

REQUEST FOR APPLICATIONS

ISSUED BY

**New Mexico Health Care Authority/
Behavioral Health Services Division**

THROUGH THE

**New Mexico Behavioral Health
Purchasing Collaborative**



HEALTH CARE
AUTHORITY

FOR

Sexual Assault Direct Services

RFA Solicitation #: 26-BHSD-01
January 23, 2025

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Preface: RFA Organization

Thank you for your interest in working with the Behavioral Health Services Division (BHSD) to provide sexual assault prevention/outreach and intervention services. This RFA will provide the information you need to write and submit an application for these services. Any questions you may have can be addressed by the RFA Manager who is identified in this document.

The RFA is organized into 5 sections plus 4 Appendices. Each Section is briefly explained below.

SECTION I – INFORMATION

This section provides the information you need to know to apply for funding under this RFA, to include:

- **General Information**
 - The purpose of the RFA
 - Who is managing the RFA
 - Terminology used within the RFA.
- **Information on the contracts that will result from this RFA:**
 - Contract Term
 - Funding Availability
 - Applicant Qualifications
- **Information on the services being procured through this RFA**
 - Background
 - Service Description and/or requirements
 - Program Requirements, Background

SECTION II – RFA PROCESS TIMELINE

This section identifies the dates and activities relevant to managing this RFA and applying for funding. A description of each activity is also included.

SECTION III – GENERAL REQUIREMENTS

This section identifies the standard terms and requirements that providers are expected to follow and abide by in writing an application and providing services for BHSD.

SECTION IV – APPLICATION FORMAT AND ORGANIZATION

This is the section that will guide you on how to write your application. It explains how to format the application and the questions you will need to respond to in your application.

SECTION V – EVALUATION

This section explains how the applications will be evaluated and awards made.

I. INFORMATION

A. PURPOSE

Behavioral Health Services Division

The role of the Behavioral Health Services Division (BHSD) is to address the need, services, planning, monitoring, and continuous quality of behavioral health services systemically across the state. BHSD serves as the monitor, subject matter expert, and the Single State Authority for the NM Behavioral Health System. BHSD works with the New Mexico Behavioral Health Purchasing Collaborative to establish policy and implement strategies to manage the behavioral health system. The Health Care Authority (HCA) runs the adult portion of the state's behavioral health care.

The purpose of the Sexual Assault Direct Services Request for Applications is to procure evidence-based therapeutic practices from providers, statewide. Successful applicants are required to provide case management, therapeutic services (individual and group and family psychotherapy, crisis intervention services and treatment planning, comprehensive assessment(s) or psychiatric diagnostic evaluation(s)) and prevention/outreach services for victims of sexual assault. The successful applicant will also provide access to a 24-hour, 7 day-a-week crisis line for sexual assault victims. The required services will also meet the statutory requirements of the Sex Crimes Prosecution and Treatment Act, Sections 29-11-1, et seq., NMSA, 1978.

BACKGROUND INFORMATION

Sexual violence is an issue that affects individuals of all ages, genders, races, and socio-economic backgrounds. Based on information from the National Sexual Violence Resource Center (NSRV) sexual violence is any type of unwanted sexual violence including words or actions. According to the *Sex Crimes in New Mexico XIX: An Analysis of 2021 Data from The New Mexico Interpersonal Violence Data Central Repository*¹, the total number of Law Enforcement-Reported Sexual Assault Victims was 3,452 in 2021. There was a 20% increase over those reported in 2020. The prevention, outreach, and treatment funding for sexual assault services are crucial to the ability of survivors and their families to continue to heal.

A. CONTRACT EFFECTIVE DATE

Term: The effective date of the contract issued as a result of this RFA is July 1, 2025, and the contract will end on June 30, 2026. Prior to the end of June 30, 2026, there will be an option to renew the contract for three additional years, based on contract compliance, at the discretion of BHSD.

B. FUNDING AVAILABILITY

The total anticipated amount to be awarded under this RFA is approximately \$1,000,000.00 per year. BHSD seeks to fund up to 6 programs (throughout the state of New Mexico) contingent upon complete, competitive applications received from Applicants who can demonstrate the capacity to provide and report on the required services as specified in this Request for Applications.

¹ New Mexico Coalition of Sexual Assault Programs, Inc. (2022). *SEX CRIMES IN NEW MEXICO XIX: An Analysis of 2021 Data from The New Mexico Interpersonal Violence Data Central Repository*. New Mexico: Betty Caponera, Ph.D.

Successful applicants will enter into a contract with Falling Colors Corporation (FCC), the Administrative Services Organization (ASO) for BHSD which is responsible for making payments to the successful applicants based on BHSD-approved invoices for services provided. The BHSD will have overall programmatic oversight of the funded programs. 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.

C. APPLICANT QUALIFICATIONS

Applicants of this RFA are required to be non-profit 501(c)(3)'s.

D. SERVICE REQUIREMENTS

1. Successful applicants are to use evidence-based and/or evidence-informed treatment service models. Please attach documentation delineating what evidence-based practices your agency is using, and/or is certified in providing. Please attach proof of training in evidence-based practices for the clinicians identified as providers/staff members in this application. For example, Dialectical Behavior Therapy (DBT) or Eye Movement Desensitization Reprocessing (EMDR), etc.
2. Successful applicants are to be trauma-informed and deliver services using the principles of Trauma-Informed Care (TIC). Please attach your agency's policy on Trauma Informed Care. Please attach proof of training in TIC for clinicians identified as providers/staff members in this application.
3. Successful applicants must provide therapeutic services to include individual and group and family psychotherapy, crisis intervention services and treatment planning. Successful applicants shall also provide Comprehensive Assessment(s) or Psychiatric Diagnostic Evaluation(s).
4. Successful applicants may provide alternative therapy - Group interventions/supports to assist clients in expressing themselves. They include Trauma-Informed Yoga and Dance, and Art Therapy.
5. Successful applicants are to establish prevention, outreach, education, and training programs that address victimization and the trauma of sexual assault victims and their loved ones/friends. These programs shall provide, at a minimum, education and information services to other relevant community agencies, including but not limited to local schools, police departments, district attorney's offices, social service agencies, and hospitals.
6. Successful applicants are to ensure consumers who are seeking services pursuant to sexual victimization shall receive information regarding the legal options available to them so they may make informed and rational choices about prosecuting the offender and about medical treatment options.
7. Successful applicants are to offer case management services to victims. Case management activities may include but are not limited to coordinating with other Providers, identifying and referring consumers to appropriate resources, maintaining written communication and documentation, coordinating and communicating with law enforcement and the judicial system, helping to obtain financial support, procuring suitable housing, accessing appropriate medical treatment and other basic care, and communicating with the survivor or significant others of the survivor. This also includes providing advocacy and assisting clients with support during legal proceedings.
8. Successful applicants will provide all service components by adequately trained,

licensed, and qualified staff as appropriate to services provided and as stipulated by the Regulation and Licensing Department. All non-independently licensed providers must be supervised by a board-approved clinical supervisor. Supervision must be documented. Please identify the clinical supervisor at your agency and provide the board-approved clinical supervision designation letter from Regulation and Licensing certifying them as a clinical supervisor and attach a copy of their current license.

9. Successful applicants will provide documentation of the in-house trainings provided to their staff or proof that staff have taken trainings in the community to maintain appropriate licensure. Please attach current copies of Continuing Education (CEs) for the staff members identified as providing clinical services in the application.
10. Successful applicants are to provide Outreach/Liaising and Support to the community such as hospitals, schools, industries, and various educational sessions with youth, teachers, employers.
11. Successful applicants will provide access to 24-hour, 7 day-a-week telephone services to victims, consumers, families, and significant others who are in crisis, and to callers who represent or seek assistance for persons in a crisis due to sexual assault. When calls are answered by an answering service, a “911” service, or by volunteers, all behavioral health crisis calls must be immediately forwarded to an on-call behavioral health professional or a fully accredited Sexual Assault Advocate Volunteer (SAAV). This includes intervention to and support on behalf of the survivors of sexual assault at the time of crisis.

Applicants are strongly encouraged to submit documentation that demonstrates cross-sector collaboration (i.e. working with law enforcement, private businesses, education, transportation, banking, etc.) in service delivery and outreach. This documentation may be added to the end of the proposal and will not count against the 20-page limit.

E. RFA MANAGER

BHSD has assigned an RFA Manager who is responsible to conduct this RFA, whose name, and e-mail address are listed below:

Mary (Bobbi) Britt
New Mexico Health Care Authority
Behavioral Health Services Division
Email: mary.britt1@hca.nm.gov

Any submissions, 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: Sexual Assault Direct Services. Applicants may contact ONLY the RFA Manager regarding this RFA. Other BHSD employees or Evaluation Committee members do not have the authority to respond on behalf of the RFA Manager.

F. DEFINITION OF TERMINOLOGY

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

“Applicant” is any person, corporation, or partnership that chooses to apply for this RFA.

“Award” means the final execution of the contract document with Falling Colors Corporation.

“Business Hours” means 8:00 AM thru 5:00 PM Mountain Standard.

“Close of Business” means 5:00 PM Mountain Standard Time.

“Contract” means an agreement for the procurement of services entered into between BHSD or its designee, Falling Colors Corporation, and the successful Applicant.

“Contractor” means any business having a contract with BHSD or its designee, Falling Colors Corporation.

“Desirable” – the terms "may", "can", "should", "preferably", or "prefers" identify a desirable or discretionary item or factor.

“Evaluation Committee” means a body appointed to evaluate the applications.

“Evaluation Committee Report” means a report prepared by the RFA Manager and the Evaluation Committee for contract award. It will contain written determinations resulting from the RFA.

“Finalist” means an Applicant who meets all the mandatory specifications of this Request for Applications and whose score on evaluation factors is sufficiently high to merit further consideration by the Evaluation Committee.

“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 an application.

“Minor Technical Irregularities” anything in the application that does not affect the price-quality and quantity or any other mandatory requirement.

“Multiple Source Award” means an award of an indefinite-quantity contract to more than one Applicant, for one or more similar services.

“Natural Supports” means relationships with family, friends, co-workers, neighbors, and acquaintances, and are reciprocal. Natural supports help sexual assault survivors develop a sense of social belonging, dignity, and self-esteem. Further information on natural supports can be found at <https://www.c-q-l.org/resources/articles/natural-supports-improve-every-area-of-quality-of-life/>

“RFA Manager” means the person or designee authorized by BHSD to manage or administer a Request for Applications (RFA) process.

“RFA Agency” means the New Mexico Health Care Authority (HCA), Behavioral Health Services Division (BHSD), through the New Mexico Behavioral Purchasing Health Collaborative.

“Request for Applications (RFA)” means all documents, including those attached or incorporated by reference, used for soliciting applications.

“Responsible Applicant” means an applicant that submits a complete application and that has furnished, when required, information and data to prove that its financial resources, production or service facilities, personnel, service reputation, and experience are adequate to make satisfactory delivery of the services or items of tangible personal property described in the application.

“Responsive Application” means an offer that conforms in all material respects to the requirements outlined in the request for applications. Material respects of a request for applications include, but are not limited to price, quality, quantity, or delivery requirements.

“Staff” means any individual who is a full-time, part-time, or an independently contracted employee with an Applicant’s company.

“Trauma-Informed Care (TIC)” means behavioral health providers shall be aware of the pervasive, adverse impact of trauma commonly found with persons who are experiencing mental health and/or substance use disorders. The entire system of care shall be designed to be trauma-informed to create a healing environment and evidenced-based or best practices shall be delivered to address trauma in the treatment process. More information on trauma-informed-care can be found at <https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care>.

II. RFA PROCESS AND TIMELINE

This section of the RFA contains the schedule, description, and conditions governing the request for applications.

A. SEQUENCE OF EVENTS

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

Action	Responsible Party	Due Dates
1. Issue RFA	BHSD/RFA Manager	1-23-25
2. Acknowledgment of Receipt Form	Potential Applicants /RFA Manager	2-4-25
3. Deadline to submit Questions	Potential Applicants	2-11-25
4. Response to Written Questions	RFA Manager	2-18-25
5. Submission of Applications	Applicants	3-17-25
6. Application Evaluation	Evaluation Committee	3-21-25 through 4-21-25
7. Selection of Finalists	Evaluation Committee	4-25-25
8. Best and Final Offers	Evaluation Committee	If needed, future dates will be assigned to the remaining activities listed below for 9. and 10.

9. Notice of Intent to Award Contract	RFA Manager	4-29-25
10. Negotiate and Finalize Contract(s)	Parties to the Contract	4-30-25 through 5-9-25
11. Contract Execution	Parties to the Contract	7-1-25

B. EXPLANATION OF EVENTS

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

1. Issuance of RFA

This RFA is being issued by the New Mexico Health Care Authority through the New Mexico Behavioral Health Purchasing Collaborative on **1-23-25**.

2. Acknowledgment of Receipt Form and RFA Distribution List

Potential Applicants shall email the completed "Acknowledgement of Receipt Form" that is attached to this document, as **Appendix A**, 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 Standard Time on **2-4-25** as stated in Section II, A. Sequence of Events.

Please email the Acknowledgement of Receipt Form to mary.britt1@hca.nm.gov. The email subject line shall read Acknowledgement of Receipt Form – Sexual Assault Direct Services RFA.

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.

3. Deadline to Submit Written Questions

Potential Applicants may email written questions to the RFA Manager as to the intent or clarity of this RFA until 5:00 p.m. Mountain Standard Time **2-11-25**, as stated in Section II, A. SEQUENCE OF EVENTS. All written questions must be addressed to the RFA Manager and as described below.

Please email the written questions to mary.britt1@hca.nm.gov. The email subject line shall read **Written Questions, Sexual Assault Direct Services RFA**.

4. 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 p.m. Mountain Standard Time **2-18-25**. An e-mail copy will be sent to all Applicants that provide Acknowledgement of Receipt Forms described in II.B.2 before the deadline.

5. Submission of Applications

ALL APPLICATIONS MUST BE RECEIVED FOR REVIEW AND EVALUATION BY THE BHSD ADMINISTRATIVE TEAM AND THE RFA MANAGER NO LATER THAN 5:00 PM MOUNTAIN STANDARD TIME ON **3-17-2025**, as stated in Section II, A. SEQUENCE OF EVENTS. 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 the receipt date and time.

Applications must be sent to the BHSD Administrative Team by email to BHCA.ADMIN@hca.nm.gov with a cc: to mary.britt1@hca.nm.gov. The subject line of the email shall read **Application Submission- Sexual Assault Direct Services RFA**. Please do not send your application through a zip drive. Applications submitted by hard copy, 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 Request for Applications is awarded. In this context "awarded" means all required signatures on the contract(s) resulting from the RFA have been obtained.

6. Application Evaluation

Applications will be evaluated by the Evaluation Committee. This process will take place on **3-21-25 through 4-21-25** as indicated in the sequence of events, depending upon the number of applications received. During this time, the RFA Manager may initiate discussions to clarify 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.

7. Selection of Finalists

The RFA Manager will notify the finalist Applicants selected by the Evaluation Committee as per schedule Section II. A., Sequence of Events on 4-25-25, or as soon as possible.

8. Best and Final Offers

Finalist Applicants may be asked to submit revisions to their applications to obtain the best and final offers. If this is needed, the subsequent dates in the "Sequence of Events" will be adjusted to allow for such.

9. 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 approximately **4-29-25**. This date is subject to change at the discretion of the HCA/BHSD.

10. Negotiate and Finalize Contract

The Contract will be negotiated and finalized with the successful Applicant(s) between **4-30-25 through 5-9-25**. This date is subject to change at the discretion of the BHSD.

The contract shall be awarded to the Applicant (or Applicants) 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(s) in the timeline specified, the BHSD reserves the right to finalize a contractual agreement with the next most advantageous Applicant(s) without undertaking a new RFA process.

11. Contract Execution

The anticipated date for contract execution is **7-01-25**. This date is subject to change at the discretion of the BHSD.

III. GENERAL REQUIREMENTS

1. 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 of this RFA.

2. Incurring Cost

Any cost incurred by the potential Applicant in the 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.

3. 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.

4. Subcontractors/Consent

The use of subcontractors is allowed. The prime contractor shall be wholly responsible for the entire performance of the contractual agreement whether or not subcontractors are used. Additionally, an Applicant shall disclose, in its application, plans for using subcontractors, if applicable. The prime contractor must receive written approval from the BHSD awarding any resultant contract before any subcontractor is used during the term of this agreement.

5. Amended Applications

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

6. Applicant's Rights to Withdraw an Application

Applicants will be permitted to withdraw their applications at any time before the deadline for receipt of applications. The Applicant must submit a written withdrawal request signed by the Applicant's duly authorized representative and addressed to the RFA Manager.

The approval or denial of withdrawal requests received after the deadline for receipt of the applications is governed by the applicable procurement regulations.

7. Application Offer Firm

Responses to this RFA, including application prices for services, will be considered firm for one hundred twenty (120) days after the due date for receipt of applications or ninety (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.

8. Disclosure of Application Contents

Applications will be kept confidential until negotiations and the award(s) 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:

- a. Proprietary or confidential data shall be readily separable from the application to facilitate eventual public inspection of the non-confidential portion of the application.
- b. Confidential data is restricted to:
 - i. Confidential financial information concerning the Applicant's organization.
 - ii. 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.
 - iii. PLEASE NOTE: 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.

9. 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.

10. 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.

11. 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.

12. Legal Review

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

13. 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.

14. 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 applicant will attach three business references to the end of the application in the event that an investigation is needed. The Evaluation Committee will reject the application of any potential Applicant who is not a Responsible Applicant or fails to submit a responsive offer.

15. 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.

16. 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.

17. BHSD Rights

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

18. 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.

19. Ownership of Applications

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

20. 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.

21. 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.

22. Use of Electronic Versions of this RFA

This RFA is being made available by electronic means. In the event of a 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.

23. 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 of services required under the Agreement.

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 submit:

1. One (1) electronic copy of the application by email to the BHSD Administrative Team with a cc: to mary.britt1@hca.nm.gov. Detailed submission instructions may be found in Section II, Paragraph B 5.
2. Applications must be submitted to the BHSD Administrative Team by email at the email address listed in Section II B 5. The subject line of the email shall read Application Submission – Sexual Assault Direct Services RFA. **Please do not send your application through a zip drive.** Applications submitted by hard copy, facsimile, or other electronic means, will not be accepted.
3. An email confirmation of receipt will be sent to the Applicant by BHSD Administration from the email BHCA.ADMIN@hca.nm.gov or by mary.britt1@hca.nm.gov.
4. All Confidential Information, if applicable, 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 in electronic format, typewritten on standard 8 ½ x 11-inch size paper. Applications must be 1.5 spaced written in 12-point Times New Roman font and formatted with one-inch margins. The application is limited to 20 pages of narrative excluding the application summary, budget form and budget justification and other requested attachments (e.g., resumes, audits, financial controls, CEs, policies etc.) shall be inserted immediately following the narrative and will not be counted toward the 20- page limitation.

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.

1. Signed RFA Cover Letter (Appendix B)

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

2. 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.

3. 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.

4. Program Narrative

The applicant shall address each of the following questions in the order presented below. The maximum possible score for each question is defined in each category below. If the applicant does not answer the following questions in the order presented below, the score may be lowered.

A. Organizational Structure and Competencies (15 Maximum Points)

- i. Describe your agency's mission and purpose and how it fits with the purpose of this RFA.
- ii. Describe current and previous experience in working with sexual assault survivors or their families in each of the service areas you are proposing to address with your program.
- iii. Describe the coordination of services among mental health, social welfare, and other relevant agencies to meet the identified needs of the designated population. It is preferable to attach collaborative agreements, but this is not a requirement.
- iv. Describe the strengths and weaknesses in your collaborations with other community service agencies, and non-traditional partners. Include your experience with all proposed subcontractors.
- v. Describe the management structure, staffing plan, and the responsibilities and credentials of each project staff member.

Immediately following the budget narrative, attach resumes of project staff detailed in this question, and an organizational chart.

- vi. Describe your agency's ability to begin the project upon receipt of a contract.

B. Population and Need (20 Maximum Points)

- 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.
- ii. Describe the demographics of the target population to be served in your geographic service area (i.e., age, gender, race or ethnicity, etc.) and the counties to be served. Provide the minimum number of individuals to be served and cite the basis for this number.
- iii. Describe your plan to deliver culturally relevant services to populations experiencing culturally based health disparities among the designated population.
- iv. Describe the accessibility of your services to your target population and how you will address any barriers to accessing services.

C. Service Description (40 Maximum Points)

- i. Demonstrate your ability to provide the services proposed by this project and how they will be provided. Include the services outlined in Section I.D and any other services you are proposing that are not outlined in Section I.D.
- ii. Provide a project implementation plan with tasks, timeframes, and key staff

identified/responsible for each task.

- iii. As stated in Section I.D, include a description of your Evidence-Based Practices (EBPs). Attach proof of training in the EBPs you are proposing to use for the clinicians/staff members you are proposing to utilize in your proposed program. The attachments are to be added to the end of the application and will not count against the 20-page limitation.
- iv. Describe your prevention, outreach, education, and training programs for the community and potential clients and describe how you will provide information regarding legal options to potential clients.
- v. As stated in Section I.D, please provide your policy on Trauma Informed Care. Also, attach proof of training in TIC for the clinicians/staff members you are proposing to utilize in the program. The attachments are to be added to the end of the application and will not count against the 20-page limitation.
- vi. Explain how you will maintain treatment records that conform to all applicable laws including State licensing and national certification board standards along with medical, financial, and administrative records.
- vii. Briefly describe your sustainability plan for this program if funding is not renewed.

D. Program Evaluation/Quality Assurance (10 Maximum Points)

- i. Identify and describe your agency's ability to provide data as outlined in **Appendix D** of this Request for Applications.
- ii. Describe any additional outcome measures you will be using and how data will be collected.
- iii. Describe your agency's Quality Assurance process. How will the proposed project be included in this process (e.g., do you use an Electronic Medical Record (EMR)? How is data collected and entered? If you do not use an EMR, how is data tracked?). Does your agency have access to Claim MD – a data clearinghouse that is used by Falling Colors to submit claims for services rendered? (Note: Having access to Claim MD and the ability to submit claims to Falling Colors is not a requirement of this RFA).
- iv. Describe data system strengths and areas needing improvement.

E. Financial Forms and Budget Form/Budget Narrative (15 Maximum points)

(Budget Form and Budget Narrative and other requested documentation listed below shall be inserted immediately following IV.C.4.E.v. of the narrative and will not be counted toward the page limitation.)

- i. Describe the qualifications and experience of the person(s) responsible for the financial management of the proposed project. Resume(s) are required to be attached.
- ii. If your organization was required to obtain an audit (if your agency expends \$750,000 or more in Federal and State funds during the state fiscal year), please provide a copy of your complete, most recent audit. You may provide a link to the audit in lieu of submitting an electronic copy of the audit.
- iii. If your organization was not required to submit an audit (i.e., if your organization's operating budget is less than \$750,000 in Federal and State Funds per year, attach your organization's profit/loss statement and/or balance sheet for the past 12 months.
- iv. Please provide a copy of any formal financial policies and procedures used by your agency that are related to these controls. If formal policies and

- procedures are not available, describe financial controls that ensure the financial integrity of all organizational funds.
- v. What other funding sources do you have and do any of your funding requirements have any impact on your ability to provide services as required in this project?
 - vi. Please complete the Line-Item Budget and Budget Justification (**Appendix C: Budget Form**). Please ensure the budget and budget justification are complete, accurate, reasonable, show the relevance to the project being proposed, and the evidence of need. Budgets which demonstrate the greatest return on investment (greater numbers served for the money allocated) will be given greater weight.

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, Section C, Paragraph 4. Application Format	Points Available
Cover Letter Form	
Complete and appropriately signed	accept/reject
Proposal Format	
C. 4 a. Organizational Structure and Competencies	15
C. 4 b. Population and Need	20
C. 4 c. Service Description	40
C. 4 d. Program Evaluation/Quality Assurance	10
C 4 e. Financial Forms/Narrative	15
TOTAL	100

B. EVALUATION FACTORS

1. Organizational Structure and Competencies

Points will be awarded based on the thoroughness and clarity of the Applicant's response in this Section. The Evaluation Committee will weigh the relevancy and extent of the Applicant's experience, expertise, and knowledge as an organization; and of personnel education, experience, training and certifications/licenses. In addition, points will be awarded based on the extent of coordination of services among relevant agencies in the community and upon a candid and thorough response to the strengths and weaknesses of your collaborations with other community service agencies. Points will also be awarded for the extent of your proposed management structure and staffing plan. Attaching collaborative agreements is also preferred.

2. Population and Need

Points will be awarded based on the thoroughness and clarity of the Applicant's response in

this Section. The Evaluation Committee will weigh the organization's knowledge of its service population, the needs and demographics of the population and its service gaps as well as the current citations, research, and documentation to support the response. In addition, points will be awarded based on the extent of the plan to provide culturally relevant services that address culturally based health disparities and service accessibility. Numbers served and the basis for this number will be weighed according to the service projection and the budget requested. Accessibility of services and how barriers will be addressed is also considered.

3. Service Description

Points will be awarded based on the thoroughness and clarity of the Applicant's response in this Section. The Evaluation Committee will weigh the applicant's ability to provide required services, and any additional services proposed in the application. The committee will also consider the merits of the implementation plan. The committee will take into account the Evidence-Based Practices (EBPs) that the agency is going to use as well as the applicant's knowledge and training in the EBPs. The committee will also weigh the applicant's strategies for overcoming access barriers and how accessible services are. The committee will evaluate the thoroughness of the prevention, outreach, education and training program information provided. The committee will also evaluate the agency's Trauma Informed Care (TIC) policy and proof of training in TIC. The committee will evaluate the information on the maintenance of privacy and security of all records. In addition, the committee will evaluate the sustainability plan if funding is not renewed.

4. Program Evaluation and Quality Assurance

Points will be awarded based on whether the applicant can provide and track the required services as well as any other optional services proposed (see Appendix D for data collection template). The committee will evaluate the practicality and value of the proposed additional outcome measures that would benefit BHSD and the State Legislature. The Evaluation Committee will evaluate the ability of the applicant to collect, and report data as requested in the data collection template and any other means proposed.

The Evaluation Committee may contact any or all business references for validation of information submitted. If this step is taken, the RFA Manager and the Evaluation Committee must all be together on a conference call with the submitted reference so that the RFA Manager and all members of the Evaluation Committee receive the same information. Additionally, the BHSD reserves the right to consider any and all information available to it (outside of the Organizational Reference information required herein), in its evaluation of applicant responsibility per Section III, Paragraph 14.

5. 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 the purchase of furniture of over \$5,000 per unit; electronic equipment (phones, computers; tablets, laptops, etc.); cars (a car lease is allowable); buildings and structures; land and administrative cost rates unless approved by the federal government (**NOTE: the BHSD does not pay more than a 12% indirect cost rate**).

C. EVALUATION PROCESS

1. All Applicant proposals will be reviewed for compliance with the requirements and specifications stated within the RFA. If the Application is incomplete or does not meet the requirements of the RFA, the Application will be deemed non-responsive and will be eliminated from further consideration. Applications will be evaluated based on the merit of the application and not on award of funding in the past.
2. The RFA Manager may contact the Applicant for clarification of the response as specified in Section II. B.7.
3. Responsive proposals will be evaluated and scored based upon the factors presented in Section IV, which have been assigned a point value as described in Section V. Proposals that are most advantageous to the State will be recommended for the award (as specified in Section II.B.10). Please note, however, that a serious deficiency in the response to any one factor may be grounds for rejection regardless of the overall score.

**APPENDIX A:
ACKNOWLEDGEMENT OF RECEIPT FORM**

**For
Sexual Assault Direct Services RFA**

In acknowledgment 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 D.

The acknowledgment of receipt should be signed and returned to the RFA Manager no later than **2-4-25**. 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 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 Applications.

Applicant does/does not (circle one) intend to respond to this Request for Applications.

Mary (Bobbi) Britt
RFA Manager
Health Care Authority
Behavioral Health Services Division
P. O. Box 2348
Santa Fe, NM 87504
Email: mary.britt1@hca.nm.gov

APPENDIX B
RFA Cover Letter

RFA Name and Number: _____

Applicant Name: _____

Items #1 to #6 EACH MUST BE COMPLETED IN FULL Failure to respond to all six items WILL RESULT IN THE DISQUALIFICATION OF THE APPLICATION! ITEM #7 IS OPTIONAL.

1. Identity (Name) and Mailing Address of the submitting organization:

2. Person authorized by the organization to contractually obligate on behalf of this

Offer: Name _____

Title _____

E-Mail Address _____

Telephone Number _____

3. Person authorized by the organization to negotiate on behalf of this Offer:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

4. Person authorized by the organization to clarify/respond to queries regarding this

Offer: Name _____

Title _____

E-Mail Address _____

Telephone Number _____

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

____ No subcontractors will be used in the performance of any resultant contract OR

____ The following sub-contractors will be used in the performance of any resultant contract:

6. Please describe any relationship with any collaborative partners and/or other entities

(other than Subcontractors listed in (5) above) that will be used in the performance of any resultant contract.*

7. Applicant's Additional Terms and Conditions

This section is optional for the Applicant. The Applicant may propose additional terms and conditions for consideration. The additional terms may or may not be accepted by the HCA/BHSD.

If the Applicant is unwilling or unable to comply with any terms, conditions, or other requirements of this RFA, the Applicant shall clearly describe any barriers to providing the stated services and include a complete plan for addressing these barriers during the funding term. Additionally, if the Applicant has any requirements from other funding sources that are contradictory with the stated requirements or would prevent the Applicant from using the funding at any point during the stated funding term, the Applicant will clearly state these requirements and the funding source and propose possible solutions for addressing this problem.

Acknowledgments:

I acknowledge receipt of any and all amendments to this RFA, if applicable.

I explicitly indicate acceptance of the General Requirements stated in Section III and that the Applicant agrees to comply with all requirements as described in this RFA, including all appendices, attachments, written clarifications, and amendments provided during the RFA process.

Authorized Signature and Date (Must be signed by the person identified in item #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 C)	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. Indirect costs cannot exceed 12%.

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

Attach additional sheets of paper, as necessary

Appendix D: Data Collection Template for FY 2026 – see attached Excel Spreadsheet for the data template. You do not need to fill it out, it is attached for you to make sure you can provide this data. Please see both tabs for the full template.