACA Core Team initiated testing of Interactive Medical History (IMH) forms.
- Tentative Go-Live: **March 10, 2026**

#### NextGen Patch Update

- Initial testing of Patch 308 has started
- Continued testing and issue resolution underway prior to production deployment.

### Major Challenges

#### Workload (Risk Level: Moderate–High)

As reflected by the current NextGen IT support ticket volume (90.2% open; 148 of 164 tickets), ongoing operational support demands combined with multiple concurrent enterprise initiatives continue to exceed current HIS staffing capacity.

Additional workload drivers include:

- Baker Tilly Single Audit requests
- HRSA audit preparation
- IHS onsite visit (February 17–19, 2026)
- Luma implementation and testing
- Patch stabilization
- NextGen 8 Upgrade

#### Current Priorities

- Weekly billing meetings to improve claim accuracy and turnaround times.
- Updating NACA forms for submission to NextGen (Luma integration).
- Continued IMH/Luma testing.
- Patch 308 testing and issue resolution.
- Pulling and validating data for Baker Tilly Single Audit; conducting internal audits.
- Running reports and preparing documentation for HRSA audit; conducting internal audits.
- Preparing for IHS onsite visit (February 17–19, 2026).



▶ 1500 E. Cedar Ave., Suite 26

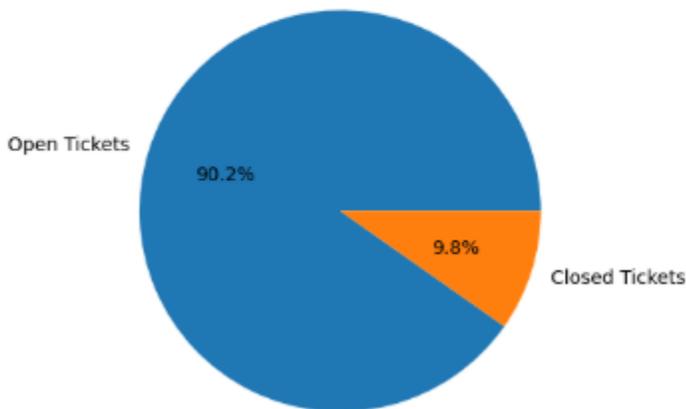
▶ Flagstaff, Arizona

▶ (928) 773-1245

### NextGen IT Support Ticket Status

- **Total Tickets:** 164
- **Open:** 148
- **Closed:** 16

NextGen IT Support Ticket Status (Total: 164)



### Ongoing Projects & Strategic Goals

#### Luma Project

- Automated appointment reminders.
- Patient pre-check-in via secure link, including copay collection prior to appointments.
- Direct import of patient-submitted clinical forms into NextGen.

#### NextGen System Enhancements

- Updating to latest available patch on current version.
- Ambient Assist functionality to support AI-assisted clinical documentation for Behavioral Health NP.
- System updates required to enable enhanced Luma eligibility features.

#### NextGen 8 Upgrade (Q2 2026 Planning Phase)

- Reviewing eLearning materials in preparation for upgrade planning.
- Upgrade to be scheduled following Luma Go-Live and patch stabilization.

#### Population Health

- Auditing clinical and billing data to ensure accuracy and proper measure capture.
- Reviewing data integrity for UDS, GPRA, and IHS reporting requirements.
- Identifying workflow improvements to strengthen quality measure performance and reporting reliability.



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## **Health Promotion & Wellness Center Program**

### **February Meeting-Board Report**

#### **Major Highlights**

##### Tribal Practices for Wellness in Indian Country (TPWIC) grant objectives and strategies.

- Beading circle is ongoing.
- A CHR position is posted for hire
- The 5<sup>th</sup> year continuing grant application is in progress, it is due February 23<sup>rd</sup>.
- Run 4 Renewal will be starting this month.

##### Special Diabetes Program for Indians (SDPI) Program results

- Next gen electronic records- we are building a Community Health Representative template to continue the Medicaid/ Medicare billable efforts.
- Ongoing clinical support is ongoing for foot checks, Retinopathy exams, physical education and health education.
- The annual audit is in progress and due in March.
- The Baseline 2026 Required Key Measure report is in progress, due in February.
- Honor your Heart will be starting this month.

##### 4 in 1 Grant

- Pathways children have sessions each week focusing on exercise, nutrition and cultural activities. They are currently focusing on winter string games.

##### Az Cancer Coalition mini grant

- Colon Cancer preventative kits (FITT kits) are being distributed to patients due for the screening.



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FOR COMMUNITY ACTION

### **Behavioral Health**

#### January's #s for February 2026 Meeting-Board Report

Mental Health Contacts: May 532, June 510, July 617, Aug 486, Sep 599, Oct 632, Nov 486, Dec 511, Jan 566  
Substance Abuse Contacts: May 96, June 130, July 212, Aug 216, Sep 251, Oct 336, Nov 262, Dec 232, Jan 249  
New Intakes: May 6, June 60, July 63, Aug 49, Sep 36, Oct 56, Nov 49, Dec 40, Jan 55  
Total Encounters: May 634, June 700, July 892, Aug 751, Sep 886, Oct 1024, Nov 797, Dec 783, Jan 870

#### Major Highlights:

January involved many interviews, we conducted interviews for the Health Information Specialist (HIS), Medical Director, Physicians and APPs. Through these interviews we were able to identify 2 HIS people that will be getting second interviews. We were able to hire an interim Medical Director and identified a qualified Full time Medical Director that we are waiting to hear from. We also identified a DO that we would like to hire. So, all that effort did not go to waste.

We continued to work on budgets for the 2026 fiscal/calendar year. Three of my budgets are ready for review.

BH sponsored a Bowl for Kids sake with Big Brothers and Big Sisters of Northern Arizona. We sponsored 2 teams of 5 people that will be representing NACA at this event.

Three of my associate level clinicians will be eligible for independent licensure within the next 3 months!

#### Ongoing Projects:

- Participation on the QI/QA Committee ongoing
- Participation on the Medical Executive Committee ongoing
- Participation on Directors and Leadership Committee ongoing
- Conduct individual and group supervision weekly.
- Participation on the Employee Retention Committee.

Curtis Randolph PhD, LPC, Director of Behavioral Health