

# THE NAVAJO NATION

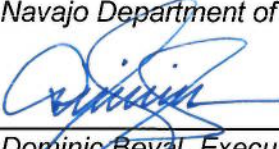


JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT

October 26, 2022

## TRANSMITTAL

TO : Dr. Jill Jim, Executive Director  
Navajo Department of Health (NDOH)

FROM :   
Dominic Beval, Executive Director  
Office of Management and Budget (OMB)

SUBJECT : Division of Behavioral & Mental Health Services (DBMHS) - Detox & Residential Treatment Centers

### I. Information on Contract (per Original Award):

DBMHS - Detox & Residential Treatment Centers	U.S. Treasury American Recovery Plan Act (ARPA)	21.019
Title of Contract	Funding Agency	CFDA No. - Federal
CJN-29-22	\$ 15,243,750.00	2022
Grant No.	Amount	Fiscal Year
		Term - Begin and End Date
		03/11/2021 to 12/31/2026

### II. Data Entered in FMIS Regarding:

☒ New Contract or Grant Company No. 8059 Business Unit (K#) K211554

☐ Contract Mod No. \_\_\_\_\_

☐ Amt of Award \_\_\_\_\_ to \_\_\_\_\_

AMOUNT FROM TO

☐ Budget Period - Extend End Date: From \_\_\_\_\_ To \_\_\_\_\_

☐ Other, specify: \_\_\_\_\_

### Authorizing Document - Attached:

☐ Contract / Agreement - Date executed \_\_\_\_\_

☐ NNC / Committee Resolution - No. & Date \_\_\_\_\_

☒ Other, specify: NN Council Resolution CJN-29-22

### III. Comments by CGS:

Budget received on October 7, 2022 is authorized for implementation pursuant to FY 2023 NN BIM Appendix L Section II. B. and approved by Mr. Tom Platero on October 6, 2022.

Attachment

Copy: Contract files  
Contract Accounting / OOC / DPM  
Tom Platero, Interim E.D. - NN FRF Office

Revised April 2018



Office of Management and Budget ♦ Post Office Box 646 ♦ Window Rock, AZ 86515  
(928) 871-6470 Telephone ♦ (928) 871-6567 Facsimile

# THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



## MEMORANDUM

TO : Dr. Jill Jim, Executive Director  
Division of Behavioral & Mental Health Services  
Navajo Department of Health

FROM : 1.5711  
Tom Platero, Executive Director  
Navajo Nation Fiscal Recovery Fund Office

DATE : October 6, 2022

SUBJECT: CJN-29-22 Allocation of \$15,243,750.00 in Navajo Nation Fiscal Recovery Funds  
and \$15,243,750.00 to the Division of Behavioral & Mental Health Services

The Navajo Nation Fiscal Recovery Fund Office (NNFRFO) is requesting budgets totaling \$15,243,750.00 for the Division of Behavioral & Mental Health Services per CJN-29-22, Exhibit G-1 as listed in the table below:

Exhibit	Description	Category	\$
G-1	Division of Behavioral & Mental Health Services Detox & Residential Treatment Centers	1.13	\$15,243,750.00
	Total		\$15,243,750.00

K211554

As applicable, prepare Budget Forms 2, 3, and 4 in accordance Budget Form 1 in approved Navajo Nation Council resolution CJN-29-22.

If you have any questions, please feel free to contact me by phone at (928) 309-5532 or by email at [t.platero@navajo-nsn.gov](mailto:t.platero@navajo-nsn.gov).

Thank you.

FY 2023

THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY

Page 1 of 5  
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Division of Behavioral &amp; Mental Health Services</u>		Division/Branch: <u>NDOH/Executive</u>	
Prepared By: <u>Stacey Chester, Senior Accountant</u>		Phone No.: <u>(928) 871-7578</u>		Email Address: <u>staceychester@navajo-nsn.gov</u>	

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
INN Fiscal Recovery Funds/APRA	10/1/21-12/31/26	15,243,750.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services				
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay	6	\$15,243,750.00	\$15,243,750.00	\$0.00
				9500 Matching Funds				
				9500 Indirect Cost				
				<b>TOTAL</b>		\$15,243,750.00	\$15,243,750.00	\$0.00

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	0	0
Total # of Vehicles Budgeted:	0	0

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: <u>Dr. Michelle Brandser, Health Services Administrator</u> Program Manager's Printed Name <u>Dr. Michelle Brandser 9/29/22</u> Program Manager's Signature and Date	APPROVED BY: <u>Dr. Jill Jim, Executive Director/NDOH</u> Division Director / Branch Chief's Printed Name <u>[Signature] 9/30/22</u> Division Director / Branch Chief's Signature and Date
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*Handwritten initials: J. S. 10/18/22*



## Division of Behavioral and Mental Health Services

The COVID pandemic has increased the need to provide substance abuse services. This funding will be used to construct a new detox center, renovate traditional healing grounds, and renovate two existing residential facilities. Additional facilities and renovations are needed to provide comprehensive behavioral health services such as outpatient and residential counseling, traditional and faith based services, outreach services and care coordination services. The residential facilities will offer a comprehensive care recovery process with constant support services to decrease the transmission rate of the COVID-19.

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

- Renovation of Residential facility in Shiprock, New Mexico

**Program Performance Measure/Objective:**

Renovation of Residential facility in Shiprock, New Mexico

- Renovation of Detox Treatment facility in Shiprock, New Mexico

**Program Performance Measure/Objective:**

Renovation of Detox Treatment facility in Shiprock, New Mexico

- ## Construction and renovations of Residential Facility in Chinle, Arizona

**Program Performance Measure/Objective:**

### **Construction and renovations of Residential Facility in Chinle, Arizona**

- Construction of three (3) Deltox™ Treatment Center in Chinle, Kayenta, and Tuba City, Arizona**

**Program Performance Measure/Objective:**

**Construction of three (3) Detox Treatment Center in Chinle, Kayenta, and Tuba City, Arizona**

- Program Performance Measure/Objective:**

**Dr. Michelle Brandser, HSA, DBMHS/NDOH**

**Program Manager's Printed Name**

Program Manager's Signature and Date

**Dr. Jill Jim, Executive Director, NDOH**

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date AKA 9/30/22

10/24/21 J. J. J.

FY 2023

THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATION

Page 3 of 5  
BUDGET FORM 4

PART I. PROGRAM INFORMATION:

Program Name/Title: \_\_\_\_\_

Division of Behavioral and Mental Health Services

Business Unit No.: \_\_\_\_\_

NEW

PART II. DETAILED BUDGET:

(A) Object Code (LOD 6)	(B) Object Code Description and Justification (LOD 7)	(C) Total by DETAILED Object Code (LOD 6)	(D) Total by MAJOR Object Code (LOD 4)
9020	9000 Capital Outlay Infrastructure - design & installation of parking lots, sidewalks, security lighting, communications, waterlines, and powerlines for structures & property grounds for full operation 9025 Parking Lot/Sidewalk/Streetlight Shiprock Residential Treatment (Renovations) \$150,000.00 9025 Parking Lot/Sidewalk/Streetlight Chinle Residential Treatment \$150,000.00 9025 Parking Lot/Sidewalk/Streetlight Kayenta Detox Treatment Center \$100,000.00 9025 Parking Lot/Sidewalk/Streetlight Tuba City Detox Treatment Center \$100,000.00 \$500,000.00	1,235,000	15,243,750
9030	9035 Communications Shiprock Residential Treatment (Renovations) \$35,000.00 9035 Communications Chinle Residential Treatment \$50,000.00 9035 Communications Kayenta Detox Treatment Center \$25,000.00 9035 Communications Tuba City Detox Treatment Center \$25,000.00 \$135,000.00		
9038	9038 Waterlines Shiprock Residential Treatment (Renovations) \$50,000.00 9038 Waterlines Shiprock Detox Treatment Center (Renovations) \$50,000.00 9038 Waterlines Chinle Residential Treatment \$50,000.00 9038 Waterlines Chinle Detox Treatment Center \$50,000.00 9038 Waterlines Kayenta Detox Treatment Center \$50,000.00 9038 Waterlines Tuba City Detox Treatment Center \$50,000.00 \$300,000.00		
9040	9040 Powerlines Shiprock Residential Treatment (Renovations) \$50,000.00 9040 Powerlines Shiprock Detox Treatment Center (Renovations) \$50,000.00 9040 Powerlines Chinle Residential Treatment \$50,000.00 9040 Powerlines Chinle Detox Treatment Center \$50,000.00 9040 Powerlines Kayenta Detox Treatment Center \$50,000.00 9040 Powerlines Tuba City Detox Treatment Center \$50,000.00 \$380,000.00		
	TOTAL	1,235,000	15,243,750

*Handwritten signature/initials*

THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:

Program Name/Title: \_\_\_\_\_

Division of Behavioral and Mental Health Services

Business Unit No.: \_\_\_\_\_

NEW

PART II. DETAILED BUDGET:

(A) Object Code (LOD 6)	(B) Object Code Description and Justification (LOD 7)	(C) Total by DETAILED Object Code (LOD 6)	(D) Total by MAJOR Object Code (LOD 4)
9050	9009 Capital Outlay continued Building - Construction services (planning, design, constructing, furnish & equip. to include geo-tech, survey, architecture and engineering, infrastructure, water/sewer/electrical, p/g, civil, structural, MEP, E, design services, parking lot and utility connections 9052 Buildings Shiprock Residential Treatment (Renovations) \$2,000,000.00 9052 Buildings Shiprock Detox Treatment Center (Renovations) \$1,000,000.00 9052 Buildings Chitche Residential Treatment \$2,500,000.00 9052 Buildings Chitche Detox Treatment Center \$1,000,000.00 9052 Buildings Kayenta Detox Treatment Center \$3,589,375.00 9052 Buildings Tuba City Detox Treatment Center \$3,589,375.00 \$13,678,750.00	13,678,750	15,243,750
9070	CAP - Pro Tech Services - fees for capital architecture/design and geo tech services on projects for structures and grounds 9074 CAP-Architecture/Design Shiprock Residential Treatment (Renovations) \$30,000.00 9074 CAP-Architecture/Design Chitche Residential Treatment \$380,000.00 \$330,000.00	330,000	
	TOTAL	14,008,750	15,243,750

*J. P. Wolf*

FY 2023

THE NAVAJO NATION  
EXTERNAL CONTRACT AND GRANT FUNDING INFORMATIONPage 5 of 5  
BUDGET FORM 6

## PART I. PROGRAM INFORMATION:

Program Name/Title: Division of Behavioral and Mental Health Services Funding Period: 10/01/2021 - 12/31/2026 K #: NEW

Contract/Grant No.: NN Fiscal Recovery Funds/APRA Prepared by: Stacey Chester, Senior Accountant

## PART II. PURPOSE OF FUNDING AND MATCH FUNDS REQUIREMENT

This funding will be used to construct a new detox center, renovate traditional healing grounds, and renovate two existing residential facilities. Additional facilities and renovations are needed to provide comprehensive behavioral health services such as outpatient and residential counseling, traditional and faith based services, outreach services and care coordination

## PART III. BUDGET INFORMATION:

(A)		(B)	(C)	(D)
Major Object Code and Description		Current Award Fiscal Year 2022	Anticipated Funding Fiscal Year 2023	Difference Columns (C) - (B)
2001	Personnel Expenses			
3000	Travel Expenses			
3500	Meeting Expenses			
4000	Supplies			
5000	Lease and Rental			
5500	Communication and Utilities			
6000	Repairs and Maintenance			
6500	Contractual Services			
7000	Special Transaction			
8000	Assistance			
9000	Capital Outlay		15,243,750	15,243,750.00
9510	Matching - Cash			
9610	Matching - In - Kind			
9710	Indirect Cost (Overhead) Allocation			
TOTALS:		-	15,243,750	15,243,750.00

## PART IV.

MATCH FUNDS - No. of Positions:

## CONCURRED BY:

MATCH FUNDS - Required GF Cash Match:

Required GF In-Kind Match:

Contracting Officer's Signature / Date:

Required GF % Match:

## PART V. ACKNOWLEDGEMENT:

Submitted by (print):

Dr. Michelle Brandser, HSA, DBMHS

Approved by (print):

Dr. Jill Jim, Executive Director, NDOH

Signature/Date:

Dr. Michelle Brandser 9/29/22

Signature/Date:

JLJ 9/30/22

JLJ 10/26/22





**NAVAJO NATION DEPARTMENT OF JUSTICE**  
**OFFICE OF THE ATTORNEY GENERAL**

DOREEN N. MCPAUL  
Attorney General

KIMBERLY A. DUTCHER  
Deputy Attorney General

**DEPARTMENT OF JUSTICE**  
**INITIAL ELIGIBILITY DETERMINATION**  
**FOR NAVAJO NATION FISCAL RECOVERY FUNDS**

**RFS/HK Review #:** HK0091-2 [Reissued]

**Date & Time Received:** 3/09/2022 at 15:33

**Date & Time of Response:** 3/09/2022 at 17:20 [Reissued 4/13/2022 - new expenditure category]

**Entity Requesting FRF:** Navajo Department of Health

**Title of Project:** Division of Behavioral & Mental Health Detox & Residential Treatment Centers

**Administrative Oversight:** Executive Branch

**Amount of Funding Requested:** \$15,243,750.00

**Eligibility Determination:**

- ☒ FRF eligible  
☐ FRF ineligible  
☐ Additional information requested

**FRF Eligibility Category:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> (1) Public Health and Economic Impact | <input type="checkbox"/> (2) Premium Pay                            |
| <input type="checkbox"/> (3) Government Services/Lost Revenue             | <input type="checkbox"/> (4) Water, Sewer, Broadband Infrastructure |
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**U.S. Department of Treasury Reporting Expenditure Category:** 1.13 Substance Use Services



**Returned for the following reasons (Ineligibility Reasons / Paragraphs 5. E. (1) - (10) of FRF Procedures):**

- |  |  |
|--|--|
| <input type="checkbox"/> Missing Form  | <input type="checkbox"/> Expenditure Plan incomplete                     |
| <input type="checkbox"/> Supporting documentation missing  | <input type="checkbox"/> Funds will not be obligated by 12/31/2024       |
| <input type="checkbox"/> Project will not be completed by 12/31/2026                                     | <input type="checkbox"/> Incorrect Signatory                             |
| <input type="checkbox"/> Ineligible purpose  | <input type="checkbox"/> Inconsistent with applicable NN or federal laws |
| <input type="checkbox"/> Submitter failed to timely submit CARES reports                                 |  |
| <input type="checkbox"/> Additional information submitted is insufficient to make a proper determination |  |

**Other Comments:** DOJ is reissuing this Initial Eligibility Determination due to updates in Treasury's reporting expenditure categories. This was previously categorized as 1.11 - Substance Use Services. This is now category 1.13 - Substance Use Services.

**Name of DOJ Reviewer:** Mel M. Rodis, Assistant Attorney General, Tax & Finance Unit

**Signature of DOJ Reviewer:** 

**Disclaimers:** An NNDOJ Initial Eligibility Determination will be based on the documents provided, which NNDOJ will assume are true, correct, and complete. Should the Project or Program change in any material way after the initial determination, the requestor must seek the advice of NNDOJ. An initial determination is limited to review of the Project or Program as it relates to whether the Project or Program is a legally allowable use – it does not serve as an opinion as to whether or not the Project or Program should be funded, nor does it serve as an opinion as to whether or not the amount requested is reasonable or accurate.

**APPENDIX A**

**THE NAVAJO NATION  
FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN  
FOR NAVAJO NATION GOVERNMENT UNITS**

**Part 1. Identification of parties.**

NN Government Unit requesting FRF: Navajo Department of Health Indicate Department, Program, Office, Division, or Branch Date prepared: 3/9/2022

NN Government Unit's mailing address: PO BOX 1300, Window Rock, AZ 86515 phone/email: (928) 871-6350/jljjim@navajo-nsn.gov  
website (if any): \_\_\_\_\_

Form prepared by: Dr. Michelle Brandser phone/email: (928) 871-6350/mbrandser@navajo-nsn.gov  
Executive Director for the Navajo Nation Department of Health  
CONTACT PERSON'S name, title and Department, Program, Office, etc. CONTACT PERSON'S job

Title & type of Project: Division of Behavioral and Mental Health Detox and Residential Treatment Centers

NN Government Unit's Director or Manager: Dr. Jill Jim phone & email: (928) 871-6350/jilljim@navajo-nsn.gov

Division Director (if any): same as above phone & email: \_\_\_\_\_

Branch Chief: Jonathan Nez phone & email: (928) 871-7000/jonathannez@navajo-nsn.gov

Funding Recipient will be working with: Executive Branch Indicate Branch and/or Division on the Project and  
the same will be submitting the Funding Request Package for Initial Eligibility Determination Review, and will have Administrative Oversight over this FRF Expenditure Plan.

List names or types of Subcontractors or Subrecipients that will be paid with FRF (if known): \_\_\_\_\_

☐ document attached

Amount of FRF requested: \$15,243,750 FRF funding period: 10/01/2021 - 12/31/2026  
Indicate Project starting and ending/fiscal year date

**Part 2. Expenditure Plan details.**

(a) Describe the Program(s) and/or Project(s) to be funded, including how the funds will be used, for what purposes, the location(s) to be served, and what COVID-related needs will be addressed:

The COVID pandemic has increased the need to provide substance abuse services. This funding will be used to construct three new detox treatment centers, construct one new residential facility, and renovate one existing residential facility. Due to the pandemic, these types of facilities have been overrun with the number of incoming patients. Additional facilities and renovations are needed to avoid overcrowding support facilities, which can increase the transmission rate of the COVID-19 virus. Each facility will have space for 10 patients for detox services and outpatient treatment services, including traditional healing grounds and recreational facilities. The residential facilities will offer a comprehensive care recovery process with constant support services.

☐ document attached

(b) Explain how the Program or Project will benefit the Navajo Nation, Navajo Communities, or the Navajo People:

These treatment centers will give the Navajo people, both teens and adults, a place to go to for substance abuse related problems. It will benefit the Navajo people by providing community support and a safe space for individuals to receive the help and support they need to recover from substance abuse, including counseling and rehabilitation programs. These programs can help individuals rebuild and overcome the emotional and mental toll they may be experiencing from the COVID pandemic and also help them achieve a healthier, substance free lifestyle.

☐ document attached

## APPENDIX A

(c) Provide a prospective timeline showing the estimated date of completion of the Project and/or each phase of the Project. Disclose any challenges that may prevent you from incurring costs for all funding by December 31, 2024 and/or fully expending funds and completing the Program(s) or Project(s) by December 31, 2028:

10/01/2021 - 9/30/2022: Design and preparation to bid project

10/01/2022 - 9/30/2023: Advertisement, contracting, and begin construction

10/02/2023 - 12/31/2028: Construction

Potential challenges include (1) receipt of funding - project cannot begin prior to allocation of funds; (2) timeliness of obtaining land - clearance preparation and approval can delay design phase; (3) lack of local labor force - inability to obtain personnel to do work may delay the schedule; and (4) material shortages from pandemic - may alter prices and delay schedule based on availability ☐ document attached

(d) Identify who will be responsible for implementing the Program or Project:

The Executive Director of the DOH, Dr. Jill Jim, will be responsible for implementing the construction of these facilities.

☐ document attached

(e) Explain who will be responsible for operations and maintenance costs for the Project once completed, and how such costs will be funded prospectively:

The DOH will be responsible for the operations and maintenance costs for these facilities upon completion.

☐ document attached

(f) State which of the 66 Fiscal Recovery Fund expenditure categories in the attached U.S. Department of the Treasury Appendix 1 listing the proposed Program or Project falls under, and explain the reason why:

This project will fall under FRF expenditure category 1.11, Public Health: Substance Use Services. This category was selected based on the need to provide substance use support and services to individuals to fulfill an increased need in these types of services due to the pandemic. The costs will support construction only.

☐ document attached

### Part 3. Additional documents.

List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):



**APPENDIX A**

**Part 4. Affirmation by Funding Recipient.**

Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

NN Government Unit  
Preparer: Dr. Michelle Brader Approved by: [Signature]  
signature of Preparer/CONTACT PERSON signature of NN Government Unit/Grant Program/Office Director or Manager

Approved to submit  
for Review: [Signature] Print Name, Title,  
signature of Branch Chief or Division Director Branch or Division: [Signature]  
print name and indicate title or position

Asst. Dir. NNERFO  
indicate Branch or Division

# THE NAVAJO NATION PROJECT BUDGET SCHEDULE

<b>PART I. Business Unit No.:</b> <u>NEW</u>													<b>PART II. Project Information</b>					
<b>Project Title:</b> <u>NDOHDBNHS Detox Treatment Facilities</u>													<b>Project Type:</b> <u>Construction (ARPA)(NNFRF)</u>					
<b>Project Description:</b> <u>In Reference to CJIN-29-22: Construct Detox Treatment Centers in Chinle, Kayenta, and Tuba City, AZ &amp; Renovate residential and detox center in Shiprock, NM.</u>													<b>Planned Start Date:</b> <u>10/1/2022</u>					
<b>Check one box:</b> <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification													<b>Planned End Date:</b> <u>9/30/2023</u>					
<b>PART III. List Project Task separately, such as Plan, Design, Construct, Equip or Furnish.</b>													<b>Project Manager:</b> <u>Dr. Michelle Brandser</u>					
<b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b>													<b>Expected Completion Date if project exceeds 8 FY Qtrs.</b>					
	FY 2023				FY 2024													
	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Date									
Renovation of Residential Facility in Shiprock, NM - Transitional Housing	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M
Plan/Design																		
Construct/Renovate																		
Equip & Furnish																		
Renovation of Detox Treatment facility in Shiprock, NM - Transitional Housing																		
Plan/Design																		
Construct/Renovate																		
Equip & Furnish																		
Construction of three (3) Detox Treatment Centers in Chinle, Kayenta, & Tuba City, AZ																		
Plan/Design																		
Construct/Renovate																		
Equip & Furnish																		
<b>PART V.</b>																		
Expected Quarterly Expenditures	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	<b>PROJECT TOTAL</b>			
	2,315,000.00	1,100,000.00	3,100,000.00	8,728,750.00											\$15,243,750.00			

