

Request for Proposal: Culturally Based Harm Reduction by and for Native Communities in New Mexico

Funding opportunity from Vital Strategies in collaboration with the New Mexico Tribal Behavioral Health Providers Association and Americans for Indian Opportunity

Due Date: July 7, 2025, at 11:59 PM MDT



Background

More than 100,000 lives are lost to overdose each year in the United States. Overdose impacts all communities, but disparities have widened particularly for Black and Indigenous communities, despite the fact that all groups use drugs at similar rates. While the overall age-adjusted rate of drug overdose deaths in the U.S. decreased between 2022-2023, the rate among American Indian and Alaska Native (AI/AN) people remained unchanged and was highest in the nation of any racial or ethnic group (65.0 per 100,000).¹

In New Mexico, during the period 2018-2022, NMDOH observed that overdose rates among AI/AN people increased substantially from 20.9 to 57.4 per 100,000.² Additionally, 2022 and 2023 NMDOH data indicate that Native people experience a rate of fatal overdose higher than that of the general state population.³ Due to challenges with data collection and reporting of overdoses and fatalities among Native people in New Mexico, these numbers may reflect an undercount.

Vulnerability to overdose among marginalized communities, including Indigenous communities, is compounded by harms caused by the War on Drugs. Responses to drug use have historically been rooted in coercion and punishment, especially for Black, Indigenous, and Latinx communities. As a consequence, despite the exponential increases in overdose in Black, Indigenous, and Latinx communities, people who use drugs (PWUD) from these communities are not receiving a proportionate level of resources, care, and support. Progress against the still-rising rates will require taking a unified approach and addressing the root causes of overdose deaths and disparities, including the ongoing impacts of genocide and colonization, systemic and structural racism, homelessness, lack of investment in rural communities, low access to quality medical care, stigma, punitive policies and practices related to child welfare, and the hyper-policing, surveillance, and criminalization of Black, Indigenous, and Latinx communities.

Harm reduction is defined by the National Harm Reduction Coalition (NHRC) as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use,” while respecting the rights of people who use drugs. It encompasses numerous strategies centered around meeting people where they are in their journey. For many Black, Indigenous, and Latinx communities, harm reduction practices are similar to the ways that people have kept each other safe in the face of racism, colonization, and other systems of oppression. Any action taken to address overdose must involve community members and the voices of people who use drugs. This is resistance and resilience rooted in culture and tradition. For Indigenous communities in particular, even the very act of practicing and revitalizing culture can be harm reduction. Many Indigenous communities are Indigenizing harm reduction, which NHRC’s Native Harm Reduction Toolkit defines as “creating and supporting policies, programs, and practices that are grounded in cultural traditions, Indigenous knowledge, ceremonies, land, and languages.”

¹ Garnett, M.F. and Minino, A.M. (2024). Drug Overdose Deaths in the United States, 2003–2023. NCHS Data Brief No. 522, December 2024.

² New Mexico Department of Health (NMHealth) Bureau of Vital Records & Health Statistics death certificate data; University of New Mexico Geospatial & Population Studies population estimates. Data were analyzed and prepared by NMHealth Substance Use Epidemiology Section.

³ [New Mexico Indicator Based Information System \(NM-IBIS\)](#)

Funding Opportunity

Vital Strategies is partnering with the New Mexico Tribal Behavioral Health Providers Association and Americans for Indian Opportunity to request proposals from Native nations, Tribal health programs, and Native-led organizations that share geography with New Mexico that are seeking to adopt or deepen the use of harm reduction principles⁴ (including Indigenous harm reduction principles) to reduce the incidence of negative health effects and the number of fatal overdoses among Native people who use drugs (PWUD).

This funding initiative will award up to 20 grants in the range of \$25,000 to \$100,000 per grantee. Grantees will complete funded projects in one year, from August 1, 2025, to July 31, 2026.

Vital Strategies is the sole funder for this opportunity and is collaborating with the New Mexico Tribal Behavioral Health Providers Association to provide technical assistance to applicants and program management to grantees and with Americans for Indian Opportunity to administer the grants.

About Vital Strategies

Vital Strategies is a global health organization that believes every person should be protected by a strong public health system. Our overdose prevention program works to strengthen and scale evidence-based, data-driven policies and interventions to create equitable and sustainable reductions in overdose deaths. Work across seven U.S. states is supported by funding from the Bloomberg Philanthropies Overdose Prevention Initiative, launched in 2018, and by targeted investments from other partners.

About New Mexico Tribal Behavioral Health Providers Association

The New Mexico Tribal Behavioral Health Providers Association (NMTBHPA) was founded in 2021 to serve as a unified voice advocating for a responsive, accessible, and high-quality behavioral health (BH) system that respects and addresses the unique needs of tribal communities across the state. The Association plays a critical role in facilitating two-way communication between tribal behavioral health providers and key partners, including the State's Behavioral Health Services Division (BHSD), various state departments, the federal government, and other stakeholders. Through this engagement, the NMTBHPA ensures that tribal perspectives are meaningfully represented in policy development, as well as in the design and implementation of state-level programs and practices.

About Americans for Indian Opportunity

Americans for Indian Opportunity (AIO) advances the rights of Indigenous peoples through Indigenous values-based leadership development, transformative community organizing, hosting collaborative action networks, and sharing Indigenous worldviews and positive contemporary Indigenous narratives. AIO is an international community-driven, Indigenous values-based non-profit organization headquartered in Albuquerque, NM. AIO is directly accountable to the communities we partner with, our board of directors who represent their Indigenous constituencies, and the leaders we support.

⁴ [National Harm Reduction Coalition's Principles of Harm Reduction](#) and [Native Harm Reduction Toolkit](#)

Eligibility

To apply for this grant opportunity, applicants must be one of the following:

- Tribal government
- Indian Health Service (IHS), Tribally-Operated 638 Program, or Urban Indian Health Program
- 501(c)(3)
- Fiscally-sponsored organization
- Business

Note: If your organization does not fall into any of these categories, but maintains sound fiscal recordkeeping practices, we invite you to contact us. We are open to considering alternative demonstrations of fiscal responsibility on a case-by-case basis.

Applicants must be engaged with Native communities that share geography with New Mexico, but they do not need to exclusively operate within the borders of New Mexico.

Priorities

This RFP is focused on reducing harm and deaths by overdose of drug use in Native communities that share geography with New Mexico. This includes Native communities both on- and off-reservations and Tribal lands; organizations and Native nations providing services to Native communities in urban areas and border towns are welcome to apply.

Priority applicants will demonstrate the following:

- Led and powered by Native people.
- Work in contexts that allow them to engage with Native people who use drugs. However, a history of engagement in activities and issues related to drug use is not required or needed.
- Committed to addressing the root causes of social and racial injustice at a community level.
- Supportive of a person-centered and non-punitive approach to drug use.
- Willing to enhance their own knowledge and understanding of overdose prevention and harm reduction through technical assistance sessions.
- Experience with program implementation in Native communities both on and off reservation.

Project Guidelines

We are interested in receiving applications from Native nations and organizations that represent a diversity of approaches to working with and reducing harm for people who use drugs.

Examples of harm reduction-oriented activities include **but are not limited to**:

- Culturally based programs including ceremony, language classes, traditional healing, drum circles, talking circles, traditional singing and dancing, storytelling, cultural arts such as beading and weaving, traditional foods/food sovereignty programs, (youth) culture camps, etc. that aim to provide healing for people who use drugs and/or prevent future drug use.

- Incorporating harm reduction, treatment, and prevention messaging into appropriate cultural practices.
- Incorporating the distribution of naloxone, hygiene products, and other safer drug-use supplies into existing direct services or community events or otherwise improving access to these harm reduction supplies.
- Addressing stigma around harm reduction and people who use drugs held by elected officials, traditional leaders, healers, knowledge holders, elder, medical providers community members, and/or others.
- Investing in supports for families vulnerable to child removal due to involvement with drug use, with the goal of reducing the rate of children removed from family homes and supporting family recovery and family reunification.
- Planning, implementing, or expanding harm reduction services including but not limited to distribution of safer use supplies, community-based drug checking, and street medicine.
- Incorporating culturally based drug education curriculum into youth development programming.
- Media campaigns that shift the narrative around harm reduction and reduce the stigma of drug use.
- Kinship caregiver support such as programming for grandparents/family members raising a family member's children due to consequences of the overdose epidemic
- Community-rooted evaluation to lift up alternative approaches to assessing public health programs and impact with Native communities.⁵
- Improving data collection, access, and systems for data related to overdose, drug use, harm reduction and treatment.
- Planning, assessment and capacity building activities that work towards the institutionalization of harm reduction and drug policy activities within an organization, government, or community. Examples include, but are not limited to, funding for:
 - Staff trainings on methods for engaging people who use drugs,
 - Travel for staff to visit similar programs in other jurisdictions,
 - Community advisory board inclusive of people who use drugs,
 - A consultant to develop or review policies and protocols to better serve people who use drugs,
 - Coalition-building or other methods of educating and engaging partners to generate program support, and
 - Conducting systems assessments or community-based participatory needs assessments.⁶

Please note that in alignment with Indigenous data sovereignty principles,⁷ data sharing with the funder is not required, even if the proposed project includes data collection elements.

⁵ Seven Directions Indigenous Evaluation Toolkit: <https://www.indigenousphi.org/tribal-opioid-use-disorders-prevention/indigenous-evaluation-toolkit>

⁶ JHU Center for Indigenous Health Tribal Principles Quick Guide to Conducting a Needs Assessment: <https://www.tribalprinciples.cih.jhu.edu/wp-content/uploads/2024/02/Tribal-Principles-Assessment-Guide.pdf>

⁷ Carroll SR, Garba I, Figueroa-Rodríguez OL, et al.. The CARE Principles for Indigenous Data Governance. *Data Science Journal*. 2020;19(1):43. doi:10.5334/dsj-2020-043

Selection Criteria

Proposals will be evaluated using the following criteria, using the Scoring Rubric in Appendix A:

- **Alignment with Harm Reduction Principles:** The proposal demonstrates strong alignment with harm reduction principles.⁸
- **Commitment to Racial Equity:** The proposal demonstrates a strong commitment to increasing support for and reducing negative health effects among Native people who use drugs.
- **Inclusion of PWUD:** The proposal clearly demonstrates how people with living and lived experience will be involved in guiding and decision-making for the project
- **Organizational Leadership:** The proposal clearly demonstrates how organizational leadership and decision-making authority center Native people.
- **Organizational Capacity:** The proposal demonstrates organizational capacity, buy-in from essential partners, and relationships with the population to be served, to perform the project activities.
- **Project Narrative:** The proposal clearly articulates how the goals and activities are grounded in evidence, reflecting best practices, and aligned with culturally based harm reduction strategies.
- **Work Plan:** The work plan shows clearly defined and linked activities, outputs, and outcomes.
- **Budget:** The proposal clearly demonstrates that expenditures are appropriate, feasible, and focused on project activities.
- **Reach:** The proposal demonstrates how Native communities will be reached through project activities.
- **Impact:** The proposal articulates how project activities are intended to reduce health disparities among Native people who use drugs.

Grantee Expectations

- Completion of grantee agreement and related documentation required by grants administrator AIO
- Participation of core project staff in 6 peer learning community workgroup meetings during the grant period, to be held every other month and facilitated by NMTBHPA and Vital Strategies
- Submission of quarterly progress reports to NMTBHPA, AIO, and Vital Strategies
- Participation of relevant project staff and/or members in quarterly 1-hour virtual Progress Reviews conducted by NMTBHPA
- Participation in 1:1 technical assistance with NMTBHPA, AIO, and Vital Strategies, as needed, to facilitate implementation of projects
- Execution of project deliverables defined in the grantee agreement that work towards the advancement of culturally based harm reduction and overdose prevention

⁸ For the purpose of this grant, alignment with harm reduction principles will be based on [the National Harm Reduction Coalition's Principles of Harm Reduction](#) and [Native Harm Reduction Toolkit](#).

Selection Process

All applications will be reviewed by a committee from Vital Strategies, NMTBHPA, and AIO. Final funding decisions will be made by Vital Strategies. Decisions will be made based on the quality of the proposal, its alignment with project priorities, and available funding. Applicants may receive requests for an interview.

Key Dates

Submit questions: June 6, 2025, at 11:59 PM MDT to overdose@vitalstrategies.org

Pre-application webinar: June 13, 2025, at 10:00 AM MDT. [Register here](#).

Application deadline: July 7, 2025, at 11:59 PM MDT

Grantee notifications: July 21, 2025

Project start and end dates: August 1, 2025, to July 31, 2026

Proposal Instructions

A complete application will include both of the following submitted by July 7, 2025, at 11:59 PM MDT:

- [Application Form](#) (questions provided below)
- [Project Work Plan and Budget](#) (template in Appendix B; completed template uploaded to the Application Form)

Questions for all applicants

1. **Contact Person Name**
2. **Email Address**
3. **Phone Number**
4. **Address**
5. **Website** [Optional]
6. **Applicant Type:**
 - Tribal government
 - Indian Health Service (IHS), Tribally-Operated 638 Program, or Urban Indian Health Program
 - 501(c)(3)
 - Fiscally-sponsored organization
 - Business
 - Other
7. **Organization Name**
8. **Services provided:** [200 words max] Please share the relevant current services your organization provides. This can be a list of departments/programs, and a list of the services provided by the specific department(s)/program(s) applying for the grant.
9. **Community served:** [200 words max] Please describe the geography, strengths, assets, and needs of your community.
In your answer, please include:
 - What geographical area(s) and Native communities does/will your program serve?
 - What are some key strengths and assets of your community?

- What are unique needs experienced by your community? How does your Tribal government or department/program work (or plan) to address some of these needs?
10. **Experience working with people who use drugs:** [200 words max] Please describe your organization's or department/program's history of working with people who use drugs (PWUD). If you do not currently work with PWUD, please describe how the services you currently provide or plan to provide will benefit this community.
11. **Context for living, lived or shared experiences:** [Optional] Is there anything you'd like to share about the representation of people with drug use lived experience on this project's leadership team or staff?
12. **Proposal title**
13. **Project narrative:** [400 words max] Please provide a description of your project that addresses each of the points below. We recognize that groups newer to overdose prevention and harm reduction may have a more difficult time conceptualizing the details of this project proposal – as such, we encourage applicants to reference the examples provided in the RFP and to reach out to overdose@vitalstrategies.org with questions about project examples and costs.
- What is the main goal of your project?
 - What are the primary activities you will undertake to accomplish this goal?
 - What specific need(s) and/or challenge(s) does your project address?
 - How will this project support people who use drugs in your community?
 - How will your project include people who use drugs in its planning and implementation?
 - How will this project support Native community members?
 - How might this project center and honor the cultural and traditional practices of the Native communities served?
 - [Optional] What are the relevant qualifications and expertise of key project staff?
14. **Proposed outcomes:** [200 words max] Please describe the outcomes your organization hopes to achieve within the grant period (can be listed points).
Example outcomes may include:
- Increased knowledge of how to support people who use drugs
 - Improved attitudes toward harm reduction
 - Improved access to harm reduction supplies (e.g. syringes, fentanyl test strips, etc.)
 - Increased access to naloxone and overdose reversal training in targeted community.
15. **Organizational growth areas:** [100 words max] Through this funding opportunity, grantees will participate in a learning community with facilitated sessions on harm reduction, overdose prevention, and racial equity in the context of Native communities that share geography with New Mexico; access technical assistance on issues like fundraising, communications and storytelling, leadership, and organizational governance; and connect with and learn from other grantees. Please share the following to help us tailor the learning community:
- Areas where your organization and staff would like technical assistance and support
 - Specific topics your organization would like to learn more about
 - [Optional] Areas or topics that your organization would like to teach other grantees

16. **Amount of grant funding:** What amount of funding are you applying for? The range of funding is \$25,000 to \$100,000 for each grantee.
17. **Project work plan and budget:** Please upload the completed [Project Work Plan + Budget](#) spreadsheet. Outline key activities within the grant period and the associated costs. This budget and work plan should clearly track the project activities, goals, and outcomes from the Project Narrative and Proposed Outcomes. If you have questions about project examples and costs, please contact overdose@vitalstrategies.org
18. **Supporting documents:** [Optional] Please upload any relevant supporting documents for your proposal such as program brochures.

Additional questions for “Indian Health Service (IHS), Tribally-Operated 638 Program, or Urban Indian Health Program,” “501(c)(3),” “Fiscally-sponsored organization,” “Business,” and “Other”

1. **Organization mission:** [200 words max] Please describe your organization’s mission and how it centers racial equity.
2. **Organization budget:** Which of the following best represents your organization’s annual budget?
 - Less than \$50,000
 - \$50,001 - \$200,000
 - \$200,001 - \$500,000
 - \$500,001 - \$2,000,000
 - \$2,000,001 - \$5,000,000
 - More than \$5,000,000
3. **Board member representation:** What percent of your organization’s board membership identifies as Indigenous?
 - Less than 25%
 - 25% - 50%
 - More than 50%
 - N/A
4. **Executive team representation:** What percent of your organization’s executive team membership identifies as Indigenous?
 - Less than 25%
 - 25% - 50%
 - More than 50%
 - N/A
5. **Staff representation:** What percent of your organization’s staff identify as Indigenous?
 - Less than 25%
 - 25% - 50%
 - More than 50%
 - N/A
6. **Native-led organization:** Do you identify as a Native-led organization?
 - Yes
 - No
7. **Context for organizational leadership:** [100 words max] How does your organization center the leadership of Indigenous people?
8. **Connection with Native communities:** [100 words max] Please describe your organization’s relationship with the Native community where you are located. If your

organization is on Tribal lands, please describe your organization's relationship with 1) the Tribal government (if any) and 2) community of the Native nation where you are located.

Additional question for “Other”

1. **Organization structure:** [200 words max] Since you selected "Other" for type of organization, please describe your organization's structure including key people and fiscal management policies and practices.

Appendix A: Scoring Rubric

Criteria Dimensions	Scale (highest number is best)		Reviewer Score
Baseline Eligibility			
Applicant Type: Is the applicant one of the following: <ul style="list-style-type: none"> ○ Tribal government ○ Indian Health Service (IHS), Tribally-Operated 638 Program, or Urban Indian Health Program ○ 501(c)(3) ○ Fiscally-sponsored organization ○ Business ○ Other type, with adequate description of fiscal responsibility 	YES / NO		
<p>If YES, then application is eligible and reviewers may proceed with scoring. If NO, then application is not eligible and reviewers may stop here.</p>			
Fidelity to and commitment to racial equity approach, harm reduction framework			
Harm Reduction Framework: How strongly does the proposal align with culturally based harm reduction strategies described in the RFP or provide a clear alternate strategy aligned with intent of the RFP?	1 to 10		
Racial Equity Commitment: What is the level of commitment to increasing support for and reducing negative health effects among Native people who use drugs?	1 to 10		
Inclusion of PWUD: To what degree are people with living and lived experience with drug use involved in guiding and decision-making for the proposed project?	1 to 10		
Quality and clarity of the proposal			
Leadership, staffing and membership: To what degree is agency leadership and decision-making authority comprised of Native people? How reflective is the composition of staff, members, constituents, etc. of the agency reflective of the community they seek to work with?	1 to 10		
Capacity: What is the level of the applicant's capacity, buy-in from essential partners, and relationships with the population to be served, to perform the proposed activities?	1 to 10		
Project Narrative: To what degree are the proposed goals and activities grounded in evidence, reflecting best practices, and aligned with culturally based harm reduction strategies?	1 to 15		

Work Plan: To what degree does the workplan have clearly defined and linked activities, outputs, and outcomes?	1 to 10		
Budget: How strongly are the proposed expenditures appropriate, feasible, and focused on proposed activities?	1 to 10		
Reach and Impact			
Reach: To what degree is the proposed project likely to reach Native communities?	1 to 10		
Impact: To what degree does the proposed project serve to reduce health disparities among Native people who use drugs?	1 to 5		
		Total Score	<div> <div></div> <div>Out of 100 points</div> </div>

Appendix B: Work Plan and Budget Template

WORK PLAN Organization Name: Project Name: Grant Amount: (allowable range \$25,000 to \$100,000)				
	Activities (Inputs) What are you going to do related to this project? <i>Example:</i> - Host 5 training sessions	Outputs What's the result of these activities? <i>Example:</i> -100 people attend and participate for 80% of the sessions	Outcomes What's the outcome? What changed or shifted as a result of this activity? <i>Example:</i> -Participants have an increased level of awareness and capacity to start a business	Budget Narrative What are the associated costs with these activities? <i>Example:</i> -Salary/stipend for facilitator (\$200/hr) -event rental fees -30 bus passes to assist participant travel
First Quarter (Aug 2025 - Oct 2025)				
Second Quarter (Nov 2025 - Jan 2026)				
Third Quarter (Feb 2026 - Apr 2026)				
Fourth Quarter (May 2026 - Jul 2026)				

Project Budget	
Organization Name:	
Project Name:	
	Grant Funding*
EXPENSES	
Salaries	
Payroll Taxes	
Fringe Benefits	
Consultants and Professional Fees	
Travel & Training	
Equipment	
Supplies	
Other (specify) Miscellaneous/Contingency	
Occupancy	
Evaluation	
In-Kind Expenses (Should match in-kind support)	
Indirect @ 15% maximum	
TOTAL EXPENSES	
*This column should reflect the total grant amount (allowable range \$25,000 to \$100,000)	