

EARLY ACCESS NOTICE OF FUNDING OPPORTUNITY (NOFO)

APPLICATION FROM REGION ONE



BUILDING A REGIONAL CONTINUUM OF CARE THROUGH TRUST

December 16, 2025

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APPLICATION

Region Represented: Region 1

Counties, Nations, Pueblos, and Tribes represented within region:

- Santa Fe County
- Los Alamos County
- Rio Arriba County
- Jicarilla Apache Nation
- Ohkay Owingeh
- Pueblo of Santa Clara
- Pueblo de San Ildefonso
- Pueblo of Nambe
- Pueblo of Pojoaque
- Pueblo of Tesuque

Accountable Entity: Santa Fe County

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SECTION 1: PROGRAM OVERVIEW

Critical Access Needs

The proposed Early Access project will address the *Crisis Continuum of Care* and *Prenatal and Perinatal Substance Use Disorder Treatment Programs* as Critical Access Needs within Region 1.

Project Description

Region 1 is in the process of developing a Regional Behavioral Health Plan in accordance with the mandate set forth in the Behavioral Health Reform and Investment Act. The planning process has begun and will be completed by the required deadline, but service and plan goals are not yet in place. For current status, please kindly view our site [here](#).

With 14 separate and distinct governments, including 7 tribal nations, our region is both legally and culturally complex, yet united in our desire to address comprehensive behavioral healthcare for our residents. However, as units of government, we do not necessarily have the expertise, capacity, or function needed to directly provide such services and the application eligibility criterion for this NOFO is exclusive to the governmental “Accountable Entity” with the option to partner with a (singular) provider.

Santa Fe County, the region’s accountable entity, holds deep respect for behavioral health providers in Region One and believes that they should be given the opportunity to compete for funding, as they will be key to the successful development and implementation of evidence-based services and, ultimately, a regional behavioral health plan. To simply partner with an arbitrarily selected single provider to deliver services would deteriorate the very nature of the trust and camaraderie we are seeking to build with our regional plan as it prohibits a fair and open access solicitation process to all of the esteemed providers of Region One. Therefore, if awarded the Early Access funds, we will promptly issue an RFP to behavioral health providers through an open access, full and fair transparent solicitation to help build the trust necessary in the new regional system we are envisioning, ensuring an equitable opportunity for all existing and new providers in the region to strengthen and expand capacity to Region One.

The RFP will target both the *Crisis Continuum of Care* and *Prenatal and Perinatal SUD Programs* categories with the following eligibility criterion: 1) Providers must serve the region or otherwise use the funds to expand capacity within or to the region; 2) Providers must demonstrate how they plan to fully expend funds by June 30, 2027; 3) Contracts may be awarded to one or multiple offerors.

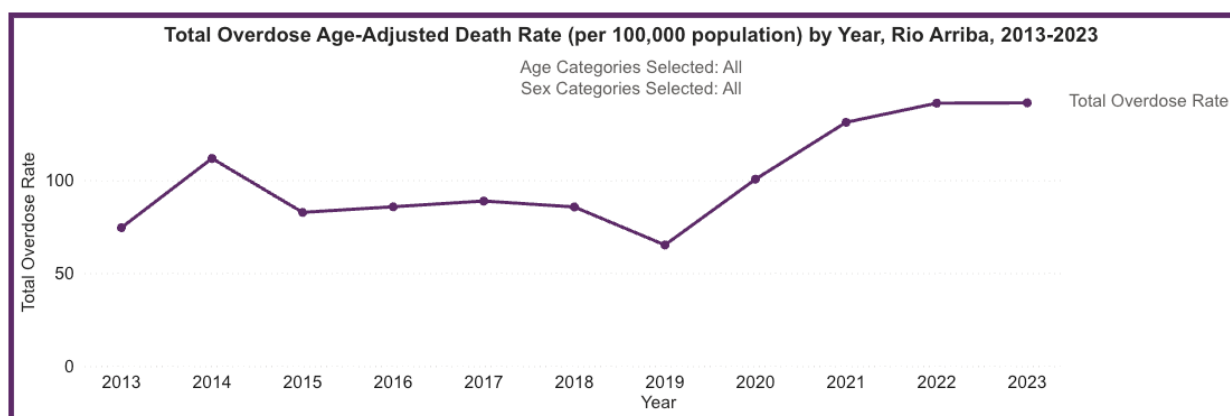
Providers that serve or will be expanding services along the crisis continuum will be expected to address crisis treatment activities; and/or provide outreach with an emphasis on prevention to help reduce the rates of overdose deaths and/or prenatal/perinatal SUD; and/or provide post-crisis treatment support and follow-up to prevent further SUD-related negative outcomes. The RFP will prioritize prevention, outreach, and treatment services that eliminate barriers, with providers demonstrating how their services are delivered within culturally responsive, trauma-informed practices. All selected providers will attend quarterly regional provider meetings to help build a robust infrastructure for the Continuum of Care. A preliminary abbreviated draft of the RFP can be found in the attached Appendix A.

SECTION 2: DEMONSTRATION OF NEED

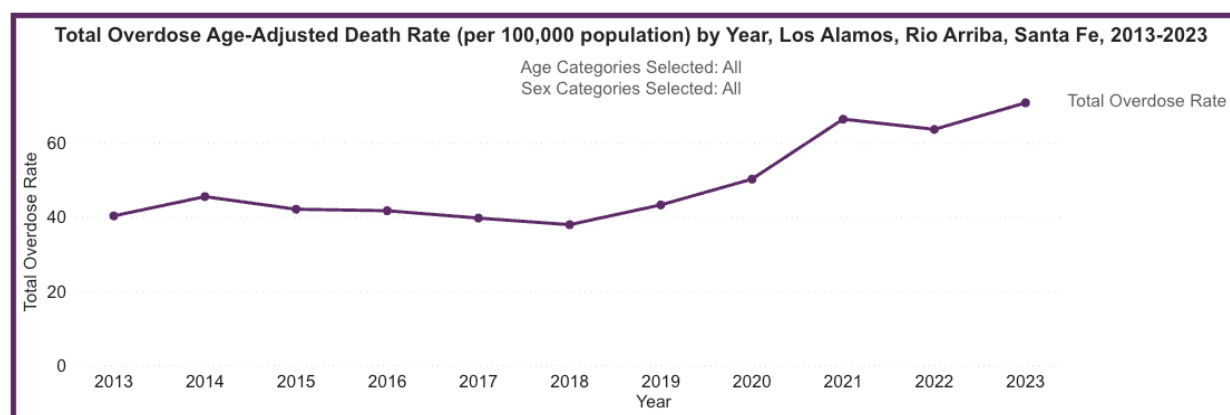
Region 1 is a diverse area that includes tribal nations, frontier communities, a national laboratory, and the state's capital. The complex nature of the region presents many challenges and disparities, with outlying areas critically underserved in the realm of healthcare. The region has limited behavioral health infrastructure, chronic provider shortages, and requires long-distance travel to providers. These conditions create barriers to timely care that are compounded by a lack of trust in existing systems.

Region 1 counties participated in Sequential Intercept Mappings of Adult Behavioral Health Services between September 2024 and June 2025 funded by the State's Administrative Office of the Courts (AOC) under the guidance of the National Center for State Courts with reports detailing area gaps in behavioral healthcare. (Please note that a request has been made to AOC for the same to occur for the Nations, Tribes, and Pueblos within Region One). Los Alamos County noted a lack of SUD treatment options; no adult case management services available after crisis or hospitalization; no in-house psychiatrist at the hospital; transportation barriers to treatment; no community mental health center; and few Medicaid providers for mental health services. Santa Fe County gaps included no access to same day detox; no detox options for those with SMI and high acuity; lack of navigators; lacking prevention services; lacking psychiatric services; a need for medication management; and lacking telehealth availability. Rio Arriba County mapping identified a need for a mobile crisis unit; low barrier detox and medication management; and a Crisis Intervention Team. There was similar consensus in all reports for barriers around affordable housing and transportation, as well as a need for culturally responsive and trauma-informed care.

According to the NMDOH Health Substance Use & Mental Health Dashboard¹ data analysis from 2013-2023, Rio Arriba County had the highest drug overdose death rate in the state. In 2023, the most recent year of analysis, the rate was 141.6 deaths per 100,000 people, marking a steep incline from 2019 and the highest rate in the 11-year time period. The cocaine overdose death rate for Rio Arriba County was 30.5, and the heroin overdose death rate was 36.0, leading all other counties in the state.



Both Los Alamos County and Santa Fe County have also seen an increase in recent years with an overdose death rate of 38.2 and 58.7, respectively, in 2023. In Los Alamos, the rate has rapidly increased by 29.8 deaths per 100,000 since 2021. Santa Fe County has seen an increase of 32 deaths per 100,000 since 2017. Rates of overdose from fentanyl have seen a rapid increase in all three counties over the last three years of analysis. It is important to note that while Rio Arriba County has a significantly higher rate of overdose deaths, the much larger population of Santa Fe County means that the total count of overdose deaths is consistently higher there.



¹ Data source: NMDOH Bureau of Vital Records and Health Statistics death certificate data, UNM GPS population estimates, NMDOH Substance Use Epidemiology Section.

Preliminary data² for 2024 and 2025 have demonstrated a rise in drug overdose-related Emergency Department (ED) visits, particularly in Santa Fe County, indicating non-fatal overdoses are part of the growing trend in Region 1. This rise in ED visits is attributed to opioids, with 22% of all Santa Fe County overdose ED visits by unhoused individuals.

With a rapid rise in overdose-related ED visits and overdose deaths, we are in a critical moment where an urgent response is needed. Patient and prescription counts³ demonstrate stable rates of treatment in Region 1 counties, not rising with the rates of overdoses, an indication that expanded crisis services are necessary to meet the growing emergency. The U.S. Department of Housing and Urban Development has eliminated SUD as a qualifying disability in their latest Continuum of Care NOFA for Permanent Supportive Housing. When combined with the overall reduction of permanent housing support for homeless services to a cap of 30% in each region, we are on the precipice of an unhoused crisis that will affect those with SUD most significantly in the coming year as the nation turns away from the best practice of Housing First. Implementing the proposed project will put needed support in place to meet this crucial moment and prevent further loss of life, deliver harm reduction, and limit the strain on the healthcare system from ED visits.

An extension of the growing SUD crisis is the effect it has on newborns. A 2023 NMDOH report entitled *Substance Use During Pregnancy in New Mexico, 2016-2019*⁴ found that 34.9% of all infants were found to have been exposed to a psychoactive substance in utero with 57.1% of the substances identified as drugs. Among the drugs identified, opioids were the most prevalent accounting for just under half. Rapid interventions are critical for drug-exposed infants to manage acute withdrawal symptoms, prevent immediate medical crises, and mitigate the risk of long-term developmental delays. Early identification and treatment are crucial for optimizing outcomes and supporting the overall health of the infant and family. With recent state legislation to overhaul the implementation of the federal Comprehensive Addiction and Recovery Act (CARA), expanding perinatal SUD programs now will ensure the region has the additional staff and specialized care that is required.

The target population that will benefit from this project includes infants, youth and adolescents, and adults with SUD, and families that support these individuals in need. Beneficiaries will come from a variety of locations from the urban areas of Santa Fe to remote areas in tribal nations and mountain villages. The combined population of the area

² Data source: NMDOH Syndromic Surveillance eReporting Files.

³ Data source: NM Board of Pharmacy (BoP) Prescription Monitoring Program (PMP), analyzed by the NM BoP PMP.

⁴ <https://www.nmhealth.org/data/view/report/2769/>

is approximately 215,000⁵. There are great disparities among the three counties in the region with Los Alamos County making up only 9% of the region's population in an area that covers just over 100 square miles, with a high median household income that is almost triple the amount in Rio Arriba County. Rio Arriba County is a large county spanning close to 6,000 square miles where Spanish is spoken in more than half of the households. With a low median household income, the poverty rate is 20.1%. Santa Fe County is the most populous county in the region with 72% of the population, covering just under 2,000 square miles. Santa Fe County has a median household income above the state average at \$88,719 and a 10.5% poverty rate. There are seven tribal nations within the region, with tribal data embedded in the county demographics.

SECTION 3: HOW NEED IS MET

The gaps analysis from SIMs mapping clearly demonstrated a need for services along the crisis continuum throughout the region. Expanding the crisis continuum of care is an effective strategy for intervention before, during, and after an overdose event, reducing mortality while connecting residents to longer-term treatment and support. Targeted prevention and outreach provide harm reduction while building community supports to address overdoses. By prioritizing crisis services and targeted outreach, the proposed strategy aligns with identified needs by 1) increasing prevention and outreach services; 2) increasing immediate access to behavioral health interventions during moments of crisis; 3) reducing response times; 4) minimizing ED utilization; 5) expanding crisis and engagement services into rural areas with historically limited access; and 6) strengthening connections to prevention, treatment, recovery support, and harm-reduction resources.

As the region's SUD crisis grows, infants born with prenatal substance exposure are proportionately affected. The proposed priority to expand programming for perinatal SUD delivers timely infant mental health interventions, developmental screenings, care coordination, and trauma-informed individual and family support services to assist in stabilization. These services ensure early, continuous engagement for high-risk families and improve developmental outcomes over the long-term, supporting both infants and families.

The Region 1 Early Access project design allows behavioral health service providers to propose the specific crisis services that are best suited for the community's needs based upon their knowledge and experience in serving the region. Because of their behavioral

⁵ Data source: 2020 Census on data.census.gov. The combined totals of Santa Fe, Los Alamos, and Rio Arriba Counties is 214,605 and includes all tribal nations with populations living inside those county boundaries. Jicarilla Apache Nation spans into Sandoval County, therefore the population has been estimated to account for this additional population.

health expertise in the region, they understand the gaps in addressing the overdose crisis and how best to address them. They have the clinical expertise in place, training capacity, and understand the staffing and technology necessary to deliver services.

Soliciting proposals in an open access fair and equitable way invites multiple providers to present innovative solutions for expanding the crisis continuum. Competitive selection requires that providers demonstrate readiness and capability before receiving contracts. A competitive process is inherently transparent and ensures fairness among providers, mitigating conflicts of interest to protect the integrity of the new regional behavioral health care system we are creating. Standardized procurement will ensure we are building a system of trust that delivers better outcomes for the region, as well as reducing duplication of efforts across the developing Continuum of Care.

Organizations that are awarded contracts must demonstrate alignment with Service Standards set forth by the NM Health Care Authority, ensuring appropriate accreditation for licensing, certification and registration for service delivery. Providers will follow the policies and procedures of the Behavioral Health Policy and Billing Manual to ensure behavioral health service reimbursement by Medicaid as necessary.

A competitive bid process will require providers to demonstrate their capacity, experience, and commitment to serving diverse populations. The process prioritizes providers that have plans, processes, and procedures in place to reduce barriers such as transportation or language for underserved, low-income, and isolated residents. Competitive prioritization will ensure that services are culturally responsive and trauma-informed to meet the unique needs of the community.

SECTION 4: MEASURING SUCCESS

With the short window of performance under the Early Access opportunity, data to demonstrate a reduction in overdose deaths is not anticipated. While this is a key indicator for long-term success that will be built into the Region 1 Plan, there is no expectation that a reduction will occur by the end of FY2027. Instead, Region 1 will focus on building a model of trust and interdisciplinary teamwork within the region while expanding crisis interventions.

Quarterly meetings will be established to build a true continuum of care, laying the groundwork for a network of providers that work together to address our region's current overdose crisis, as well as other critical access needs for drug-exposed infants. Quarterly meetings will be a component of the Region 1 Plan, as well as a measured output for this

Early Access project. The number of meeting participants will be tracked, as well as the number of participating entities.

RFP applicants will submit their own performance metrics for service delivery, including indicators and benchmarks for evaluation as part of the Evaluation Plan required in the RFP response, as indicated in Appendix A. Service providers that are awarded sub-recipient contracts will attend Region 1 quarterly meetings and present quarterly data to inform the region on progress, needs, and trends evident in their evaluation. While each provider will establish their own metrics, Region 1 expects to be apprised of specific outputs such as: the type and quantity of outreach and prevention activities and the number of youth, families, and/or adults reached; the number of people treated; the number of people seen as a result of overdose; the number or regional trainings and/or presentations performed; and the type and quantity of harm-reduction services offered.

SECTION 5: FUNDING STABILITY

Early Access Funds will be dispersed through sub-contracts to regional behavioral health providers through an open access, fair, and equitable solicitation process to address the critical access needs identified in Region 1. The high rates of overdose deaths and drug-exposed infants indicate a need for an expansion of the broad-spectrum category of crisis continuum services and/or perinatal SUD program services. All funding will directly support 1) crisis treatment services; 2) targeted regional outreach and prevention; and 3) prenatal and perinatal SUD programs. RFP responses will require detailed budgets and narrative justifications to ensure necessary expenditures and justifiable costs to expand the crisis continuum of care to address overdose deaths and drug-exposed infants. Allowable costs will directly align with the Early Access funding announcement as demonstrated in Appendix A.

As the Accountable Entity, Santa Fe County will administer the awarded funds and provide oversight to ensure costs align with proposed budgets and intended services. All expenditures will be necessary, reasonable, and directly tied to service delivery and measurable improvements. Awardees will be required to expend all funds by 6/30/2027 with measurable outcomes delivered quarterly throughout the contract period.

BUDGET JUSTIFICATION

Budget Category	Total Cost	Purpose & Justification
Direct Services	\$2,000,000	Sub-contracts will be awarded to Behavioral Health Providers for direct service delivery that expands the Crisis Continuum of Care to address overdose deaths in Region 1. Service delivery will include crisis treatment activities and targeted regional outreach with an emphasis on prevention, as well as the expansion of prenatal/perinatal SUD programs.

Total Requested: \$2,000,000

BEHAVIORAL HEALTH REGION 1 REQUEST FOR PROPOSALS

EXECUTIVE SUMMARY

During the 2025 Legislative Session, the State of New Mexico enacted the Behavioral Health Reform and Investment Act (BHRIA) which took effect on June 20, 2025. The legislation seeks to strengthen and build New Mexico's behavioral health system through coordinated regional planning, accountability across all three branches of government, and active stakeholder engagement at the local level. Since its implementation, the State's Administrative Office of the Courts and the State's Health Care Authority have been working to develop a regional approach to statewide behavioral health reform under the oversight of a statewide Behavioral Health Executive Committee that has designated regions according to judicial districts.

Region 1 consists of fourteen separate governments: Jicarilla Apache Nation, Ohkay Owingeh, Pueblo of Santa Clara, Pueblo de San Ildefonso, Pueblo of Nambé, Pueblo of Pojoaque, Pueblo of Tesuque, Los Alamos County, Rio Arriba County, Santa Fe County, City of Española, City of Santa Fe, Town of Edgewood, and Village of Chama. Santa Fe County is serving as the Accountable Entity for Region 1 and will dispense funding received from the Health Care Authority under BHRIA through this Request for Proposals to address identified critical access needs under Early Access funding.

A total of \$2,000,000 in Early Access funding is available for behavioral health providers to deliver services identified as critical needs within the broad-spectrum categories of *Crisis Continuum of Care* and in *Programs for Prenatal and Perinatal SUD* within Region 1. Providers expanding services along the crisis continuum will target crisis treatment activities and targeted regional outreach with an emphasis on prevention and outreach **to help reduce the rates of overdose deaths**. Proposal selection will prioritize services that eliminate barriers and are delivered with culturally responsive, trauma-informed practices.

KEY DATES

Application Submission Deadline: February 20, 2026

Anticipated Notification of Selection: March 1, 2026

Anticipated Contract Start: April 1, 2026

Deadline for Expending Awarded Funds: June 30, 2027

ELIGIBILITY

Eligibility for Behavioral Health Providers will correspond with the following criterion:

- 1) Providers must serve Region 1 or otherwise use the funds to expand capacity within or to the region;
- 2) Providers must fully expend awarded funds by June 30, 2027;
- 3) Contracts may be awarded to multiple offerors.

SCOPE OF WORK

Proposals are requested for the following services to address increasing overdose deaths and drug-exposed newborns:

- 1) Crisis Treatment Services that may include, but are not limited to the following activities:
 - a. Crisis Triage Centers
 - b. Mobile Crisis Treatment Services
 - c. Assertive Community Treatment
 - d. Development or expansion of Certified Community Behavioral Health Clinics
 - e. Other crisis services, focused on increasing immediate access and reducing ED utilization
- 2) Targeted Regional Outreach & Prevention that may include, but is not limited to:
 - a. Outreach to rural and underserved communities
 - b. Overdose prevention education and harm-reduction engagement
 - c. Expansion of access to naloxone, fentanyl test strips, and other prevention tools
 - d. Collaboration with justice, EMS, hospitals, schools, and community organizations
 - e. Services must be culturally sensitive and trauma-informed

- f. Prevention and outreach activities may be non-traditional in nature (such as music, dance, and the Arts), follow historically indigenous practices, or otherwise demonstrate prevention through the promotion of healthy activities and practices.
- 3) Prenatal and Perinatal SUD Treatment Programs that may include, but are not limited to:
 - a. Family-centered residential treatment programs
 - b. Specialized prenatal and perinatal SUD treatment services

REQUIRED REPORTING

Awarded providers will submit quarterly reports for the duration of the funding period, demonstrating performance metrics that are detailed in the Evaluation Plan that is submitted in the proposal package. The quarterly reports will be presented at the Region 1 Quarterly Behavioral Health Provider Meetings to demonstrate progress in addressing the Crisis Continuum and Prenatal SUD Programs.

ALLOWABLE COSTS

Funds awarded under this RFP will be used to address urgent Behavioral Health service gaps along the Crisis Continuum of Care and in Prenatal and Perinatal SUD service categories. Funding may be used to cover prevention and outreach activities, direct service delivery, program start-up and expansion costs, workforce recruitment and retention, and infrastructure needs to sustain behavioral health services within Region 1. Administrative and evaluation costs are limited to 15% of the overall budget. Funds may not be used for the following costs: lobbying, costs incurred prior to the contract start date, payment towards previously incurred debt, and projects not identified within the scope. Funds may not duplicate existing funding streams or supplant other federal, state, or local resources.

PROPOSAL FORMAT

Proposals should address the following provisions:

- 1) Project Description: Provide a detailed description of the services to be offered in addressing the Prevention, Crisis Continuum of Care and/or Prenatal SUD categories. Please include the target population, level of care, community-based approaches, and cultural and trauma-informed practices. Detail plans, processes, and procedures in place to reduce barriers such as transportation or language for underserved, low-income, and isolated residents. Include an implementation plan and timeline.

- 2) **Organizational Capacity:** Provide details of the experience and capacity the applicant has in serving Region 1 and delivering the proposed services. The applicant should detail how proposed behavioral health services align with the Service Standards set forth by the Health Care Authority.
- 3) **Logic Model:** Provide a detailed logic model that identifies: 1) Resources utilized for service implementation; 2) The people and entities that will be responsible for implementing the program; 3) The activities that will be carried out; 3) How you will measure whether activities are implemented as intended; and 4) Expected short- and long-term outcomes.
- 4) **Program Evaluation Plan:** The Evaluation Plan provides a roadmap for determining whether a service is achieving its expected outcomes. It should include information about the target population, sampling, data collection methods, and planned data analysis. Additionally, it should include an overview of services provided or supported, the problem statement addressed, overarching goals, budget allocations, and the underlying assumptions or evidence supporting the selected approach.
- 5) **Budget Justification:** A detailed budget outlining how funds will be used to support the proposed programs and necessary and justifiable costs. This may be submitted as a line-item budget and narrative justification. A maximum of 15% of the budget total may be used for administrative and evaluation costs. Budget categories with an accompanying narrative may include the following:
 - a. **Personnel & Administrative Costs:** Describe key staff roles and administrative support essential to project management (e.g. clinicians, coordinators, fiscal oversight, reporting). Explain how these positions sustain or expand behavioral health access.
 - b. **Direct Services and/or Prevention and Outreach Activities:** Identify services and/or prevention and outreach activities to be launched or expanded.
 - c. **Training & Workforce Development:** Summarize how funds will build or strengthen the workforce.
 - d. **Infrastructure & Equipment:** Include technology, facility upgrades, or essential equipment that enable service delivery.
 - e. **Operational Costs:** Describe costs directly tied to daily operations and program delivery (e.g. facility expenses, communications, supplies, data systems, IT maintenance, or service coordination support).
 - f. **Evaluation & Performance Tracking:** Describe how evaluation activities (e.g. data collection, reporting, performance measurement) will demonstrate outcomes and inform sustainability.

- g. **Other:** Include any additional costs not captured above.

EVALUATION CRITERIA

Proposals will be evaluated on:

- Relevance and strength of service model, with a particular emphasis on regional collaborations and/or expansion
- Demonstrated ability to deliver culturally responsive, trauma-informed care
- Experience with SUD treatment, crisis services, and infant mental health as applicable to the specific proposed services
- Inclusion of prevention and outreach activities
- Capacity to reduce service barriers
- Strength of Evaluation Plan and Logic Model
- Cost-effectiveness
- Alignment with Region 1 priorities