REQUEST FOR APPLICATIONS

**ISSUED BY**

The New Mexico Human Services Department

Behavioral Health Services Division

**THROUGH THE**

New Mexico Behavioral Health

Purchasing Collaborative



**FOR**

Peer Run Community Wellness Centers

Solicitation #: RFA-22-BHSD-02

\_\_\_\_\_\_\_\_\_\_\_February 10 2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Preface: RFA Organization

Thank you for your interest in working with the Human Services Department, Behavioral Health Services Division (HSD/BHSD) to provide Peer Run Community Wellness Center services. This RFA will provide the information you need to write and submit an application for this service. 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 3 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, including:**

* + - **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**

1. **PURPOSE**

The Human Services Department, Behavioral Health Services Division (HSD/BHSD), as the Mental Health and Substance Abuse State Authority for New Mexico, is issuing this Request for Application (RFA) from qualified 501 c 3 providers statewide, for the procurement of Peer Run Community Wellness Centers and their services.

The applicant provider for the Peer Run Community Wellness Centers will provide opportunities for an innovative proposal which includes administrative accountability, valuable data capture, financial and budgetary responsibility, and evolving impactful programming.

The Wellness Center applicant provider will create methods of intention and rigor to plan and accomplish these goals, guided by innovation and sustainability.

With overall wellness as a guide, expansion of the basic “mind, body, spirit” concepts, Peer Run Community Wellness Centers will assist and guide members through each dimension of wellness, utilizing peer support, recovery community, sober fellowship, activities, programs, education, and recovery meetings.

The BHSD/OPRE is intent on expanding the role of peer support and other peer activity consistent with New Mexico’s overall behavioral health goals. New Mexico’s goals seek to transform the traditional service system to a recovery-based behavioral health system where care and services are peer centered and community-based. “The vision for system transformation is to establish a behavioral health system in which peers and family members are assisted in participating fully in the life of their communities; support of recovery and development of resiliency are expected; behavioral health is promoted: and the adverse effects of substance abuse and mental illness are prevented or reduced.” *New Mexico Behavioral Health Purchasing Collaborative, 2008.*

As part of the transformation to a recovery-based system, the BHSD/OPRE is expanding the development of Peer Run Community Wellness Centers in New Mexico. Peer Run Community Wellness Centers are peer-run community-based programs for behavioral health peers.

A Peer Run Community Wellness Center is a safe and supportive place run by and for behavioral health peers. The central values of a Peer Run Community Wellness Center are 1) peer-run and directed 2) equality amongst all participants/members 3) peer autonomy and self-determination, and 4) democratic - all voices and opinions are valued. One of the main goals of the Peer Run Community Wellness Centers will be to create a safe and open space for peers to explore and define their recovery as a personal process. Peer support and self-help will be the priorities of the centers.

Participants of a Peer Run Community Wellness Center include any self-identified adult individual (18 years and older) with behavioral health issues and as appropriate, their community and natural supports. There can be no diagnostic or other limitations. Participation in the Peer Run Community Wellness Centers will be voluntary, and members will be free to come and go as they choose. Peers must be encouraged and welcomed to participate in all areas of operation of the center.

# CONTRACT EFFECTIVE DATE

Term: The effective date of the contract(s) issued as a result of this RFA is July 1st, 2022, and the contract(s) will end on June 30~~th~~, 2023, with an option to renew for 3 additional years contingent on funding availability and satisfactory service provision, as determined by HSD/BHSD.

# FUNDING AVAILABILITY

The anticipated amount to be awarded under this RFA is approximately $500,000 per year. BHSD seeks to fund multiple programs throughout the state of New Mexico,

contingent upon complete, competitive applications received from Applicants who can demonstrate the capacity to provide the required services as specified in the paragraphs below.

Each award will be for the operations of a center, that has been functioning in a similar capacity for the last 24 months. The successful Applicants will be required to provide cash or in-kind match (e.g., donated space, volunteer time, transportation, etc.) in an amount that is equal to their contract award. In subsequent years, funding may continue to be available, at a lesser amount, contingent upon budget availability and satisfactory contractor performance. The OPRE will provide or arrange training and technical assistance for all centers.

Successful Applicants will enter into a contract with Falling Colors Corporation (FCC), the Administrative Services Organization (ASO) for HSD/BHSD which is responsible for making payments to the successful applicant(s) based on HSD/BHSD-approved invoices for services provided. The HSD/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.

#  APPLICANT QUALIFICATIONS

This RFA is open to any Applicant that is compliant with the specifics in Section A above, and has goals consistent with a 501 c 3 peer-run organization, or a peer-run organization with an application into the IRS for nonprofit status. Those organizations with a pending application to the IRS are required to submit a letter stating their application status. The organization must have a board of directors comprised of more than 50% peers. The organization must be managed and staffed by more than 50% Certified Peer Support Workers (CPSW of New Mexico). A minimum of one paid CPSW must be on staff, however a volunteer CPSW may be staffed to meet the 50% requirement. All Applicants must be peer controlled, operated and directed and capable of performing the work described in this RFA. Successful applicants are subject to the following stipulations:

* An Applicant will not have a contract with an entity that creates a conflict of interest.
* Pursuant to the Governmental Conduct Act, Sections 10-16-1 et. seq (NMSA 1978), an Applicant shall have no direct interest which conflicts with the performance of services covered under this Agreement.
* An Applicant shall ensure that no elected or appointed officer or other employees of the State of New Mexico shall benefit financially or materially from the successful awards of the contract to the Applicant. No individual employed by the State of New Mexico shall be admitted to any share or part of the contract or to any benefit that may arise therefrom
* The burden is on the Applicant to present sufficient assurance to HSD that the award of the Contract to the Applicant shall not create a conflict of interest.

# SERVICE REQUIREMENTS

These programs, run by peers, include services such as drop-in centers, consumer-operated businesses, employment and housing programs, outreach programs, and other peer-run programs. The majority of peer-operated programs and services are characterized by the values and goals delineated in the discussion of the peer/survivor recovery movement and, as such, are quite different from those ascribed to traditional professional behavioral health services. As its name implies, in peer-operated programs, the role of peers is changed from service recipients to service providers.

# RFA MANAGER

BHSD has assigned an RFA Manager who is responsible for the conduct of this RFA, whose name, address, e-mail address, and telephone number are listed below:

### NAME: Richard Freund

Human Services Department

Behavioral Health Services Division /OPRE

Email: richard.freund@state.nm.us

Telephone Number: 310-717-7902

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: Peer Run Community Wellness Centers. 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. .**Please see Section II of the RFA for instructions on the submission of the application.**

# DEFINITION OF TERMINOLOGY

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

**“Agency”:** Means the Human Services Department.

**“Applicant”:** is any person, corporation, or partnership that chooses to apply for under 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 or Mountain Daylight Time, whichever is in effect on the date given.

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

**“Contract Year”:** The period beginning July 1 of each year and ending June 30 of the following year.

**“CPSW”:** Certified Peer Support Worker by State of New Mexico

**“Department”:** For purposes of administering the RFP and associated proposals, “Department” means the New Mexico Department of Human Services. This term may be used interchangeably with “HSD”.

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

**“Determination”:** The written documentation of a decision of Procurement Manager including finds of facts required to support a decision. A determination becomes part of the procurement file to which it pertains.

**“DFA”:** The Department of Finance and Administration for the State of New Mexico.

**“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.

**“HSD”:** The New Mexico Human Services Department.

“**Human Services Department”:** “Human Services Department” means the New Mexico Human Services Department created under the Human Services Department Act (9-8-1 to 9-8-12 NMSA 1978) and, for purposes of administering this RFA and associated proposals, may also be referred to as “Department” or “HSD”.

**“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 veterans develop a sense of social belonging, dignity, and self-esteem. Further information can be found on the New Mexico Behavioral Collaborative web page at www.bhc.state.nm.us.

**“Applicant”:** Any person, corporation, or partnership that chooses to submit a proposal.

**“OPRE”:** New Mexico Office of Peer Recovery and Engagement

**“Peer”:** An adult, 18 years of age or older, with a mental health and/or substance use disorder who is receiving (or has received) behavioral health services, or has life experience with these issues.

**“Peer Run Community Wellness Center”:** A peer-run community-based program for behavioral health peers that provides some combination of peer support, self-help, and social programming. Activities and services are designed and implemented by peers, and there is a plan in place to periodically review and update the menu of services and activities.

**“Peer Run Community Wellness Center Services and Activities”:** These activities could include, but would not be limited to, the following:

* Peer recovery services and support (eg. peer mentoring and coaching)
* Leadership and advocacy development
* Peer-led support and self-help groups
* Social and recreation activities and events
* Job and skill development
* Basic needs, supports, and resources
* Community education and outreach
* Computer/resource lab
* Health and wellness resources, events, activities, and groups (physical health promotion)
* Creativity events – writing, arts, crafts, etc.
* Transportation services
* Training and skill development opportunities and other education programs, including recovery-related training (e.g., WRAP)
* Resource center/clearinghouse with a computer lab and other mechanisms to access information
* Employment supports
* Other activities as determined locally

 **“Peer-Operated Services”:** These programs, run by peers, include services such as drop-in centers, peer-operated businesses, employment and housing programs, outreach programs, and other peer-run programs. The majority of peer-operated programs and services are characterized by the values and goals delineated in the discussion of the peer/survivor self-help movement and, as such, are quite different from those ascribed to traditional professional behavioral health services. As its name implies, in peer-operated programs, the role of peers is changed from service recipients to service providers.

**“Peer Organization”**: An organization that can demonstrate it is peer controlled, managed, and operated is dedicated to the transformation of mental health service systems. The organization must have a board of directors comprised of more than 50 percent peers.The organization must be managed and staffed by more than 50% of peers.

**“Peer Support”:** Peer Support embodies a variety of approaches that are based on the belief that people who share similar experiences can help each other through mutual support. These practices and programs are led by peers.

**“Procurement Manager”:** The person or designee authorized by the Department to manage or administer a procurement requiring the evaluation of competitive sealed proposals.

**“Qualified Applicant”:** (if described in RFA section I, letter D)

**“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 Human Services Department, Behavioral Health Services Division, through the New Mexico Behavioral Health Purchasing Collaborative.

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

**“Request for 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":** or 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.

**“RFA Manager”:** means the person or designee authorized by the Agency to manage or administer a Request for Application (RFA) process.

**“Secretary”:** The Secretary of the New Mexico Human Services Department.

**“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 evidence-based or best practices shall be delivered to address trauma in the treatment process. Further information can be found on the New Mexico Behavioral Collaborative web page at www.bhc.state.nm.us.

#  RFA PROCESS AND TIMELINE

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

# 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 | February 10, 2022  |
| 1. Pre-Application Workshop
 | BHSD/RFA Manager | February 17, 2022  |
| 1. Acknowledgment of

Receipt Form | Potential Applicants/RFA Manager | February 24,2022  |
| 4. Deadline to submit Questions | Potential Applicants | February 24, 2022  |
| 1. Response to Written Questions
 | RFA Manager | March 3, 2022  |
| 6. Submission ofApplications | Applicants | March 30, 2022  |
| 7. Application Evaluation | Evaluation Committee | April 1–7, 2022  |
| 8. Selection of Finalists | Evaluation Committee | April 14, 2022  |
| 9. Notice of Intent to Award Contract | RFA Manager | April 28, 2022  |
| 10. Negotiate and Finalize Contract | Parties to the Contract | May 5–13,2022  |
| 11. Contract Execution | Parties to the Contract | July 1, 2022 |

# EXPLANATION OF EVENTS

The following paragraphs describe the activities listed in the above Sequence of Events:

### Issuance of RFA

This RFA is being issued by the New Mexico Human Services Department through the New Mexico Behavioral Health Purchasing Collaborative on the date indicated in Section II A, Sequence of Events.

* 1. Pre-Application Workshop

A pre-application conference will be held at 10:00 a.m MST on the date indicated in Section II A, Sequence of Events via Zoom at the following link:

 https://zoom.us/j/7043523406?pwd=L1FIWFErbWkvdmpZVGRvVzZBYlhwZz09

Potential Applicants are encouraged to submit written questions in advance of the conference to the RFA Manager identified in Section I G. The identity of the organization submitting the question(s) will not be revealed. Additional written questions may be submitted at the conference. All questions answered during the Pre-Application Conference will be considered **unofficial** until they are posted in writing. All written questions will be addressed in writing on the date listed in Section II.A, Sequence of Events. A public log will be kept of the names of potential Applicant(s) that attended the pre-application conference.

Potential Applicants are encouraged to attend, however, attendance at the pre-application conference is optional and not a prerequisite for submission of an application.

### Acknowledgement 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 the date specified in Section II.A. Sequence of Events.

Please email the Acknowledgement of Receipt Form to richard.freund@state.nm.us. The email subject line shall read: Acknowledgement of Receipt Form – RFA Peer Run Community Wellness Center.

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 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.

### 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 on the date specified in Section II.A. Sequence of Events.. All written questions must be addressed to the RFA Manager identified in Section I, Paragraph G of this RFA.

Please email the written questions to richard.freund@state.nm.us . The email subject line shall read: Written Questions, RFA Peer Run Community Wellness Centers.

### 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 or that attended the RFA preproposal conference list by 5:00 p.m. Mountain Standard Time on the date specified in Section II, A. Sequence of Events. An e-mail copy will be sent to all Applicants that provide Acknowledgement of Receipt Forms described in section II.B.2 before the deadline.

### Submission of Applications

ALL APPLICATIONS MUST BE RECEIVED BY THE BHSD NO LATER THAN 5:00 PM MOUNTAIN STANDARD TIME ON **THE DATE SPECIFIED 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 BHSD by email at BHSD.Admin@state.nm.us.The subject line of the email shall read **Application Submission- *RFA: Wellness Centers*. Please 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 Request for Applications is awarded. In this context “awarded” means all required signatures on the contract(s) resulting from the RFA have been obtained.

### Application Evaluation

Applications will be evaluated by an Evaluation Committee. This process will take place on the date specified in Section II A, Sequence of Events, depending upon the number of applications received. Discussions SHALL NOT be initiated by Applicants nor will Discussion be an opportunity to modify an application.

### 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, or as soon as possible.

### 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 specified in Section II.A. Sequence of Events. This date is subject to change at the discretion of the HSD/BHSD.

### Negotiate and Finalize Contract

The Contract will be negotiated and finalized with the successful Applicant(s) on the dates identified in Section II A, Sequence of Events.. 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 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.

### Contract Execution

The anticipated date for contract execution is July 1, 2022.. This date is subject to change at the discretion of the BHSD.

**III. GENERAL REQUIREMENTS**

###  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 IV of this RFA.

###  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.

1. 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.

###  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.

###  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 clearly identified as such in the transmittal letter. The BHSD personnel will not merge, collate, or assemble application materials.

###  Applicant’s Rights to Withdraw an Application

Applicants will be permitted to withdraw their applications at any time prior to 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.

###  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.

###  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:

1. 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.
2. 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.
			3. 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.

###  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.

###  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.

###  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.

###  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.

###  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.

###  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.

###  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.

###  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.

###  BHSD Rights

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

###  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.

###  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.

### 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.

### 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.

###  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 Agreement

# IV.APPLICATION FORMAT AND ORGANIZATION

# NUMBER OF APPLICATIONS

Applicants shall submit a completed application in response to this RFA. An applicant that has more than one program site may apply for each distinct program, individually each meeting all criteria (there is to be only one application per program site).

1. **APPLICATION SUBMISSION**

Applicants shall send:

* 1. One (1) attached complete copy of the application by email to BHSD pursuant to the submission instructions found in Section II, Paragraph B 6.
	2. Applications must be submitted by email. The subject line of the email shall read: Application Submission -RFA: Wellness Centers. **Please do not send your application through a zip drive**, **or hand-delivered hard copy**. Applications submitted by facsimile, or other electronic means, will not be accepted.
	3. An email confirmation of receipt will be sent to the Applicant.

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.

#  APPLICATION ORDER AND FORMAT

All applications shall be submitted typewritten on standard 8 ½ x 11-inch paper. **Applications must be written in 12-point Times New Roman font and formatted with one-inch margins. The application is limited to 15 pages of narrative excluding the cover letter, summary, and forms.**

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.

* 1. **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.

* 1. **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.

* 1. **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.

 **PROGRAM NARRATIVE**

###  Organizational Structure and Competencies (15 Maximum Points)

* + - 1. Describe your agency’s mission and purpose.
			2. Describe current and experience in working with peers and their families in each of the service areas you are proposing to address with your program. Describe your agency’s support for the proposed project.
			3. Describe the coordination of services among mental health, social welfare, and other relevant agencies to meet the identified needs of the designated population. Attach collaborative agreements, if available.
			4. Describe the strengths and weaknesses in your collaborations with other community service agencies, managed care organizations (MCO’s), and non-traditional partners. Include your experience with all proposed subcontractors.
			5. 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.

* + - 1. Describe your agency’s ability to begin the project upon the receipt of a contract.

### Population and Need (20 Maximum Points)

* + - 1. 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.
			2. 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 served.) Provide the minimum number of individuals to be served; cite the basis for this number.
			3. Describe your plan to deliver culturally relevant services to populations experiencing culturally-based health disparities among the designated population.
			4. Describe the accessibility of your services to your target population and how will you address the barriers.

### Service Description (40 Maximum Points)

* + - 1. Describe the programming and services your agency will provide to meet the unique needs of your target population.
			2. Provide a project implementation plan with tasks, time- frames, and key staff identified.
			3. Describe what Evidence-Based Practices (EBPs) or best practice services your program will provide and the credentials of staff providing the services.
			4. Describe current and anticipated service barriers that may be encountered by your project and strategies for overcoming these barriers.
			5. Describe any public awareness/educational activities to the community and potential clients
			6. Describe how you will provide and ensure that all support service staff are provided with recovery-based training (please specify all trainings that are conducted currently)
			7. Describe your method of data collection
			8. Describe your sustainability plan for this program if funding is not renewed.

### Program Evaluation (10 Maximum Points)

* + - 1. Identify and describe your system for measuring proposed project outcomes.
			2. Describe your plan to ensure successful outcomes.
			3. Describe your agency’s staff supervision process and accountability of program oversite
			4. Describe your system for documenting and reporting services provided for the target population served. Describe system strengths and areas needing improvement.
1. **F**inancial Forms/Narrative (15 Maximum points)
	* + 1. Describe the qualifications and experience of the person(s) responsible for the financial management of the proposed project. Resume(s) are required.
			2. If your organization is required to obtain an audit, 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.
			3. 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 funds per year), attach your organization’s profit/loss statement and/or balance sheet for the past 12 months.
			4. 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.
			5. 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?
			6. Please complete the attached Line Item Budget and Narrative Justification Form, Attached as Appendix C. Please ensure the budget and budget justification (**Appendix D: Budget Justification**) is complete, accurate, show the relevance to the project being proposed and the evidence of need.

# EVALUATION

# 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.

|  |  |
| --- | --- |
| **Evaluation Factors –** *Corresponds to Section III, 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. Program Narrative | 40 |
| C. 4 d. Program Evaluation/Quality Assurance | 10 |
| C 4 e. Financial Forms/Narrative | 15 |
| TOTAL | 100 |
|  |  |

1. **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 also weigh the relevancy and extent of the Applicant’s experience, expertise, and knowledge as an organization; and of personnel education, experience, 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.

* 1. **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 also 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 and address culturally-based health disparities and service accessibility.

* 1. **Service Description**

Points will be awarded based on the thoroughness and clarity of the Applicant’s response in this Section. The Evaluation Committee will also weigh the depth and breadth of the service plan, implementation plan, and the staff credentials for providing the services.

 In addition, several other factors will be assessed by the Evaluation Committee including whether there is a candid and well-thought-out plan for providing Evidence-Based Practices or best practice; a candid and well-thought-out plan to service programming and meeting client needs; identifying barriers and how you will address them; addressing client outreach, community networking, public awareness; Trauma-Informed Care (TIC); how you will ensure Recovery Oriented Systems of Care (ROSC); a reasonable sustainability plan if funding is not renewed. The Evaluation Committee will evaluate responses

* 1. **Program Evaluation and Quality Assurance**

Points will be awarded based on the extent of the Program Evaluation/Quality Assurance Plan described evidence of success and, its candidness and potential for meeting the described client outcomes. The Evaluation Committee will look for a well-thought-out response to successes and failures, as well as the ability to learn from growing from them.

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 Agency 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.

#

* 1. **Financial Forms/Narrative**

## **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.

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.11). 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

**Peer Run Community Wellness Centers**

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 C.

The acknowledgment of receipt should be signed and returned to the RFA Manager no later than the date identified in Section II A – Sequence of Events.. Only potential Applicants who elect to return this form completed with the indicated intention of applying 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 Applications. The applicant does/does not (circle one) intend to respond to this Request for Applications.

Richard Freund

RFA Manager

Human Services Department

Behavioral Health Services Division

P. O. Box 2348

Santa Fe, NM 87504

Telephone No: 310-717-7902

Email: richard.freund@state.nm.us

RFA NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RFA NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **1. Organization**  |
| **Name of Applicant Organization:** |
| **Mailing address:** |
| **City:** | **State: NM** | **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 Sub-Contractors (Select one)\* |
|  | No sub-contractors will be used |
|  | The following sub-contractors will be used (describe purpose of sub-contracts): |
|  |

Page 2

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

|  |
| --- |
| 1. 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 item #2, above.)

Authorized Signature and Date

(Must be signed by the person identified in item #2, above.)

# \*Attach additional sheets of paper, as necessary.

(1 of 2)

The Budget Form must be completed by all Applicants. 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 is required as part of this form.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BHSD BUDGET REQUEST** | **Part/ Full Time?** **(If part-time include number of work hours)** | **Total Salary (from all sources)** | **Hourly Rate** | **% Time Devoted to this Project** | **Salary Requested for this Project** | **Total Fringe Benefits Requested for this project****(break down 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: |  |  |  |  |  |  |  |
| OPERATING COSTS(list other line items as needed) |  |  |  |  |  |  | TOTAL |
| Mileage: |  |  |  |  |  |  |  |
| Per Diem: |  |  |  |  |  |  |  |
| Insurance |  |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |  |
| Equipment: |  |  |  |  |  |  |  |
| Telephone: |  |  |  |  |  |  |  |
| Insurance: |  |  |  |  |  |  |  |
| Rent: |  |  |  |  |  |  |  |
| Utilities: |  |  |  |  |  |  |  |
| Contracts: |  |  |  |  |  |  |  |
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| GRAND TOTAL |  |  |  |  |  |  |  |

APPENDIX C CONTINUATION

BUDGET JUSTIFICATION NARRATIVE

Please 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 a narrative on how your budget will change if funding were renewed in subsequent years, contingent on funding availability and satisfactory service provision.

Unallowable costs: purchase or improvement of land; purchase of vehicles (though vehicles 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 that the intended recipients may use illegal drugs; administrative costs or overhead unrelated to direct service provision by clinical providers; and inherently religious activities, such as worship, religious instruction, or proselytization.