

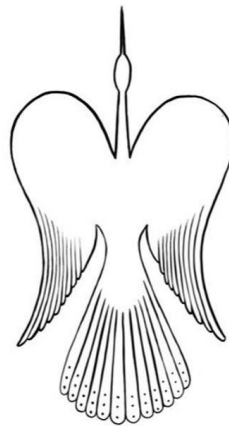


Region 11 Early Access Regional Plan

San Juan & McKinley Counties | Navajo Nation & Pueblo of Zuni

Northwest New Mexico

Restoring the Partnership of Hope and Pathways of Renewal



Region Represented: Region 11

Counties, Nations, Pueblos, and Tribes represented within region:
San Juan County, McKinley County, Navajo Nation & Pueblo of Zuni

Accountable Entity: Northwest New Mexico Council of Governments

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Funding Request: \$5.283M (scalable to \$2M)

SECTION 1: PROGRAM OVERVIEW

Critical Access Need:

- Residential Treatment Continuum of Care
- Crisis Continuum of Care
- Medications Assisted Treatment (MAT) for Justice-Involved Individuals
- Prenatal & Perinatal SUD Treatment Programs

Statement of Purpose:

Region 11 faces significant behavioral health service gaps that have resulted in high rates of untreated substance use disorders, limited crisis response capacity, and inadequate access to residential treatment options. These challenges are compounded by geographic isolation, workforce shortages, and cultural barriers that disproportionately impact rural and tribal communities. This plan prioritizes collaborative engagement with Navajo Nation and Pueblo of Zuni leadership, providers, and community stakeholders to ensure services are accessible, equitable, and aligned with cultural values. By leveraging early access funding, Region 11 will support projects that expand crisis stabilization services and establish residential treatment capacity. These efforts will lay the foundation for a robust behavioral health system that meets the unique needs of our diverse population and support long-term recovery and resilience.

Vision: to restore the partnership of hope and pathways for renewal in our region.

Purpose: The overarching purpose of this plan is three-fold: (1) build systems back better through increased coordination; (2) expand data-driven best practices throughout our region; and (3) restore social infrastructure including partnerships and growing our own experts, practitioners, and providers. The purpose of this Early Access Regional Plan is to accelerate investment in critical behavioral health programs and social infrastructure while the full regional plan is being finalized. Our overarching vision is to create a culturally responsive, sustainable continuum of care that addresses urgent needs across the lifespan, reduces emergency department utilization, and improves health outcomes for justice-involved individuals, pregnant and parenting women, and individuals requiring residential treatment.

Service and Plan Goals: Based on the E-SIM Mapping and Prioritization Workshop held on December 9-11, 2025, the following service and plan goal areas:

1. Housing, Shelter, and Transitional Living
2. Diversion, Specialty Courts, and Justice System Improvements
3. Coordination & System Integration
4. Access & Instructure for Behavioral Health Services
5. Prevention, Community, and Cultural Support



Figure 1: E-SIM Workshop

Based on these goal areas, our regional decision-makers have selected programs that are foundational to advancing this plan including expansion, coordination improvements, and programs that are both urgent, have funding gaps or needs, and have high impact potential for the area of focus as well as for the region. These programs can become pilots, models, and low-barrier service expansion areas for other communities throughout our multi-jurisdictional region.

SECTION 2: DEMONSTRATION OF NEED

Service Gaps:

Region 11 faces severe behavioral health service shortages across all four critical access areas. Current data and stakeholder input indicate:

- **Residential Treatment:** There are fewer than two accredited residential treatment centers serving a population of over 200,000, including rural and tribal communities. Wait times for residential care often exceed 6–8 weeks, forcing individuals to seek treatment out-of-state or forgo care entirely.
- **Treatment Access Delays:** Individuals ordered into treatment routinely wait up to three months to access Intensive Outpatient (IOP) services due to provider staffing shortages. These delays increase the risk of relapses, noncompliance, and reoffending. There is limited access to residential treatment, particularly for justice-involved individuals.
- **Crisis Services:** Emergency departments in San Juan and McKinley counties report high utilization for behavioral health crises, with limited crisis triage capacity and no 24/7 mobile crisis teams covering frontier and tribal areas.

These critical access needs are issues in Region 11 and will be incorporated in the full regional plan and but were not prioritized for early access funding during this short cycle and short implementation timeframe as they will take more action planning, design, and time to implement.

- **Justice-Involved MAT:** Detention facilities in both counties lack consistent access to Medication-Assisted Treatment (MAT), contributing to high recidivism rates and untreated opioid use disorder among incarcerated individuals.
- **Prenatal & Perinatal SUD Treatment:** Maternal health outcomes are disproportionately poor among Native populations, with elevated rates of neonatal abstinence syndrome (NAS) and limited family-centered treatment options for pregnant and parenting women.

How Needs are Identified:

Region 11's unmet behavioral health needs have been identified through a combination of statewide data analysis and state-level behavioral health dashboards, local health assessments, and stakeholder engagement, including Sequential Intercept Mapping (SIM) workshops, tribal health reports, and hospital utilization data.

Extent of Need:

- Emergency Department (ED) visits for behavioral health crises in San Juan and McKinley counties are among the highest in rural New Mexico.
- NAS rates in New Mexico (13.6 per 1,000 births) far exceed the national average (5.3), with disproportionate impact on Navajo and Zuni communities.
- Incarceration rates in New Mexico are the highest in the U.S. (647 per 100,000), with Native Americans overrepresented in justice-involved populations.

How This Need Has Been Identified:

- SIM workshops conducted in 2025 highlighted gaps in crisis response and justice-involved treatment pathways.
- Hospital and ED data from Gallup Indian Medical Center and San Juan Regional Medical Center show high behavioral health-related admissions.

- Tribal health assessments and maternal health reports from Navajo Nation and Pueblo of Zuni confirm elevated SUD prevalence and poor maternal outcomes.
- Community stakeholder input during regional planning sessions emphasized cultural and geographic barriers to care.

Barriers and Contributing Factors:

- Geographic isolation: Long travel distances to treatment facilities, especially for remote tribal communities.
- Workforce shortages: Lack of culturally competent behavioral health professionals and limited recruitment pipelines.
- Cultural and linguistic barriers: Mainstream services often fail to integrate traditional healing practices or language access.
- Socioeconomic challenges: High poverty rates and limited transportation options exacerbate access issues.
- Infrastructure gaps: Few crisis stabilization units and insufficient residential treatment beds.

Urgency of Immediate Service Delivery:

Without early intervention, Region 11 will continue to experience avoidable emergency department visits, preventable maternal and infant complications, and increased incarceration for untreated behavioral health conditions. Immediate investment is critical to stabilize individuals in crisis, reduce system strain, and prevent long-term adverse outcomes. Several programs detailed below need funding to continue or expand due to cutbacks or consolidation at State and Federal levels for existing programs and lack of local funding including Local Liquor Excise Tax.

Service Gaps:

Detailed information can be found with the Chart of Programs on subsequent pages.

Target Population:

The proposed projects will serve:

- Adults and youth with SUD and co-occurring disorders requiring residential or crisis stabilization.
- Justice-involved individuals in county detention centers and tribal correctional facilities as well as focus on prevention of youth aged populations.
- Pregnant and parenting women with substance use disorders, particularly in Navajo Nation and Pueblo of Zuni communities.
- Region 11's population is predominantly rural and includes large Native American communities, requiring culturally tailored approaches to ensure equity and accessibility.

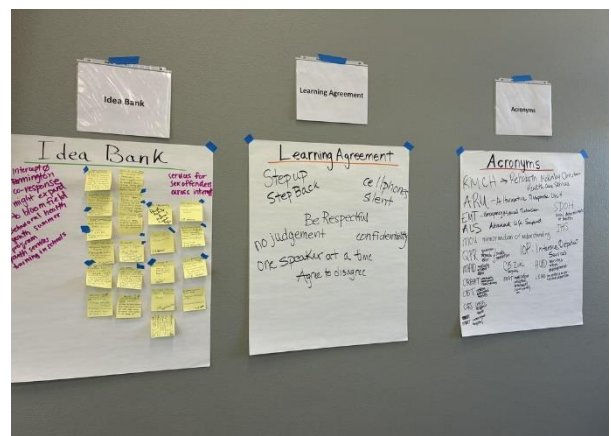


Figure 2: Flipcharts from E-SIM Workshop

Demonstration of Need for our Early Access Regional Plan includes the following data:

1. Emergency Department Utilization for Behavioral Health

- San Juan County saw 47 drug overdose deaths in 2023, corresponding to an age-adjusted overdose death rate of 42.2 per 100,000—signaling elevated behavioral health crisis utilization likely involving the ED.
- Statewide data through NM-IBIS shows persistently high ED usage for behavioral health conditions across Rural Health Regions, including San Juan and McKinley counties.

2. Incarceration & Justice-Involved Populations

- New Mexico has the highest incarceration rate in the U.S., at 647 per 100,000 population, with Native Americans disproportionately represented.
- In McKinley County’s adult detention center (Gallup), housing up to 328 beds, the average daily jail population is approximately 149 inmates, with females making up only ~19%—highlighting male-preponderant incarceration and associated justice-involved behavioral health needs.

3. Maternal & Perinatal Substance Use Disorder (SUD) & Neonatal Outcomes

- Neonatal Abstinence Syndrome (NAS) in New Mexico is markedly high at 13.6 cases per 1,000 births—well above the national average of 5.3.
- The 2020 Navajo Nation Maternal & Child Health Assessment highlights elevated maternal morbidity, with identified needs around prenatal care, substance use, and maternal mortality among the Navajo population (approx. 286,000 total, with nearly half living on-reservation).
- Project ECHO’s perinatal SUD initiative in New Mexico reached over 500 providers, including those at Gallup Indian Medical Center, suggesting a statewide acknowledgement of high perinatal SUD prevalence and the need for maternal health integration.

4. Health Equity & Rural/Tribal Challenges

- McKinley County has the highest alcohol-related death rate in New Mexico based on NM Mortality Rates report, twice the state rate and more than three times the national rate.
- In 2022, New Mexico Voices for Children reported that 33.2% of households in McKinley County relied on SNAP benefits, compared to 19.4% statewide, and that 42.2% of children and youth ages birth to 17 were living in poverty.
- Region 11 remains predominantly rural, with significant geographic and transportation barriers that undermine access to timely treatment and crisis stabilization.
- Workforce shortages persist, especially culturally competent behavioral health providers, with particularly acute gaps in McKinley and tribal-serving institutions.

These data points affirm the urgent and specific behavioral health needs in residential treatment access, crisis stabilization, justice-involved MAT services, and maternal SUD care within Region 11. They also align with NOFO priorities by providing quantifiable evidence of service gaps and health disparities deserving immediate funding intervention.

Region 11

- McKinley, San Juan
- Navajo Nation, Pueblo of Zuni

County	Per 100k, Age-Adjusted		
	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
McKinley	31.4 ▲	247.2 ▲	31.8 ▼
San Juan	32.8 ▲	149.5 ▲	35.6 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Figure 3: Data from NM Mortality Rate Report

Chart of Early Access Regional Plan Programs & System Investments

Title SIM Priority Description	Identifying Needs	Urgency	Service Gaps	Target Population	Alignment
<p>Axis Program #2 Diversion, Specialty Courts, & Justice System</p> <p>The San Juan Alternative Sentencing Axis Program provides court ordered jail-based services to women identified through the criminal justice system. The goal is to reduce or ameliorate the maladaptive use of methamphetamine, and other substances, reunite, strengthen, and heal the family, and support the consumer in living a successful and sustained recovery-oriented lifestyle, thereby reducing recidivism. Services shall be provided through an intensive inpatient/outpatient service delivery model.</p>	<p>Inpatient/residential treatment options in San Juan County are scarce and limited. Of those that do exist, none provide case-managed aftercare services to provide service linkages to a largely underserved population.</p>	<p>Current funding for the Axis program was eliminated by the State and is limited. Additionally, community agencies such as SANE, FCC, and Domestic Violence Court voluntarily present information during treatment intended to assist and support clients upon their return to the community.</p>	<p>Axis provides 60 days of gender-specific inpatient substance abuse treatment preceded and followed by intensive case management. The treatment strategy, sensitive to the engagement level and ability of the clients, includes individual and group therapy, life skills, substance abuse and health education, and 12-Step programs. Additionally, community agencies such as SANE, FCC, and Domestic Violence Court voluntarily present information during treatment intended to assist and support clients upon their return to the community.</p>	<p>The Axis Program accepts female substance-abusing adult (at least 18 years of age) offenders convicted within the San Juan County court system through Mental Health Court, Adult Drug Court, Family Court, and Pretrial Services in San Juan County.</p>	<p>The Axis Program objectives are clear: maintain a safe and secure environment, provide the "tools" necessary for addiction recovery, motivate the client toward behavior change, and appropriately support clients' navigation through the aftercare process. The Program utilizes the Community Reinforcement Approach in helping clients identify individualized strategies to avoid alcohol and drug abuse within the context of Motivational Interviewing.</p>
<p>Navigation Center #5 Prevention, Community & Cultural Support & #3 Coordination and System Integration</p> <p>The Navigation Center was designed and delivered to provide a central hub for resources and case management. Many of our residents are unfamiliar with navigating systems and/or were recently released from jail, homeless, abusing substances, or suffering severe mental illness or chronic medical conditions. They require case management in order to access the services they need.</p>	<p>In 2019, San Juan County conducted a behavioral health gap analysis. One of the main gaps identified was the lack of a central hub for resources and case management. Our program began a year later.</p>	<p>If our clients don't have access to services, their situation will deteriorate. Without our services, many residents would remain on the streets, find themselves on the streets, or experience major decline in their physical and mental health.</p>	<p>We serve all residents regardless of race, sex, sexual orientation, creed, income, prior convictions, etc. All of our material is translated in both Spanish and Navajo. We have made effort to collaborate with other agencies in the area. These agencies are better able to provide direct care (i.e. medical, psychiatric, housing etc.)</p>	<p>Of our clients served last quarter, 59% were female, 36% were male, and 5 % refused to identify their gender. 54% were Native American, 30% Caucasian, 11% Hispanic, African American 3%. Our population lives in San Juan County, including tribal lands/reservation lands. The majority of our population is 18-63 with 83%, seniors 65+ at 14%, and 3% are children under the age of 18, many adults have their own children.</p>	<p>While we don't provide direct services (i.e. physicians or therapists), we do provide case management that is essential for helping clients move from crisis to stability. It can be argued that prevention includes intercepting people when their problems first begin before they escalate further. We provide the space and expertise to help people solve problems.</p>
<p>Gallup Municipal Court Expansion #2 Diversion, Specialty Courts, & Justice System</p> <p>The program also aligns with regional needs by establishing in-house Intensive Outpatient services within the Municipal Court. Embedding screening, assessment, and IOP treatment at the point of court involvement allows individuals to begin services immediately, rather than waiting months for community provider availability. This directly responds to documented treatment delays and provider shortages in the region. Together, these services create a coordinated pathway between arrest, detention, court supervision, and treatment. This approach supports Region 11's</p>	<p>These needs have been identified through daily court operations, compliance monitoring, and case reviews. Patterns include repeated failures to appear, inability to comply with treatment orders, frequent crisis episodes, and</p>	<p>Delays increase public safety risk, repeat justice involvement, and emergency department use. Individuals with untreated substance use disorders and mental illness often worsen while waiting weeks or months for services, leading to relapse, missed court obligations, and new offenses.</p>	<p>Early intervention is critical at first system contact, including arrest and detention, when individuals are most reachable. The jail must provide access to screening, medication continuation, and treatment services so stabilization does not stop at the point of incarceration. Without timely intervention inside and outside custody, individuals cycle between jail, hospital, and court without meaningful progress.</p> <p>Justice System Impact and Incarceration: The Gallup Municipal Court's DWI docket has more than</p>	<p>The project will serve justice-involved adults in McKinley County and the broader Region 11 area, with a primary focus on individuals with substance use disorders, co-occurring mental health conditions, and repeated DWI offenses. The population largely comes from rural, frontier, and tribal communities, where access to behavioral health services is limited. The primary population</p>	<p>The program directly aligns with this priority by addressing specific points where individuals currently experience the greatest delays and system failures. By providing access to the San Juan County 28-day jail-based DWI treatment program, the program fills a regional gap for high-risk defendants who require immediate, structured intervention while in custody.</p>

goals of reducing recidivism, improving public safety, and increasing equitable access to behavioral health services for rural, frontier, and tribal populations.	continued substance use while individuals await services. Coordination meetings with local treatment providers have confirmed staffing shortages and limited capacity as primary contributors to access delays.	This addresses the lack of jail-based treatment options in McKinley County and reduces reliance on incarceration without services	doubled since 2023, with monthly caseloads reaching 80 or more active cases. Many defendants present with untreated substance use disorders, co-occurring mental illness, homelessness, and repeated system contact. Jail is often used as a holding mechanism while individuals wait for treatment access. Competency and High-Needs Defendants: There are limited outpatient competency restoration options at the municipal level. Individuals found incompetent often cycle between court, jail, hospital, and homelessness without meaningful intervention, increasing system costs and public safety risk.	consists of adults ages 18 and older who are involved in the Municipal Court system.	
Rapid Rehousing Expansion Program #1 Housing, Shelter, and Transitional Living Youth Shelter, Family Services (YSFS) is proposing an expansion of services in McKinley County, using these available funds to expand on the life-saving housing interventions. YSFS proposes the start-up of an additional Rapid ReHousing program under its umbrella, mirroring the same supports and interventions already provided in our “STAR” Rapid ReHousing program. Support our informal ‘drop in’ center at 100 W Hill Avenue.	This expansion builds on track record and momentum to create an offramp early on and responds to many of the needs within the youth population that were discussed at the E-SIM Workshop including the drop-in center, case management, and warm-hand off referrals.	Due to the need and effectiveness as well as the winter months, this program and its services seems like a critical investment with high impact.	This program seems to be very unique with the potential of being expanded throughout the region and adding transportation to engage youth in rural areas where this type of engagement and wrap-around program does not exist. In the last 5 years, 117 clients have been provided safe, permanent housing in McKinley County through the YSFS rapid rehousing program. Our current rapid rehousing program in McKinley County houses a minimum of 20 households at any given time, and offers clients 2-year housing supports, while clients work on their own stability, by securing education, job training, and employment.	YSFS has been established in McKinley County since 2019, providing rapid rehousing services to youth aged 24 and under.	Provide outreach services within the community, to help find clients in need of assistance and providing offers of “warm hand-offs” to other service providers in the community, in order to provide deliberate, coordinated care. YSFS will be collaborating closely with Gallup Community Health (GCH) while establishing and facilitating this expansion program. YSFS will have immediate access to trained, experienced case managers, both through our own existing STAR Rapid Rehousing program, and also through GCH staff.
McKinley County Juvenile Substance Abuse Crisis Center #3 Coordination and System Integration	The Crisis Center & Case Management Programs work to improve the lives of youth in McKinley County and its surrounding communities by providing a comprehensive & effective community-based continuum of services targeted at reducing substance abuse & juvenile justice system involvement. The urgent need is to expand case management services and staff to deliver evidence-based curriculum.		Youth ages 9-18. The JSACC program aims to prevent and reduce at risk behaviors among juveniles by providing an array of long-term services, including case management, assessment, referral services, compliance, mentoring, and life skills education options. The service’s target is to reduce substance misuse/behavior.		
Navajo Nation Residential Program #4 Access & Infrastructure for Services Provide licensed staff to manage a ASAM Level 3.5 Clinically Managed High-Intensity Residential facility.	Lack of residential 3.5 ASAM adult services for Navajo Nation.	Navajo Nation has a residential facility that is in need of 3.5 ASAM reinstatement of services for youth and adults. Programming and licensed personnel are required to reinstate these services.	Navajo Regional Behavioral Health Center (NRBHC) located in Shiprock, NM, has an ASAM Level 3.5 adolescent residential program. The program provides 24/7 residential care for adolescents (ages 13-17) with substance use or co-occurring mental health disorders. Treatment is comprehensive, incorporating both culturally responsive Western practices and traditional Navajo healing modalities. The center also provides an ASAM Level 3.1 program for adults and this funding would allow 3.5 ASAM.		

SECTION 3: HOW NEED IS MET

Region 11's Early Access Plan addresses critical behavioral health gaps through a coordinated, multi-program approach that leverages existing initiatives and expands capacity in alignment with SB3 priorities. The proposed interventions directly respond to documented shortages in residential treatment and crisis stabilization, as well as to a lesser extent justice-involved MAT, and prenatal/perinatal SUD care.

Service Alignment:

Region 11's proposed Early Access initiatives are strategically designed to close the most critical behavioral health gaps identified through Sequential Intercept Mapping, local data analysis, and stakeholder engagement. These priorities create a coordinated continuum of care that addresses urgent needs across crisis stabilization, residential treatment, housing, and justice-involved interventions. By embedding services at key intercept points—such as crisis response, court involvement, re-entry, and transitional housing, the plan ensures timely access to care and prevents escalation to emergency departments or incarceration.

The expansion of rapid rehousing services for youth integrates behavioral health supports with housing stability, tackling social determinants of health and reducing homelessness-related crises. Similarly, the Juvenile Substance Abuse Crisis Center strengthens early intervention for youth ages 9–18 through evidence-based case management and life skills education, reducing substance misuse and juvenile justice involvement. Court-based Intensive Outpatient services and jail-based treatment placements eliminate long delays for justice-involved individuals, ensuring immediate engagement in recovery-oriented care. The Navigation Center provides culturally responsive case management and resource linkage for individuals in crisis, while the Axis Program expands gender-specific residential treatment for women with substance use disorders, addressing a severe shortage of inpatient options.

Collectively, these programs align with SB3's vision by promoting trauma-informed, culturally competent, and evidence-based practices, as outlined in the Behavioral Health Service Standards. They prioritize equity for rural and tribal communities, integrate cross-system partnerships, and establish sustainable infrastructure for long-term behavioral health reform. This coordinated approach not only meets immediate needs but also lays the foundation for a resilient, accessible, and culturally respectful behavioral health system in Region 11.

Behavioral Health Service Standards:

All proposed programs meet or exceed the NM HCA Behavioral Health Service Standards by adhering to the following core requirements outlined in the standards document:

1. Compliance with State Regulations & Accreditation

- Programs will operate in accordance with New Mexico Administrative Code (NMAC 8.321.2) for specialized behavioral health services, including requirements for comprehensive assessments, treatment planning, and documentation.

- Services will align with national accreditation standards (CARF, COA, Joint Commission) and evidence-based guidelines such as ASAM Criteria for substance use treatment and SAMHSA Crisis Care Guidelines for crisis response.

2. Qualified Workforce & Licensing

- All clinical and case management staff will meet licensing scopes of practice as defined by the New Mexico Regulation and Licensing Department and credentialing boards (e.g., LPCC, LCSW, CPSW).
- Peer support workers and case managers will maintain certification through the NM Credentialing Board for Behavioral Health Professionals, ensuring competency in trauma-informed care and cultural humility.

3. Evidence-Based Practices

- Programs will implement interventions recognized as evidence-based under HCA standards, including:
 - Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) for substance use and co-occurring disorders.
 - Community Reinforcement Approach and life skills education for justice-involved populations.
 - Trauma-Informed Care and wraparound supports for youth and families.
- Curricula and service models will follow fidelity protocols to ensure replicability and effectiveness.

4. Cultural Competence & Humility

- Programs will integrate cultural humility by tailoring services to the unique needs of Navajo Nation, Pueblo of Zuni, and rural communities:
 - Materials available in English, Navajo, and Spanish.
 - Incorporation of tribal values and traditional practices into engagement strategies.
 - Staff training on cultural norms, power dynamics, and trauma-informed approaches.

5. Service Delivery Standards

- Services will meet HCA's expectations for timely access, continuity of care, and coordination across systems:
 - Rapid initiation of treatment at critical intercept points (e.g., crisis, court involvement).
 - Closed-loop referrals and care coordination with courts, schools, hospitals, and tribal health programs.
 - Use of Comprehensive Community Support Services (CCSS) and Targeted Case Management (TCM) models where applicable.

6. Documentation & Reporting

- Programs will comply with BH Policy and Billing Manual requirements for documentation, billing, and reporting.

- Quarterly performance reports will include metrics on access, engagement, outcomes, and equity measures, consistent with HCA evaluation guidelines.

Key Compliance Elements Across All Programs:

- Trauma-Informed Care & Cultural Competence Training for all staff.
- Evidence-Based Practices (MI, CBT, Community Reinforcement, structured curricula).
- Equitable Access regardless of income, geography, or justice involvement.
- Data-Driven Quality Improvement with quarterly reporting and performance metrics.
- Integration with Regional Systems (courts, schools, tribal health, hospitals) for continuity of care.

Cultural Humility:

All programs emphasize cultural responsiveness:

- Materials and services are available in Spanish and Navajo.
- Staff are trained in trauma-informed care and cultural competence.
- Programs incorporate Native American beliefs and recovery practices where appropriate. This ensures equitable access for rural and tribal communities, addressing historical disparities in behavioral health care.

For example, Region 11 comprises rural, frontier, and tribal communities (Navajo Nation and Pueblo of Zuni). JSACC embeds cultural humility through:

- Language & Materials: Youth/family-facing materials available in English, Navajo, and Spanish; interpreters and bilingual staff where possible.
- Culturally Grounded Practices: Incorporation of traditional values, community mentors, and tribal partner input into engagement and recovery planning; respectful scheduling around cultural obligations.
- Place-Based Access: Mobile/outreach case management and co-located days at schools/tribal centers to reduce transportation barriers.
- Family & Community Voice: Youth and caregiver feedback loops, advisory input from tribal representatives, and continuous improvement centered on community-defined success.



SECTION 4: MEASURING SUCCESS

Performance Metrics:

Region 11 will implement a data-driven evaluation framework aligned with the Health Care Authority's Behavioral Health Service Standards and SB3 performance expectations. Success will be measured through clear indicators, benchmarks, and reporting tools across all proposed programs, ensuring accountability and continuous improvement. Each individual program will have its own well-defined performance metrics that will be able to roll up into Region 11 goals and metrics to inform the Regional Plan and implementation performance, as well as continuous improvement review by the Planning Committee.

Performance Metrics

1. Access & Timeliness

- Indicator: Average time from referral or court order to service initiation.
- Benchmark: Same-day or within 72 hours for crisis and court-based services; within 14 days for housing placement.
- Tool: Case management system logs and intake reports.

2. Engagement & Retention

- Indicator: Percentage of individuals who complete treatment episodes (IOP, residential, crisis stabilization).
- Benchmark: ≥80% completion rate for structured programs.
- Tool: Attendance records, treatment progress notes.

3. Housing Stability

- Indicator: Number of youth housed through Rapid Rehousing and length of housing retention.
- Benchmark: 90% retention at 6 months; 75% at 12 months.
- Tool: Housing program database and follow-up surveys.

4. Behavioral Health Outcomes

- Indicator: Reduction in E D visits and justice system involvement among participants.
- Benchmark: 20% decrease in ED utilization and repeat arrests within 12 months.
- Tool: Hospital utilization data, court compliance reports.

5. Equity & Cultural Responsiveness

- Indicator: Percentage of services delivered in culturally and linguistically appropriate formats (e.g., Navajo, Spanish).
- Benchmark: 100% of client-facing materials available in required languages.
- Tool: Quarterly audits of program materials and staff training records.

6. Workforce & Service Capacity

- Indicator: Number of new staff onboarded and trained in trauma-informed care and cultural humility.

- Benchmark: All staff trained within 30 days of hire; annual refreshers.
- Tool: Training logs and certification records.

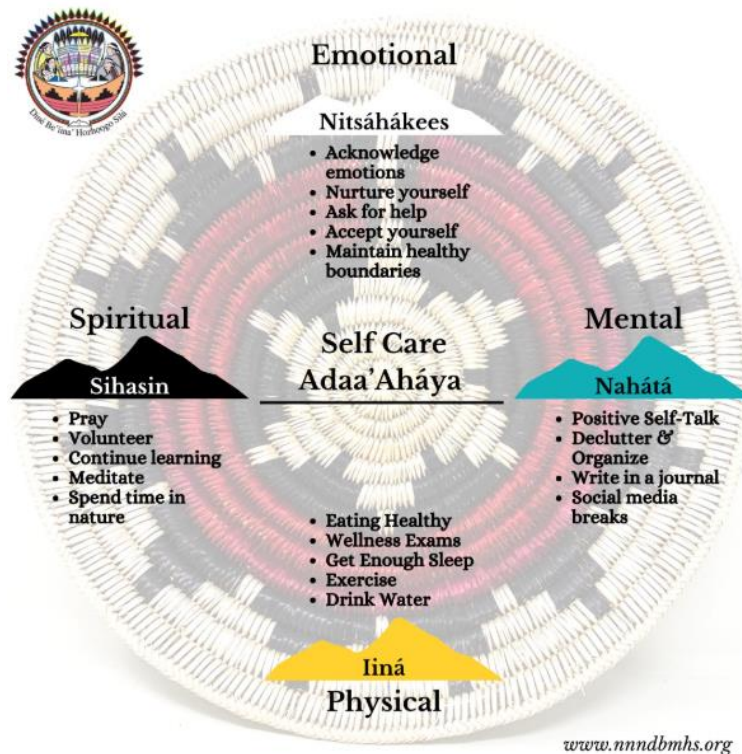
Reporting & Evaluation

- Frequency: Quarterly reports submitted to HCA, including narrative summaries and quantitative dashboards.
- Tools: Logic models for each program, standardized evaluation templates, and compliance with HCA’s Evaluation Guidelines.
- Continuous Improvement: Data will inform program adjustments, resource allocation, and regional planning updates.

This approach ensures that Region 11’s Early Access investments produce measurable improvements in access, engagement, and outcomes, while maintaining fidelity to evidence-based practices and cultural responsiveness. A simple reporting dashboard can be created to roll out program metrics into regional plan metrics as follows:

Example of potential Dashboard Features: Region 11 Behavioral Health Dashboard – Quarterly Performance

- Key Performance Indicators (KPIs) Visualized:
 - Access & Timeliness (% of cases initiated within standard timeframe)
 - Engagement & Retention (% completing treatment episodes)
 - Housing Stability (% retention at 6 and 12 months)
 - Behavioral Health Outcomes (% reduction in ED visits)
 - Equity & Cultural Responsiveness (% culturally appropriate services)
 - Workforce Capacity (# of new staff trained)



SECTION 5: FUNDING STABILITY

Use of Funds:

Region 11's Early Access Plan strategically allocates \$5.28 million to address the most urgent behavioral health gaps across San Juan County, McKinley County, Navajo Nation, and Pueblo of Zuni. Each expenditure is necessary, justifiable, and aligned with SB3 priorities, ensuring that funds are used efficiently to meet identified needs.

Personnel & Administrative Costs (\$3,500,000): The largest share of funding supports workforce expansion, a critical barrier in Region 11. Licensed clinicians, case managers, peer support workers, and cultural liaisons will deliver direct services across six programs:

- **Axis Program:** Gender-specific residential treatment & aftercare for justice-involved women.
- **Navigation Center:** Crisis triage and resource navigation for individuals.
- **Gallup Municipal Court:** In-house Intensive Outpatient (IOP) and jail-based DWI placements for high-risk defendants.
- **Rapid Rehousing (YSFS):** Housing-first interventions for youth and families.
- **Juvenile Substance Abuse Crisis Center (JSACC):** Crisis stabilization and evidence-based interventions for youth ages 9–18.
- **Navajo Nation Residential Program:** Reinstatement of ASAM Level 3.5 adult residential services at NRBHC.

These positions ensure timely, culturally responsive care, reduce emergency department utilization, and strengthen continuity across justice, housing, and crisis systems.

Direct Services (\$790,000): Funds will provide housing assistance, emergency shelter, and treatment placements:

- Permanent housing for 35 households and emergency hotel stays.
- Placement for nine defendants in San Juan County's jail-based treatment program.
- Program materials and participant supports for youth and adult residential programs.

Training & Workforce Development (\$82,500): Training ensures compliance with HCA Behavioral Health Service Standards and equips staff with skills in Motivational Interviewing, Cultural Humility, Trauma-Informed Care, and Ethics. Licensure and certification maintenance for clinicians and CPSWs is included.

Infrastructure & Equipment (\$268,000): Investments in case management software (PlanStreet, HMIS, Apricot), IT support, and technology upgrades will enable secure data management, telehealth capabilities, and compliance with NOFO evaluation requirements.

Operations (\$424,000): Operational costs cover utilities, transportation, supplies, and marketing for outreach to rural and tribal communities. Funds also support vital documents, job training fees, and transportation assistance for clients.

Evaluation & Performance Tracking (\$210,000): Evaluation contracts will ensure quarterly reporting, logic models, and outcome measurement in alignment with NOFO Section 8.1, 8.2, and HCA/LFC standards.

Top line Investments to Outcomes chart:

- Axis Program – \$937K | 45 women served; 30% ED reduction
- Navigation Center – \$400K | 1,000 clients; 95% service linkage
- Gallup Municipal Court – \$120K | 75 defendants; 20% recidivism drop
- Rapid Rehousing – \$364K | 35 households; 80% housing retention
- Juvenile Crisis Center – \$445K | 120 youth; 25% ED reduction
- Navajo Nation Residential – \$1.63M | 60 adults; 40% treatment completion

Plan for Stability, Sustainability, & Integration

Region 11’s funding strategy emphasizes cost-effectiveness and sustainability:

- Direct Service Priority: Over 80% of funds support service delivery and workforce expansion.
- Leveraging Existing Infrastructure: Programs utilize established facilities (NRBHC, Navigation Center, Municipal Court) to minimize overhead.
- Scalable Design: Each program includes components that can be adjusted based on award size without compromising core services.
- Future Funding Streams: Programs will pursue Medicaid billing feasibility, braided funding, and additional grants to sustain services beyond FY27, including continued requests under the Legislature’s Government Results & Opportunity (GRO) Program.
- Evaluation: Programs selected for this application already have evaluations and evaluators in order to establish baselines and showcase impact, while the NWNMCOG will augment these program evaluation by rolling up and creating a regional plan dashboard.
- Regional Coordination: NWNMCOG will manage contracting and fiscal oversight, ensuring funds are encumbered within 10 business days of award.

This approach guarantees that every dollar directly advances behavioral health access, equity, and system integration, while laying the foundation for long-term sustainability. The plan promotes cross-system coordination between courts, detention centers, hospitals, and community providers. By embedding services at critical intercept points (arrest, detention, and crisis), Region 11 ensures continuity of care and maximizes the impact of early access funding. These programs will be incorporated into the regional plan, aligning with SB3’s vision for a sustainable behavioral health system. *Scalability:* The program’s design allows for regional expansion, including transportation outreach to engage youth in remote areas where no comparable services exist. Leveraging existing infrastructure and experienced case managers ensures cost-effectiveness and rapid implementation within the Early Access funding timeline. *Sustainability & Integration:*

- Braided Funding & Medicaid Linkages: Activate/maintain youth Medicaid coverage and leverage reimbursable services where available; Early Access funds support non-reimbursable crisis coordination, outreach, and curriculum delivery.
- Data-Driven Improvement: Quarterly metrics (access, engagement, outcomes) inform staffing, scheduling, and curriculum adjustments; continuous feedback from youth/families and partners.
- Alignment with Regional Plan: JSACC’s crisis-to-stability pathway will be incorporated into Region 11’s final four-year plan, ensuring continuity, evaluation alignment, and scalable replication in San Juan County and tribal communities.

BUDGET JUSTIFICATION

A complete budget spreadsheet is included to showcase these investments, budget justification, and regional alignment.

The Northwest New Mexico Council of Governments (COG), as accountable entity, is in compliance with EO #2013-006 and Public Finance Accountability Act and its financial audits have had an unmodified opinion since FY2019. The COG has managed several large behavioral health investments for the region under the Government Results & Opportunity (GRO) Program. More information available at: <https://www.nwnmcog.org/gro.html>

The COG has an implementation plan to utilize inter-governmental service contracts to quickly move funding to the local level and programs.

Budget of Early Access Regional Plan Programs & System Investments
Health Care Authority Early Access (Ref. #: BHRIA37155)

Region 11 Application – Northwest New Mexico: Restoring the Partnership of Hope and Pathways of Renewal

Programs	Axis Program		Navigation Center		Gallup Municipal Court		Rapid Response		Community Services Department (ISACC)		Navajo Nation Residential Program		NWNMCOG		TOTAL BUDGET		
	Total Cost	Justification	Total Cost	Justification	Total Cost	Justification	Total Cost	Justification	Total Cost	Justification	Total Cost	Justification	Total Cost	Justification			
Personnel & Administrative Costs	\$937,774	Includes salary and benefits for 2 full-time counselors, 2 full-time case managers, 1 part-time peer navigator, Clinical Director, Transition Services Supervisor, 1 full-time director, Deputy Director and Director. These positions play a critical role in providing and monitoring behavioral health services for individuals involved in the justice system by providing essential case management services, individual and group counseling, case management services, on-going case support that may not otherwise be available to them outside of the current setting. Offering these services helps establish an integrated system where care is supported throughout the justice process which ultimately improves outcomes and reduces recidivism.	\$400,000	Includes salary and benefits for two full-time CPSM peer support workers, one office assistant, a front-end supervisor, a behavioral health deputy, and a director (the deputy and director are paid partially by grant funding). These positions play a critical role in helping community members access care and resources they need. Peer support workers bring lived experience in mental illness and substance abuse. Our behavioral health deputy aids in preventing individuals from entering or staying in the justice system. The Navigation Center provides individuals with the support they need to ensure that circumstances from sentencing events further, they have contacted with the behavioral health department in the county who are able to provide crisis appointments and care to individuals who are completely out-of-state. These providers have been essential partners in delivering services to individuals experiencing immediate psychiatric crisis and who are without resources.	\$119,826	Total covers the cost for salary and benefits for 15 months for a licensed counselor to provide services for Municipal Court. The provider will maintain a caseload of 15 clients, potentially allowing services to be provided to 30 clients annually. On the clinical capacity allows for payment into appropriate services, including Intensive Outpatient (IOP) Treatment, and improve coordination between treatment and court operations. The funding will support these access to treatment, strengthening accountability, improving treatment outcomes, and reducing risk of reoffending.	\$189,000	3 FTE case managers, salary/benefits IOP case manager will provide extensive wrap around services, to ensure client success in remaining housed.	\$300,000	4 FTE case manager and navigator/support service staff, salary/benefits for 18 months. McKinley County case manager will provide extensive wrap around services, to ensure client success in remaining successfully through program, referrals, and employment/rehabilitation placements.	\$1,380,000	Increase need for services and licensed staff for residential 3.5 ASAM substance use disorders such as programming, housing, physician, mental health counselors, direct the use of light staff to provide such services.	\$175,000	1 Program Coordinator \$60,000 plus benefits (25%) = \$105,000 or contracted; COG Management (\$10 per hour at 1.5 hours a week for 50 weeks) = \$50,000; COG Administrative Services (\$10 per hour at 2 hours a week for 50 weeks) = \$10,000		\$3,562,700	
Direct Services	\$0	Cost is included in Personnel & Administrative Costs. Axis provides 60 days of gender-specific treatment substance abuse treatment provided and followed by intensive case management. The treatment strategy, sensitive to the engagement level and ability of the client, includes individual and group therapy, life skills, substance abuse and health education, and 12-step programs. Additionally, community agencies such as GAMS, FCC, and Domestic Violence Court routinely present information during treatment intended to assist and support clients upon their return to the community. Four Common Factors programs provide extensive assistance with resume construction and interviewing skills. The Program utilizes the Community Reinforcement Approach in helping clients identify individualized strategies to avoid alcohol and drug abuse within the context of Motivational Interviewing. MAT is integrated into the program's protocols to assist with cravings, thereby improving client engagement and retention.	\$0	Cost included in personnel and administrative costs. Our direct services involve case management and connecting people with the right resources that are often unobtainable by the individuals who enter our doors. We also help individuals navigate complex systems to achieve housing, housing food security, and more stability. Our agency has built robust relationships with other agencies in the community. Through these relationships, we can remain aware of available resources and help individuals in crisis get the right help and get it quickly. Many individuals in crisis would not be connected to the right resources without the help of peer support workers.	\$36,074	The Gallup Municipal Court will continue its partnership with San Juan County and will allocate to fund placement for 4 additional defendants in the San Juan County Alternative Sentencing Diversion (ASD) based treatment program. This funding will support timely access to structured treatment for high risk DMO offenders when organized services are not appropriate, strengthening accountability, improving treatment outcomes and reducing risk of reoffending.	\$364,000	\$150,000 to house 35 households annually in permanent rental housing + \$24,000 for 14 nights per household in emergency hotel stays, while awaiting permanent rental housing	\$245,000	For program materials, support service costs of participants, and other direct service costs for the program.	\$245,000	For program materials, support service costs of participants, and other direct service costs for the program.	\$0	N/A		\$790,074	
Training & Workforce Development	\$7,500	The San Juan Program will continue to provide training and professional development to enhance best practice and expand compliance within the program. Areas of training will include Motivational Interviewing, Treatment Court Best Practice, Recovery Capital, Cultural Humility, Humility and Fluency, CRA, Boundaries and Self-Disclosure and Ethics.	\$7,000	Areas of training will include Motivational Interviewing, Cultural Humility, Humility and Fluency, Boundaries and Self-Disclosure and Ethics, CPSM continuing education, National PCC continuing education, and professional continuing education.	\$1,000	The Gallup Municipal Court will allocate funds to support required licensure, certification, and continuing education expense necessary for clinicians providing services to the Court. This funding ensures clinicians maintain professional licensure and are able to deliver high quality, compliant and ethical services in support of court operations.	\$7,000	Training is an integral part of excellent service provision. Staff will receive annual workshop and training event opportunities.	\$10,000	Staff will receive training and certifications per ICA and behavioral health service standards.	\$50,000	Staff will receive training and certifications per ICA and behavioral health service standards.	\$0	N/A		\$82,500	
Infrastructure & Equipment	\$11,120	The use of technology is crucial for successful operations. The facility within which the Axis program is operated is not new, thus requiring frequent maintenance and repair.	\$17,000	Most of this cost include the case management software, Plan Street, which is essential to production case management, communication, and data. The other cost includes technology (i.e. client computer and Zoom subscription)	\$1,000	The Gallup Municipal Court will allocate funds to purchase essential equipment to support clinical service delivery. This includes a desktop computer, printer, scanner necessary for the clinician to perform assessments, documentation, and coordination of services in a secure, professional, and efficient manner.	\$11,000	\$11,000.00 to be spent on HIME and Apricot database fees, as well as necessary IT support	\$20,000	Investment in software and technology needed for new staff estimated at \$5,000 in supplies for each.	\$200,000	Investment in software and technology needed for new staff estimated at \$5,000 in supplies for each.	\$0	N/A		\$268,120	
Operations Costs	\$24,255	Operational Costs include a diverse range of expenses from utilities, supplies, shipping service and behavioral waste disposal to vacuum for bus route, contracts for housing assistance and curbside walkways.	\$76,000	We request funding for "business solutions." This funding allow us to provide essential items to our clients in crisis such as bus passes, hygiene items, clothes (adult and child), formula. This funding also allow us to purchase food baskets/packets for clients who are job seeking and need a permit to apply. In addition, this funding allow us the capability to cover the cost of vital documents (i.e. birth certificates, DL, social security cards) for homeless individuals. These individuals need their vital documents to apply for housing, jobs, and other services. Without this funding, many of the most basic of needs would not be met for our residents in crisis. The other items included in this cost are supplies, fuel for client transportation, and marketing materials. To fulfil our mission of reaching the entire County, continued marketing is necessary. This fee, in the past, included radio, billboard, newspaper, in print, and giveaway items at events.	\$0	All operational costs will be covered by The Gallup Municipal Court.	\$65,000	\$10,000.00 will be used for operational costs of office/trip (oyster nets) + \$10,000 will be used to provide supportive services to clients, like: DL, job training fees, GED, diploma or degree related fees, transportation, housing furnishings	\$25,000	Transportation Services (\$1.67 per mile for 33,314 miles) = 1,500 trips of approx. 25 miles	\$15,000	Transportation Services (\$1.67 per mile for 33,314 miles) = 1,500 trips of approx. 25 miles	\$9,000	Travel and Training Budget including conference, legislative presentations, etc.			\$424,255
Evolution & Performance Tracking	\$0	Cost is included in Personnel & Administrative Costs. The program engages in on-going self-evaluation using anonymous client evaluation, data collection and performance measure outcome. In the past year, the Navigation Center received 1,646 client encounters. Of them, 1,075 individuals were contacted to services in telephone and measurable ways. Highlighting our ongoing role as a vital access point for behavioral health and a supportive service in San Juan County. To further assist our community through our agency the 500 Direct Service fee has also made a significant impact within our population, the received 300 referrals. In addition, 118 direct service calls were made to Deputy Smith, showing an increased level of trust in our Behavioral Health Staff as a first responder in crisis intervention.	\$0	Cost is included in Personnel & Administrative Costs. The program engages in on-going self-evaluation using anonymous client evaluation, data collection and performance measure outcome. In the past year, the Navigation Center received 1,646 client encounters. Of them, 1,075 individuals were contacted to services in telephone and measurable ways. Highlighting our ongoing role as a vital access point for behavioral health and a supportive service in San Juan County. To further assist our community through our agency the 500 Direct Service fee has also made a significant impact within our population, the received 300 referrals. In addition, 118 direct service calls were made to Deputy Smith, showing an increased level of trust in our Behavioral Health Staff as a first responder in crisis intervention.	\$0	The Gallup Municipal Court will incorporate the clinician into its existing performance tracking systems, (EIA MOBE and FullCourt Enterprise), to ensure consistent recordkeeping, comprehensive data collection, and accurate measurement of participant outcomes and program performance.	\$0	IOP will provide match funds and to kind services for costs associated with evaluation and performance tracking.	\$0	McKinley County will provide match funds and to kind services for costs associated with evaluation and performance tracking.	\$300,000	Navajo Nation will contract services for program evaluation.	\$110,000	Region 11 Evaluation continued including support for program evaluation and overall evaluation and roll-up methods for the entire Region 11 initiative.		\$218,000	
Other	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$5,000	Other costs such as audit, IT, Finance support, meetings, and other expenses above billing rate.		\$5,000	
TOTAL		\$1,182,649	\$500,000	\$160,000	\$648,000	\$500,000	\$2,000,000	\$300,000	\$2,000,000	\$300,000	\$5,282,649						

- NOTES:
 1. Program Funding Requests can be scaled down and program components can be eliminated if needed based on available State funding.
 2. Region 11 decision-makers have already reviewed and established a percent breakdown based on funding awarded for each program, so Region 11 awards can be made quickly.
 3. The NWNMCOG will utilize an inter-governmental service contract (pre-approved by COG) with local governments to allow us to have funding fully encumbered within 10 working days from HCA/COG contract execution.

EVALUATION & LOGIC MODEL

The evaluation plan will be submitted in accordance with the guidelines. Currently, each program has its own evaluation and logic model, but a Region 11 roll-up can also be created to quickly showcase to funding agencies, partners, and policy-makers impact investments are making or where attention needs to be made. Program evaluations and logic models examples are available at: <https://www.nwnmcog.org/evaluation-and-logic-models.html>

Region 11 Evaluation Plan Template

Section	Details
Program Overview	Provide a brief description of the program, target population, and services offered.
Problem Statement	Summarize the identified behavioral health gaps and challenges this program addresses.
Goals & Objectives	List overarching goals and measurable objectives for the program.
Key Activities	Outline major activities and interventions planned under this program.
Performance Metrics & Benchmarks	Specify indicators (e.g., access, engagement, housing stability) and target benchmarks.
Data Collection & Reporting Tools	Describe tools and methods for collecting and reporting data (e.g., dashboards, quarterly reports).
Budget Summary	Provide a high-level summary of budget allocations for personnel, services, and infrastructure.
Underlying Assumptions/Evidence	Explain the evidence base or assumptions supporting the program approach.

EVALUATION PLAN

Purpose & Framework: The evaluation process for Region 11’s Early Access initiatives will ensure consistency, accountability, and rigor in alignment with New Mexico Health Care Authority (HCA) and Legislative Finance Committee (LFC) performance standards. This plan promotes shared responsibility for outcomes, improves data quality, and links all activities to measurable improvements in behavioral health outcomes statewide.

Overview of Services:

Region 11’s Early Access programs include:

- Navigation Center (San Juan County): Crisis case management, resource navigation, housing support, and culturally responsive engagement for individuals in behavioral health crisis.
- Axis Program (San Juan County): Gender-specific jail-based residential treatment and intensive case-managed aftercare for justice-involved women with substance use disorders.
- Gallup Municipal Court Expansion (McKinley County): In-house Intensive Outpatient Program (IOP) and jail-based DWI treatment placements to reduce delays and recidivism.
- Rapid Rehousing Expansion (McKinley County): Housing-first intervention for youth aged 24 and under, integrating behavioral health supports and wraparound services.
- Juvenile Substance Abuse Crisis Center (McKinley County): Crisis stabilization, case management, and evidence-based life skills education for youth ages 9–18.
- Navajo Nation Residential Program (Navajo Nation): The program will provide:
 - Licensed Clinical Staff to deliver evidence-based treatment and manage residential operations.

- Integrated Care Model combining Western behavioral health practices with traditional Navajo healing modalities, ensuring cultural relevance and community trust.
- Comprehensive Services including individual and group therapy, relapse prevention, life skills training, and medication management.
- Family Engagement & Aftercare Planning to support continuity of care post-discharge.
- Infrastructure & Workforce Development to meet state and national standards for residential treatment facilities.

This expansion addresses the lack of adult ASAM Level 3.5 services on Navajo Nation, reduces reliance on out-of-state placements, and strengthens regional behavioral health infrastructure in alignment with SB3 priorities.

Problem Statement: Region 11 faces high rates of untreated substance use disorders, behavioral health crises, and justice involvement, compounded by housing instability, workforce shortages, and cultural barriers. These gaps result in long wait times for treatment, high ED utilization, and elevated recidivism rates among justice-involved individuals and youth.

Overarching Goals:

- Reduce ED utilization and incarceration through timely crisis and treatment interventions.
- Expand residential and outpatient treatment capacity for justice-involved individuals.
- Improve housing stability for youth and families at risk of homelessness.
- Enhance cultural responsiveness and equity in behavioral health service delivery.
- Strengthen system integration across courts, detention, schools, and tribal health programs.

Budget Allocations - Funds will support:

- Personnel: Licensed clinicians, case managers, peer navigators, and cultural liaison staff.
- Direct Services: Residential treatment, IOP, crisis stabilization, housing assistance.
- Infrastructure: Drop-in center expansion, technology for reporting, and transportation for rural outreach.
- Training: Trauma-informed care, cultural humility, and evidence-based practice certification.

Underlying Assumptions & Evidence:

- Housing stability reduces behavioral health crises and improves long-term recovery.
- Immediate intervention at justice intercept points lowers recidivism and ED visits.
- Evidence-based practices (MI, CBT, Community Reinforcement Approach) improve treatment engagement and outcomes.
- Culturally tailored services increase participation among Native and rural populations.

Evaluation Components:

- Quarterly Reporting: Metrics on access, engagement, housing retention, recidivism, and equity.
- Performance Indicators:
 - Time to treatment initiation (goal: same-day for crisis, ≤72 hours for court-based services).

- Treatment completion rates (goal: ≥80%).
- Housing retention at 6 and 12 months (goal: ≥75%).
- Reduction in ED visits and repeat arrests (goal: ≥20%).
- Cultural responsiveness (goal: 100% materials in Navajo and Spanish).
- Tools: Logic models, dashboards, and standardized evaluation templates.
- Continuous Improvement: Data-driven adjustments and stakeholder feedback loops.

LOGIC MODEL

A Region Logic Model is outlined here and a program-specific one is detailed on subsequent pages.

Programs covered: Navigation Center; Axis Program; Gallup Municipal Court Expansion; Rapid Rehousing (YSFS); Juvenile Substance Abuse Crisis Center (JSACC); Navajo Nation Residential Program.

Columns included:

- Inputs — Early Access funding; licensed clinicians/CPSWs; case managers and cultural liaisons; facilities (Navigation Center, court/detention, NRBHC, drop-in); reporting/IT tools; transportation; MOUs with courts, schools, tribal health; training resources (trauma-informed, MI/CBT, cultural humility).
- Activities — Crisis case management and linkage; gender-specific residential care and aftercare; in-court IOP and jail-based DWI placements; youth rapid rehousing and drop-in engagement; juvenile crisis stabilization and evidence-based curriculum; reinstate ASAM 3.5 adult residential care; cross-system coordination; family engagement; workforce training.
- Outputs — Counts for screenings/assessments, crisis stabilizations, IOP enrollments, jail-based treatment placements, adults/youth admitted to residential, households housed/retained, staff trained, family sessions, culturally tailored materials, and care-coordination handoffs.
- Outcomes
 - Short-Term: Faster access (same-day/≤72 hours), higher engagement/completion, culturally and linguistically responsive care, Medicaid activation/benefits.
 - Intermediate: Reduced ED utilization & jail cycling, improved continuity of care, higher housing retention, decreased relapse/probation violations.
 - Long-Term: Lower recidivism and substance use prevalence, improved community behavioral health outcomes, sustained workforce capacity, resilient & culturally grounded BH infrastructure across Region 11.

Region 11 Early Access – Consolidated Logic Model (by Program)

Program	Inputs	Activities	Outputs (Quarterly)	Outcomes
Navigation Center (San Juan County)	Early Access funds; facility & IT; peer navigators/CPSWs; transportation assistance; MOUs with housing, BH providers, courts; bilingual materials (English/Navajo/Spanish).	Walk-in/drop-in crisis triage; case management; benefits activation (Medicaid, IDs); closed-loop referrals to BH, SUD, housing, and medical; coordination with BH deputy; culturally responsive engagement.	# individuals screened; # crisis cases stabilized; # referrals completed & verified (“warm hand-offs”); # bus passes/voucher supports; # materials translated.	Short-term: Faster access (same-day/≤72 hrs), increased service connection; trust & engagement among Native/rural clients. Intermediate: ↓ ED utilization, ↑ continuity of care, ↑ multi-service coordination. Long-term: ↑ stability (housing/employment), ↓ crisis recidivism, stronger front-door navigation capacity across Region 11.
Axis Program – Jail-based Residential & Aftercare (San Juan County)	Licensed clinicians; jail facility & security; case managers; evidence-based curricula (MI/CBT, CRA/CRAFT, MRT); aftercare staff; cultural competence training.	60-day, gender-specific residential treatment; individual/group therapy; health & life skills; MAT screening/participation; aftercare (NEXUS) with structured sessions; family engagement; workforce training & supervision.	# women admitted; % graduation from 60-day; % aftercare completion; # MAT screens/initiations; # family sessions; # referrals to housing/education/employment; recidivism % at 3/6/12 months.	Short-term: ↑ treatment engagement & completion; consistent MAT screening; culturally sensitive services. Intermediate: ↓ re-arrests, ↑ aftercare participation, ↑ linkage to housing/work/education. Long-term: Sustained reductions in recidivism, ↓ substance use, stronger justice-BH care pathway for women.
Gallup Municipal Court Expansion – In-house IOP & Jail-based DWI Placements (McKinley County)	Court clinic space & IT; licensed counselor; agreements for 28-day jail-based DWI placements in San Juan; case management; MOUs with detention/BH providers; judge & probation collaboration.	Same-day screening & clinical assessments at court; in-house IOP groups; placement to 28-day jail-based DWI program when indicated; compliance monitoring; transition to community care; benefits activation.	Wait-time from order→start; # IOP enrollments; # jail-based placements; % completion (IOP/28-day); FTAs & compliance metrics; # transitions to community BH care.	Short-term: Eliminate treatment delays; ↑ initiation and completion of IOP/28-day. Intermediate: ↓ FTAs, ↓ new charges, ↑ continuity post-release. Long-term: ↓ repeat DWI & justice cycling; improved public safety; embedded BH capacity in municipal court.
Rapid Rehousing – Youth Shelter & Family Services (YSFS) (McKinley County)	Leases/landlord agreements; case managers; transportation; drop-in center (100 W Hill Ave); partnerships (GCH, schools, tribal youth programs); flexible assistance (deposits, docs).	Housing First: rapid lease-up for youth ≤24; 24 months of supports; drop-in engagement; education/job training linkage; transportation outreach to rural/frontier; warm hand-offs to BH & SUD care.	# youth housed; time-to-housing; retention at 6/12/24 months; # school/training linkages; # BH referrals completed; # rural outreach contacts.	Short-term: Faster exits from homelessness; ↑ BH engagement via stable housing. Intermediate: ↑ retention, ↑ school/work participation; ↓ crisis & justice contact. Long-term: ↑ self-sufficiency, ↓ chronic homelessness among youth; scalable regional model.
Juvenile Substance Abuse Crisis Center (JSACC) (McKinley County)	Licensed/youth-trained staff; screening tools (CRAFT, PHQ-A/GAD-7); curriculum (MI/CBT life skills); MOUs with schools, juvenile probation, tribal programs; family supports.	Youth crisis stabilization (9–18); screening & brief intervention; case management; evidence-based groups (life skills, relapse prevention); school & probation coordination; caregiver education; mobile outreach.	# youth screened; # crisis episodes de-escalated; # group sessions delivered; # warm hand-offs to BH; school attendance/behavior supports; caregiver sessions completed.	Short-term: ↑ stabilization & engagement; ↑ caregiver participation; culturally responsive youth services. Intermediate: ↓ school suspensions/violations; ↓ probation infractions; ↓ ED visits. Long-term: ↓ youth substance misuse & justice involvement; stronger youth BH system integration.
Navajo Nation Residential Program – NRBHC (Shiprock) – ASAM 3.5 Adult Reinstatement	Early Access funds; licensed clinical staff; existing NRBHC infrastructure (3.5 adolescent; 3.1 adult); cultural advisors; training & accreditation readiness; care coordination.	Reinstate ASAM 3.5 adult residential; 24/7 milieu with Western + traditional Navajo healing; individual/group therapy; family engagement; discharge & aftercare planning; staff training & QA.	# adults admitted; # treatment sessions; # family sessions; # staff trained; % completion; # transitions to community care; ED visits pre/post.	Short-term: Access to high-intensity care on Navajo Nation; ↑ engagement; culturally anchored care. Intermediate: ↓ ED utilization; ↑ continuity & aftercare adherence; ↓ relapse. Long-term: ↓ substance use prevalence; ↑ community health & stability; strengthened residential infrastructure for Navajo Nation.