

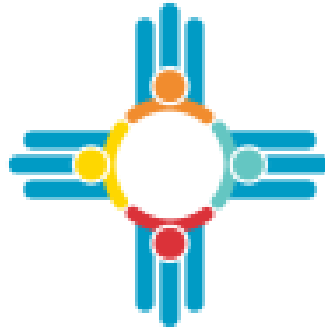
# REQUEST FOR INFORMATION

## **ISSUED BY**

The New Mexico Health Care Authority  
Behavioral Health Services Division

## **THROUGH THE**

New Mexico Behavioral Health  
Purchasing Collaborative



**HEALTH CARE**  
A U T H O R I T Y

## **FOR**

Reach, Intervene, Support and Engage (RISE) Program

RFI –26-BHSD-03

March 5, 2025

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## **I. GENERAL INSTRUCTIONS**

### **A. PURPOSE**

The Health Care Authority, Behavioral Health Services Division (HCA/BHSD), as the State Mental Health and Substance Use Authority, is issuing this Request for Information (RFI) to New Mexico (NM) Counties, Lead Agencies (such as those designated by the county to carry out the project), and Tribal Entities, to deliver jail based/re-entry services for individuals who are incarcerated and experience Behavioral Health (BH) concerns and disorders. This RFI is being issued in connection to the program known as the Reach, Intervene, Support, and Engage (RISE) program.

The purpose of this RFI is to gather information regarding current and future capacity of NM Counties, Tribal Entities, and/or Lead Agencies. The submitting organizations must have an interest in delivering evidence-based behavioral health and qualified physical care to individuals during incarceration, at time of release and upon return to the community. Services must be appropriate to the needs of each individual.

This RFI guideline will provide the information needed to write and submit a Statement of Interest to deliver services. A submission of a Statement of Interest does not obligate HCA/BHSD to contract with the submitting organizations.

### **B. BACKGROUND INFORMATION**

The RISE program mission is to enhance detention center-based activities to support detainees with adverse experiences stemming from BH concerns and disorders. By connecting these individuals to services while in the detention center and upon release, those counties that implement RISE may also positively impact alcohol use mortality rates, drug overdose deaths, suicide rates and reduce repeat incarcerations within local communities.

Through the RISE Program, HCA/BHSD has previously funded various counties and agencies to deliver behavioral health services appropriate to the needs of each individual who is incarcerated, and provided through a trauma responsive system of care and with cultural humility across all spectrums.

### **C. FUNDING AVAILABILITY**

For State Fiscal Year 26 (July 1, 2025 through June 30, 2026), this RFI is being released for consideration of funding availability for up to \$4 Million. The Statement of Interest resulting from this RFI, will be used for planning of funding and will allow for expedited issuance of funds when final planning decisions are made. Statements of Interest must successfully demonstrate the capacity to deliver the required services specified in **Section. III Service Requirements/ Checklist (pg.7)**.

Successful submitting organizations to this RFI will contract with HCA/BHSD's Administrative Services Organization, Falling Colors Corporation (ASO). The ASO is responsible for payment of services rendered. HCA/BHSD has programmatic oversight. A submission of a Statement of Interest does not obligate HCA/BHSD to contract with the submitting organization.

## **D. EFFECTIVE DATE**

Notice of outcomes will be issued to the submitting organization no later than Close of Business May 1, 2025. Funding effective dates will be July 1, 2025 through June 30, 2026.

## **E. PROJECT DESCRIPTION AND TARGET POPULATION**

The RISE program mission is to deliver targeted public health intervention services to individuals incarcerated within county and tribal detention centers (where applicable). Intervention services are delivered to support persons incarcerated for nonviolent offenses and with adverse experiences stemming from BH concerns and disorders. Intervention services may include case-management, peer services, individual/group therapeutic interventions, and other psychosocial interventions. Also, intensive case-management must be delivered to RISE participants for a minimum of 14 days post release.

## **F. RFI MANAGER INFORMATION**

The RFI Manager, or designee, is responsible for managing/administering the RFI process, and is listed below as follows:

**Tamara Espinoza**  
**Health Care Authority**  
**Behavioral Health Services Division**  
**Email: [tamara.espinoza@hca.nm.gov](mailto:tamara.espinoza@hca.nm.gov)**

Any submissions, inquiries, or requests regarding this RFI shall be submitted in writing via email to the RFI Manager. The emails shall have a subject line that reads: RFI: Reach Intervene Support and Engage (RISE) Program and shall be sent thru the email address, [tamara.espinoza@hca.nm.gov](mailto:tamara.espinoza@hca.nm.gov). The submitting organization may contact ONLY the RFI Manager, or designee, for inquiries or requests regarding this RFI. Other HCA/BHSD employees do not have the authority to respond on behalf of the RFI Manager.

## **II. DEFINITION OF TERMINOLOGY**

This section contains definitions of terms used throughout this RFI document, including appropriate abbreviations:

“Business Hours” means 8:00 AM thru 5:00 PM Mountain Standard or Mountain Daylight Time, whichever is in effect on the date given.

“Close of Business” means 5:00 PM Mountain Standard or Mountain Daylight Time, whichever is in use at that time.

“County” means one of thirty-three geographic areas and units of government that make-up New Mexico.

“Culturally Sensitive Training” means training that assists people to understand and respect cultural differences.

“Detention Center” include county and tribal facilities that holds people who are accused or convicted of crimes.

“Evidence Based Behavioral Health (BH) Services” – means the framework for delivering high quality, effective and personalized treatments for mental health issues or substance use disorders.

“HCA/BHSD” means New Mexico Health Care Authority, Behavioral Health Services Division.

“Lead Agency” means the agency designated at the local level to administer and carry out a project. It facilitates and establishes the contract and serves as the central point of contact for program development.

“Letter of Commitment” means a formal document (on letterhead) from the entity agreeing to work with the submitting organization to implement services and meet any contracted deliverables.

“Mandatory” – the terms "must", "shall", "will", and "required" identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of the submitted statement of interest.

“Mountain Time” is the time zone used as the basis for tracking the due dates/deadlines of the Request for Information submissions. It refers to Mountain Standard Time or Mountain Daylight Time, whichever is in place at the time of each scheduled date.

“Narrative” or means a written response to the prompts outlined in Section IV.

“Negotiating Parties” means the submitting organization and the HCA/BHSD.

“Qualified Physical Care” means a treatment that can provide symptom relief during the withdrawal management phase of recovery (e.g. AcuDetox).

“Recovery-Oriented System of Care (ROSC)” means a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families and communities to achieve abstinence and improved health, wellness and quality of life for those with or at risk of alcohol and drug problems.

“Request for Information (RFI)” means all documents, including those attached or incorporated by reference, used for soliciting submissions.

“RFI Manager” means the person or designee authorized by HCA/BHSD to manage or administer a Request for Information (RFI) process.

“RFI Agency” means the New Mexico Health Care Authority, Behavioral Health Services Division, through the New Mexico Behavioral Health Purchasing Collaborative.

“Statement of Interest” means the written submission to this RFI to include all proposed information and documents that define the services to be delivered.

“Submitting Organization” means a New Mexico County, Lead Agency (designated by the county to carry out the project), or tribal entity that submits a Statement of Interest in response to this RFI.

“Trauma Informed Care (TIC)” Trauma-informed care is a way to create safer environments for people who have experienced trauma. Programs and organizations that use trauma-informed care: realize how trauma affects people and understand potential paths for recovery and healing, recognize the signs and symptoms of trauma in clients, families, and staff, respond by creating policies, procedures, and practices that reflect knowledge about trauma, and resist or avoid re-traumatization.

“Tribal Entity” means a federally recognized tribal entity performing tribal governmental functions and eligible of its status as a tribal community. A company with at least 51 percent of its ownership by a tribal community and serving its community members.

### III. SERVICE REQUIREMENT/ CHECKLIST

All submissions must demonstrate the following mandatory program components:

- ☐ Evidence based behavioral health services *\*Examples of services may include: 1) Cognitive Behavioral Therapy, 2) Community Reinforcement and Family Training, 3) Evidenced based Parenting Skill courses (e.g. Circle of Security, Triple P- Positive Parenting Program, etc.,) and/or, 4) Coordination of MAT aftercare with a community-based agency.*
- ☐ Trauma-informed, culturally sensitive training for detention staff as approved by the BHSD program manager, or designee.
- ☐ Utilization of a navigation specialist who is employed, or contracted, with the detention center. The specialist is responsible for overseeing the coordination of jail-based services.
- ☐ Intensive case management upon reentryF to the community for a period of no less than fourteen business days.
- ☐ Access to key resources such as qualified physical care and/or outpatient behavioral health services, housing, transportation, and employment.
- ☐ For community agencies, a letter of commitment from the Unit of Local Government (ULG) leadership supporting the RISE program in their community.
- ☐ A Letter of commitment from the local detention administration in support of the RISE program in its correctional facility. Tribal entities must include a letter of commitment from the detention center where the services will be delivered.
- ☐ Include an organizational chart of the specific roles and responsibilities for each implementation partner program position including detention center staff, and any sub-contracts.

## IV. FORMAT AND ORGANIZATION

### A. NUMBER OF SUBMISSIONS

Only one submission of a Statement of Interest per New Mexico County, Lead Agency, or Tribal Entity, shall be accepted in response to this RFI.

### B. SUBMISSION

Must include:

1. One (1) electronic copy of the Statement of Interest by email to the RFI Manager identified in Section I, Paragraph F.
2. The Statement of Interest must be submitted to the RFI Manager by email at the email address listed in Section I, Paragraph F. The subject line of the email shall read **RFI Submission - Reach Intervene Support and Engage (RISE) Program**. **Please do not send a zip drive. All documents submitted by facsimile, or other electronic means, will not be accepted.**
3. All confidential information shall be clearly identified and segregated on the electronic version.

### C. NARRATIVE GUIDELINES

The Statement of Interest Narrative shall be typed using the standard 8 ½ x 11- format with one-inch margins, and in 12-point Times New Roman font. All responses in the RFI must be complete and coincide with the appropriate section as listed below.

1. **Signed RFI Cover Letter** (Appendix C)  
Complete the form and have it signed by the person authorized to obligate the organization.
2. **Program Narrative**  
The Submission shall address each of the following prompts and in the order presented. Each response must adhere to the word-count guidelines identified (in red).

#### a. Organizational Structure and Competencies

- i. Describe current and previous **experience** in working with persons incarcerated for nonviolent offenses with adverse experiences stemming from BH concerns and disorders. Describe county and detention center support of the proposed project. **(Limit 200 words).**
- ii. Describe the strength/extent of partnership and collaboration from community stakeholders to achieve outcomes in service area of interest. *Examples of partnership commitment may include but not limited to: 1. Commitment from local anchor institutions and, BH/Housing providers (e.g. hospitals, colleges/universities, business leaders, community foundations); 2. City Council or commissions, county, and state officials; and 3. Criminal justice officials, housing authority officials/transportation operators, and the workforce investment board. (Limit 200 words).*



**b. Service Description**

- i. Please describe your ability to deliver the following (*Appendix D/RISE Program Working Model highlights the type of services available from intake through reentry*):
- Trauma-informed Care (TIC);
  - Recovery Oriented Systems of Care (ROSC);
  - Culturally sensitive training to detention center staff;
  - Administer a standardized risk and needs assessment tool to program participants;
  - Evidence- Based Behavioral Health (BH) services to individuals who meet project criteria that include a licensed behavioral health specialist to deliver jail-based services. Services may be delivered in individual or group setting;
  - Utilization of a navigation specialist (e.g.: case-manager, certified peer support worker, corrections officer, etc.), to be employed, or contracted, with the detention center and based at the facility. The navigator will work to coordinate connections to transitional/reentry resources to include managed care organizations (MCOs);
  - Intensive case management upon reentry to the community for a period of no less than fourteen (14) business days to include key resources such as qualified physical care and/or outpatient behavioral healthcare services, housing, transportation, and employment; and Use of peer specialists who will assist with transition and re-entry to participants. **(Limit 500 words).**

**c. Program Evaluation/Quality Assurance**

- i. Identify and describe your system for collecting, managing, sharing, and using data for evaluation and continuous improvement, including a tracking mechanism to ensure the achievement of outcomes. **(Limit 200 words).**

**d. Budget Cost and Justification Narrative**

Identify and describe a proposed budget to include costs and justification narrative. **(May include on an additional paper, no word limit).**

## APPENDIX A

### RFI PROCESS AND TIMELINE

This section contains the schedule, description and conditions governing the Request for Information (RFI).

#### SEQUENCE OF EVENTS

The RFI Manager will make every effort to adhere to the following schedule:

Action	Responsible Party	Due Dates
1. Issue RFI	BHSD/RFI Manager	<a href="#">March 5, 2025</a>
2. Submission of Statement of Interest	Submitting Candidate	<a href="#">April 25, 2025</a>
3. Notice of Outcome	RFI Manager	<a href="#">April 30, 2025, through May 2, 2025</a>
4. Program/ Funding Execution	Negotiating Parties	<a href="#">July 1, 2025</a>

#### EXPLANATION OF EVENTS

The following paragraphs describe the activities listed in the sequence of events shown above.

##### 1. Issuance of RFI

This RFI is being issued by the New Mexico through the New Mexico Health Care Authority/ Behavioral Health Services Division on [March 5, 2025](#).

##### 2. Submission of Statement of Interest

ALL SUBMISSIONS MUST BE RECEIVED FOR REVIEW BY THE RFI MANAGER OR DESIGNEE NO LATER THAN 5:00 PM MOUNTAIN TIME ON [April 25, 2025](#). Submissions received after this deadline will not be accepted. The time and date of the email used to submit the submitting organizations submission will be the official record of receipt date and time.

Submissions must be sent to the RFI Manager by email. The subject line of the email shall read **RFI Submission- Reach Intervene Support and Engage (RISE)**. **Please do not send a zip drive.** Submissions sent by facsimile, or other electronic means, will not be accepted.

A public log will be kept of the names of all the submitting organizations who submit a Statement of Interest. The contents of statements of interest will not be disclosed during the RFI process. The RFI process is deemed to be in effect until the notice of outcomes pursuant to this RFI are delivered from HCA/BHSD.

##### 3. Notice of Outcome

The Statements of Interest that are the most advantageous to the state will be objectively selected by HCA/BHSD. The RFI Manager shall send a Notice of Outcome to all the submitting organizations on approximately [April 30, 2025, through May 2, 2025](#). These dates are subject to change at the discretion of the HCA/BHSD.

##### 4. Program Funding/ Execution

The anticipated date for execution of the RISE program is [July 1, 2025](#). This date is subject to change at the discretion of the HCA/BHSD.

## **APPENDIX B GENERAL REQUIREMENTS**

### **1. Incurring Cost**

Any cost incurred by the submitting organization in preparation, transmittal, and/or presentation of any submission or material submitted in response to this RFI shall be borne solely by the submitting organization.

### **2. Subcontractors/Consent**

The use of subcontractors is allowed. The prime contractor shall be wholly responsible for the entire performance of the contractual agreement whether subcontractors are used. Additionally, the submitting organization shall disclose, in its narrative of the submission, plans for using subcontractors, if applicable. The prime contractor must receive written approval from the HCA/BHSD awarding any resultant contract, before any subcontractor is used during the term of this agreement.

### **3. Disclosure of Submission Contents**

Submissions will be kept confidential until negotiations and contracts are completed by the HCA/BHSD. At that time, all submissions and documents pertaining to the RFI will be open to the public, except for material that is clearly marked proprietary or confidential. The RFI Manager will not disclose or make public any pages of a submission on which the submitting organization has stamped or imprinted "proprietary" or "confidential" subject to the following requirements:

- a) Proprietary or confidential data shall be readily separable from the submission in order to facilitate eventual public inspection of the non-confidential portion.
- b) Confidential data is restricted to:
  - 1) Confidential financial information concerning the submitting organization.
  - 2) Data that qualifies as a trade secret in accordance with the Uniform Trade Secrets Act, Sections 57-3A-1 to 57-3A-7 NMSA 1978.

### **4. No Obligation**

This RFI in no manner obligates the HCA/BHSD utilization of the submitting organization's services until a valid written contract is awarded and approved by appropriate authorities.

### **5. Termination**

This RFI may be canceled at any time and any and all submissions may be rejected in whole or in part when the HCA/BHSD determines such action to be in the best interest of the HCA/BHSD.

### **6. Sufficient Appropriation**

Any outcomes as a result of this RFI process may be terminated if sufficient appropriations or authorizations do not exist. Such terminations will be affected by sending written notice to the submitting organization. The HCA/BHSD decision as to whether sufficient appropriations and authorizations are available will be accepted by the submitting organization as final.

### **7. Legal Review**

The HCA/BHSD requires that all-submitting organizations agree to be bound by the General Requirements contained in this RFI. Any concerns must be promptly submitted in writing to the attention of the RFI Manager.

### **8. HCA/BHSD Rights**

The HCA/BHSD reserves the right to accept all or a portion of a submission.

9. **Right to Publish**

Throughout the duration of this RFI process and outcomes, the submitting organizations and contractors must secure from HCA/BHSD written approval prior to the release of any information that pertains to the potential work or activities covered by this RFI and/or BHSD contracts deriving from this RFI. Failure to adhere to this requirement may result in disqualification of the submission or any outcomes from this RFI.

10. **Ownership of Submission Documents**

All documents submitted in response to the RFI shall become property of the HCA/BHSD.

11. **Confidentiality**

Any confidential information delivered to, or developed by, the submitting organization(s) regarding the performance of the contract resulting from this RFI shall be kept confidential and shall not be made available to any individual or organization by the contractor without the prior written approval of the HCA/BHSD.

The submitting organizations agrees to protect the confidentiality of all confidential information and not to publish or disclose such information to any third party without the written permission of HCA/BHSD.

12. **Electronic mail address required**

A large part of the communication regarding this RFI will be conducted by electronic mail (e-mail). The submitting organization must have a valid e-mail address to receive this correspondence.

13. **Use of Electronic Versions of this RFI**

This RFI is being made available by electronic means. In the event of conflict between a version of the RFI in the submitting organization's possession and the version maintained by HCA/BHSD, the submitting organization acknowledges that the version maintained by the HCA/BHSD shall govern.

14. **Conflict of Interest; Governmental Conduct Act**

The submitting organization warrants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance or services required under the Agreement.

# **APPENDIX C** **RFI COVER LETTER**

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RFI NAME \_\_\_\_\_

RFI NUMBER \_\_\_\_\_

<b>1. Organization</b>		
<b>Name of the Submitting Organization:</b>		
<b>Mailing address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code</b>

<b>2. Person authorized by the organization to contractually obligate on behalf of this grant/contract award:</b>
Name:
Title:
E-Mail Address:
Telephone Number:

<b>3. Person authorized by the organization to negotiate the grant/contract award:</b>
Name:
Title:
E-Mail Address:
Telephone Number:

<b>4. Person authorized by the organization to clarify, and respond to queries on behalf of this grant/contract award:</b>
Name:
Title:
E-Mail Address:
Telephone Number:

**5. Use of Sub-Contractors (Select one)\***

☐ No sub-contractors will be used

☐ The following sub-contractors will be used (describe purpose of sub-contracts):

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**6. Please describe any relationship with other community, government, or business sectors (other than Subcontractors listed in (4) above) that will support your efforts.**

7. On behalf of the submitting organization named, above, I accept the Terms and Conditions stated in this RFI. I agree to comply with all requirements as described in this RFI, including all appendices, attachments, written clarifications and amendments provided.

If the designated county is unwilling to comply with any terms, conditions or other requirements of this RFI the county shall clearly describe any deviations and include a complete explanation of why such deviations are proposed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature (By the person identified in item #2, above.)

**\*Attach additional sheets of paper, as needed.**

