

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner



Maine Department of Health and Human Services
Division of Contract Management
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Sep-29-2026

Via Electronic Mail: jgiosia@penquis.org

Penquis C.A.P., Inc.
Jennifer Giosia, Housing & Energy Services Director
262 Harlow Street
Bangor, ME 04401-4952

SUBJECT: Notice of Conditional Contract Award under RFP 202412212 Pre-Qualified Vendor List for Housing First Support and Stabilization Services- 2026 Annual Enrollment

Dear Jennifer Giosia,

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional award(s) to the following bidder:

- Penquis C.A.P., Inc.

The bidder listed above have met the requirements for placement on the Pre-Qualified Vendor List. Vendors added to this Pre-Qualified List (PQVL) are not guaranteed a contract within the State of Maine but are eligible to submit bids on projects issued through the PQVL Mini-Bid Process, as defined in the RFP. Any Notice of Conditional Contract Award resulting from a Mini-Bid award is subject to execution of a written contract. As a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor(s). The vendor shall not acquire any legal or equitable rights relative to contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Contract Award and dissolve the Pre-Qualified Vendor List at any time.

As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

Signed by:



EFD18D286BE941B...

Adrienne Leahey
Chief Operating Officer
Office of Behavioral Health

Signed by:



5DC6307B8558482...

Debra Downer Grady
Deputy Director for Competitive Procurement
Division of Contract Management

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202412212 – August 2026 Submission

RFP TITLE: Pre-Qualified Vendor List for Housing First Support and Stabilization Services

BIDDER: Penquis C.A.P., Inc.

DATE: September 15, 2026

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Casey Manson

Names of Evaluators: Curt Fletcher, Michael LaBua, Taylor LaCroix

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	N/A	N/A
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	50	45
Section III. Proposed Services	25	21
Section IV. Cost Proposal	25	25
<u>Total Points</u>	<u>100</u>	<u>91</u>

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**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

N/A

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**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	50	45

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
A nonprofit community action agency, licensed behavioral health agency, community development corporation, and community housing development organization. Has delivered housing stability, transportation access, school readiness, health, safety, and economic mobility services for “nearly 60 years”. Experience providing or supporting services that require 24/7/365 coverage, including a residential program, an on-call support helpline, assisted living, and providing trauma-informed services, through full-time, part-time, per-dem, on-call, and management backup staffing. A development office dedicated to raising private funds to cover expenses exceeding public funding and allows it to provide direct health and behavioral health-related support through multiple programs including Case Management, Counseling, Behavioral Health Navigation, and Behavioral Health Homes. A dedicated accounting software for fiscal oversight with monthly monitoring by a variety of staff and annual independent audits. Community partnerships across nonprofit, faith-based, government, business, education, financial, health, and statewide association sectors. Respondent has subsidiaries, an impact in all 16 Maine Counties. Participates in Homeless Management Information System (HMIS) and has experience with the Maine Continuum of Care (COC) Coordinated Entry System. Is a MaineCare provider with capacity to provide Targeted Case Management under its mental health license. Staff is qualified with relevant education, licensing, credentialing, and experience. A multifaceted infrastructure that positions respondent well to provide housing support and stabilization services. Demonstrates understanding of the importance of maintaining a distinction between property management and supportive service. Employs a harm reduction-informed engagement process. Provided three projects, all related to RFP
2. Organizational Chart
Met requirement
3. Litigation
Provided

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**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	25	21

Evaluation Team Comments:

Part IV, Section III. Proposed Services

1. Services to be Provided

Part II

A. Administrative Requirement

1. Proposes a service model derived from four strengths: affordable-housing resident service experience, 24/7 residential and crisis-response capacity, current MaineCare and HMIS participation, and compliance infrastructure. A service philosophy grounded in focused outreach, non-judgmental engagement, tenant choice, cultural humility, and flexible support. To build voluntary, trust-based relationships with residents, support housing stability without coercion, tenant goals by asking each tenant what support they want, how the tenant would like to engage, where the tenant would like to engage, and who the tenant would like involved in their goals. Will individually tailor tenant preferences and goals. Will base services on voluntary engagement and quality assurance monitoring.
2. Proposes assigning a Project Lead to coordinate all start-up activities, including timely provision of required job descriptions, workplans, and certifications.
3. Met requirement
4. Provided a copy of current MaineCare Provider Agreement.
5. Respondent is a current Maine CoC HMIS participating agency.
6. Currently not a Housing Outreach and Member Engagement (HOME) provider or a Targeted Case Management (TCM) agency. Will Utilize respondents current services support infrastructure and experience as a provider and biller of other MaineCare Services to facilitate enrollment in HOME and/or TCM.
7. Will evaluate existing formal agreements and MOUs for applicability to Home for Good, develop any new Home for Good agreements that may be required, and confirm partner providers are appropriately licensed, credentialed, enrolled, or otherwise qualified to deliver the services for which tenants are referred. Has a detailed understanding of service oversight and the priority of care coordination in service delivery. Demonstrates an understanding of roles between Home for Good service providers and other ancillary supports, both licensed and unlicensed. For care

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coordination and service delivery, proposes documenting and reviewing via standard quality assurance processes.

8. Proposes a phased, trigger-based readiness approach incorporating realistic timelines for property development and program implementation, a project lead to prepare drafts of staffing requirements, workplans, training, supervision structure, program requirements and fiscal systems during the construction phase of the project, and to complete staff on-boarding, initial training, and other pre-occupancy activities as milestones are reached.
9. Describes the respondents understanding of compliance requirements based on its current suite of service agreements.

B. Housing First Support and Stabilization Services (HFSSS)

1. Met requirement
2. Met requirement
3. Proposes client engagement will stress that tenants can accept decline, pause or change services without fear housing will be affected, staff will incorporate motivational interviewing, harm reduction, trauma-informed practices, will continue with noncoercive, brief check-ins when tenants decline services or disengage, modify services to meet the changing needs and preferences of tenants, define safety planning based on tenant physical and emotional safety, visitor boundaries, privacy, and crisis supports.
4. Met requirement
5. Proposes cross walking the executed contract, program manual, and other applicable guidance in the policy development process.
6. To incorporate forms related to tenant rights, informed consent, voluntary participation, and other rights into written policies and staff training as well as a component of quality assurance.
7. Proposes tenant choice and preference will drive referrals, establishing referral pathways to streamline connection to wanted and available services, maintaining resource directories, tracking each referral to completion and analyzing incomplete referrals, developing special protocols for high-risk referrals and service connections.

C. Available HFSSS for Tenants

1. Proposes a detailed consent process, specifying what happens when tenant declines consent, level of documentation, and implementation of follow-on training/quality assurance. Acknowledges declining services are not considered noncompliance and will not impact access to future voluntary services.
2. To develop individual service and crisis plans, proposes to begin service planning after informed consent to services, plans will be living documents guided by the tenant, tenants include supports in service planning process, service plans to indicate strengths and needs, tenant-defined goals, action steps, responsible parties, and timeframes. Will develop crisis plans when appropriate and as a voluntary tenant effort, coordinate crisis plans with, but not replace, other service plans, and to review service and crisis plans at least annually or as required by Department.
3. Met requirement

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4. Met requirement
5. Will co-design alternative activities with tenants who would like to participate and provided examples of alternative activities, integrate Harm Reduction into tenancy support with training, monitoring, and quality assurance.

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**EVALUATION OF SECTION IV
Cost Structure Reimbursement Acknowledgement Form**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	25	25

Evaluation Team Comments:

Provided a signed cost structure reimbursement acknowledgement form

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202412212- 2026 Annual Enrollment

RFP TITLE: PQVL for Housing First Support and Stabilization Services

BIDDER NAME: Penquis C.A.P., Inc.

DATE: (9/10/26, 9/11/26, 9/14/26)

EVALUATOR NAME: Curt Fletcher, Program Administrator

EVALUATOR DEPARTMENT: OBH

Individual Evaluator Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
• P-Thorough and pertinent background and skills/qualifications. • P-Numerous specific examples of housing and supporting services including 3 deep dives into projects within last 5 years. • P-Core Skills, Capacity, and Accountability provides important overview. • P-Clinical, Collaborative, and Core Administrative sections provide comprehensive and very detailed experience and qualifications.
2. Organizational Chart
• P-Nicely laid out, lots of great information shows various programs and initiatives. • Q-Is project team identified? I see Home For Good highlighted with Lisa Davis as Program Manager.
3. Litigation
• Met requirement • Q-Is this form usually more detailed with case numbers?

Part IV, Section III. Proposed Services
1. Services to be Provided
Part II
A. Administrative Requirement
1.
• P-Discussed how each tenant will be interviewed to produce individualized service plans. • P-Ongoing review, monitoring, and improvement plans noted.
2.
• P-Pre-contract plans presented in detailed summary. Met requirement.
3.
• P-In addition to collaboration methods, mentioned plans for reporting, monitoring, and implementation.
4. a-d.
• Met requirement, Attachment 5 • N/A-Already a provider
5. a.-b.
• Company attests that it is a CoC HMIS participating agency.

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EVALUATOR NAME: Curt Fletcher, Program Administrator

EVALUATOR DEPARTMENT: OBH

• N/A
6. a-c.
• Vendor is not currently a HOME Provider/ or TCM agency. • P-Described how being a MaineCare provider prepares for ability to become HOME or TCM prior to contract execution. • P-Mentioned Homeless Management Information System and how that provides framework for HOME/TCM. • P-Included plans for after becoming HOME/TCM.
7.
• Met requirement, mentioned existing partner network.
a.
• P-Explained oversight and care coordination role and expectations with follow-up. Also mentioned high-risk transition plans.
8.
• P-Noted readiness approach, trigger-based launch timeline, and pre-occupancy ramp-up as part of strategy to be prepared for action.
a.
• P-Very detailed answer covering hiring, training, readiness, and outreach.
9.
• P-Penquis will maintain requirements tracker that keeps track of specific data to track.
B. Housing First Support and Stabilization Services (HFSSS)
1.
• Met requirement. P-Noted relevant 24/7 experience with other programs.
2.
• P-Described process so 2 staff will always be available regardless of breaks, lunches, and call-outs. Also responsibilities and continuity within shift to ensure tenant services.
3.
• P-Penquis' Residential Services Coordinators serve 378 housing units and the experience that goes with this. • P-Explanations of a.-d. and how each fits in with their methods.
4.
• P-Robust planning includes independence, life-skill supports, skill-building, community services and follow-up.
5.
• P-Mentioned what would be in written policies and how they would monitor and improve.

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EVALUATOR NAME: Curt Fletcher, Program Administrator

EVALUATOR DEPARTMENT: OBH

6.
• Met requirement-Recognizes importance of policies and procedures in this area.
7.
• P-Provided approach with referrals and provider network information including high-risk transitions and monitoring.
C. Available HFSSS for Tenants
1.
• P-Provided detail of the consent process and commitment to this and specifically what happens when tenant declines consent. Also included how this will be documented and what training/quality assurance will be implemented.
2.
• P-Answer notes individual service plans and crisis plans with detail including content, coordination with external plans, documentation, review, updates, monitoring, and quality assurance.
3.
• P-Provided response that included all of the above adding documentation and quality assurance plans with it as well as the skill-building approach in general.
4.
• P-Mentioned direct experience in this area offering this type of support with 378 housing units. • P-Described what it includes, how it is approached, coordination with external providers, continuity, and monitoring/quality assurance.
5.
• P-Mentioned specific activities that will be provided. Confirmed naloxone availability/instructions and Syringe Service Program referrals program. Also provided detail about how Harm Reduction would be integrated into tenancy support with training, monitoring, and quality assurance.

Part IV, Section IV. Cost Structure Reimbursement Acknowledgement Form
Provided signed necessary form, met requirement.

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DATE: 9/10/26, 9/11/26, 9/14/26

EVALUATOR NAME: Michael Labua

EVALUATOR DEPARTMENT: DHHS/OBH

Individual Evaluator Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
• Experienced providing supportive housing, behavioral health, and MaineCare services to homeless individuals with multiple barriers to maintaining housing. • Demonstrated agreement with client's privilege to voluntary engagement in services and consent-based coordination. • Understands that services remain available until Participants decide to engage. • Has organizational infrastructure established to provide Home for Good services. • Plans to integrate Home for Good services into the existing network of services they utilize now. • Demonstrated experience providing trauma-informed services • Maintains services to help mitigate common barriers to stable housing. • Has developed property before, so understands how service delivery intersects with service delivery. Recognizes the different roles of property management, owners, and service providers. • Staff are qualified with relevant education, licensing, credentialing, and experience • Staff receive wide range training on relevant topics. • Demonstrated understanding of the importance of maintaining a distinction between property management and supportive services. • Has formal mechanisms in place for accountability and outcomes-based performance • Will maintain MaineCare provider status and TCM licensing. • Technology in place meets requirements of other funding. • Proposes much focus on coordination of ancillary supports. • Has current and former experience providing 24/7/236 services but not all were residential. Not clear how much 24/7/365 residential services currently being provided. • Current programs have well-defined structure to service delivery outside of regular business hours. • Plans to mitigate unresolved concerns before they escalate into crisis with formal processes and protocols to identify, evaluate, and respond to issues that may arise. • Systems are in place to document patterns and adjust staffing accordingly.	

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EVALUATOR NAME: Michael Labua

EVALUATOR DEPARTMENT: DHHS/OBH

- Demonstrated emphasis on communication between all stakeholders (clients, staff, and ancillary supports)
- Provides a wide range of adult behavioral health services and coordinating with other ancillary supports
- Plans to develop a coordinated health and behavioral health services approach
- Demonstrated knowledge of community-based resources. Staff receive training on how to assist participants in meeting resource requirements and fully accessing all requested resources
- Staff participant in local community-based networks to stay informed about local service networks and participant in efforts to improve service delivery.
- Plans to hire staff experienced serving individuals with complex needs
- Continuous training will be provided on relevant topics
- Plans to provide close supervision and regular engagement of all staff on all levels.
- Case records will be frequently reviewed by supervisors to ensure focus is on successful outcomes for participants.
- Demonstrated detailed plans for ensuring client needs are met with a staffing structure that is flexible and also allows for all staff to perform at their best and may incorporate part-time as well as per diem staff.
- Demonstrated knowledge of barriers to maintaining housing. Provided detailed explanation of how assistance is provided to evaluate risk and take practical action.
- Staff have experience navigating maintenance of income-based benefits and housing resources.
- Plans to provide individualized services to evaluate HRSN and incorporate findings in to individualized service plans
- Client preferences are considered when referrals are made. Referrals are tracked and action taken when needed to ensure successful connections are made.
- Client interests are considered when collaborating and partnering to provide on-site resources from the community.
- Administers many grants and contracts and has established procedures for meeting funder requirements.
- Fiscal oversight uses dedicated accounting software and is monitored monthly by different people. Independent audits completed annually.
- A secure web-based program is utilized for participant services.
- Compliance is maintained by dedicated staff and written policies for file review, program monitoring, fiscal review, and quality assurance

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- C
- ore administrative improvements included
- Formalized the risk management and corrective follow-up process to improved their ability to identify issues and take action proactively.
- Dedicated efforts to more fully utilize the client services tracking program increasing consistency and completeness of client records.
- Dedicated to improving cybersecurity and access controls through staff training and technological updates and continuous maintenance.
- Provided examples of raising private funds to cover expenses that exceed publicly funding operating budgets. Agency has a development office dedicated to this purpose.
- Provide descriptions of 3 recent projects primarily focused on housing navigation and coordination of ancillary supports

2. Organizational Chart

- The chart indicates to whom the project team reports (Independence Program Manager), but does not show the project team itself.

3. Litigation

- Two closed cases and one open case were listed.

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Part IV, Section III. Proposed Services	
1. Services to be Provided	
Part II	
A. Administrative Requirement	
1.	- Philosophy based on trust-based relationships, non-coercive housing support, role-focused coordination with property management. - Services will be individually tailored to tenant preferences and stated goals. - Services are based on voluntary engagement and quality assurance monitoring.
2.	- Plans to assign a project lead to coordinate all start-up activities including timely provision of required job descriptions, workplans, and certifications. - Subcontractors will not be utilized. - Will invoice according to established rates.
3.	Will participate in meetings and reviews, and follow direction from the Department and submit reports as directed.
4. a.-d.	- Vendor is a current MaineCare Provider - N/A - N/A
5. a.-b.	- Vendor is a current CoC HMIS participating agency - N/A
6. a.-c.	- Vendor is not currently a HOME and/or a TCM agency - Will utilize experience as a provider and biller of other MaineCare Services to enroll in HOME and/or TCM upon selection for a contract. Existing infrastructure will facilitate enrollment as a provider of these new services.
7.	- Existing formal agreements and MOU will be evaluated for applicability to Home for Good and any new Home for Good agreements that are required will be developed. - Plans to collaborate with Department to identify the community-based network of resources available to support the Home for Good property. - Plans to continuously clarify roles to avoid overlapping or contradicting service provision and maintenance of consent to communicate.
a.	

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

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• Provided detailed understanding of service oversight and care coordination priority in service delivery. • Demonstrated understanding of roles between HfG service providers and other ancillary supports, both licensed and unlicensed. • Care coordination and service delivery will be documented and reviewed via standard quality assurance processes.
8.
• Provider will use a phased, trigger-based readiness approach incorporating realistic timelines for property development and program implementation. • A project lead will prepare drafts of staffing requirements, workplans, training, supervision structure, program requirements and fiscal systems during the construction phase of the project. As milestones are reached, staff on-boarding, initial training, and other pre-occupancy activities are completed.
a.
• Provider will implement the readiness plans in accordance with timelines coordinated with department identified milestones to allow staff to be fully trained prior to first occupancy.
9.
• Provider has experience with compliance with other State, federal, and private grants and contracts. Systems are in place to identify and track programmatic and fiscal requirements. • Will assign specific personnel to review and implement Department guidance.
B. Housing First Support and Stabilization Services (HFSSS)
1.
• Will utilize a department approved staffing and supervision model. • Supervisory staff may not be present 24/7/265 but appropriate supervisory support will be available 254/7/365. • Will use existing experience as a template. • Staffing will be designed to ensure support is available at all times. • Shift changes will be carefully managed to ensure continuity of service delivery. • Consideration given in advance to staff call-out protocols, staff vacancies, critical incident escalations.
2.
• A minimum of two staff will be maintained on-site 24/7/365. • Staffing plan will have contingency plans to ensure two awake staff are present during all shifts including meal and rest breaks, call-out procedures, emergency response protocols.
3.

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• Client engagement will stress that tenants can accept decline, pause or change services without fear housing will be affected. • Staff will use interviewing and support techniques to build trust over time, engaging at the pace set by the tenant. • Safety planning will be tenant defined and include physical and emotional safety, visitor boundaries, privacy, and crisis supports. • Services will be modified to meet the changing needs and preferences of tenants.
4.
• Education and coaching of tenants is a component of services. • Careful assessment and acknowledgement of tenant preferences is to be made. • Needs not met by ancillary supports will be provide for.
5.
• Provided examples of detailed minimum policies and procedures to be developed and implemented. • Provided detailed explanation of version control mechanisms. • Processes in place for public-facing document accessibility.
6.
• Forms related to tenant rights, informed consent, voluntary participation, and other rights will be incorporated into written policies and staff training. They will be a component of quality assurance. • Consent or releases of information can be changed or revoked at any time. • Tenants are notified of their rights and protections at enrollment.
7.
• Tenant choice and preference will drive referrals. • Provider will establish referral pathways to streamline connection to wanted and available services. • Provider will maintain resource directories. • Each referral will be tracked to completion. Incomplete referrals will be analyzed. • High-risk referrals and service connections will follow special protocols.
C. Available HFSSS for Tenants
1.
• Consent will be obtained before services begin and revisited during any material change in services or circumstances. • Staff will reinforce housing is not conditional on service participation. • Declining services is NOT considered noncompliance and will not impact access to future voluntary services.

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• Staff will be trained on voluntary services, informed consent, confidentiality, release of information practices, non-retaliation and other related topics.
2.
• Plans will be strengths-based and address goals identified by the tenant. • Collaboration with ancillary supports and the tenant's natural supports as appropriate and preferred by the tenant. • Crisis planning will be offered when a tenant identifies a safety concern, a crisis occurs, or when staff and/or tenants identify a pattern that suggests a proactive plan be developed. • HfG service plans and crisis plans will coordinate with but not replace clinical treatment plans, medical advice, licensed provider judgement • Plans will be documented in the agency client data system.
3.
• All tenants will be offered the identified services. • Assistance will be guided by each tenant's goals, preferences, readiness, communication style, accessibility needs, cultural considerations, safety concerns, existing providers and desired level of staff involvement. • Plans to assist tenants with determining MaineCare current coverage, completing applications, recertifications and redeterminations and other functions required to maintain access to benefits and care. • Support while navigating other benefits such as SNAP or SSI/SSDI will be offered. • Provided examples of assistance with these components.
4.
• Case management will be focused on housing maintenance and service coordination. • It will be voluntary. • When a tenant does not have an external case manager, provider will offer HfG case management directly. • It will coordinate with other appropriate service providers when they are involved an consent has been obtained. • It will not replace clinical treatment licensed provider judgement
5.
• Plans to use tenant unput, service-plan goals, incident patterns, high-risk times, tenant feed-back, attendance and engagement trends, community rhythms, and emergency safety or isolation concerns to shape the activity schedule. • Co-design activities with tenants. • Naloxone will be available along with easily available instructions for use. • Referrals will be made to CDC-certified syringe service programs • Plans to apply Maine CDC harm reduction guidance

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DATE: 9/10/26, 9/11/26, 9/14/26

EVALUATOR NAME: Michael Labua

EVALUATOR DEPARTMENT: DHHS/OBH

- | |
|---|
| <ul style="list-style-type: none">• Harm reduction will not be a stand-alone activity but will be incorporated into all aspects of program planning and client engagement.• Harm reduction activities will be documented and analyzed for effectiveness. |
|---|

Part IV, Section IV. Cost Structure Reimbursement Acknowledgement Form
• The signed Cost Structure Reimbursement Acknowledgement Form was included.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202412212- 2026 Annual Enrollment

RFP TITLE: PQVL for Housing First Support and Stabilization Services

BIDDER NAME: Penquis C.A.P., Inc.

DATE: 9/11/2026 Org Qual & Experience, 9/14/2026 Proposed Services

EVALUATOR NAME: Taylor LaCroix

EVALUATOR DEPARTMENT: DHHS/OBH

Individual Evaluator Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
• Bidder met requirements • Bidder indicates approach is consistent with Housing First principles including voluntary services, tenant choice, engagement and focused on reducing barriers. • Bidder indicates being well-positioned due to multifaceted infrastructure in place. • Bidder indicates using harm-reduction informed engagement • Nonprofit community action agency, licensed behavioral health agency, community development corporation, and community housing development organization • Has delivered housing stability, transportation access, school readiness, health, safety, and economic mobility services for “nearly 60 years”. • Organization and subsidiaries impact all 16 counties • Bidder has operated housing programs to include residential supportive housing, housing navigation, emergency rental assistance, housing-related financial assistance, permanent supportive housing residence, and on-site supportive service coordination. • Bidder participates in Homeless Management Information System (HMIS) and has experience with the Maine Continuum of Care (COC) Coordinated Entry System. • MaineCare provider and capacity to provide Targeted Case Management under its mental health license. • Qualifications support tenant engagement, documentation, care coordination, data collection, reporting, and alignment with homeless response systems. • Highly qualified staff, including members certified as a Licensed Clinical Social Worker, Licensed Social Worker, Mental Health Rehabilitation Technician/Community, and Recovery Coach. • Experienced serving people experiencing or at risk of these crises (physical and mental health needs, substance use concerns, financial instability, safety concerns, transportation barriers and difficulty navigating complex systems) and helping them access practical supports before instability escalates. • The agency uses empowOR, a secure web-based client, services, and results tracking system that supports eligibility tracking, service documentation, referrals, outcome tracking, routine reporting, performance monitoring, and ad hoc data requests.	

**STATE OF MAINE
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EVALUATOR NAME: Taylor LaCroix

EVALUATOR DEPARTMENT: DHHS/OBH

- Nearly 60 years of contract history with Department of Health and Human Services.
- Exemplary status from NeighborWorks America
- 558 community partnerships across geographies and sectors
- In FY25, Penquis served 145 people who reported experiencing homelessness.
- Past and current experience providing or supporting services that require 24/7/365 coverage including a residential program, an on-call support helpline, and assisted living.
- Indicates Bidder will establish staff roles, supervision and backup coverage, on-call or after-hours response expectations as required by the service model, documentation standards, communication routines, safety and escalation protocols, and coordination expectations with property management and community providers.
- Provides direct health and behavioral health related supports through multiple programs including Case Management, Counseling, Behavioral Health Navigation, and Behavioral Health Homes.
- Experience coordinating health, behavioral health, benefits, safety, and community supports in housing and residential service settings.
- Community partnerships across nonprofit, faithbased, government, business, education, financial, health, and statewide association sectors.
- Staff are active in community initiatives and coalitions such as Board of Directors, Committees, Coalitions, and Alliances.
- Existing formal and structured relationships with area providers that support coordinated service delivery across health care, behavioral health, recovery, shelter, victim services, basic needs, and housing stabilization
- Focus on candidates able to provide trauma-informed, person-centered, culturally responsive, Housing First-aligned, and tenancy-focused support.
- Has used full-time, part-time, per diem, on-call, and management backup staffing to maintain coverage and continuity in other 24/7/365 settings.
- Mitigates housing-retention barriers through individualized, trauma-informed, Housing First-aligned support.
- Draws on a network of internal services and community partnerships to help tenants stabilize after lease-up.
- Experience with assisting tenants maintain eligibility for housing assistance, preserve MaineCare and other health insurance coverage, and access benefits.
- Assesses Health Related Social Needs (HRSN) as part of intake and service planning.

**STATE OF MAINE
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EVALUATOR DEPARTMENT: DHHS/OBH

- Utilizes a Resident Services Coordinator model to decrease vacancy and turnover rates, develop positive community atmosphere, create stronger connections to community resources, and coordinate support.
- Agency is a LIHTC housing developer and landlord.
- Administers a large portfolio of federal, state, local, private, and philanthropic grants and contracts
- Central Accounting Office conducts monthly budget reviews with departments
- Uses HMIS and Maine CoC-aligned data practices to support client tracking, service documentation, referral and outcome reporting, performance monitoring, and coordination with homeless response systems
- Uses a risk management platform (CAMMS)
- History of leveraging private and non-federal resources
- Development Office works with program and executive leadership to identify funding gaps and pursue funding opportunities.

Three Projects

- Program focused on household experiencing homelessness or at risk of homelessness access housing, and stabilize tenancy throughout four (4) counties.
- The program worked with 111 families and successfully housed 53 families
- Program providing funding to assist families at risk of homelessness or experiencing housing instability throughout three (3) counties
- Administered more than \$49 million in rental assistance, serving 7,787 unique households in the initial COVID-19 ERA program and 6,782 households in the second release of funding.
- Program focused on helping survivors of human trafficking in two (2) counties access housing.
- The program served 74 survivors and 9 dependents

2. Organizational Chart

- Bidder partially met requirements
- Provided agency organizational chart
- Program organizational chart not provided to delineate responsibilities within the program.

3. Litigation

- Two (2) Closed litigation cases and one (1) open litigation case.

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Part IV, Section III. Proposed Services	
1. Services to be Provided	
Part II	
A. Administrative Requirement	
1.	• Bidder met requirements • Described services model derived from four strengths including affordable-housing resident service experience, 24/7 residential and crisis-response capacity, current MaineCare and HMIS participation, and compliance infrastructure. • Service philosophy grounded in focused outreach, nonjudgmental engagement, tenant choice, cultural humility, and flexible support. • Build voluntary, trust-based relationships with residents • Intends to support housing stability without coercion • Coordinate with property management while maintaining clear service boundaries, allowing for role clarity. • Service coordination to health, behavioral health, benefits, transportation, food, and other supports. • Tenant goals will be supported by asking each tenant what support they want, how they would like to engage, where they'd like to engage, and who they'd like involved in their goals • Use motivational interviewing, active listening, trauma-informed practice, harm reduction, de-escalation, lease education, landlord/tenant communication support, regular check-ins, and predictable follow-up
2.	• Bidder met requirements • Capacity to engage with the Department at least six months before tenancy • Will assign a project lead to convene respective departments to coordinate start-up activities. • Confirmed ability to provide Department with position titles and job descriptions including minimum qualifications, staffing plan, time allocations, supervision structure and responsibilities, subcontractor or consultant roles/oversight (if applicable) and implementation plan. • Will not use subcontractors or consultants to provide core HFG services. • Will submit a valid certificate of insurance on a standard ACORD form or equivalent, maintain required insurance throughout • Will invoice the Department for services based on the established reimbursement rates
3.	• Bidder met requirements

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EVALUATOR DEPARTMENT: DHHS/OBH

• Will participate in Department-led start-up meetings, HFG team meetings, implementation check-ins, monitoring reviews, site visits, case conferencing. • Will identify a project point of contact
4. a.-d.
• Vendor is a current MaineCare provider • N/A • N/a
5. a.-c.
• Vendor is a current CoC HMIS participating agency • N/a
6. a.-c.
• Vendor is not a currently HOME Provider and/or TCM agency • Bidder met requirements • Included attachment indicating PNMI provider • Not currently enrolled as a Housing Outreach and Member Engagement (HOME) or Targeted Case Management (TCM) agency. • Current MaineCare provider with MaineCare billing experience • Will confirm with the Department and the Office of MaineCare Services which enrollment category or categories are required for the final HFG service model and will complete the corresponding application, staffing, policy, training, documentation, and billing steps before services begin. • Employs behavioral health professionals and case management staff with experience supporting individual experiencing housing instability and behavioral health challenges. • Core infrastructure of TCM in place including qualified staff pipelines, supervision, documentation, compliance oversight, MaineCare billing capacity. • Will assign executive and project leadership to oversee HOME Provider and/or TCM enrollment • Will manage enrollment through a written readiness work plan
7.
• Bidder met requirements • Ability to establish and maintain formal relationships, including contracts, MOUs, referral agreements, and documented referral pathways • Will distinguish between existing formal agreements, established referral relationships, and any HFG-specific agreements that must be developed or updated • Provided a list of current existing partner network • Will confirm that partner providers are appropriately licensed, credentialed, enrolled, or otherwise qualified to deliver the services for which tenants are referred

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: DHHS/OBH

• Will maintain a service-area provider directory • Will clarify roles with external providers so HFG Services do not duplicate other covered services
a.
• Bidder met requirements • Will provide service oversight and care coordination • Will not direct, supervise, or replace clinical treatment delivered by independent providers • Will provide active, tenant centered coordination, treatment referrals, transition planning, and follow-up. • Use closed-loop referral tracking • Provider role clarity will be conducted • Will give particular attention to continuity of care during high-risk transitions, including hospital discharge, crisis stabilization, detoxification or substance use treatment transitions, incarceration or justice-system transitions when applicable, changes in MaineCare or provider eligibility, and periods when tenants disengage from services
8.
• Bidder met requirements • Will use a phased, trigger-based readiness approach developed in collaboration with the Department • Will assign a project lead upon selection and contract initiation • Will update the implementation work plan as Department guidance evolves • When anticipated opening window is identified, will activate a readiness clock that schedules final hiring, onboarding, training, outreach, etc. • Will plan for the six-month pre-tenancy engagement period to focus on staff recruitment and onboarding, referral-pathway confirmation, tenant outreach. • Will document launch readiness through an internal checklist reviewed by the project lead, program leadership and respective departments before sharing with Department.
a.
• Bidder met requirements • Will use a Department-approved, trigger-based implementation process that aligns hiring, onboarding, training, outreach, supervision, and readiness verification • When occupancy date is known, will identify project leadership, prepare job descriptions, begin recruitment, drafting training plans, prepare policies and procedures, and establishing structures. • Will plan for the required six month pre-tenancy engagement period and will use that period for final implementation planning

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: DHHS/OBH

- Training will include Housing First, person centered and strengths-based engagement, voluntary services, harm reduction, trauma-informed practice, motivational interviewing, crisis response, de-escalation, confidentiality, participant rights, grievance procedures, documentation, HMIS, critical incident reporting, safety protocols, referral pathways, coordination, etc.
- Will begin outreach when authorized by the Department.

9.

- Bidder met requirements
- Acknowledged compliance with all additional agency requirements and the HFG services program manual, executed contract, applicable federal and state statutes and rules, and Department guidance.
- Will complete a formal compliance crosswalk
- Will assign responsible leadership to review requirements upon contract execution or whenever the Department issues or updates the program manual or related guidance.
- Will use compliance tracking, supervision, quality assurance reviews, leadership reviews, internal audits, tenant feedback, incident review and corrective action processes

B. Housing First Support and Stabilization Services (HFSSS)

1.

- Bidder met requirements
- Will provide continuous on-site HFG Services coverage, including daytime, evening, overnight, weekend, and holiday coverage
- Staff will be physically on-site to provide HFG services, and supervisory or administrative backup that may be available by phone, on call or through escalation protocols
- On-site HFG Services coverage will be structured to ensure tenants can access voluntary support at all times
- Tenants can access HFG services through scheduled and unscheduled in person contact.
- Shift-change will include handoff notes, review of urgent tenant needs, safety concerns, pending referrals, critical incidents, coordination issues and follow-up tasks
- Has experience with maintaining continuous 24/7 support
- The staffing plan and Department-approved backup procedures will address weekends, holidays, severe weather, staff callouts, emergencies, and other disruptions so required on-site service coverage continues without interruption
- Will review patterns and trends to determine whether the staffing model, shift assignments or supervision practices need adjustment

2.

- Bidder met requirements

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EVALUATOR NAME: Taylor LaCroix

EVALUATOR DEPARTMENT: DHHS/OBH

- Will maintain at least two HFG Services staff physically available on site 24/7/365 through a Department-approved staffing plan
- Ensure two staff are awake, available, and able to respond to tenant needs during all assigned shifts, including overnight, weekend, holiday, and emergency periods
- Supervisory, administrative, clinical consultation, or on-call backup support will not be counted toward the two required on-site staff.
- Will establish recruitment channels, supervisory review, and back-up procedures to protect the two-staff requirement

3.

- Bidder met requirements
- Services include focused outreach, nonjudgmental engagement, tenant safety, individual emotional support, flexibility, and adaptation to tenant needs.
- Service will be voluntary
- Currently serves 378 housing units, giving the organization direct experience building trust with residents
- Nonjudgmental engagement will begin with consistent, respectful contact that allows tenants to accept, decline, pause, or change services without fear that housing will be affected
- Staff will use motivational interviewing, harm reduction, trauma-informed practices
- When tenants decline services or disengage, will continue with noncoercive brief check-ins.
- Will maintain clear service boundaries, explain confidentiality and consent, distinguish supportive services from lease enforcement
- Respond to safety concerns through de-escalation, safety planning, crisis supports, harm reduction, and warm handoffs when needed
- Individual emotional support will be provided through regular voluntary check-ins
- Services will be flexible and adapted to tenant needs

4.

- Bidder met requirements
- Will use individualized assessments, housing stability plans, tenancy education, care coordination and follow-up
- Support will be flexible and adjusted based on tenant preference
- Provided detailed description of supports which may include lease comprehension, tenant rights and responsibilities, unit care, budgeting, guest-boundary planning, etc.
- Skill-building will be practical and individualized
- When appropriate and desired, staff will practice skills with tenants in real-life settings
- Will assist tenants with accessing and maintaining MaineCare services, social services, benefits, and community-based supports

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EVALUATOR DEPARTMENT: DHHS/OBH

• Referrals and coordination will be based on tenant choice, consent, signed releases of information, provider availability, eligibility, and service-area resources.
5.
• Bidder met requirements • Policy development process will crosswalk the executed contract, program manual, and other applicable guidance • Provided a list of minimum policy areas Bidder anticipates to address • Policy areas will have an assigned owner for implementation, updates, communication and monitoring • Tenant facing materials will be available in plain language and accessible formats • Use document-control and version control practices
6.
• Bidder met requirements • Tenant-facing materials will be in plain language and accessible formats indicating voluntary services and housing is not a condition of service participation • Tenant rights, informed consent, voluntary participation, confidentiality, nondiscrimination, reasonable accommodation, language access, grievance rights, complaint procedures, non-retaliation, and privacy were all addressed. • Addressed training staff of tenant rights and policy practices.
7.
• Bidder met requirements • Referrals will be based on tenant choice, preference, consent, signed releases of information, eligibility, provider availability, service-area resources, and the tenant's goals • Will ensure referrals are going to providers that are licensed and credentialed to provide the services they are offering. • Provided a list of current existing partners covering health care services, substance use treatment and mental health care. • Addressed warm hand offs, and closed-loop referrals to ensure tenants are connected to services. • Will develop provider directory for referrals to be updated based on capacity, points of contact, etc.
C. Available HFSSS for Tenants
1.
• Bidder met requirements • Will provide HFG services only with the full, informed, voluntary and ongoing consent of the tenant

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EVALUATOR DEPARTMENT: DHHS/OBH

• Housing is not conditioned on participation in HFG Services, treatment compliance, sobriety, medication adherence, engagement • Staff will explain informed consent and services available onsite. • Addressed consent as a continuing conversation • Documentation will reflect the tenant's consent • Addressed if tenant declines services that staff will still engage the tenant where appropriate
2.
• Bidder met requirements • Voluntary, person-centered, strengths-based planning process for individual service plans and crisis plans • Service planning will begin after informed consent to services • Plans will be living documents guided by the tenant • Tenants can include supports in service planning process • Service plans to indicate strengths and needs, tenant-defined goals, action steps, responsible parties and timeframes • Crisis plans developed when appropriate and voluntary • Service plans and crisis plans will coordinate with and will not replace other service plans by external providers • Service plan and crisis plan review at least annually or as required by Department.
3.
• Bidder met requirements • Will assist tenants with accessing service areas during orientation, service planning, check-ins and as needed. • Will periodically re-offer declined services without pressure or retaliation, and will document declined services • Will help tenants with MaineCare coverage and referrals/connection to covered services • Social service and benefits navigation was described addressing identified areas and other such as vocational services, utility assistance, etc. • Provided examples of life-skills development supports • Provided methodology on how skill-building will be offered. • Indicated 24/7/365 support may include the tenancy support services described. • Quality assurance practices will confirm tenancy supports, navigation of benefits, and referrals were provided by HFG staff
4.
• Bidder met requirements

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EVALUATOR DEPARTMENT: DHHS/OBH

- Housing focused case management will be provided by HFG staff unless the Bidder is otherwise providing MaineCare covered services that would be considered duplicative.
- Case management will be offered at multiple points of intervention
- Case management may include engagement, assessment, service planning, benefits navigation, referrals, coordination, and warm handoffs.
- HFG Staff will coordinate with existing providers of the tenants with tenant consent and signed releases of information.
- Tenants may accept, decline, pause, re-enter, increase, decrease, or change case management services at any time without retaliation
Tenants preferred contact is person centered and driven
- Will provide continuous noncoercive re-engagement strategies to tenants who declined services.

5.

- Bidder met requirements
- Harm reduction supports offered at multiple points of intervention
- Provided list of harm reduction support examples focusing on substance use treatment
- Co-design alternative activities with tenants who would like to participate
- Provided examples of alternate activities including low-barrier activities tenants identify as meaningful
- Naloxone availability during all shifts with staff trained in naloxone response
- Voluntary post-overdose follow-up may be offered
- Referrals will be provided to Maine CDC certified Syringe Service Program resources.
- Staff will be trained on referral pathway to Syringe Service Programs.

Part IV, Section IV. Cost Structure Reimbursement Acknowledgement Form

- Signed Cost Structure Reimbursement Acknowledgement Form



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner

**AGREEMENT AND DISCLOSURE STATEMENT
RFP 202412212**

PQVL for Housing First Support and Stabilization Services (HFSSS)- 2026 Annual Enrollment

I, Curt Fletcher accept the offer to become a member of the Evaluation Team for this solicitation for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this solicitation.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this solicitation nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

I agree to hold confidential all information related to the contents of this solicitation presented during the review process until such time as the Department formally releases the award decision notices for public distribution.

Signed by:

Curt Fletcher

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Sep-10-2026

Signature

Date



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner

**AGREEMENT AND DISCLOSURE STATEMENT
RFP 202412212**

PQVL for Housing First Support and Stabilization Services (HFSSS)- 2026 Annual Enrollment

I, Michael LaBua accept the offer to become a member of the Evaluation Team for this solicitation for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this solicitation.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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DocuSigned by:

Michael LaBua

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Sep-10-2026

Signature

Date



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner

**AGREEMENT AND DISCLOSURE STATEMENT
RFP 202412212**

PQVL for Housing First Support and Stabilization Services (HFSSS)- 2026 Annual Enrollment

I, Taylor LaCroix accept the offer to become a member of the Evaluation Team for this solicitation for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this solicitation.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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Signed by:

Taylor LaCroix

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Sep-10-2026

Signature

Date