



HEALTH CARE
AUTHORITY

**REQUEST FOR APPLICATIONS
FOR
MOBILE CRISIS TEAMS**

ISSUED BY

New Mexico Health Care Authority, Behavioral Health Services Division

THROUGH THE

New Mexico Behavioral Health Purchasing Collaborative

November 20, 2024
RFA #25- BHSD-03

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I. Information

A. Purpose

The New Mexico Health Care Authority (HCA), Behavioral Health Services Division (BHSD) is issuing this Request for Applications (RFA) through the New Mexico Behavioral Health Purchasing Collaborative to solicit applications from community crisis response organizations who are able to implement Mobile Crisis Teams (MCTs).

Mobile Crisis Intervention Services are intended to provide rapid response, individual assessment, and evaluation for individuals across their lifespan, who are experiencing a behavioral health crisis. A behavioral health crisis is defined as a turning point in the course of anything decisive or critical in an individual's life, in which the outcome may decide whether possible negative consequences will follow. Services must be available where the individual is experiencing the crisis 24 hours a day, 7 days a week, 365 days per year and may not be restricted to select locations within any region, or particular days or times and must address co-occurring substance use disorders, including opioid use disorder, if identified. Mobile Crisis Intervention Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.

The BHSD plans to fund organizations who can develop and implement MCTs as described below. The successful respondents will demonstrate the capacity to provide sustainable implementation of the model that best meet the needs of their community.

The intention of this RFA is to provide startup funding and to obtain BHSD approval as a new Medicaid-enrolled MCT provider.

This RFA is to provide funding to organizations that are provisionally certified as a CCBHC or for organizations that are working towards provisional approval as a CCBHC between January 1, 2025, and January 1, 2026.

B. Background Information

On July 16, 2022, New Mexico began fielding behavioral health crisis calls through the 988 Crisis Response System. This system includes three core components of the Substance Abuse and Mental Health Services Administration (SAMHSA) Best Practices model including:

1. Regional or statewide crisis call centers coordinating in real time
2. Centrally deployed, 24/7 Mobile Crisis Response Teams
3. 24-hour crisis receiving and stabilization programs

C. BHSD-Approved MCT Model

The New Mexico Health Care Authority intends to award to applicants who will seek MCT approval within the funding period.

The Medicaid certification criteria for Mobile Crisis Intervention Services are as follows:

- (a) In order to be eligible to be reimbursed for providing MCT services, an agency must be enrolled as one of the following:
 - i. Federally qualified health center
 - ii. Community mental health center
 - iii. Hospital or affiliated clinic
 - iv. Indian Health Service (IHS) hospital or clinic
 - v. Crisis triage center
 - vii. PL 93-638 tribally operated hospital or clinic

- viii. Major Affective Disorder-designated CareLink New Mexico Health Home
 - ix. BHA 432
 - x. Core Service Agencies
 - xi. Provisional Certified Community Behavioral Health Centers (CCBHCs)
- (b) Mobile Crisis Intervention Services must be furnished by a multidisciplinary team that includes at least two members. The team must include at least one behavioral health care professional able to conduct a clinical assessment within their permitted scope of practice under state law and who may be available via telehealth.

Additional team members may include:

- i. Licensed Mental Health Therapist
 - ii. Certified Peer Support Specialist
 - iii. Certified Family Support Workers
 - iv. Community Support Worker
 - v. Community Health Worker
 - vi. Community Health Representative
 - vii. Certified Prevention Specialist
 - viii. Registered Nurse
 - ix. Emergency Medical Service Provider
 - x. Licensed Alcohol and Drug Abuse Counselor or Certified Alcohol and Drug Addiction Consultant
 - xi. Non-Independently Licensed Behavioral Health Professionals
 - xii. Emergency Medical Technicians
 - xiii. Licensed Practical Nurses
 - xvi. Other certified and/or credentialed individuals
- (c) Clinical oversight by:
- i. **Clinical Director:** MCT shall have a clinical director who is a Regulation and Licensing Department board-approved Clinical Supervisor and/or
 - ii. **Part-time Medical Director:** shall be available, which can include a physician, psychiatrist, or advanced practice registered nurse
- (d) Other community stakeholders can provide support during a crisis response, but only as needed as determined by the MCT.
- (e) Training:
- i. The MCT shall ensure all individuals having direct contact with recipients shall have all applicable background checks and receive 25 hours of required training. Annually all individuals having direct contact with recipients must receive at least 20 hours of crisis-related continuing education.
 - ii. Tribal 638 or IHS facilities can request waivers to the staffing requirements outlined above for MCTs by submitting a staffing plan to HCA/BHSD.
 - iii. Training must include the following topics:
 - 1. Harm reduction and naloxone usage

2. Trauma informed care
 3. Crisis assessment
 4. Suicide risk assessment
 5. Crisis and safety planning and intervention
 6. Co-occurring disorders
 7. Community-based crisis intervention
 8. Crisis intervention for individuals with developmental disabilities
 9. Cultural humility/safety
 10. Community resources and services including pertinent referral criteria
- (f) Mobile crisis services shall collaborate with local and statewide crisis line services, and any additional crisis response services, including the stabilization and mobile response services if available.
- (g) MCTs must comply with the crisis requirements described in 8.321.2.20 NMAC and must:
- i. Operate 24 hours per day, 7 days per week, and 365 days per year
 - ii. Provide community-based crisis intervention, screening, assessment, and referrals to appropriate resources
 - iii. Be able to administer naloxone and other harm reduction strategies, as warranted
 - iv. Coordinate to ensure appropriate transportation to a place of safety if clinically appropriate or to a higher level of care, if required by the situation
 - v. Maintain relationships with relevant community partners, including medical and behavioral health providers, primary care providers, community health centers, county health and human services, law enforcement, CCBHCs, crisis care providers including 988, crisis triage centers, and managed care organizations (as applicable)
 - vi. Be certified by New Mexico Health Care Authority/Behavioral Health Services Division
- (h) MCT dispatch:
- i. Use of state-approved tools will be used for dispatch protocols for crisis response services. MCT may be dispatched by 988 Lifeline call centers, by the agency operating the MCT, or by local law enforcement as outlined in a memorandum of understanding. MCTs cannot refuse a request for dispatch unless safety considerations warrant involvement of public safety. In those cases, MCT providers must establish standardized safety protocols for community response and when public safety involvement is needed (e.g., in instances of serious injury, overdose, medical emergency, imminent risk of harm). Policies must appropriately balance a willingness to help those in crisis with the team's personal safety and not involve broad rules that would exclude whole populations (i.e., individuals actively using substances or those with a criminal history). In the case of simultaneous requests for dispatch, MCT providers must use a triage system to prioritize acuity.
 - ii. Telehealth is allowable; however, in-person MCT response is preferred. MCT providers can use telehealth to ensure rapid response and clinical decision-making to ensure the crisis is resolved safely.
 - iii. MCT dispatch practices on Tribal lands may differ from MCT dispatch protocol off Tribal lands.

D. Funding Availability

The anticipated funds to be awarded under this RFA total \$702,501. The estimated number of awards

will range from one to two awards. The estimated amount per awardee is \$200,000 to \$350,000. The funding amount is contingent upon the number of applications received and the evaluation of the applications as determined by the evaluation process described in this RFA. All funding is also contingent upon availability from state and federal sources, successful contract compliance, and Medicaid reimbursement ability. BHSD will fund organizations (throughout New Mexico) contingent upon complete, competitive, and innovative responses received from respondents who can demonstrate the capacity of staff and manage crisis response models for effective outcomes.

For this RFA, BHSD will consider applications designed to defray start-up costs for projects and activities that support MCT implementation and readiness.

Successful respondents will enter into a contract with the Falling Colors Corporation (FCC), the Administrative Services Organization (ASO) for BHSD which is responsible for making payments to the successful respondent(s) based on BHSD-approved invoices for services provided. The BHSD will have overall programmatic oversight, including the development and monitoring of the scope of work of the funded organizations. The BHSD reserves the right to adjust the awarded amounts, as needed, to comply with state and federal funding and/or budget mandates, including possible reductions or increases in the budget.

E. Contract Effective Date and Term

The term of the contract for successful respondents is upon execution of the contract with FCC through September 29, 2025, contingent on funding availability from state and federal sources. All funding is contingent upon availability from state and federal sources, successful contract compliance and Medicaid reimbursement ability. All funding must be billed to BHSD by September 29, 2025.

F. Eligible Applicants/Qualifications

- (a) This RFA will provide funding to organizations that are provisionally certified as a CCBHC or for organizations that are working towards provisional approval as a CCBHC between January 1, 2025 and January 1, 2026 and have not previously received MCT start-up funding through other sources.
- (b) Applying organizations must have received their Mobile Crisis Team Certification or will seek MCT approval within the funding period.
- (c) Organizations must be willing to engage in trauma informed and harm reduction orientations to provide Behavioral Health Crisis Services.
- (d) Applying entities must be willing to enter into formal agreements with local first responders, law enforcement, and other relevant community stakeholders.
- (e) Awarded parties will become service providers within the 988 NM crisis system.

G. Performance Measures

BHSD's goal is to expand state-approved MCTs throughout the state and is working closely with an evaluation team to collect and analyze process, performance, and outcome data to measure our progress toward this goal. Awarded respondent(s) will be required to collaborate with the state's evaluation team on the program evaluation and performance measurement, including the monthly collection and reporting of MCT data to BHSD.

The key outcome measures for this initiative are:

- MCTs will respond to clients within 90 minutes to individuals in the community 90% of the time
- MCT will decrease distress level of individual in crisis during 80% of interactions

H. RFA Manager

BHSD has assigned an RFA Manager who is responsible for the conduct of this RFA, whose name and email address are listed below:

Amy Sandoval, 988 Program Manager

Health Care Authority

Behavioral Health Services Division

Email: amy.sandoval@hca.nm.gov

Any inquiries or requests regarding this RFA shall be submitted in writing via email to the RFA Manager. The emails shall have a subject line that reads: *RFA: Mobile Crisis Teams*. Applicants may contact **only** the RFA Manager for inquiries and requests. Other BHSD employees or Evaluation Committee members do not have the authority to respond on behalf of the RFA Manager. **Please see Section II of the RFA for instructions on the submission of the application.**

II. RFA Process and Timeline

This section of the RFA contains the schedule, description, and conditions governing the RFAs.

A. Sequence of Events

The RFA Manager will make every effort to adhere to the following schedule.

Action	Responsible Party	Due Dates
(a) Issuance of RFA	BHSD/RFA Manager	November 20, 2024
(b) Acknowledgement of Receipt Form and RFA Distribution List	Potential Applicants/RFA Manager	November 26, 2024
(c) Deadline to Submit Questions	Potential Applicants	November 26, 2024
(d) Response to Written Questions	RFA Manager	December 2, 2024
(e) Submission of Applications	Applicants	December 18, 2024
(f) Application Evaluation	Evaluation Committee	December 20-23, 2024
(g) Selection of Finalists	Evaluation Committee	December 27, 2024
(h) Notice of Intent to Award Contract	RFA Manager	December 30, 2024
(i) Negotiate and Finalize Contract	Parties to the Contract	January 3, 2024
(j) Contract Execution	Parties to the Contract	January 7, 2025

B. Explanation of Events

The following paragraphs describe the activities listed in the sequence of events shown in **Section II. RFA Process and Timeline, A. Sequence of Events** above.

(a) Issuance of RFA

This RFA is being issued by the New Mexico HCA through the New Mexico Behavioral Health Purchasing Collaborative on the date indicated in **Section II. RFA Process and Timeline A. (a) Issuance of RFA** above.

(b) Acknowledgement of Receipt Form and RFA Distribution List

Potential applicants shall email the completed Acknowledgement of Receipt Form on Page 16 of this document as Appendix A in order to have their organization placed on the RFA distribution list. The form shall be signed by an authorized representative of the organization, dated, and returned to the RFA Manager by 5:00 pm Mountain Time on the date identified in **Section II. RFA Process and Timeline A. (b) Acknowledgement of Receipt Form and RFA Distribution List**.

Please email the Acknowledgement of Receipt Form to mct@nmrecovery.org. The email subject line shall read *Acknowledgement of Receipt Form: Mobile Crisis Teams*. Please copy RFA manager identified in section I.H on email.

The RFA distribution list will be used for the distribution of the RFA questions and the written responses to the questions and to alert potential applicants of any amendments to the RFA. Failure to return the Acknowledgement of Receipt Form shall not prohibit potential applicants from submitting a response to this RFA. However, it shall result in the applicant's name not appearing on the distribution list, which in turn results in the applicant not receiving a copy of the RFA questions and answers and/or amendments, if applicable.

(c) Deadline to Submit Written Questions

Potential applicants shall email written questions to the RFA Manager as to the intent or clarity of this RFA until 5:00 pm Mountain Time on the date stated in **Section II. RFA Process and Timeline A. (c) Deadline to Submit Questions**. All written questions must be addressed to the RFA Manager and as declared in **Section I. H**.

(d) Response to Written Questions

As indicated in the sequence of events, written responses to written questions will be distributed to all potential applicants whose organization name appears on the RFA distribution list by 5:00 pm Mountain Time on the date indicated in **Section II. RFA Process and Timeline A. (d) Response to Written Questions** above. An e-mail copy will be sent to all applicants that provide Acknowledgement of Receipt Forms described in **Section II. B. (b)** before the deadline.

(e) Submission of Applications

ALL APPLICATIONS MUST BE RECEIVED FOR REVIEW AND EVALUATION BY THE RFA MANAGER OR DESIGNEE NO LATER THAN 5:00 PM MOUNTAIN TIME ON THE DATE IDENTIFIED IN **SECTION II. RFA PROCESS AND TIMELINE A. (E) SUBMISSION OF APPLICATIONS**. Applications received after this deadline will not be accepted. The time and date of the email used to submit the applicant's application will be the official record of receipt date and time.

Applications must be sent to the BHSD administrative team BHCA.ADMIN@hca.nm.gov The subject line of the email shall read *Application Submission: Mobile Crisis Teams*. Please copy RFA manager identified in section I.H on email. Do not send your application through a zip drive. Applications submitted by facsimile or other electronic means will not be accepted.

A public log will be kept of the names of all applicant organizations that submitted applications. The contents of applications will not be disclosed to competing potential applicants during the negotiation process. The negotiation process is deemed to be in effect until the contract pursuant to this RFA is awarded. In this context "awarded" means all required signatures have been obtained on the contract(s) resulting from the RFA.

(f) Application Evaluation

Applications will be evaluated by an Evaluation Committee. This process will take place on the date indicated in **Section II. RFA Process and Timeline A. (f) Application Evaluation** in the sequence of events above, depending upon the number of applications received. During this time, the RFA Manager may initiate discussions for the purpose of clarifying aspects of an application with an applicant that submitted a responsive or potentially responsive application. However, applications may be accepted and evaluated without such discussion. Discussions shall **not** be initiated by applicants nor will discussion be an opportunity to modify an application.

(g) Selection of Finalists

The RFA Manager will notify the finalist applicants selected by the Evaluation Committee as per schedule **Section II. RFA Process and Timeline A. (g) Selection of Finalists** or as soon as possible.

(h) Notice of Intent to Award Contract

Any contractual agreement(s) resulting from this RFA will be finalized with the most advantageous applicant(s). Based on the selection of the successful applicant(s) by the Evaluation Committee and approval by BHSD, the RFA Manager shall send a Notice of Intent to Award to all applicants on the date indicated in **Section II. RFA Process and Timeline A. (h) Notice of Intent to Award Contract** above. This date is subject to change at the discretion of the HCA/BHSD.

(i) Negotiate and Finalize Contract

The contract will be negotiated and finalized with the successful applicant(s) between the dates indicated in **Section II. RFA Process and Timeline A. (i) Negotiate and Finalize Contract** above. This date is subject to change at the discretion of the BHSD.

The contract shall be awarded to the applicant(s) whose applications are most advantageous to the BHSD, taking into consideration the evaluation factors set forth in this RFA. The most advantageous application may or may not have received the most points. In the event that mutually agreeable terms cannot be reached with the apparent most advantageous applicant in the time specified, the BHSD reserves the right to finalize a contractual agreement with the next most advantageous applicant(s) without undertaking a new RFA process.

(j) Contract Execution

The anticipated date for contract execution is indicated in **Section II. RFA Process and Timeline A. (j) Contract Execution** above. This date is subject to change at the discretion of the BHSD.

III. General Requirements

A. Acceptance of Conditions Governing the RFA

Potential applicants must indicate their acceptance of the Conditions Governing the RFA section in the letter of transmittal. Submission of an application constitutes acceptance of the Evaluation Factors contained in **Section V. Evaluation B.** of this RFA.

B. Incurring Cost

Any cost incurred by the potential applicant in preparation, transmittal, and/or presentation of any application or material submitted in response to this RFA shall be borne solely by the applicant. Any cost incurred by the applicant for set up and demonstration of the proposed equipment and/or system shall be borne solely by the applicant.

C. Prime Contractor Responsibility

Any contractual agreement that may result from this RFA shall specify that the prime contractor is solely responsible for fulfillment of all requirements of the contractual agreement with BHSD which may derive from this RFA. The BHSD entering into a contractual agreement with a contractor will make payments to only the prime contractor.

D. Subcontractors/Consent

The use of subcontractors is not allowed.

E. Amended Applications

An applicant may submit an amended application. An amended application must be a complete replacement for a previously submitted application and must be clearly identified as such in the transmittal letter. The BHSD personnel will not merge, collate, or assemble application materials.

F. Applicant's Rights to Withdraw an Application

Applicants will be permitted to withdraw their applications. The applicant must submit a written withdrawal request signed by the applicant's duly authorized representative and addressed to the RFA Manager.

G. Application Offer Firm

Responses to this RFA, including application prices for services, will be considered firm for 120 days after the due date for receipt of applications or 90 days after the due date for the receipt of a best and final offer, if the applicant is invited or required to submit one.

H. Disclosure of Application Contents

Applications will be kept confidential until negotiations and the award are completed by the BHSD. At that time, all applications and documents pertaining to the applications will be open to the public, except for material that is clearly marked proprietary or confidential. The RFA Manager will not disclose or make public any pages of an application on which the potential applicant has stamped or imprinted "Proprietary" or "Confidential" subject to the following requirements:

- i. Proprietary or confidential data shall be readily separable from the application in order to facilitate eventual public inspection of the non-confidential portion of the application.
- ii. Confidential data is restricted to:
 1. Confidential financial information concerning the applicant's 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.
 - a. The cost of services proposed shall not be designated as proprietary or confidential

information.

If a request is received for disclosure of data for which an applicant has made a written request for confidentiality, the BHSD shall examine the applicant's request and make a written determination that specifies which portions of the application may be disclosed. Unless the applicant takes legal action to prevent the disclosure, the application will be so disclosed. The application shall be open to public inspection subject to any continuing prohibition on the disclosure of confidential data.

I. No Obligation

This RFA in no manner obligates the BHSD to the use of any applicant's services until a valid written contract is awarded and approved by appropriate authorities.

J. Termination

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

K. Sufficient Appropriation

Any contract awarded as a result of this RFA process may be terminated if sufficient appropriations or authorizations do not exist. Such terminations will be affected by sending written notice to the contractor. The BHSD decision as to whether sufficient appropriations and authorizations are available will be accepted by the contractor as final.

L. Legal Review

The BHSD requires that all applicants agree to be bound by the **Section III. General Requirements** contained in this RFA. Any applicant's concerns must be promptly submitted in writing to the attention of the RFA Manager.

M. Basis for Application

Only information supplied, in writing, by the BHSD through the RFA Manager or in this RFA should be used as the basis for the preparation of applications.

N. Applicant Qualifications

The Evaluation Committee may make such investigations as necessary to determine the ability of the potential applicant to adhere to the requirements specified within this RFA. The Evaluation Committee will reject the application of any potential applicant who is not a responsible applicant or fails to submit a responsive offer.

O. Right to Waive Minor Irregularities

The Evaluation Committee reserves the right to waive minor irregularities. The Evaluation Committee also reserves the right to waive mandatory requirements in instances where all responsive applications failed to meet the same mandatory requirements and the failure to do so does not otherwise materially affect the RFA. This right is at the sole discretion of the Evaluation Committee.

P. Change in Contractor Representatives

The BHSD reserves the right to require a change in contractor representative(s) if the assigned representative(s) is (are) not, in the opinion of the BHSD, adequately meeting the needs of the BHSD.

Q. BHSD Rights

The BHSD, in agreement with the Evaluation Committee, reserves the right to accept all or a portion of a potential application.

R. Right to Publish

Throughout the duration of this RFA process and contract term, applicants and contractors must secure from BHSD written approval prior to the release of any information that pertains to the

potential work or activities covered by this RFA and/or /BHSD contracts deriving from this RFA. Failure to adhere to this requirement may result in disqualification of the application or removal from the contract.

S. Ownership of Applications

All documents submitted in response to the RFA shall become property of the BHSD.

T. Confidentiality

Any confidential information provided to, or developed by, the contractor in the performance of the contract resulting from this RFA 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 BHSD.

The contractor(s) 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 BHSD.

U. Electronic mail address required

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

V. Use of Electronic Versions of this RFA

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

W. Conflict of Interest; Governmental Conduct Act

The applicant 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 RFA.

IV. Application Format and Organization

A. Number of Applications

Applicants shall submit only one application in response to this RFA.

B. Application Submission

Applicants shall send:

- i. One electronic copy of the application by email to the RFA Manager identified in **Section I. Information H**. Detailed submission instructions may be found in **Section II. RFA Process and Timeline B. (e)**.
- ii. All confidential information shall be clearly identified and segregated on the electronic version.

Any application that does not adhere to the requirements of **Section IV. Application Format and Organization** may be deemed non-responsive and rejected on that basis.

C. Application Order and Format

All applications shall be submitted typewritten on standard 8 ½ x 11 inch paper. Larger paper is permissible for charts, spreadsheets, and other graphics. Applications must be written in 12-point Times New Roman font and formatted with one-inch margins. The application is limited to 10 pages of program narrative. Other parts of the application as detailed below (including the cover letter, application summary, and forms) do not count against the 10-page limit.

All forms provided in the RFA must be complete and included in the appropriate section of the application. Applicants shall address the items in the order in which they appear below.

(a) Signed RFA Cover Letter (Appendix B)

Complete the form and have it signed by the person authorized to obligate the company.

(b) Table of Contents

The table of contents shall contain an indexed list of the application content and the page number where the information can be found.

(c) Application Summary (limited to one page)

An application summary is optional and may be included by the applicant to provide the Evaluation Committee with an overview of the qualifications and other features of the application. This material will not be used in the evaluation process unless specifically referenced from other portions of the application.

(d) Program Narrative

The applicant shall address each of the following questions in the order presented below. The maximum possible score for each component of the program narrative is described below.

1. Executive Summary (10 points maximum)
 - Describe the overall mission of your organization and how MCT fits with that mission and will best meet the behavioral health crisis needs of your community.
2. Implementation Plan (30 points maximum)
 - Provide a detailed description of how your organization will implement the BHSD approved mobile crisis model as described in **Section I. BHSD-Approved MCT Model, C**. Include the following: a description of your organization's certification as a CCBHC, a description of your mobile crisis staffing coverage, clinical oversight and training, collaboration with local and statewide crisis line services, and ability to implement the mobile crisis requirements in **Section I. BHSD-Approved MCT Model, C. (g)** of this

RFA. In your description, delineate existing versus planned capabilities to meet all components of the approved mobile crisis model.

- Describe your sustainability plan to maintain mobile crisis services after the end of the funding period and describe your plan to transition from state funds to Medicaid reimbursement, as well as accepting other private health insurance plans.
3. Schedule (10 points maximum)
 - Submit a project schedule which includes detailed tasks, owners, timelines, and milestones clearly depicting how and when the model will be implemented. Include timeline of proposed application to BHSD to attain full certification.
 4. Community Support (15 points maximum)
 - Submit three letters of support from partners actively engaged in the success of the model.
 5. Program Evaluation/Quality Improvement (10 points maximum)
 - Identify and describe your system for measuring the effectiveness of your model. Include a description of how you will align your program evaluation with the quality measures described in **Section I. BHSD-Approved MCT Model, G.**
 6. Additions to the Model (15 points maximum)
 - Describe any additions or modifications to the model that would make it more feasible/successful for your community.
 7. Financial Forms/Narrative (10 points maximum)
 - Complete the Line-Item Budget and Budget Narrative, attached as Appendix B in this RFA. Ensure the budget and budget narrative are complete, accurate, reasonable, shows the relevance to the project being proposed, and the evidence of need.

V. Evaluation

A. Evaluation Point Summary

The following is a summary of evaluation factors with point values assigned to each. These weighted factors will be used in the evaluation of individual potential applications by sub- category.

Factors – Corresponds to Section IV, (c). Application Order and Format	Points Available
Cover Letter Form	
Complete and appropriately signed	Accept/Reject
Proposal Format	
Executive Summary	10
Implementation Plan	30
Schedule	10
Community Support	15
Program Evaluation/Quality Improvement	10
Additions to the Model	15
Financial Forms/Narrative	10
TOTAL	100

B. Evaluation Factors

(a) Executive Summary

Points will be awarded based on the respondent’s ability to concisely convey their vision for MCT and its impact. The Evaluation Committee will also weigh the relevancy and extent of the respondent’s experience, expertise, and knowledge as an organization.

(b) Implementation Plan

Points will be awarded based on the quality of the implementation plan submitted. Successful respondents will demonstrate creativity, relevance, adaptability, sustainability, and competency.

(c) Schedule

Points will be awarded on whether the schedule is accurate, complete, feasible, and detailed enough to give confidence it can be met.

(d) Community Support

Points will be awarded on relevance, clarity the mission and goals are actively supported, and will meet the needs of the community.

(e) Program Evaluation/Quality Improvement

Points will be awarded based on the Program Evaluation/Quality Improvement Plan(s) being described thoroughly, relevance to the model, and feasibility of accurate measurements. MCTs will be required to meet the performance expectations described in **Section I. BHSD-Approved MCT Model, G.** of this RFA. Please describe the organization’s plan for meeting those expectations and collecting data in order to demonstrate service provision and outcomes.

(f) Additions to the Model

Points will be awarded on relevance and creativity that clearly demonstrate how the addition would benefit the implementation.

(g) Financial Forms/Narrative

Points will be awarded based on whether the budget is accurate, complete, reasonable, relevant to the project being proposed, and shows evidence of need.

Unallowable costs include but are not limited to:

- Purchase of furniture over \$5,000 per unit
- Cars (a car lease is allowable)
- Buildings and structures
- Utilities, land, and administrative cost rates unless approved by the federal government (the BHSD typically does not pay more than a 10% administrative cost rate if justified)

Projects are prohibited from expending funds for capital improvement costs (e.g., construction or purchase of land or buildings).

Unallowable costs also include any costs included in the agency's CCBHC PPS 1 rate. Applicants are expected in their budget narrative to explain how RFA funds will not duplicate costs covered by Medicaid or other reimbursement.

**APPENDIX A –
ACKNOWLEDGEMENT OF RECEIPT FORM FOR MOBILE CRISIS TEAMS**

In acknowledgement of receipt of this Request for Applications the undersigned agrees that s/he has received a complete copy, beginning with the title page and table of contents and ending with **APPENDIX C**.

The acknowledgement of receipt should be signed and returned to the RFA Manager no later than **the date defined in Section II. A. (b) of this RFA**. Only potential applicants who elect to return this form completed with the indicated intention of submitting an application will receive copies of all applicant written questions and the written responses to those questions as well as RFA amendments, if any are issued.

Firm/Organization: _____

Represented By: _____

Title: Phone No: _____

E-Mail: Fax No: _____

Address: _____

City, State, Zip Code: _____

Signature, Date: _____

This name and address will be used for all correspondence related to the Request for Application. Applicant **does/does not** (circle one) intend to respond to this Request for Application.

Please email the Acknowledgement of Receipt Form to mct@nmrecovery.org . The email subject line shall read Acknowledgement of Receipt Form: Mobile Crisis Teams. Please copy RFA manager identified in section I.H on email.

APPENDIX B - RFA COVER LETTER

RFA NAME _____ RFA NUMBER _____

1. Organization		
Name of Applicant Organization		
Mailing Address		
City	State	Zip Code

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

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

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

5. Use of Subcontractors (not allowed in this RFA)
<input type="checkbox"/> No subcontractors will be used.
<input type="checkbox"/> The following subcontractors will be used (describe purpose of sub-contracts):

6. Describe any relationship with other community, government, or business sectors (other than subcontractors listed in 5 above) that will support your efforts.

--

On behalf of the submitting organization named above, I accept the Terms and Conditions stated in this RFA. I agree to comply with all requirements as described in this RFA, 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 RFA 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 2, above.)

Attach additional sheets of paper, as necessary

APPENDIX C - BUDGET FORM AND BUDGET NARRATIVE

The Budget Form must be completed by all respondents. Specify the amount of funds you are requesting under this RFA. Specify how funding will be allocated to achieve the performance outcomes using the Budget Form. Add additional lines as necessary. This Form must be fully completed. A narrative detailing and justifying each line item budget are required as part of this Form.

BHSD Budget Request	Part/FullTime (PT/FT)? (If PT include number of work hours)	Total Salary (from all sources)	Hourly Rate	% Time Devoted to Project	Salary Requested for Project	Total Fringe Benefits Requested for Project (breakdown in Appendix D)	Total Salary and Fringe Benefits Requested
PERSONNEL SERVICES							
Position Title							
Position Title							
Position Title							
Position Title							
Position Title							
Position Title							
Position Title							
TOTAL SALARIES							

OPERATING COSTS							
Mileage							
Per Diem							
Insurance							
Supplies							
Equipment							
Telephone							
Insurance							
Rent							
Utilities							
Contracts							
GRAND TOTAL							

BUDGET JUSTIFICATION NARRATIVE

Provide a detailed, written justification for each budget line item requested in the Budget Form (Appendix C). Include the line-item description, the requested funds for each line item, and the narrative justification. Be specific on how you arrived at the cost. For example, use mileage rates x number of miles to justify mileage costs. Provide projected monthly costs for each operating cost requested. Also provide an explanation of how RFA funds will not duplicate costs covered by Medicaid or other reimbursement.

Unallowable costs include but are not limited to:

- Purchase or improvement of land
- Purchase of car (though car may be leased)
- Major construction/reconstruction or major remodeling of any building or other facility
- Purchase of major medical equipment
- Cash payments to intended recipients of health services
- Hypodermic needles or syringes so the intended recipients may use illegal drugs
- Administrative costs or overhead unrelated to direct service provision by clinical providers
- Inherently religious activities, such as worship, religious instruction, or proselytization

Unallowable costs also include any costs included in the agencies CCBHC PPS 1 rate.

Attach additional sheets of paper, as necessary