

Native Americans for Community Action (NACA)



**Past, Present, and
Vision for the Future**

NACA's Early Origins

- Founded in late 1960s
- Incorporated in 1971
- Volunteerism
- Wide grass roots support from Natives, non-Natives



“Native Americans visiting Flagstaff from the reservations were at a disadvantage when they visited Flagstaff. The roads were not as good then and vehicles slower, which meant that the trip from the reservations took much longer.”

Early Origins (continued)

“They were not comfortable going into restaurants., perhaps because of racism, and would usually buy food and eat it in their trucks. They had no place to change their babies’ diapers or store packages as they walked around. They had no place to just sit and chat. In hot and cold weather they had no protection.

“Citizens began to talk about the issues, which included racism, poor treatment of Native Americans by law enforcement . . . Dealing with public drinking behavior, (lack of) transport within the city, and access to IHS clinics.”

Areas of Early Focus

- ◌ In the short-term, primarily a social center: a place for to have a point of contact with the local Native population in Flagstaff.

Offered programs in culture, arts & crafts.

- ◌ Envisioned: job counseling and placement,
housing, education, & legal aid counseling, a day care center, recreation, emergency family

NACA Uniqueness

- ◉ Only nonprofit Native near full service organization.
- ◉ Serves primarily Native people, but not tribal specific.
- ◉ Also serves non-Natives in some programs including patients at the Family Health Center.
- ◉ Strong emphasis on community action, client advocacy
- ◉ Culturally sensitive.
- ◉ Staff serve as role models of occupational accomplishment for their clients.
- ◉ 40 years of continuity offering near full spectrum of services.

NACA Affiliations

- ◌ One of 33 federally recognized Urban Indian Centers
- ◌ Member, AZ Association of Community Health Centers
- ◌ Licensed by the AZ Division of Licensing Services and the AZ Department of Health Services
- ◌ Partnerships and coalitions with the Navajo Nation, Hopi Tribe, and over 50 local and regional

NACA Geographic, Service Area

Flagstaff and Coconino County, nation's 2nd largest county with 130,000 residents.



Native American population in Flagstaff and Coconino County is 15% and 30%, respectively.

NACA Programs (Approx. 50 staff)

Over 70% Navajo, Hopi, or another tribe

- ◉ Economic Development – Overlook Vendors, WIA
- ◉ Prevention – Health Promotions (CVD, Diabetes), Tobacco, Parenting
- ◉ Pathways for Children & Families – SA Prevention
- ◉ Wellness Center – Including for Employees
- ◉ Primary Health Care – Family Health Center
- ◉ Diabetes Intervention

Adjacent Tribal Reservations

Over 300,000 Navajo Nation and Hopi Tribal members reside nearby.



Clients Served by NACA

Approximately 4,000 per annum of which an est.
600 Substance Abuse & 100 Mental Health
unduplicated clients have been served



NACA Behavioral Health Program



Behavioral Health Programs & Funding

- ◉ Suicide Prevention & Early Intervention – SAMSHA
GLS & the Indian Health Service (MSPI)
- ◉ Mental Health – Title V
- ◉ Substance Abuse – Title V & Revenue Generation
- ◉ Pathways Substance Abuse Prevention Program for
Youth and Families – Title V, private foundations
- ◉ Bordertown Initiative – The Navajo Nation

Behavioral Health Staffing (partial)

- ◉ Susan Codega, MS, Administrative Director
- ◉ Sandi John-JacQues, LMSW, MH Therapist
- ◉ Verda Denetsosie, BA, LISAC, SA Counselor
- ◉ Robert Potter, MS, ICADC, ABCAC, SA Counselor
- ◉ Ruth Begay, MSW, Coordinator, MSPI
- ◉ Aaron Secakuku, MS, Director, Pathways
- ◉ Lintara Bedonie, AA, Program Assistant, Pathways
- ◉ Brandy Moran, LMSW, Program Manager, SAMSHA
- ◉ Audrey Bradley, M.Ed., MH Specialist, SAMSHA
- ◉ Emmeleta Burruel, AA, Administrative Secretary

Faces of NACA



Faces of NACA



Faces of NACA



Innovations, Practices

- ◌ Client advocacy
- ◌ Excellent customer service
- ◌ Use of best case practices
- ◌ Introduction of baseline & outcome measures
- ◌ Efficient, streamlined client intake process
- ◌ Integrative approach to serve multiple client needs
- ◌ Native linguistic capacity & enhanced communication
- ◌ Sociocultural approach & practices, as appropriate (e.g., Talking Circles, Sweats, traditional medicine)

Further Areas to Work On

Behavioral Health

- ◌ Further develop trauma treatment specialties
- ◌ Develop student internship program with universities
- ◌ Seek additional funding from private foundations
- ◌ Establish effective MIS including billing
- ◌ Finalize telemedicine capability
- ◌ Continue to build close relationships with Tribal reservation communities

Biggest Challenge

Establishing AHCCCS Behavioral Health Billing through Navajo Nation RHBA, NARBHA



Upgrade Staff Professional Competencies & Capabilities



- ◉ Expanded Recruitment, Competitive Salaries
- ◉ Licensure and Certification
- ◉ Individualized Detailed Training Plans & Career Dev.

Ahe'hee, Kwa Kwai!

