



# Navajo Area Indian Health Service Quarterly Report



25<sup>th</sup> Navajo Nation Council  
Summer Session  
July 2023

**Navajo Area Indian Health Service  
25<sup>th</sup> Navajo Nation Council – Summer Session**

**July 17, 2023**

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This report provides general Indian health information, updates, and summarizes significant activities of the Navajo Area Indian Health Service (NAIHS) for the months April, May, and June of 2023. The NAIHS truly appreciates the continued relationships with Navajo Nation and San Juan Southern Paiute leaders and looks forward to our continued partnerships in improving the health status of the Native Americans and Alaska Natives served.

## IHS 2023 Agency Work Plan

The Indian Health Service (IHS) has developed and is implementing a work plan to identify, assess, report, and manage enterprise-level risks that impact the IHS environment. In support of the agency's enterprise risk management efforts, the goal of the 2023 Agency Work Plan is to make an immediate impact on the Indian health system in alignment with the IHS mission and Strategic Plan.

2023 Agency Work Plan	PRIORITIES
	<b>Patient Safety</b> <ul style="list-style-type: none"> <li>Standardize patient safety and adverse event policies.</li> <li>Enhance standardization of the credentialing system.</li> <li>Enhance facility manager and safety officer training agency-wide.</li> </ul>
	<b>Human Capital</b> <ul style="list-style-type: none"> <li>Further develop the Diversity, Equity, Inclusion, and Accessibility program.</li> <li>Improve personnel security operations.</li> <li>Implement a workforce development plan.</li> <li>Implement a workforce wellness plan that aligns with retention efforts.</li> </ul>
	<b>Operational</b> <ul style="list-style-type: none"> <li>Improve the acquisition planning process.</li> <li>Expand Indian Self-Determination and Education Assistance Act training.</li> <li>Improve internal and external communication.</li> <li>Improve the policy clearance process.</li> <li>Assess for the most effective human resources structure.</li> </ul>
	<b>Financial</b> <ul style="list-style-type: none"> <li>Further develop a national 105(/) lease program.</li> <li>Improve the Purchased/Referred Care financial process.</li> </ul>
	<b>Compliance/Regulatory</b> <ul style="list-style-type: none"> <li>Implement governance standardization across the agency.</li> <li>Ensure a foundation of enterprise risk management.</li> </ul>
	<b>Strategic</b> <ul style="list-style-type: none"> <li>Manage an adaptable strategy and long term plan.</li> <li>Enhance partnerships with tribes and urban Indian organizations</li> <li>Enhance the sharing of data across the Indian health system.</li> </ul>

The 2023 Agency Work Plan outlines critical actions the IHS is taking over the next year to address risk priorities identified by IHS leadership. A workgroup is leading each activity to identify root causes and design an implementation and monitoring plan to demonstrate a measurable impact on the agency. The IHS remains committed to mitigating programmatic and operational risks before they arise. IHS Leadership is focused on increased and effective communication with Tribal and Urban Indian Organization (UIO) partners on this work while developing sustainable actions.



In January, IHS leadership implemented the [2023 Agency Work Plan](#), which outlines critical actions the IHS is taking over the next year to address risk priorities. The goal is to complete these actions by Dec. 31, 2023. IHS leadership is focused on increased and effective communication with tribal and urban Indian organization partners on this work while developing sustainable actions. Communications about the 2023 Agency Work Plan include progress, barriers encountered, resources needed, next steps, specific timelines, and accomplishments. The IHS tracks progress for each activity and looks for sustained progress over time. Results of the work are made public for our partners and stakeholders' awareness. Read more in our [second quarter update](#).

The IHS Executive Leadership Team is implementing an Agency Work Plan. This plan details critical actions that address priorities that directly impact IHS operations, improve communication, and ensure safe, quality, patient-centered care. To address agency priorities, the IHS will provide rigorous management and oversight of resources to ensure the health care needs of American Indians and Alaska Natives are met.

The work plan outlines critical priorities that will guide agency improvements over the next year and complements ongoing activities to improve patient safety and provide critical oversight of our programs.

The IHS has instituted effective systems and processes to mitigate risk by increased IHS leadership awareness and input for organizational change and improvement. The IHS aims to fully implement processes to monitor and validate the effectiveness and sustainability of corrective measures. The IHS actions in the 2023 Agency Work Plan will continue to develop and demonstrate sustainable improvements through clearly defined monitoring functions.

Agency actions to address priority areas included in the 2023 Agency Work Plan will be led by workgroups. Each Work Group is responsible for identifying the problem and its root cause, developing an action plan to address the problem that includes identifying resources needed, identifying measures to show improvement and impact, and monitoring efforts over time for sustained progress.

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progress for each activity and look for sustained progress over time. Results of the work will be made public for our partners and stakeholders' awareness. The goal is to complete the actions in the 2023 Agency Work Plan by December 31, 2023.

### Navajo Area Office – Area Director & Service Unit Chief Executive Officer Appointments

- On 06/21/2023, Ms. Roselyn Tso, Director, Indian Health Service issued a Dear Tribal Leader Letter announcing the selection of **Mr. DuWayne Begay** as the new Director of the Navajo Area Indian Health Service. Mr. Begay has more than 31 years of experience working with federal agencies, tribes, and local governments. He began his IHS career in 1992 serving in a number of acquisition positions that included procurement agent, business specialist and senior procurement specialist for the Navajo Area Division of Acquisition Management. Since that time, he has served in multiple leadership roles within the Navajo Region Bureau of Indian Affairs as a supervisory contract specialist, regional budget officer and deputy regional director between 2014 and 2020. Mr. Begay returned to the Navajo Area IHS in 2020 and served as Chief Operating Officer and acting Deputy Chief Executive Officer of the Gallup Service Unit, and subsequently transitioned to Area Executive Officer of the Navajo Area IHS from 2022 to 2023.



In a similar fashion, on 06/22/2023 Director Tso issued a second Dear Tribal Leader Letter announcing the appointments of five new Senior Executive Service Chief Executive Officers (CEO) nationally in the Indian Health Service. Two of the five appointments were within the NAIHS:

- CAPT Katrina Leslie-Puhuyaoma** was appointed as the new CEO at the Shiprock Service Unit. CAPT Leslie-Puhuyaoma, an enrolled member of the Hopi Tribe, has more than 27 years of experience working with Federal agencies, Tribes, and local governments. Her clan is Parrot clan and she is originally from Tewa Village of First Mesa in Polacca, Arizona. She began her career with the IHS as a general dentist and eventually specialized as a pediatric dentist. Previous to her time with the Navajo Area IHS, she worked as a staff dentist at Phoenix Indian Medical Center in Phoenix, AZ. She also served as Chief Dentist at the Port Gamble S'Klallam Health Center in Kingston, WA and at the Skokomish Health Center in Shelton, WA. From 2006 to 2017 she served in multiple capacities within the Navajo Area IHS, including Area Regional Pediatric Dental Specialist and Dental Director at Northern Navajo Medical Center in Shiprock, NM. From 2017 to present, she served as the Navajo Area Regional Dental Consultant and Acting Clinical Director at the Kayenta Health Center and Northern Navajo Medical Center.



- **CDR Daryl Dineyazhe-Toya** was appointed as the new CEO of the Crownpoint Service Unit. CDR Dineyazhe-Toya is an enrolled member of the Navajo Nation and has over 25 years of experience working with Federal agencies, Tribes, and local governments. Her maternal clan is Kinyaa'áanii (the Towering House Clan), paternal clan is Sun, maternal grandfather's clan is Tsénjikiní, and paternal grandfather's clan is Fire. She began her IHS career in 1998 as a staff pharmacist with the Zuni-Ramah Comprehensive Health Center in Zuni, NM. From 2000 to 2014 she served in multiple pharmacy positions, including Chief Pharmacist at the Albuquerque Service Unit in Albuquerque, NM. From 2014 to 2015 she served as Director of Professional Services at the Hopi Health Center in Polacca, AZ and transitioned to Chief Operations Officer from 2015 to 2016. She transferred to the Navajo Area IHS in 2016, serving as Special Assistant to the CEO of the Gallup Service Unit. In 2020, CDR Dineyazhe-Toya was selected as the Health Systems Administrator for the Inscription House Health Center which is located near Shonto, AZ. From 2022 to present, she served as Acting CEO of the Crownpoint Service Unit.



Please refer to Attachments A and B - Dear Tribal Leader Letters for more information.

### Navajo Area Office – Office of Public Health

- The Navajo Area Public Health Team takes pride in its workforce and innovative Public Health work. Every month the Navajo Area teams host two national webinars, one in partnership with the University of New Mexico and the Navajo Epi Center called the ECHO, in which our Teams share best practices regarding community prevention programs and host a didactic session on epidemiology. The Bii Inna webinar is a popular webinar that weaves traditional Navajo customs, language, and teachings to reinforce and teach our preventive instructions that have kept Dine People well and resilient since colonization.
- The Navajo Area Public Health team works to sustain and innovatively address infectious disease and other public health issues by partnering with the Navajo Nation Health Department, Public Law 93-638 Tribal Health Organizations, and the Navajo Area by meeting biweekly with the Dine Bekayah Public Health Team. The Team is comprised of experts from diverse medical and public health backgrounds.
- The Navajo Area team partners in local Just Move it initiatives, the upcoming Summer Navajo Nation Council 5K and Implements Basic Tobacco Intervention, Mental Health First Aide, and provides AcuDetox Acupuncture to the community.

- Once again, the Navajo Area Garden Project is underway after a day of ground preparation with Navajo Area staff working together in partnership with the AZ Health Zone-University of Arizona Cooperative Extension program team. A total of 13 people worked together to till the ground, hoe weeds, rake, and lay and mix new soil for planting. This year's garden is expanded to include big squash pits. We have an herb garden, lettuce garden and soon we will transplant radishes, beans, carrots, and peppers. This project gives employees a chance to embrace teamwork to operate the tiller, shovel and rake weeds for mulch making, fencing and posting the new areas, sharing of stories of how we enjoy planting in our childhood days, and laughter of how we enjoyed playing in the dirt. Weekly watering of the garden to watch the plants grow, be outdoors, exercise, and improve mental health and positive morale are part of healthy choice to stay well and fit through the summer up to the harvest time.



- The Navajo Area Public Health team partnered to provide interactive health education at the Fort Defiance 1<sup>st</sup> Annual Skateboard Competition held at the Office of Dine Youth BMX



Skate Park, in Fort Defiance, Arizona. Information was provided to the participating youth from ages 6 to 17 years old, and their families. Topics included STI (sexually transmitted infections) awareness and prevention by the I Will Test Kit( IWTk) team, physical activity guidelines, Navajo Wellness on how to introduce yourself with your four clanships, a Family Wellness Trivia Game, and recruitment for the SKO Get your Steps Family program. School supplies were provided to 50+ youth to prepare for the upcoming 2023-24 school year.

## Navajo Area Office – Office of Quality & Patient Safety

In 2017, NAIHS established the first ever Office of Quality at the Area Office level to support quality oversight and improvement efforts at all federally managed NAIHS service units. The Office of Quality initially started with one Director position; however, since that time the office has expanded to six professional positions including the Director, Deputy Director, Risk Management Coordinator, Infection Prevention & Control Coordinator, Performance Improvement Coordinator, and Clinical Applications Coordinator. Navajo Area IHS is pleased to announce that all six positions are presently filled. Additionally, in more recent months, the Office of Quality was renamed to the “Office of Quality and Patient Safety” to better reflect the responsibilities of the office and the work being performed. The Navajo Area Office of Quality & Patient Safety is happy to share the following work performed during the 3<sup>rd</sup> quarter of FY 2023:

- Hired a Deputy Quality Manager and Infection Preventionist in June 2023. Navajo Area Deputy Quality Manager and Infection Preventionist will provide support and resources to the Services to ensure patient safety and compliance.
- Established and led a Navajo Area Quality Assurance Risk Management (QARM) Committee to manage and oversee high-level cases related to Risk Management within NAIHS.
- The Performance Improvement Coordinator assisted and continues to assist the Navajo Area Public Health team with a Government Performance and Results Act (GPRA) Quality Improvement Evaluation Tool. The project aims to increase GPRA measures by piloting screening tools and improving documentation.
- The Clinical Application Coordinator assisted and continues to assist with implementing automated COVID testing reporting in Navajo Area. The COVID testing report displays data on lab tests performed and test results. Data are available on a national IHS dashboard.
- Navajo Area Office of Quality & Patient Safety is establishing a Just Culture workgroup to create standardized training on Just Culture for all employees and supervisors NAIHS-wide. The Just Culture training will include a specific curriculum with objectives. Just Culture in health care aims to improve patient safety by holding leaders accountable for safe systems and employees accountable for their choices and for reporting safety concerns.
- The Performance Improvement Coordinator instituted an Ad Hoc Performance Improvement team. The team comprises all Service Unit-level Performance Improvement Coordinators and some data abstractors. The group meets monthly to implement plans and identify NAIHS-wide projects/initiatives.
- The Clinical Application Coordinator is renewing efforts to inform and train staff on utilizing, implementing, and using the Personal Health Record and Direct Messaging. The steps include encouraging staff to understand the importance of the patient and how it supports Patient-Centered Medical Home requirements.
- The Performance Improvement Coordinator completed the Improvement Coach Professional Development training with the Institute for Healthcare Improvement. The Coordinator plans to use the learned improvement skills to advance the quality team's work and coaching of other teams.
- The Clinical Application Coordinator continues training for statistician duties. The statistician's tasks are essential to ensure accurate verification of data. Based on data reports, Area leadership makes meaningful decisions for the patient population.
- The Risk Management incident reporting system was tracked and managed and showed that 67% of the incidents reported by NAIHS health facilities were considered low risk over two years.
- The Navajo Area Office of Quality & Patient Safety coordinated with the Partnership to Advance Tribal Health advisor to offer TeamSTEPPS Master Trainer courses at NAIHS



hospital facilities. Thirteen employees of TeamSTEPPS Master Trainers Course completed the training to provide NAIHS-wide employee and leadership training.

- The Clinical Application Coordinator assisted with a new “Palliative Care” clinic code now added to the Standard Code Book. The clinic code will allow for data accuracy related to this type of care. Patients in palliative care may receive medical care for their symptoms or palliative care, along with treatment to cure their severe illness and enhance their current care by focusing on the quality of life.
- The Navajo Area Office of Quality & Patient Safety team coordinated a site visit with the Sage Memorial Hospital Quality team in April 2023. The Navajo Area Quality team provided recommendations and coordinated efforts to develop a quality framework.
- The Navajo Area Office of Quality & Patient Safety performed site visits to Federal Service Units and met with Quality Managers and Performance Improvement Coordinators to improve communication and collaborate with other departmental staff who provide data in the NAIHS-wide quality dashboard.
- The Clinical Application Coordinator established regular meetings with the Tuba City Data group to ensure accurate workload measures are reported to the National Data Warehouse.

### Navajo Area Office – Office of Tribal Partnership

1. *Urban Indian Programs:* In March of 2023, the Office of Tribal Partnership (OTP) coordinated with other NAIHS staff to conduct an onsite performance monitoring visit at the Native Americans for Community Action (NACA) Clinic in Flagstaff, AZ. During the months since the monitoring visit took place, NAIHS has compiled a comprehensive summary report detailing areas of competence as well as areas in need of improvement. NAIHS is working closely with NACA to formulate corrective action plans as they pursue Accreditation Association for Ambulatory Health Care designation.
2. *Records Digitization and Preservation:* After completing an extensive effort to digitize Indian Self-Determination and Education Assistance Act files in early 2023, the Office of Tribal Partnership (OTP) – in coordination with other NAIHS staff – transmitted redundant paper files to the National Archives and Records Administration Federal Records Center (FRC) in Riverside, CA. This transmission of paper files to FRC ensures that paper files are preserved in accordance with relevant federal regulations, frees up significant (OTP) office space, and represents a great stride in OTP’s goal to transition away from keeping most files in analog formats.
3. *Naloxone Memorandum of Understanding:* On May 11, 2023, the Navajo Nation and the NAIHS entered into a Memorandum of Understanding (MOU) related to the distribution of the life-saving, opioid-reversal medication Naloxone. The MOU details the procedures by which NAIHS pharmacies will provide both training and Naloxone itself to Navajo Nation law enforcement officers. As the United States continues to experience very high rates of opioid overdose deaths, the hope is that greater availability of Naloxone will save lives. Please refer to Attachment C.
4. *Direct Contract Support Costs:* In partnership with Indian Health Service (IHS) Headquarters staff, the Office of Tribal Partnership is planning to begin talks with all NAIHS P.L. 93-638

contractors and compactors to review direct contract support costs (CSC) budgets. Along with indirect CSC, direct CSC comprises a significant portion of 638 funding each year. Reviewing (and, where necessary) updating direct CSC budgets will ensure that Tribes and Tribal Organizations receive all of the direct CSC funding to which they are entitled.

### Navajo Area – Health Facilities Construction Projects

1. The new Pueblo Pintado Health Care Center design was awarded on April 20, 2021. The Pueblo Pintado Health Center Project is at 98% complete. As of December 21, 2022, the professional design phase is 98% complete. The construction phase request for proposals is in the early stages and it is anticipated that a construction contract will be awarded within 12 months (June 2024). The health center's construction is projected to be completed by September 2026.



The new Pueblo Pintado Health Center will consist of a new 121,465 square foot building with LEED Gold certification. It will be a modern, technologically advanced facility with enough space and staff to provide an expanded level of healthcare services specifically designed to meet the health needs in the Crownpoint Service Unit. The new facility will provide an expanded outpatient department, community health department, and a full array of ancillary and support services.

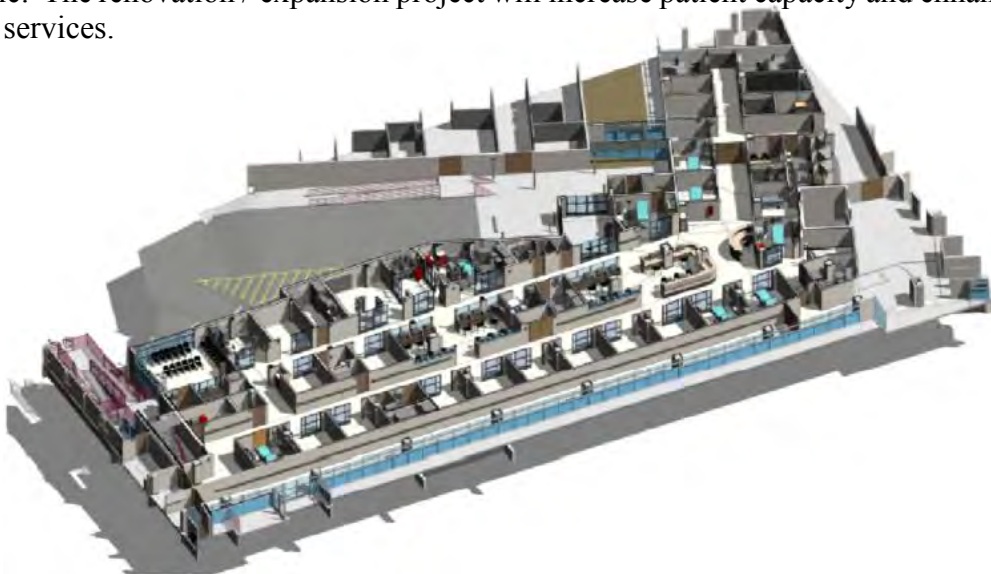
The Staff Quarters Request for Contract is scheduled to be issued March 2024 with a contract to be awarded by December 2024 for a Design-Build Contract. Design of the Staff Quarters is anticipated to take six months from contract award followed by actual construction with all work scheduled to be completed by September 2026, the same time the Health Center is projected to be complete.

The Land Withdrawal and Land Lease is currently being worked on with the assistance from the Pueblo Pintado Steering Committee to secure a Land Lease for the three parcels that will house the new Health Center, Sewer Lagoon and connection corridor and the space needed for the off-site electrical distribution line to the Health Center. The Real Property team from IHS Headquarters will also work with the Navajo Nation Land Department and the Resource Committee for review and approval.

The Pueblo Pintado Steering Committee has been integral to the Pueblo Pintado Health Center project. The Navajo Nation Department of Health and the Navajo Nation Health Programs were involved in the design development. The Pueblo Pintado Steering Committee includes members from the communities of Canoncito, Whitehorse Lake, Torreon, Ojo Encino, and Pueblo Pintado. The participation of the NAIHS, the Navajo Nation Health Programs, and community members will help design a state of the art health center that is both functional and respectful of the community and its cultural beliefs.

2. Gallup Indian Medical Center (GIMC) Replacement Facility Site Selection: Phase II of the site selection process for the GIMC Replacement Facility is near completion. A modification to address newly incorporated 500 Year Floodplain Guidance from IHS Headquarters to the Title I Construction Project Agreement is in process and the new completed date is being updated from the initial August 31, 2023 completion date. Phase II includes an in-depth assessment of the top-rated site, a legal land survey, flood plain analysis, soils reports, archaeological and historical data collection, and an environmental assessment. Navajo Nation is highly interested in choosing a site that will support future expansion and economic development. The IHS continues to collaborate with the Navajo Nation to support future phases of the GIMC Replacement project. The Program of Requirements (POR) and the Program Justification Document (PJD) will be updated once a contract is awarded.
3. The Gallup Indian Medical Center (GIMC) Emergency Department Expansion and Renovation project design was awarded September 10, 2021. The project is being designed to incorporate this project with a new Emergency Department Modular building to ensure both buildings function well together. The updated design will meet current codes and meet suggested changes to the layout per GIMC Emergency Department (ED) staff. The GIMC ED project is at the final design phase. The project documentation is being managed by IHS Engineering Services who is preparing the Request for Proposals package.

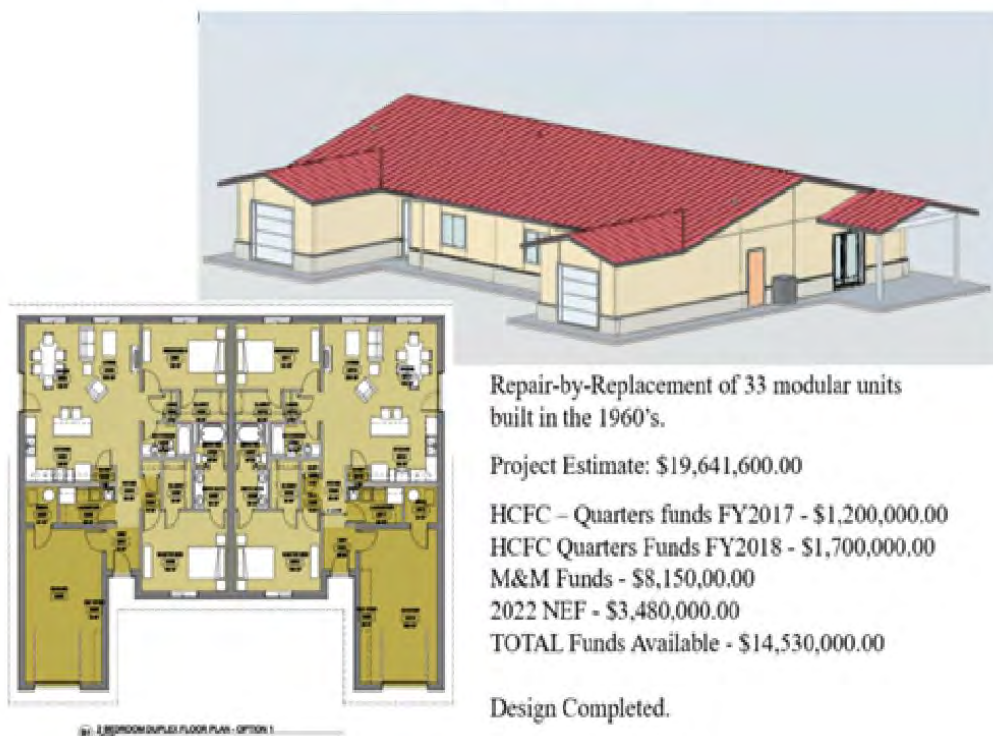
The project design includes renovating approximately 6,060 building gross square feet (BGSF) of existing ED space and the expansion of 2,282 BGSF of new space. The new ED will be approximately 8,342 BGSF. This new renovated and expanded space will help alleviate the space deficiencies, as they exist today with the ED, Observation Unit, and the Urgent Care Clinic. The renovation / expansion project will increase patient capacity and enhance patient care services.



4. The Crownpoint South Quarters Repair-by-Replacement Design was awarded in August 2021. The design kickoff meeting was held on September 23, 2021. The scope of work for this project is to complete a design for the replacement of 33 quarter units. The existing Longmark quarters units were built in the 1950's and are beyond their useful lives. The new quarters will be energy efficient and will bring the quarters into the current century. The project design will include evaluation of the existing infrastructure, replacement of infrastructure if needed, and a complete design package for the construction of 33 new quarters units. These new units will help with recruitment and retention of staff for the Crownpoint Hospital. During the design process, the Service Unit collaborated with the local Crownpoint Land Use Planning Committee to make decisions on building color schemes for the updated look of the community. The Crownpoint Service Unit is building coalitions to help incorporate stronger relationships with the community.

The project has reached the 100% Construction Documents milestone. In conjunction with the IHS Architectural and Engineering Design Guideline, the review of design has highlighted the energy efficiency and long-term sustainability of the updated Government Quarters subdivision. As part of the design investigation, a breached berm (i.e., water retention dam) located south of the Longmark quarters has become a discussion point. The NAIHS is to schedule discussions with the Navajo Region BIA to discuss the repair of the berm. IHS Headquarters would like assurances the berm will retain water and the new quarters will be protected against future flooding. All funding for the project is available and we anticipate the construction project to go out for bid in the summer of 2023, once the berm issue is discussed and resolved.

## Crownpoint South Quarters





5. The Tsaile Health Center Quarters Project was selected to receive \$21,500,000.00 in non-recurring expense funds (NEF) to construct approximately 30 new quarters and all required infrastructure. The Program Justification Document for Quarters (PJDQ) and the Program of Requirement for Quarters (PORQ) show a total need of 98 new quarters needed to house staff of the Tsaile Health Center. This first phase of the project will design and construct approximately 30 new quarters. This project will help in the recruitment and retention of health professionals for the Tsaile Health Center.

An IHS Engineering Services project manager has been assigned and the project is proceeding. Currently, the project housing allocation will be updated for the type of quarters; from single-family homes to apartment buildings and multiplex homes. From a recent meeting with Tsaile Health Center representatives on June 15, 2023 the Engineering Services Project Manager has advised the team that the updated budget estimate has increased to \$26,259,200.00, a difference of \$4,759,200.00. Additional meetings will be scheduled with IHS Headquarters and Tsaile Health Center to discuss the strategy to seek additional funds to support the project.

6. The Kayenta Alternative Rural Health Center and the Inscription House Health Center were each recently awarded \$8,200,000.00 to construct 19-unit quarters buildings. Once funds are received at Navajo Area Office, a Request for Contract action will be submitted for a design-build contract for the two quarters buildings. This project will help in the recruitment and retention of health professionals for the Kayenta Service Unit. Project Managers from IHS Headquarters and NAIHS have been assigned to manage this project with a future meeting with Kayenta and Inscription House leadership to discuss proposed construction sites at each location.

### Chinle Service Unit

1. The Pinon Health Center (PHC) Podiatry Clinic in the Outpatient Department continues to go beyond providing quality patient care services. The following is an extraordinary treatment modality which will improve patient care outcomes. As of May 2023, Pinon Podiatry Clinic initiated the Extracorporeal shock wave therapy (ESWT) to our patients. The ESWT is available for multiple conditions of the lower extremities, such as plantar fasciitis, Achilles tendinitis, retro calcaneal bursitis, peroneal tendinitis, neuromas, neuropathy, and wound care. The procedure involves an energy wave applied to painful areas. The treatment promotes regeneration and healing of the muscles, ligaments, tendons and other soft tissues. The average rate for improvement in pain relief is 60 percent. The plan is to expand the ESWT to other providers (Primary Care and Physical Therapy). We are the only center in the IHS at this time to have this procedure available.
2. The Chinle Dental pediatric specialty practice opened in mid-January, and Dr. Wilson and staff have produced about \$178,000 in revenue from Medicaid during the first quarter of this year. This does not include fees generated using the operating room billed through private medical insurance. Since Medicaid and Medicare do not pay for adult dental services, except emergency extractions, this is one of the only ways the dental department can generate revenue. Comparing to the past when the dental clinic had a pediatric dentist, Dr. Wilson and his team are performing in an improved manner. Once the pediatric area is complete, it is anticipated that the pediatric dental specialty practice will generate over a million dollars in collections each year and, most importantly, this vulnerable population will have state of the art care with dentists

specifically trained to work with children. Dr. Glick, Chief Dental Officer, predicts in a couple of years Chinle Service Unit will see very significant change in oral health in this age group.

3. Chinle Service Unit (CSU) Clinical provides extensive care to patients; sometimes, patients require care at other hospitals with greater resources. Unfortunately, our region faces limitations in hospital capacity to accept transfers and EMS units (ambulances, helicopters, and airplanes) to transport patients. These regional limitations create risks for patients being transferred, particularly those with critical, time-sensitive, life-threatening illness and injury, and also impact local care for patients in the emergency department and elsewhere. Clinical Services works diligently to improve local coordination, develop additional resources, and advocate for external resources and coordination. The desired outcome is timely transfer of critical patients without limiting resources for other patients at Chinle and throughout the region.
4. Chinle Public Health: One of the top major public health threats and priorities for Chinle Service Unit (CSU) is high suicide rates and the need for behavioral and mental health services. In order to save and preserve life, the CSU Division of Public Health has been working with internal and external partners to address suicide prevention, intervention, postvention, and wrap around service needs within our communities. Our response is multi-pronged. One example of these efforts is that the CSU Health Promotion and Disease Prevention (HP/DP) Department has been working alongside our Counseling Department and it's Zero-Suicide Initiative (ZSI) team to plan a CSU Suicide Prevention Conference on July 26, 2023, which will be open to the public. In addition, the HP/DP Department hosts monthly community stakeholder meetings to ensure public voices are a part of prevention efforts and are generating solutions to help our communities.
5. The CSU Mobile Health Unit program under our Population Health Department continues to improve access and connect communities to primary and preventive care services. The mobile unit now has a regular schedule that brings care directly to 10 of our 16 chapters. The mobile unit team works closely with our Navajo Nation Community Health Representatives to coordinate and deliver care. The following is a brief story from the CSU field provider:

*“In December I received a call from the CHR at a remote community. She saw that we were to be in her community in a few days and wanted to bring one of her clients in for medication refills. He had no transportation and it was getting too cold for him to hitch into town. On that day she did indeed bring him. It turns out that he had been living “out of doors” as it were. Due to the care provided by our team and connection to support that day, he ended up getting permanent housing and quit drinking.*

*I saw him again in April. He had still not been started on blood pressure medication. Still the same transportation issues but he had remained sober and was loving his new house (“do you have electricity?” “I have everything!” “Do you have running water?” “I have everything!”). However, his BP was still uncontrolled. After review of his chart and discussion, he was started on a medication to bring down his blood pressure and we ran some basic primary care tests for him. Due to his transportation issues, I decided that I would just follow him on the mobile health unit (we prefer to return people to a fixed clinic and are often successful in getting them appointments for that). I asked him to come back and see me in May where we were able to bring him his needed blood pressure medication.*

*When we returned to his community in May, he came back. He told us that he started walking from his house (about a mile away from the chapter house) when he saw the truck going by. He was looking really well with a lot of energy and in better spirits than he was in December. He continues to work towards health with our team today.”*

6. The Chinle Service Unit syphilis outbreak continues, affects all genders, and impacts all ages from mothers to babies. The Division of Public Health’s Department of Population Health and Public Health Nursing have worked diligently with internal and external partners to create a robust Sexual Infection Prevention Program in response to the syphilis outbreak. The interdisciplinary team aims to make testing and treatment easy and accessible. For example, the mobile health clinic has been conducting visits to Dine College to provide sexual and reproductive health care services. There is now a new quick point of care syphilis testing on the mobile health unit and school-based teen clinics. An express testing and treatment clinic, in collaboration with the Pharmacy Department, is aiming to start as early as July 2023.

### Crownpoint Service Unit

1. Crownpoint Service Unit had a Joint Commission Survey on June 27-29, 2023, that included Primary Care Medical Home (PCMH) certification. As with many hospital surveys completed by the Joint Commission, Crownpoint Service Unit did have some findings and has already began the correction process to meet the required standards and receive full hospital accreditation and Primary Care Medical Home certification. The Joint Commission evaluates health care organizations and assists them to excel in providing safe and effective care of the highest value. Joint Commission requires re-accreditation every three years for Crownpoint Service Unit which assist the hospital to maintain required hospital standards and to continually improve services.
2. Presbyterian Medical Services (PMS) has been a trusted partner, providing Ambulatory care services in the most remote areas of the Eastern Navajo Agency through contracted services for Cuba, Torreon, Ojo Encino, and Counselor, New Mexico. Crownpoint Service Unit has elected to renew our contractual agreement with PMS for \$3.6 million, entered into for 2023-2025. The contractual agreement includes primary care services and patient referrals for additional services which estimated approximately 3,000 completed visits in FY 2022. Crownpoint Service Unit appreciates the collaboration with PMS in meeting our mission, vision and core values in providing comprehensive health care services to patients and families of this service area.
3. On June 5, 2023, Crownpoint Service Unit welcomed our new permanent Clinical Director – Dr. Neema Kaseje. Recruiting efforts are underway with Dr. Kaseje to bring providers to Crownpoint Service Unit. Our challenges include the availability of appointments have decreased due to a limited number of provider staff covering Crownpoint Health Facility, Pueblo Pintado Health Clinic, and Thoreau Health Clinic. Contracted services and recruitment of permanent staff have helped Crownpoint Service Unit maintain our services.
4. Crownpoint Service Unit is re-establishing its Employee Wellness Program. The program coordinated a garden project with the Hozho Center, a non-profit organization from Borrego Pass whose goal is to promote gardening to address food scarcity. Six gardening beds were set up by multidisciplinary teams from the hospital to plant and care for vegetation. All have enjoyed this fruitful adventure, which should yield vegetables and flowers in the coming weeks and months.

5. Cases of syphilis are on the rise throughout the United States, particularly in Indian Country. Since January 2021, Crownpoint Service Unit has been tracking numerous syphilis patients.

Syphilis can be a challenging disease to diagnose and treat. The duration of syphilis treatment is different depending on the staging as well as the symptoms the patient reports. Oftentimes, the patient is required to receive treatments weekly for three continuous weeks, and patients must have follow up labs at 6, 12, and 24 months to ensure they are responding to treatment and have not been re-infected.

Crownpoint Service Unit implemented multiple strategies to ensure patients receive treatment for syphilis and education to prevent further occurrence of this and other sexually transmitted infections (STIs). In August 2022, Crownpoint Service Unit started a Preventive Medicine Clinic, where patients are seen for STIs, communicable diseases, preventable diseases, and other concerns. Members of Public Health Nursing and the Preventive Medicine Physician at Crownpoint have been working together to get patients treated who have been unable to attend appointments, often due to transportation difficulties.

On June 27, 2023, Crownpoint Health Care Facility started “Express STI (sexually transmitted infection) Testing” to further eliminate barriers to testing, diagnosing, and treatment. Patients now can register and go directly to lab for STI testing without seeing a provider.

Through these efforts Crownpoint has been successful in reducing the number of untreated syphilis and other STI cases.

### Gallup Service Unit

1. On May 3-10, 2023, the Tohatchi Health Center performed preventive dental services at the Ch’ooshghai Community School. A current Memorandum of Understanding is in place to coordinate these services with the school to reach 180 students.
2. On June 16, 2023, the Gallup Service Unit Public Health Nursing (PHN) department received funds from IHS Headquarters for \$209,500.00 to support Sexually Transmitted Infection (STI) field-testing using Chembio medical equipment. The dual rapid test is for the detection of antibodies to HIV and Treponema pallidum. Beginning July 2023, Public Health Nurses will start testing patients in local communities. The Chembio project is the first and only Food and Drug Administration approved Centers for Medicare and Medicaid Services - Clinical Laboratory Improvement Amendments waived HIV-Syphilis rapid test. Using the rapid test will Improve Patient Care by receiving results within 15 minutes and is patient friendly.
3. As a required element of GSU’s Primary Care Medical Home (PCMH) certification, the GSU must have a process for patients to make contact with a Registered Nurse for any health concerns or questions. The Nurse Advice Line is a service that began in November 2022 where patients may speak with a Registered Nurse. As of June 1, 2023, the total number of telephone calls completed is 5,815. The top three reasons patients call this service is for general information, advisement, and to obtain test results. The significance of having the Nurse Advice Line is that patients can call 24 hours a day to speak with a Registered Nurse.



4. The Gallup Service Unit (GSU) Division of Clinical Services hired a part-time cardiologist who is working with the IHS Office of Innovations to make sure all patients with heart failure are provided appropriate medications to reduce hospitalizations and improve quality of life. In particular, GSU has purchased equipment that will test the heart called “High Sensitivity Troponin”. This equipment identifies heart attacks early on when patients come in with chest pain. This, coupled with a newly purchased CT scanner will help GSU better determine which patients need to be transported emergently and which patients can be hospitalized locally. The CT scanner is to arrive in September 2023 and will be a vast improvement to detect heart attacks.



5. The Gallup Service Unit (GSU) over the last several months has undergone some significant and exciting changes. Among those changes are the delivery and installation of a new modular building in which a 14-bed Emergency Department will be housed; an Emergency Department (ED) expansion project involving the existing ED; plans for the acquisition of a mobile endoscopy unit, and a mobile medical unit, including an MRI machine. The combined impact of these changes will be more modern and efficient health care services and overall improved patient care.



### Kayenta Service Unit

1. Inscription House Health Center Pharmacy has identified a need to focus on processing Point of Sale prescription claims to decrease lost revenue and increase potential revenue for the future of the Health Center. The entire Pharmacy staff has a focus on Point of Sale, even while we are short staffed. This focus has decreased revenue loss, like the loss of reimbursements due to refilling medications before their official due dates. This loss can be very costly, however, through our concentrated efforts, we have sought to remedy this. From April to June 2023, Inscription House Health Center Pharmacy resubmitted rejected claims, over 1000 claims in total, and redeemed an additional \$190,000.00 for our facility. While this is not all profit, if these claims had not been resubmitted, this amount would have been lost.
2. Kayenta Service Unit (KSU) is expanding its care for our community by developing inpatient services capability in a remote and resource limited environment. KSU has historically been an outpatient facility where patients requiring hospitalization were transferred to other locations to receive care. Most transfers were at great expense and significant distances, creating cultural and

family challenges. By creating a medical inpatient unit at Kayenta Health Center, KSU will reduce the number of transfers, increase the level of care provided locally and allow more patients to remain near their families while receiving the care they need. However, modern hospitals are very complex and require a high level of resources and certifications which are challenging to achieve in remote locations. There is no single action or individual effort with this challenge, but a diligent, steady push of many staff towards a common goal. For KSU the process of becoming a modern hospital has been a long and taxing process, but this quarter the Kayenta Health Center has been approved by the Centers for Medicare and Medicaid Services to begin admitting patients. It is a small step, but for the first time ever, Kayenta will be able to reduce its dependency on outside medical systems for support and provide direct care its community members need and deserve. The Kayenta Health Center still has several steps to accomplish prior to opening the inpatient unit; however, the facility has received the required CMS approval to move forward with admitting patients when fully prepared to do so.

3. Kayenta Service Unit's (KSU) Health Promotion Program and Wellness Center has been the lead for establishing a KSU Worksite Wellness Program with the purpose of supporting the health and productivity of Kayenta Health Center and Inscription House Health Center employees through the Healthy Arizona Worksites Program (HAWP). The purpose of the HAWP is to help Arizona employers successfully implement evidence-based worksite wellness initiatives to improve the health of their employees and businesses. HAWP is a statewide program that provides Arizona employers training, technical assistance, tools, and resources to design, implement, and evaluate worksite wellness initiatives. Evidence-based worksite wellness initiatives have been shown to reduce costs associated with employee healthcare and absenteeism. In addition, they have been linked to increased productivity as healthy employees have been shown to be more productive. The HAWP is a public health initiative which was developed through a partnership between the Arizona Department of Health Services and the Maricopa County Department of Public Health. The Kayenta Wellness Center submitted a HAWP application in May 2023 on behalf of the KSU to support worksite/workplace wellness for our employees. In June 2023, the KSU was awarded the Silver Award as a Healthy Arizona Worksite. The next goal is to achieve the Gold Status.



4. The KSU location is beautiful and unique; however, its remote and isolated location presents recruitment challenges for professional nurse staff and other patient care providers, such as physicians, physical therapists, specialty providers and radiology specialists. The KSU location is rural and does not provide as many community amenities when compared to larger towns or cities. The KSU Nurse Recruiter has participated in career fairs and has posted KSU nurse position in local newspapers, professional journals, and government websites. Additionally, the Nurse Recruiter is working with local universities to provide information on Nurse Positions, benefits, incentives and student loan repayment programs. We are aware our own Dine Nursing students are attending these universities and colleges and want them coming home to provide health care services to our Dine People. Our future plans include visiting college career fairs and showing more visual recruitment information on billboards and marquees. The KSU nurse vacancy rates decreased in two departments, the Ambulatory Outpatient Services and Inscription House Health Center. The KSU Nurse Executive Committee, Nurse Recruiter and Human Resource staff are working diligently to increase full time permanent nursing staff and decrease the use of costly contract nurses. The KSU offers competitive salary, recruitment and re-location incentives in most cases and housing to nursing applicants. The KSU recognizes our nurses for the National Daisy Awards, IHS Director Awards and with the IHS Navajo Area Directors Awards. The KSU appreciates all of our nursing staff and appreciates the dedication in working and meeting the IHS mission and goals that strive to improve the patient healthcare experience.

### Shiprock Service Unit

1. *Shiprock, NM Airstrip and Patient Transport:* The lack of an Automated Weather Observing Systems-3 (AWOS-3) at the Shiprock airstrip has restricted medical transport aircraft and has detrimental consequences on the health and safety of IHS patients. The Northern Navajo Medical Center (NNMC) has an Emergency Room Level-4 Trauma Center and depends on medical airplane and helicopter ambulance services to rapidly transport patients to other medical facilities to receive advanced emergency medical care. NNMC is considered one of the primary users of the airstrip which is located south of Shiprock, NM.

In 2018, the airstrip was renovated with new asphalt pavement on the 5,210 feet long runway and a new lighting system was installed to support evening and night landing and takeoff. In 2023, new requirements were established for airstrips to have the AWOS-3 to increase safety for pilots and passengers. The AWOS-3 transmits local real-time weather conditions directly to pilots. The Shiprock airstrip does not have an AWOS-3, therefore, aircraft have been restricted to land at the airstrip. According to the Navajo Department of Transportation, the installation of an AWOS-3 requires a 500 feet perimeter for the infrastructure and the current airstrip does not have sufficient land for the installation, therefore, additional land will be needed from the community.

In the event of a life-threatening situation, the time to get the patient to a higher level of care is critical. NNMC's only option to transport patients is a lengthy process and puts patients in riskier positions. In comparing the timing of patient transport, the Shiprock airstrip is eight miles away and requires 11 minutes from NNMC. Whereas, the Farmington Airport is 32 miles away and requires 40 minutes from NNMC.

The NNMC team created an alternate solution until the Shiprock airstrip installs an AWOS-3 to meet the new AWOS requirements. NNMC transports patients by ground ambulance to the

Farmington, NM airport to transfer patients onto medical air ambulances. The NNMC ground ambulance travels to meet the flight team at the Farmington airport and transports the flight team to NNMC. The patient with the flight team is then transported back to Farmington airport to be flown to another medical facility for a higher level of care.

2. *NNMC Emergency Room Triage and Supertrack Services:* The Federal Government announced that on May 11, 2023, the COVID-19 national emergency and public health emergency (PHE) declarations would expire and hospitals have to prepare to return to normal hospital operations. As a result, the Northern Navajo Medical Center began closing down the outdoor COVID-19 operations and moving the clinical programs back inside the hospital. The ER Triage service needed to be relocated indoors. The challenge faced is to ensure that the two ER programs need to be located close together to ensure high-quality patient care. The purpose of the two ER programs to remain close together is to reduce patient waiting time and leaving without being seen occurrences. The ER triage process prioritizes patients based on their injury or injuries. The ER Supertrack process treats patients with less-emergency illnesses or injuries but needs to be close to the ER triage and waiting area.

The first option was to move the ER triage into the NNMC Security Office which is located next to the emergency room. The early assessment would require additional approval from the IHS Engineering Services for modifications that would result in a prolonged delay in ER triage and Supertrack services. An alternate plan was established, resulting in transforming the former MaB (Monoclonal Antibody) treatment room into the ER triage intake office and converting the room next to it into the triage room. Several rooms in the ER were converted into Supertrack treatment rooms and were within a distance of the ER triage room.

The NNMC team adapted and stayed on the mission to ensure the screening and treatment workflow will function efficiently for patients and employees. The success is credited to the facilities, information technology, quality, and the ED providers and nurses who worked continuously to ensure the changes made would be in the best interest of the patient.

3. *Just Move It Events:* After the pandemic interrupted the popular Just Move It (JMI) in-person events, 20 in-person events were scheduled across the Navajo Nation with some events completed. On May 7, 2023, the first 2023 JMI event was held at Berg Park, Farmington, NM. There is also a virtual event that has participants participating from Fort Hood, TX, Wesley Chapel, FL, Puyallup, WA, Page, AZ, Oklahoma City, OK, and Tucson, AZ. So far, more than 4,161 participants have taken part in the in-person events. The Shiprock Service Unit partners with Navajo Nation Chapters and community agencies to host the JMI events to engage community members to participate in physical and educational activities. JMI aims to improve physical and mental health and understand that physical activity is one of the best ways to stay healthy.



4. *D-Z Health Center Laboratory Services:* The COVID-19 pandemic caused a systemic challenge and consequence on the Dziłth-Na-O-Dith-Hle Health Center (DZHC) laboratory workforce and delivery. The pandemic led to a shortage of specialized laboratory workers in the DZHC



Laboratory Department, and this only worsened the health center's pre-pandemic staff shortage. Without Clinical Laboratory Scientists, the laboratory had to send blood and urine samples to a contractor outside of DZHC for analysis and results. Providers had to wait until the tests returned to make medical decisions and recommend treatment. Furthermore, the lab had to go from a high-complexity lab to a point-of-care lab, the lab was no longer certified to use the lab equipment. The lab equipment had to be returned.

The public health crisis imposed challenges on laboratory services. The priority was to begin high-quality laboratory services as soon as possible, and the management team and laboratory workers collaborated with different departments to address this challenge. To resume on-site laboratory testing, a Supervisory Clinical Laboratory Scientist, two Clinical Laboratory Scientists, and a Medical Technician were hired to begin laboratory testing. To ensure accurate measurement, laboratory samples were analyzed at DZHC, and the same sample was sent to another laboratory for measurement. This was done to ensure the tests were reliable. New laboratory equipment was purchased and leased and the workers received training to use the equipment. In addition, other departments ensured that the laboratory results were accurately transmitted into the electronic health records, and which type of laboratory test to use in the DZHC Laboratory.

The DZHC Laboratory continues to undergo improvements, reviews, and inspections, to complete certification soon. The success of the DZHC Laboratory is credited to the executive, clinical, and support services employees to overcome this enormous challenge.

5. *Four Corners Health Center – Mental Health Services:* The Mental Health Counseling Service and Community Health School-based programs at Four Corners Regional Health Center (FCRHC) play an important role in providing mental health services, suicide and crisis prevention, mental and emotional intervention, and other educational programs to the community schools. Across the nation, many schools are experiencing the need for mental and emotional support for students. School-based mental health services have become a critical function of student support programs. When needed. The NNMC Mental Health Team has a response team that can be deployed to assist FCRHC.

The goal of the FCRHC Mental Health services is to partner with local schools to improve the mental wellness of students. Recently, schools have increased their requests for mental and emotional intervention and support to assist students. The mental health team was requested to assist students impacted by tragic deaths. The tragic events have a wide-ranging impacts on students, families, schools, and the community. The team provided mental health strategies to help the students cope and recover from the events. As a result, the team uses Trauma-Informed Classrooms principles to educate and train school employees to understand the impacts of trauma and debriefing principles in case of community or school tragedies, school lockdowns and other crises.

## Concluding Comments

Navajo Area Indian Health Service staff remain committed to supporting Navajo Nation and San Juan Southern Paiute tribal leaders in their efforts to address Indian Health policy issues, improve the health status of Native beneficiaries, and development of healthy communities.

Please contact the Office of the Navajo Area IHS Director regarding additional information or questions.

Dr. DuWayne Begay, Director  
Navajo Area Indian Health Service  
P.O. Box 9020, Window Rock, Arizona 86515  
Phone: (928) 871-5801  
Email: [DuWayne.Begay@ihs.gov](mailto:DuWayne.Begay@ihs.gov)

Attachment A:

Dr. DuWayne Begay, Navajo Area IHS Director Appointment



JUNE 21 2023

Dear Tribal Leader and Urban Indian Organization Leader:

I am pleased to announce the appointment of Mr. DuWayne Begay to serve as the Director of the Navajo Area Indian Health Service (IHS). Mr. Begay is an enrolled member of the Navajo Nation. His clans are Tsin Sikaadnii (Clamp Tree clan) born for Tódich'iiní (Bitter Water clan) and he is originally from Window Rock, Arizona.

As the Director of the Navajo Area IHS, Mr. Begay is responsible for ensuring the provision of comprehensive health care services to Tribes in the Four Corners area, comprising portions of the states of Arizona, New Mexico, and Utah. The Navajo Area IHS system provides health care services through federally operated facilities and tribally managed programs assumed under the authority of the Indian Self-Determination and Education Assistance Act. The Navajo Area IHS system includes five federally operated Service Units, several Tribal Health Organizations, and one Urban Indian Organization health program..

Mr. Begay has more than 31 years of experience working with Federal agencies, Tribes, and local governments. He began his IHS career in 1992 serving in a number of acquisition positions including Procurement Agent, Business Specialist, and as Senior Procurement Specialist for the Division of Acquisition Management, Navajo Area IHS. Since that time, he has served in multiple leadership roles within the Navajo Region Bureau of Indian Affairs as a Supervisory Contract Specialist, Regional Budget Officer, and Deputy Regional Director between 2014 and 2020. Mr. Begay returned to the Navajo Area IHS in 2020 and served as Chief Operating Officer and acting Deputy Chief Executive officer of the Gallup Service Unit, and subsequently transitioned to Area Executive Officer of the Navajo Area IHS from 2022 to 2023.

Mr. Begay has a Bachelor of Science with a business concentration in public service and a Master's degree in Management, both from the University of Phoenix, and a Ph.D. in psychology from Grand Canyon University, in Phoenix, Arizona.

I also want to thank CAPT Brian Johnson for his leadership in serving as the Acting Director of the Navajo Area IHS since October 2022.

Please join me in welcoming Mr. Begay as the Director of the Navajo Area IHS.

Sincerely,

Roselyn Tso  
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Roselyn Tso  
Director



Attachment B:

IHS Senior Executive Service – Chief Executive Officer Appointments



## Indian Health Service Press Release

June 22, 2023  
**FOR IMMEDIATE RELEASE**

Contact: [newsroom@ihs.gov](mailto:newsroom@ihs.gov)

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### **IHS Announces New Senior Executive Service-Level CEO Positions**

The Indian Health Service is announcing the appointments of five [Senior Executive Service](#)-level chief executive officer positions at IHS facilities across Indian Country. In 2022, the IHS was allocated [12 additional SES positions](#) to elevate using existing CEO roles at various service units, bringing the total number of SES positions across the agency to 38. The first five of the 12 include:

- Shelly Harris, a member of the Turtle Mountain Band of Chippewa – CEO, Quentin N. Burdick Memorial Health Care Facility, IHS Great Plains Area
- George Valliere, an enrolled member of the Shawnee, Quapaw, and Cherokee Tribes – CEO, Claremore Indian Hospital, IHS Oklahoma City Area
- Cmdr. Daryl Dineyazhe-Toya, an enrolled member of the Navajo Nation – CEO, Crownpoint Service Unit, IHS Navajo Area
- Capt. Katrina Leslie-Puhuyaoma, an enrolled member of the Hopi Tribe – CEO, Shiprock Service Unit, IHS Navajo Area
- Barbara Asher, a member of the Cherokee Nation – CEO, Colorado River Service Unit, IHS Phoenix Area

“Establishing Senior Executive Service-level CEO positions at 12 additional IHS service units will enable parity across the IHS for positions of similar complexity,” said IHS Director Roselyn Tso. “The IHS remains committed to recruiting, developing, and retaining a dedicated, competent, and caring workforce to provide quality care across the Indian health system.”

Elevating CEO positions to the SES level enhances the capacity of the IHS to optimize resources, facilities, oversight, and consistency across the organization. In addition, this will create equity across the IHS to effectively recruit and retain executive-level leadership to manage what is presently an executive-level assignment carried out by a General Schedule grade 15.

Chief executive officers, also referred to as health system administrators, oversee the successful administration of IHS hospitals and medical centers. These individuals must manage increasingly complex and integrated health care, financial, professional, and administrative organizations, and maintain accreditation and certification standards to ensure the highest level of quality care and safety for American Indian and Alaska Native patients. They are also tasked with working and collaborating within a system that overlaps federal, tribal, state and local

governments, urban Indian organizations, and tribal communities to accomplish the goals for implementing effective health care policies and systems.

CEOs also increasingly interact at an executive level to uphold the special government-to-government relationship between the federal government and tribes to promote the health care needs of the populations served. Additionally, CEOs provide technical assistance to tribes and urban Indian organizations to develop and sustain tribal health care programs, and to promote collaboration in the development of each IHS service unit's strategic plan.

The Senior Executive Service lead America's workforce. As the keystone of the Civil Service Reform Act of 1978, the SES was established to "...ensure that the executive management of the Government of the United States is responsive to the needs, policies, and goals of the Nation and otherwise is of the highest quality." Members of the SES serve in key positions and as leaders, possess well-honed executive skills and share a broad perspective on government and a public service commitment that is grounded in the Constitution. The U.S. Office of Personnel Management manages the overall federal executive personnel program, providing the day-to-day oversight and assistance to agencies as they develop, select, and manage their federal executives.

The IHS, an agency in the [U.S. Department of Health and Human Services](#), provides a comprehensive health service delivery system for approximately 2.7 million American Indians and Alaska Natives who belong to [574 federally recognized tribes](#) in 37 states. Follow the agency via social media on [Facebook](#), [Twitter](#), and [LinkedIn](#).

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## Navajo Area Indian Health Service

### Service Unit Chief Executive Officers (CEO)

#### Chinle Service Unit

Chinle Comprehensive Health Care Facility

P.O. Box "PH"

Chinle, AZ 86503

**CEO: Ms. Darlene Chee**

Contact: (928) 674-7013



#### Kayenta Service Unit

P.O. Box 368

Kayenta, AZ 86033

**CEO: Mariva Plummer**

Contact: (928) 697-4233



#### Crownpoint Service Unit

P.O. Box 358

Hwy Junction 57, Rt9

Crownpoint, NM 87313

**CEO: CDR Daryl Dineyazhe-Toya**

Contact: (505) 786-6313



#### Shiprock Service Unit

P.O. Box 160, Hwy 491 North

Shiprock, NM 87420

**CEO: CAPT Katrina Leslie-Puhuyaoma**

Contact: (505) 368-6005



#### Gallup Service Unit

P.O. Box 1337

Gallup, NM 87301

**CEO: CDR Pamela Detsoi-Smiley**

Contact: (505) 722-1403





Attachment C:

Navajo Nation & Navajo Area IHS Naloxone MOU



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

May 11, 2023

Navajo Area  
Indian Health Service  
P.O. Box 9020  
Window Rock, Arizona 86515

Dr. Buu Nygren, Ed.D., President  
Office of the President and Vice President  
THE NAVAJO NATION  
100 Parkway  
Post Office Box 7440  
Window Rock, AZ 86515

Dear President Nygren:

I am pleased to announce a new Memorandum of Understanding (MOU) established between the Navajo Area Indian Health Service (NAIHS) and the Navajo Nation Division of Public Safety (NNDPS). This MOU formalizes the procedures by which NAIHS will provide Naloxone and Naloxone training to NNDPS staff.

The abuse of opioids such as heroin and prescription pain medication is a tragedy of epidemic proportions among American Indian and Alaska Native (AI/AN) communities. Death rates from prescription opioid overdose among the AI/AN population have increased almost four-fold since 2013.

This MOU will allow NAIHS federal service unit pharmacies to provide Naloxone to NNDPS personnel. NNDPS will also be trained on how to administer the Naloxone they receive. When someone is experiencing an overdose, minutes matter. Law enforcement officers are often first on the scene of an overdose emergency. This MOU will ensure that they are ready and equipped to save lives through prompt Naloxone administration.

If you have any questions, please contact Mr. Marquis Yazzie, Director, Office of Tribal Partnership and Liaison, NAIHS by telephone at (928) 871-1444 or by email at [Marquis.Yazzie@ihs.gov](mailto:Marquis.Yazzie@ihs.gov). We thank you for your continued partnership.

Sincerely,

**Brian Johnson**

-S

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Johnson -S  
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Brian K. Johnson, MPH  
CAPT, U.S. Public Health Service  
Acting Area Director  
Navajo Area Indian Health Service

Cc: Rhonda Tuni, Esq., Executive Director, NDOH  
Robert Williams, Police Sergeant, Navajo Police Department  
Chris Kescoli, EMS Program Manager  
Dr. Kevin Gaines, Chief Medical Officer, NAIHS  
LCDR Erica Harker, Pharmacy Consultant, NAIHS  
CDR Pamela Detsoi-Smiley, Chief Executive Officer, Gallup Service Unit  
CDR Daryl Dineyazhe-Toya, Chief Executive Officer, Crownpoint Service Unit  
Robina Harvey, Acting Chief Executive Officer, Shiprock Service Unit  
Darlene Chee, Chief Executive Officer, Chinle Service Unit  
Mariva Plummer, Chief Executive Officer, Kayenta Service Unit

**AMENDED AND RESTATED**  
**MEMORANDUM OF UNDERSTANDING**  
**No. MOU-NV-17-0003**

between  
**NAVAJO NATION DIVISION OF PUBLIC SAFETY**  
and  
**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**NAVAJO AREA INDIAN HEALTH SERVICE**  
FOR  
**NALOXONE ACCESS FOR FIRST RESPONDERS**

WHEREAS, it is the mutual goal of the Navajo Area Indian Health Service ("NAIHS") and the Navajo Nation Division of Public Safety ("Public Safety") to reduce community morbidity and mortality from opioid overdose;

WHEREAS, it is the mutual goal of NAIHS and Public Safety to increase and facilitate early access to naloxone hydrochloride (hereinafter "naloxone"), the opioid overdose reversal agent, for First Responders working on the Navajo Nation;

WHEREAS, First Responders include personnel from Public Safety;

WHEREAS, NAIHS is authorized to "expend such moneys as Congress may from time to time appropriate for the benefit, care, and assistance of the Indians," including for the "relief of distress and conservation of health," 25 U.S.C. § 13, *see also* 25 U.S.C. § 2001, 25 U.S.C. § 1661(c), and to carry out comprehensive programs and initiatives for behavioral health prevention and treatment, 25 U.S.C. §§ 1665a, 1665c;

NOW, THEREFORE, in consideration of the promises, mutual agreements and covenants contained herein, the parties do hereby agree to assume the following mutual responsibilities below:

**A. NAIHS:**

1. **Naloxone Purchase and Delivery:** NAIHS, through its Service Unit Pharmacies, will coordinate procurement and storage of all naloxone products and delivery devices, or related opioid overdose reversal agents. All items will be stored in accordance with normal pharmacy stock using established policies and procedures to ensure product integrity and access. NAIHS's Service Unit Pharmacies shall dispense the items to Public Safety First Responders without charge, subject to availability in stock.
2. **Training:** NAIHS will provide the initial instructor-led training to First Responders during program implementation on the use of naloxone devices, including how to identify an opioid overdose, how to use naloxone, and how to refer individuals to treatment options. NAIHS Service Unit Pharmacies will confirm that the First Responder has attended the approved training prior to dispensing naloxone. The

training will be recorded and made available digitally for new First Responder employees, as well as for retraining needs. The NAIHS will maintain a training log.

3. **Standing Order:** NAIHS's Chief Medical Officer (CMO) shall act as the prescribing physician and prepare a standing order authorizing the dispensing of naloxone to Public Safety's trained First Responders and authorize Public Safety's First Responders to administer naloxone to individuals experiencing an opioid overdose. See Appendix A, NAIHS Standing Order for Naloxone. NAIHS Service Unit Pharmacies shall maintain a local policy supporting the minimum standard of this agreement.
4. **Data Collection:** NAIHS, through its Service Units, will coordinate all data collection and program evaluation efforts in coordination with Public Safety. Data collection will include, at a minimum, date of administration, location of incident, type of naloxone administered, doses administered, and patient disposition. Refer to Appendix B, NAIHS Naloxone Deployment Reporting Form. Records generated by NAIHS and Public Safety using the data collected shall be considered Federal records for purposes of chapter 5 of title 5 of the United States Code. To the extent there is any individually identifiable information, NAIHS and Public Safety agree to hold all such information obtained, learned or developed under, or in connection with, this agreement confidential in accordance with applicable federal laws and regulations, including the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
5. **Treatment:** NAIHS shall, in coordination with Public Safety, develop mechanisms for NAIHS Service Units and First Responders to refer individuals who experience an overdose to other appropriate treatment options.
6. **Education:** NAIHS shall also coordinate with Public Safety to communicate and educate the community regarding the increased naloxone access to First Responders.

**B. NAVAJO NATION DIVISION OF PUBLIC SAFETY:**

1. **First Responder Identification and Training:** Public Safety shall identify and ensure that all First Responders complete an approved training and demonstrate competency prior to carrying a naloxone device. Public Safety shall also require and refer all new officers and other First Responders to complete the training. In addition, all Public Safety Officers are required to complete a refresher training and competency assessment every two (2) years to obtain and administer naloxone. Public Safety shall maintain a training log identifying the name and date of all First Responders who have completed the training and provide a copy of the training log to NAIHS and its Service Units upon restock request.
2. **Initial Acquisition:** Initial issuance of naloxone will be dispensed by the Navajo Area Office after documentation is provided that the First Responder has completed the required training. The First Responder and the Navajo Area Pharmacy Consultant will sign the NAIHS Naloxone Acquisition Form (Appendix C) acknowledging the pharmacy consultant is dispensing naloxone under the standing order and the naloxone



is now the responsibility of the First Responder. The form will be collected and stored by the issuing Navajo Area Pharmacy Consultant.

3. **Resupply Requests:** Public Safety shall ensure that all First Responder requests for restock of naloxone devices shall be coordinated directly with Service Unit Pharmacies. First Responders shall complete and furnish the NAIHS Naloxone Deployment Report Form (Appendix B) prior to obtaining additional naloxone devices.
4. **Data Collection:** Public Safety shall ensure First Responders collect and provide the following information to NAIHS upon request: location of incident, type of naloxone administered, doses administered, date of administration, disposition, and any additional comments (device worked, etc.). Refer to the NAIHS Naloxone Deployment Reporting Form (Appendix B). To the extent there is any individually identifiable information, NAIHS and Public Safety agree to hold all such information obtained, learned or developed under, or in connection with, this agreement confidential in accordance with applicable federal laws and regulations.
5. **Maintenance and Inspections:** Public Safety agrees to properly store and maintain its inventory of naloxone. First Responders shall conduct routine monthly inspections of naloxone devices to ensure product integrity and to ensure that the naloxone devices have not expired. Public Safety shall return any damaged or expired naloxone devices to Service Unit pharmacies for appropriate disposal.
6. **Treatment:** First Responders shall, in coordination with NAIHS and any mechanisms developed by NAIHS, refer individuals who experience an overdose to NAIHS Service Unit to a treatment center or other appropriate treatment options. Public Safety shall coordinate with NAIHS to communicate and educate the community regarding the increased naloxone access to First Responders.

**C. TERM OF AGREEMENT:**

This Agreement shall become effective upon approval and signature by all parties and shall remain in effect until terminated by one of the parties, with or without cause, upon written notice delivered to the other party. Upon its effective date, this Amended and Restated Agreement shall supersede the previous version of Agreement No. MOU-NV-17-0003

**D. ENTIRETY OF AGREEMENT:**

It is expressly agreed that this written agreement represents the entire understanding between the parties and supersedes any prior agreements or understanding with respect to the subject matter herein. Any changes or modifications to this agreement must be in writing and be signed by both parties.

**E. SOVEREIGN IMMUNITY:**

Nothing in this Agreement shall be construed as affecting, modifying, diminishing, or otherwise impairing the sovereign immunity from suit enjoyed by the Navajo Nation or the United States of America.

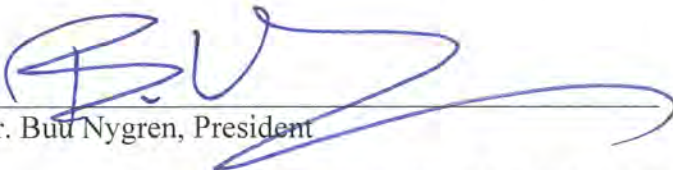
**F. LIMITATION OF LIABILITY:**

This Agreement shall not be construed as altering or affecting in any way the responsibilities for, or any liability associated with, the provision of health care to Native Americans beyond that which is currently governed by Federal law and regulation, including the Federal Tort Claims Act. NAIHS does not assume any liability under this Agreement for Public Safety's failure, if any, to comply with laws and regulations regarding care for individuals treated with naloxone.

**G. SUPERVISION:**

The First Responders remain under the authority, control, and employment of Public Safety. NAIHS employees do not supervise the First Responders using naloxone.

**THE NAVAJO NATION**



Dr. Buu Nygren, President

**APR 20 2023**

Date

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
NAVAJO AREA INDIAN HEALTH SERVICE**



CAPT Brian K. Johnson, Acting Area Director

**05/11/2023**

Date

- Appendix A – Standing Order of Naloxone
- Appendix B – Naloxone Deployment Reporting Form
- Appendix C – Naloxone Acquisition Form

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**APPENDIX A**

U.S. Department of Health and Human Services  
Navajo Area Indian Health Service  
Standing Order for Naloxone

This serves as the Standing Order authorizing the dispensing and administration of naloxone as indicated below:

1. The Navajo Area Office Indian Health Service is authorized to dispense Naloxone Opioid Overdose Kit to trained First Responders for emergency use in the field.
2. The Naloxone Opioid Overdose Kit contains:
  - a. \_\_\_\_\_ doses of naloxone to be given by Public Safety First Responders; and
  - b. The toolkit additionally includes: \_\_\_\_\_
3. Trained First Responders are authorized to administer naloxone to individuals whom they believe, in good faith, are suffering from opioid overdose.
4. Address where naloxone training records will be located:  
Navajo Area Office Indian Health Service  
Address: 272 Hwy 264 – St. Michaels  
Window Rock, Arizona, 86515

**NAIHS Area Chief Medical Officer:** Dr. Kevin Gaines  
Navajo Area Office Indian Health Service  
Address: 272 Hwy 264 – St. Michaels  
Window Rock, Arizona, 86515  
Phone Number: 928-871-4811                      Date: \_\_\_\_\_

NAIHS Area Chief Medical Officer Signature: \_\_\_\_\_

**File Form in Pharmacy Program:**

Navajo Area Indian Health Service Federal Facility: \_\_\_\_\_  
Pharmacist-in-Charge: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Pharmacist-in-Charge Signature: \_\_\_\_\_

*The completed form will be filed in the NAIHS Pharmacy.*

1 **APPENDIX B**

2  
3 U.S. Department of Health and Human Services  
4 Navajo Area Indian Health Service  
5 Naloxone Deployment Reporting Form  
6

7 Date of Report: \_\_\_\_\_ Date and Approximate Time of Incident: \_\_\_\_\_  
8

9 1. Location of Incident (select one):

- 10 ☐ Private residence  
11 ☐ Hotel or motel  
12 ☐ Substance abuse treatment center  
13 ☐ Shelter  
14 ☐ Sidewalk or street  
15 ☐ Nursing home or assisted living  
16 ☐ In BIA custody  
17 ☐ Other: \_\_\_\_\_

18 2. Did someone administer naloxone before you arrived (select one)? Yes ☐ No ☐

19 3. What physical clues indicated need for naloxone (select all that apply)?

- 20 ☐ Person looked blue  
21 ☐ Person was not breathing or had very shallow breathing  
22 ☐ Person did not respond to sternal rub or other attempts to be awakened  
23 ☐ Drugs or drug paraphernalia at the scene  
24 ☐ Known history of drug use  
25 ☐ Report of drug use by a bystander  
26 ☐ Other: \_\_\_\_\_

27 4. What type of naloxone was administered (select all that apply)?

- 28 ☐ Intranasal naloxone  
29 ☐ Auto-Injector naloxone by intramuscular administration  
30 ☐ Auto-Injector naloxone by subcutaneous administration  
31 ☐ Naloxone injection with mucosal atomizer by intranasal administration

32 5. How many doses were administered? \_\_\_\_\_

33 6. What happened after you gave the person naloxone (select all that apply)?

- 34 ☐ Person woke up from overdose  
35 ☐ Person vomited  
36 ☐ Person was agitated or had violent behavior  
37 ☐ Person went to hospital  
38 ☐ Person did not wake up from the overdose and died  
39 ☐ Other: \_\_\_\_\_  
40

41 First Responder Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
42  
43

44 *Once completed, please give to the NAIHS Pharmacy.*  
45

## APPENDIX C

U.S. Department of Health and Human Services  
Navajo Area Indian Health Service  
Naloxone Acquisition Form

Date of Issuance: \_\_\_\_\_

1. The Navajo Area Office Indian Health Service (NAIHS) and NAIHS Facility, \_\_\_\_\_, under the direction of Dr. Kevin Gains, the Area Chief Medical Officer will dispense Opioid Overdose Kits containing naloxone to the \_\_\_\_\_, First Responder.
2. The pharmacist, \_\_\_\_\_, has confirmed that the First Responder, \_\_\_\_\_, has completed the NAIHS or approved naloxone and opioid overdose training and competency.
3. First responders are instructed to:
  - ☐ Store naloxone out of direct light and keep at room temperature (59°-86° Fahrenheit);
  - ☐ Visually inspect naloxone and check for expiration at least monthly;
  - ☐ Replace expired or damaged naloxone at an NAIHS Pharmacy; and
  - ☐ If the naloxone is deployed in an incident, the First Responder should return to the NAIHS pharmacy for a refill and complete the Naloxone Deployment Reporting Form.
4. The Opioid Overdose Kit contains at least one of the following (select all that apply):
  - ☐ Intranasal naloxone
  - ☐ Auto-Injector naloxone for intramuscular or subcutaneous administration
  - ☐ Naloxone injection syringe and mucosal atomizer device for intranasal administration
5. The Opioid Overdose Kit may also contain the following (select all that apply):
  - ☐ Naloxone administration instructions
  - ☐ Gloves
  - ☐ Face shield to provide rescue breathing
6. Reason for Replacement Kit (select one):
  - ☐ Used for an emergency (must also complete the Naloxone Administration Reporting Form)
  - ☐ Expired
  - ☐ Damaged (describe): \_\_\_\_\_
  - ☐ Lost (describe): \_\_\_\_\_
7. Lot Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Pharmacist Name)

\_\_\_\_\_  
(Print First Responder Name)

\_\_\_\_\_  
(Pharmacist Signature)

\_\_\_\_\_  
(First Responder Signature)

Contact Phone Number: \_\_\_\_\_

*The completed form will be filed in the NAIHS Pharmacy.*