

Proposed Sole Source Purchases – Document 2025-02

- ***To support mobile medical outreach to underserved populations, funds will cover salaries of support staff, medical and dental supplies, health education information, fuel costs, information technology connectivity and equipment.***

The Mid-Region Council of Governments intends to make a purchase for which it believes there is no competition. MRCOG issued RFP2025-02 Element 6 and received no responses. This will be a "Sole Source" purchase made in accordance with State of New Mexico 13-1-126 NMSA 1978. The purpose of this notice is to attempt to identify possible alternatives.

How to Comment/Respond

Any potential vendor who does not agree that this product or service is available only from the intended source must contact this office within thirty (30) calendar days from the date posted.

Your response must be in writing and a description of the product or service you are offering as an equivalent must be included.

Please send your response, via e-mail by sending an email to ppino@mrcog-nm.gov. Please reference the Document Number of the Sole Source/Emergency Procurement you have interest in.

A sole source **determination** is not effective until the **sole source request for determination** has been posted for thirty (30) calendar days without challenge, and subsequently approved in writing by the MRCOG Chief Procurement Officer.

I. Name of Agency: Mid-Region Council of Government

Agency Chief Procurement Officer: Phil Pino

Telephone Number: 505-247-1750

II. Name of prospective Contractor: First Nations Community Healthsource

Address of prospective Contractor: 6416 Zuni Rd SE, Albuquerque, NM 87108

Amount of prospective contract: \$160,000.00

Term of prospective contract: To support mobile medical outreach to underserved populations, funds will cover salaries of support staff, medical and dental supplies, health education information, fuel costs, information technology connectivity and equipment

III. Please thoroughly list the services (scope of work), construction or items of tangible personal property of the prospective contract:

Response - To support mobile medical outreach to underserved populations, funds will cover salaries of support staff, medical and dental supplies, health education information, fuel costs, information technology connectivity and equipment.

IV. Provide a detailed, sufficient explanation of the reasons, qualifications, proprietary rights or unique capabilities of the prospective contractor that makes the prospective contractor **the one source** capable of providing the required professional service, service, construction or item(s) of tangible personal property. (Please do not state the source is the "best" source or the "least costly" source. Those factors do not justify a "sole source.")

Response – MRCOG publicly solicited the appropriation in RFP No. 2025-02 under Element 6. The RFP was posted on the MRCOG and Rio Metro website on September 11th, 2024, and closed October 11th, 2024. The RFP was advertised in the Albuquerque Journal, Valencia County Bulletin, and Rio Rancho Observer. The appropriation received zero responses. MRCOG reached out to the sponsor of the appropriation and was informed of the intent of the appropriation. Due to the lack of responses to the RFP, legislative language listed in Section III, and after discussion with the Legislator on their intention of the appropriation, it has been concluded that the funds should be directed to First Nations Community Healthsource, which has the capacity and expertise to fulfill the duties of the appropriation.

- V. Provide a detailed, sufficient explanation of how the professional service, service, construction or item(s) of tangible personal property is/are **unique and how this uniqueness is substantially related to the intended purpose of the contract.**

Response – Due to the legislative language listed in Section III and after discussion with the Legislator on their intention of the appropriation, it has been concluded that the funds should be directed to First Nations Community Healthsource.

- VI. Explain why other similar professional services, services, construction or item(s) of tangible personal property **cannot** meet the intended purpose of the contract.

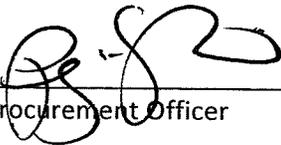
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- VII. Provide a narrative description of the agency’s due diligence in determining the basis for the procurement, including procedures used by the agency to conduct a review of available sources such as researching trade publications, industry newsletters and the internet; reviewing telephone books and other advertisements; contacting similar service providers; and reviewing the State Purchasing Agent’s vendor list. Include a list of businesses contacted (**do not state that no other businesses were contacted**), date of contact, method of contact (telephone, mail, e-mail, other), and documentation demonstrating an explanation of why those businesses could not or would not, under any circumstances, perform the contract; or an explanation of why the agency has determined that no businesses other than the prospective contractor can perform the contract.

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Certified by:

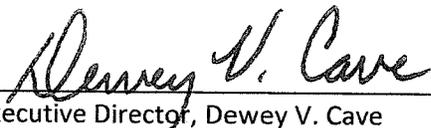
Date: 11-1-2024



Chief Procurement Officer

Agency Approval by:

Date: 11-1-2024



Executive Director, Dewey V. Cave



5608 Zuni Road, SE ♦ Albuquerque, New Mexico 87108 ♦ Tel: 505-262-2481 ♦ Fax: 505-265-7045

October 18, 2024

Marisa Esquivel
GRO Fund Coordinator
Mid-Region Council of Governments
809 Copper Ave NW
Albuquerque, NM 87102

Re: Sole Source Justification for First Nations Community HealthSource To Support Mobile Medical Outreach To Underserved Populations

Dear Ms. Esquivel,

Please accept this sole source letter requesting First Nations Community HealthSource (FNCH) to deliver mobile medical outreach services to underserved populations. The allocated funds will be utilized for the salaries of the outreach team, procurement of medical and dental supplies, development of health education materials, fuel expenses, information technology connectivity, and necessary equipment.

Introduction

First Nations Community HealthSource (FNCH) is New Mexico's urban Indian health center and operates as a federally qualified health center in Albuquerque. For over 52 years, FNCH has been at the forefront of providing comprehensive health services, encompassing medical, dental, and behavioral health care, in addition to Traditional Healing, cultural services, and a wide range of support services. These services address the holistic care needs of underserved communities, including social determinants of health, particularly those from minority and low-income backgrounds. The organization's mission is to provide high-quality healthcare that prioritizes equity and accessibility for all individuals, irrespective of their circumstances.

FNCH is the critical healthcare provider to the most vulnerable populations in southeastern Albuquerque (predominantly Zip Code 87108), an area characterized by pervasive poverty and compounded by extreme violence, crime, gang activity, and racial tension. The neighborhoods in FNCH's service area are culturally diverse, predominantly consisting of American Indian, Hispanic/Latino, African American, and immigrant populations who often struggle to maintain their daily lives and are frequently disconnected from their social and cultural support networks. This service area houses the largest concentration of urban Indian and homeless populations within Albuquerque. FNCH operates three health centers, a wellness center, five school-based health centers in Albuquerque, and two HIV outreach programs in northwestern New Mexico. Additionally, the organization operates two mobile medical units that provide comprehensive mobile healthcare, including medical treatment and preventative health screenings and education, in Albuquerque and New Mexico's underserved rural areas (e.g., McKinley County). In 2023, FNCH served over 16,000 community services.

Need For Mobile Medical Outreach Services

The COVID-19 pandemic has markedly exacerbated existing disparities in New Mexico, resulting in significant rises in homelessness, poverty, substance use, and mortality rates. For example, individuals residing within FNCH's service area experience worse health outcomes than the average New Mexico citizen. Life expectancy data in Bernalillo County indicated that low-income and non-White individuals had shorter lifespans compared to those in middle and high-income White communities. A person born in Southeast Albuquerque could expect to live 70 years or fewer, whereas individuals born in other regions of Bernalillo County might anticipate lifespans extending into their 90s. Their leading causes of death include heart disease, cancer, unintentional injuries, drug overdoses, suicide, diabetes, and chronic liver disease. Notably, racial and ethnic minority groups, particularly American Indians, faced significant challenges before and during the COVID-19 pandemic. Their inequities in healthcare access and treatment, coupled with adverse social determinants of health, contributed to their disproportionately higher rates of comorbidities and increased COVID-19 mortality risks. It is imperative to prevent avoidable deaths and human suffering and address health disparities to foster a healthier, more equitable society for all. Mobile medical outreaches can bridge critical gaps in healthcare caused by health disparities by improving health outcomes through screenings, preventative care, chronic disease management, and referral linkages to specialty care.

Poverty and homelessness contribute to poor health by increasing barriers to self-care, limiting access to health services, and heightening exposure to chronic and infectious diseases. Service area residents experienced increased unemployment, financial strain, housing insecurity, and behavioral health concerns during the COVID-19 pandemic. One-third of the population lives at or below the federal poverty level. Albuquerque's Point in Time Count (2024) of the number of unsheltered individuals reported a 14.5% increase, and an estimated 1011 people were living on the streets that same night. In 2023, FNCH served over 5,000 individuals experiencing homelessness, including a substantial number of individuals without health insurance. With the rise in poverty and homelessness, mobile medical outreaches can facilitate effective treatment of substance use disorders, primary care, and services for severe mental illness and substance use and reduce emergency room visits among low-income people, including those experiencing homelessness. Additionally, these outreaches can effectively decrease homelessness rates by assisting with housing, health insurance enrollment, job development, and other social determinants of health needs.

Substance use disorders (SUD) worsened during the pandemic. Although the state has consistently reported the highest alcohol-related death rates in the nation for over a decade, these rates worsened concurrent with the onset of the COVID-19 pandemic. Factors contributing to these deaths are the availability of alcohol, increases in mental health conditions, and challenges accessing healthcare. New Mexico also has exceptionally high opioid overdose death rates. During the COVID-19 pandemic, New Mexico's drug overdose death rates increased. The state ranked seventh in the country, with a notable increase attributed to methamphetamines and Fentanyl. Fentanyl-related deaths surged during the onset of the COVID-19 pandemic, compounding the high rates of overdose deaths attributed to methamphetamines and other opioids. In 2021, there were 574 deaths resulting from Fentanyl overdoses and 488 from methamphetamine overdoses, equating to approximately three overdose deaths per day. Preliminary data from 2023 suggests a slight improvement in the state's overdose death rate, although this information remains subject to change. In light of the magnitude of New Mexico's high SUD and associated overdose deaths, it is imperative to invest in upstream preventive interventions and outreach efforts, such as mobile medical services. Such outreaches can enhance the availability of treatment (e.g., Suboxone) and Naloxone, a life-saving medication that reverses opioid overdoses, as well as facilitate treatment access. FNCH's medical and psychiatric staff are trained in providing medication-assisted treatment to address alcohol and opioid addictions.

New Mexico's unprecedented public health crisis has underscored the urgent necessity for mobile healthcare services, particularly for low-income minority populations. A community needs assessment conducted by FNCH in 2023 has identified a significant demand for mobile health services to enhance accessibility to healthcare for at-risk groups encountering substantial barriers to conventional healthcare settings. These populations face considerable challenges, including elevated rates of injury, a significant burden from chronic illnesses, increased suicide rates, high incidences of overdose deaths, and critical concerns related to maternal morbidity and mortality. In response to these pressing needs, FNCH seeks to expand and enhance its mobile medical outreaches to improve health outcomes and quality of life among underserved individuals. Approximately 39% of the residents within FNCH's service area receive healthcare services at FNCH. To increase the percentage of residents receiving healthcare, FNCH will implement targeted mobile medical outreach initiatives to deliver affordable, equitable, and culturally sensitive healthcare services to those most in need.

Proposed Services

FNCH will implement mobile medical outreaches to address the needs of underserved communities with significant social vulnerability and disease burdens across New Mexico. These outreaches are designed to mitigate health disparities by delivering healthcare directly to communities that are often difficult to reach, particularly among vulnerable and marginalized groups, thus enhancing health equity. The healthcare services provided will be both affordable and accessible, encompassing, but not limited to, the following:

- Primary care
- Preventive health screenings
- Chronic disease management
- Behavioral health services
- Dental care
- Prenatal and postnatal care
- Pediatric care

- Disease prevention education
- Linkages/Referrals to care

Mobile medical outreaches will be conducted weekly, targeting urban and rural areas, and including partnerships with community organizations (e.g., local schools, pow-wows, etc.). Services will include screening and treating diabetes, hypertension, obesity, depression, vision, infectious diseases, oral health, and pregnancies. Men's, women's, pediatric, and geriatric healthcare will also be offered. The outreaches will target vulnerable low-income populations, including unsheltered individuals living on the streets or in shelters. Staff will be trained in collecting data to monitor and track the outreaches, including demographics of users, types of services provided, and outcomes. A brief survey will also be administered to collect their feedback about the services received and identify areas for improving the mobile medical outreaches.

The allocated funds will support a multidisciplinary healthcare team comprised of licensed medical providers, nurses, medical assistants, dentists, and social support staff. The outreach team will deliver comprehensive services for all life cycles, including urgent care, primary care, and preventive health support. Funds will be utilized to cover both salary expenses and program-related costs, including medical supplies (e.g., wound care, diabetes, prenatal, and chronic disease screenings, and rapid screenings for HIV, HCV, and STIs), medications (e.g., PrEP, Suboxone, etc.), essential screening and IT equipment and transportation costs associated with utilizing FNCH's mobile medical units.

Sole Source Justification

Given the specialized nature of mobile medical outreaches and FNCH's proven capacity to deliver these essential services, single-source procurement is justified and necessary to maximize impact. Legislative support will significantly enhance and expand FNCH's outreach capabilities and positively affect the lives of vulnerable populations in New Mexico. FNCH is exceptionally qualified to deliver mobile medical outreach services. FNCH has the necessary infrastructure (e.g., policies and procedures, billing, electronic health record system, mobile units, etc.) to conduct the outreaches. The organization comprehends the many intricacies of providing effective outreach to culturally diverse populations, especially those with trauma histories who experience mistrust towards institutions. Its healthcare providers and support staff are trained in motivational interviewing, trauma-informed care, and cultural sensitivity. Team members are highly committed to the mission of mobile medical outreaches. Additionally, healthcare providers possess specialized expertise in crucial areas such as medication-assisted treatment, HIV/HCV/STI screening and treatment, PrEP, chronic disease management, prenatal and post-natal care, and cancer screenings. The team members' comprehensive training and expertise equip FNCH to offer the highest standard of care.

Also, FNCH is highly experienced in integrating cultural services, including Traditional Healing (e.g., prayers, blessings, etc.) and cultural wellness activities (e.g., Horse Medicine, Food as Medicine, Nature Walks, Healing to Wellness Groups, sweat lodge ceremonies, etc.) into healthcare. FNCH is the only health center in Albuquerque that integrates Traditional Healing and cultural services into healthcare. Its Traditional Healers and cultural support staff will be available to provide cultural services when requested. Notably, American Indians comprise more than 40% of the City's homeless population. A primary motivation for relocating to Albuquerque is employment due to the absence of jobs among rural reservations. They often come to the City temporarily to make enough money to return to the reservation, which creates a cyclical pattern of residency that contributes to unsustainable income, homelessness, lack of a consistent medical home, and separation from their cultural and family network. Additionally, FNCH has extensive experience and knowledge of high-risk outreach contexts (e.g., abandoned buildings, encampments, local parks, etc.), the importance of establishing trust, and a profound understanding of the specific healthcare needs of the target population, including unsheltered individuals, which enables its outreach team to offer tailored medical expertise and health education. Moreover, FNCH has established medical outreach procedures that utilize an electronic health records system to document services, monitor outcomes, and ensure adequate follow-up care. The support staff are trained to facilitate Section 8 Housing Vouchers, assist with Medicaid and SNAP enrollments, and provide outcome-driven case management.

FNCH's commitment to delivering quality healthcare is unwavering. Recognized for its exemplary standard of care, FNCH is accredited and designated as a medical and dental home by the Accreditation Association for Ambulatory Health Care (AAAHC). Furthermore, FNCH received the HRSA Quality Leadership Award for ranking in the top

30% of all HRSA-funded health centers, reflecting superior overall clinical outcomes and high quality across clinical operations. The organization plans to apply its high-quality standards to its mobile medical outreaches. All healthcare services, encompassing dental and behavioral health, are fully licensed and credentialed.

Finally, FNCH has established several collaborative partnerships with key organizations, such as Albuquerque Health Care for the Homeless, the New Mexico Coalition to End Homelessness, the University of New Mexico Hospital, Albuquerque Community Services, Veterans Integration Services, the Bernalillo Sheriff's Office, and various shelter (e.g., Joy Junction, City Gateway, Albuquerque Opportunity Center, Haven House, etc.) and housing programs (e.g., Albuquerque Housing Authority, Coalition for Supportive Housing, Linkages, etc.). These strategic partnerships will be sustained to ensure continuity of care, including addressing social determinants of health and specialty care needs and preventing clients from falling through the cracks.

Anticipated Outcomes

The anticipated outcomes for the mobile medical outreaches will be (1) enhanced access to healthcare and support services, resulting in improved health outcomes; (2) reduced emergency room visits, resulting in decreased healthcare costs; and (3) enhanced linkages to the community resources, resulting in continuity of care. For a substantial number of individuals, particularly those facing the challenges of homelessness, mobile medical outreaches will provide a crucial lifeline for accessing essential medical care. For example, for underserved populations, mobile vaccination services will serve as a first line of defense against serious illnesses, such as COVID-19 and influenza. Prenatal screenings will monitor the health of both mother and baby, and postpartum care will support mothers in their recovery after childbirth. High-risk pregnant mothers will be connected to specialized care services tailored to their unique needs, ensuring better health outcomes for them and their infants. Preventative care and early medical intervention will help reduce the likelihood of severe health conditions such as diabetes, hypertension, HIV, Hepatitis C, and Syphilis. Addressing these health conditions early can significantly decrease individuals' overall healthcare burden throughout their lives, effectively saving resources and improving quality of life. Research indicates that, on average, mobile health clinics contribute to a remarkable 65 quality-adjusted life years saved annually.

Finally, the mobile medical outreaches will forge vital links between patients and a wider network of community resources. By collaborating with local agencies, community health centers, religious organizations, housing programs, law enforcement, hospitals, and other healthcare entities, FNCH will deliver integrated medical and social services. This collaborative approach will enhance access to treatment and empower individuals to navigate the healthcare system's complexities, enabling them to make informed and healthy decisions for themselves and their families. Furthermore, by engaging with community organizations, the community can effectively address the structural barriers that contribute to and perpetuate poor health outcomes within the target population.

Thank you for considering this request. Please let me know if you have any questions or need more information. Your support is greatly appreciated.

Sincerely,



Linda Stone
CEO
First Nations Community HealthSource
5052626546 (Office), 5052359998 (Cell Phone)
Email Address: linda.son-stone@fnch.org