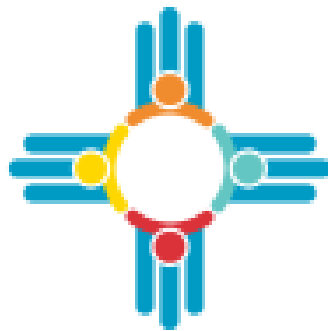


# REQUEST FOR INFORMATION

## ISSUED BY

The New Mexico Health Care Authority  
Behavioral Health Services Division



HEALTH CARE  
AUTHORITY

## FOR

Justice Services

RFI –26-BHSD-03

March 24, 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 law enforcement, first responders, and community providers, who are interested in providing behavioral health (BH) services to individuals with substance use/ mental health or co-occurring disorders and, impacted by the justice system. Services are to be delivered using the Sequential Intercept Model (SIM); specifically across Intercept 0, Intercept 1, and Intercept 2. The SIM is a conceptual model that informs and details how individuals with mental health and substance use disorders move through the criminal justice system.

(<https://www.samhsa.gov/criminaljuvenilejustice/sim-overview>).

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**

Utilizing the SIM to deliver services allows communities to implement programming to support individuals with substance use/ mental health and/or co-occurring disorders who are impacted by the justice system. These targeted services address the underlying problems that may lead to crime and provide support that may enhance long-term public safety while saving tax-payer dollars. Intercept 0, Intercept 1, and Intercept 2 of the SIM are rooted in diversion to treatment, rather than arrest. The aim of this RFI is to support a coordinated collaborative response to behavioral health disorders to help reduce the likelihood of a person becoming involved with the criminal justice system, social service, and public health systems in tribal and non-tribal jurisdictions in NM.

### **C. FUNDING AVAILABILITY**

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.

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 \$1,365,000.00. 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)**.

## **D. EFFECTIVE DATE**

Notice of outcomes will be issued to the submitting organization no later than Close of Business May 15, 2025. Funding effective dates will be July 1, 2025 through June 30, 2026.

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

Through the provision of BH services to individuals who have a substance use/ mental health or co-occurring disorders, communities are equipped to support its members in a manner that may reduce the likelihood of a person becoming involved with the justice system. These activities are best accomplished by a team of stakeholders that cross over multiple systems and employ interventions that prevent, or divert, the designated population from contact with the criminal justice system. Intercept 0, Intercept 1, and Intercept 2 of the SIM engage individuals prior to, or in lieu of, incarceration. Services may include intensive case-management, individual/group therapeutic interventions, other psychosocial interventions, outreach and education to community members, or training for law enforcement and/or first responders, etc.

## **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: Justice Services 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.

“Culturally- Based Health Disparities” Differences in health outcomes due to access to services for individuals of varying cultures and cultural beliefs.

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

“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.

“First Responder” means an individual designated or trained to respond to an emergency (i.e., firefighters, paramedics, etc.).

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

“Law Enforcement” A person whose duties primarily involve the enforcement of laws, protecting life and property, keeping the peace, and other public safety related duties.

“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.

“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.

“Sequential Intercept Model” The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system (<https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model>).

“Specialized Case-Management” - early intervention services delivered by an intermediary between a participant and a specialized profession that focuses on a specific community issue or area of concern; such as crime control, crisis stabilization, homelessness etc.

“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 the organization 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:

- ☐ Use of one, or any combination of the following Intercepts: **a) INTERCEPT 0- PRE ARREST DEFLECTION & COMMUNITY SERVICES, b) INTERCEPT 1- LAW ENFORCEMENT c) INTERCEPT 2- PRETRIAL SUPERVISION**
- ☐ Demonstrate that support has been established with local community stakeholders to support deflection/diversion models as an alternative to arrest for individuals who meet criteria.
- ☐ Utilization of evidence-based, research- based and/or evidence-informed treatment service models.
- ☐ Utilization of, care coordination or intensive, and/or specialized, case management. Activities may include coordinating with other providers; identifying and referring consumers to appropriate resources; coordinating and communicating with law enforcement and the judicial system; helping to obtain financial support; procuring suitable housing; and/or accessing appropriate medical treatment and other basic care.
- ☐ Provision of, or referral to, therapeutic services. These services may include individual and group counseling where appropriate, peer to peer facilitation, or clinical consultation by telephone or in person.
- ☐ Cross-sector collaboration in service delivery, training, specialized case management and outreach (i.e. working directly with law enforcement, private businesses, education, transportation, banking, etc.).
- ☐ Delivery of Trauma-informed, culturally sensitive training for all project staff as approved by the BHSD-HCA.

## IV. FORMAT AND ORGANIZATION

### A. NUMBER OF SUBMISSIONS

Only one submission of a Statement of Interest per organization 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 -Justice Services**. **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 must 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 must 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 (Limit 400 words)**
    - i. Describe your organization's mission and purpose and current and previous experience in reducing criminal justice utilization by working with individuals substance use/ mental health or co-occurring disorders.
    - ii. Describe current and previous experience in improving public safety, decreasing drug overdose, and coordinating a collaborative response to behavioral health disorders among individuals that are at risk of impact by criminal justice, social service and public health systems (please identify if the services will be implemented in tribal jurisdictions in NM).



**b. Population and Need (Limit 400 words)**

- i. Describe the nature and scope of the need for the proposed services using current data and research as support. Identify any service gaps that will be addressed by your proposed project, and how the implementation of the proposed SIM intercept or intercepts will address the identified gaps.
- ii. Describe the demographics of the designated population to be served in your geographic service area (i.e., age, gender, race or ethnicity, etc.).
- iii. Describe your plan to deliver culturally relevant services to populations experiencing culturally- based health disparities among the designated population.

**c. Service Description (Limit 500 words)**

- i. Identify and describe the services proposed by this project and how they will be provided:
  - If the proposal includes specialized case management, please include details about how it will be implemented;
  - Identify project implementation plan with tasks, time- frames and key staff identified;
  - Describe what Evidence-Based Practices (EBPs) or best practice services your proposed program will utilize;
  - Describe public awareness/educational activities to the community and potential clients, if applicable.

**d. Program Evaluation/Quality Assurance (Limit 200 words)**

- 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.

**e. Budget Cost and Justification Narrative**

Identify and describe a proposed budget to include costs and a 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     | <u>March 24, 2025</u>                     |
| 2. Submission of Statement of Interest | Submitting Candidate | <u><i>April 28, 2025 COB</i></u>          |
| 3. Notice of Outcome                   | RFI Manager          | <u>May 12, 2025 through May 15, 2025.</u> |
| 4. Program/ Funding Execution          | Negotiating Parties  | <u>July 1, 2025</u>                       |

### 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 24, 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 28, 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-Justice Services. **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 May 12, 2025 through May 15, 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**

Page 1

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

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

|   |
|---|
| <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.**