

**State of Maine**  
**Master Score Sheet**

RFP# 202412212						
PQVL for Housing First Support and Stabilization Services						
Bidder Name:		Aroostook Mental Health Services, Inc.	Catholic Charities Maine (CCM)	Community Concepts, Inc.	Mercy Hospital dba Northern Light Mercy Hospital	Mid-Maine Homeless Shelter & Services
Scoring Sections	Points Available					
Section I: Preliminary Information	Pass/Fail	N/A	N/A	N/A	N/A	N/A
Section II: Qualifications and Experience	50	45.00	48.00	48.00	46.00	45.00
Section III: Proposed Services	25	17.00	23.00	22.00	20.00	18.00
Section IV: Cost Structure Acknowledgement	25	25.00	25.00	25.00	25.00	0.00
<b>TOTAL</b>	<b><u>100.00</u></b>	<b><u>87.00</u></b>	<b><u>96.00</u></b>	<b><u>95.00</u></b>	<b><u>91.00</u></b>	<b><u>63.00</u></b>
Bidder Name:		Preble Street	Spurwink Services, Inc.	VOA Northern New England	York County Community Action Corporation	
Scoring Sections	Points Available					
Section I: Preliminary Information	Pass/Fail	N/A	N/A	N/A	N/A	
Section II: Qualifications and Experience	50	47.00	42.00	47.00	46.00	
Section III: Proposed Services	25	20.00	15.00	17.00	15.00	
Section IV: Cost Proposal Acknowledgement	25	25.00	25.00	25.00	25.00	
<b>TOTAL</b>	<b><u>100.00</u></b>	<b><u>92.00</u></b>	<b><u>82.00</u></b>	<b><u>89.00</u></b>	<b><u>86.00</u></b>	



**Award Justification Statement**  
**RFP# 202412212**  
**PQVL for Housing First Support and Stabilization Services**

**I. Summary**

Through RFP# 202412212 the Department sought proposals for Bidders to be included on the Pre-Qualified Vendor List (PQVL) for Housing First Support and Stabilization Services. Nine (9) Bidders responded to the RFP and are considered pre-qualified to provide Housing First Support and Stabilization Services. Bidders include:

Aroostook Mental Health Services, Inc.  
Catholic Charities Maine (CCM)  
Community Concepts, Inc.  
Mercy Hospital dba Northern Light Mercy Hospital  
Mid-Maine Homeless Shelter & Services  
Preble Street  
Spurwink Services, Inc.  
VOA Northern New England  
York County Community Action Corporation

**II. Evaluation Process**

An Evaluation Team, composed of five State employees, applied the consensus method in scoring the Bidders' Qualifications & Experience and Proposed Services. Scores for the Cost Proposals were assigned using a mathematical formula.

**III. Qualifications & Experience of Conditional Awardees**

Each of the Conditional Awardees offered an accomplished, experience-laden portfolio demonstrating the ability to deliver the services required by the RFP and successfully perform under the prospective contract.

**IV. Proposed Services by Conditional Awardees**

Each of the Conditional Awardees provided a well-rounded response outlining an understanding of, and ability to meet, programmatic requirements of the RFP.

**V. Cost Proposal**

Bidders were required to provide a signed Cost Structure Reimbursement Acknowledgement Form. No specific cost/rates were requested as part of this evaluation process.

**VI. Conclusion**

The strength of each of the Conditional Awardees' proposals demonstrated their qualifications and experience to provide Housing First Support and Stabilization Services.

Janet T. Mills  
Governor

Sara Gagné-Holmes  
Commissioner



Maine Department of Health and Human Services  
Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

Mar-18-2025

Via Electronic Mail: [djacques@amhc.org](mailto:djacques@amhc.org)

Aroostook Mental Health Services, Inc  
Debra Jacques, Director of Marketing and Development  
180 Academy Street, Suite 3  
Presque Isle, ME 04769

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

Dear Ms. Jacques,

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 Commissioner for Pre-Qualified Vendor List for Housing First Support and Stabilization Services. 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(s):

- Aroostook Mental Health Services, Inc
- Catholic Charities Maine (CCM)
- Community Concepts, Inc.
- Mercy Hospital dba Northern Light Mercy Hospital
- Mid-Maine Homeless Shelter & Services
- Preble Street
- Spurwink Services, Inc.
- VOA Northern New England
- York County Community Action Corporation

The bidder(s) 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

DocuSigned by:



5DC6307B8558482...

Debra Downer  
Deputy Director for Competitive Procurement  
Division of Contract Management

Janet T. Mills  
Governor

Sara Gagné-Holmes  
Commissioner



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TTY: Dial 711 (Maine Relay)

Mar-18-2025

Via Electronic Mail: [apekins@ccmaine.org](mailto:apekins@ccmaine.org)

Catholic Charities Maine (CCM)  
Alyssa Gilberti Pekins, MPA, Chief Compliance  
307 Congress St.  
Portland, Maine 04104

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

Dear Ms. Gilberti Pekins,

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 Commissioner for Pre-Qualified Vendor List for Housing First Support and Stabilization Services. 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(s):

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- Preble Street
- Spurwink Services, Inc.
- VOA Northern New England
- York County Community Action Corporation

The bidder(s) 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.

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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

DocuSigned by:



5DC6307B8558482...

Debra Downer  
Deputy Director for Competitive Procurement  
Division of Contract Management

Janet T. Mills  
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Commissioner



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TTY: Dial 711 (Maine Relay)

Mar-18-2025

Via Electronic Mail: [jleblanc@community-concepts.org](mailto:jleblanc@community-concepts.org)

Community Concepts, Inc.  
Jessica LeBlanc, Director of Behavioral Health  
240 Bates St.  
Lewiston, Maine 04240

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

Dear Ms. LeBlanc,

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 Commissioner for Pre-Qualified Vendor List for Housing First Support and Stabilization Services. 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(s):

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- York County Community Action Corporation

The bidder(s) 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).

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

Sincerely,

Signed by:



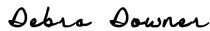
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Adrienne Leahey

Chief Operating Officer

Office of Behavioral Health

DocuSigned by:



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Debra Downer

Deputy Director for Competitive Procurement

Division of Contract Management



Janet T. Mills  
Governor

Sara Gagné-Holmes  
Commissioner



Maine Department of Health and Human Services  
Division of Contract Management  
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Augusta, Maine 04333-0011  
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TTY: Dial 711 (Maine Relay)

Mar-18-2025

Via Electronic Mail: [skahanm@northernlight.org](mailto:skahanm@northernlight.org)

Mercy Hospital dba Northern Light Mercy Hospital  
Melissa Skahan, Vice President Mission Integration  
175 Fore River Parkway  
Portland, Maine 04102

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

Dear Ms. Skahan,

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 Commissioner for Pre-Qualified Vendor List for Housing First Support and Stabilization Services. 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(s):

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- Preble Street
- Spurwink Services, Inc.
- VOA Northern New England
- York County Community Action Corporation

The bidder(s) 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).

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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

DocuSigned by:



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Debra Downer

Deputy Director for Competitive Procurement

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Commissioner



Maine Department of Health and Human Services  
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Augusta, Maine 04333-0011  
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TTY: Dial 711 (Maine Relay)

Mar-18-2025

Via Electronic Mail: [katie@shelterme.org](mailto:katie@shelterme.org)

Mid-Maine Homeless Shelter & Services  
Dr. Katie Spencer White, CEO  
19 Colby Street  
Waterville, ME 04901

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

Dear Dr. Spencer White,

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 Commissioner for Pre-Qualified Vendor List for Housing First Support and Stabilization Services. 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(s):

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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

DocuSigned by:



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Debra Downer  
Deputy Director for Competitive Procurement  
Division of Contract Management

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Governor

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Commissioner



Maine Department of Health and Human Services  
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Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

Mar-18-2025

Via Electronic Mail: [kbutts@preblestreet.org](mailto:kbutts@preblestreet.org)

Preble Street  
Karyn Butts, Senior Director of Public Grants  
55 Portland St.  
Portland, ME 04101

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

Dear Ms. Butts,

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 Commissioner for Pre-Qualified Vendor List for Housing First Support and Stabilization Services. 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(s):

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The bidder(s) 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

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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).

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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

DocuSigned by:



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Debra Downer

Deputy Director for Competitive Procurement

Division of Contract Management

Janet T. Mills  
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Maine Department of Health and Human Services  
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Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

Mar-18-2025

Via Electronic Mail: [ggallucci@spurwink.org](mailto:ggallucci@spurwink.org)

Spurwink Services, Inc.  
Gabrielle Gallucci  
901 Washington Ave, Suite 100  
Portland, ME 04103

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

Dear Ms. Gallucci,

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 Commissioner for Pre-Qualified Vendor List for Housing First Support and Stabilization Services. 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(s):

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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

DocuSigned by:



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Debra Downer  
Deputy Director for Competitive Procurement  
Division of Contract Management



Janet T. Mills  
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Commissioner



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Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

Mar-18-2025

Via Electronic Mail: [jennifer.iacovelli@voanne.org](mailto:jennifer.iacovelli@voanne.org)

VOA Northern New England  
Jennifer Iacovelli, Senior Grant Consultant  
14 Maine Street, Suite 100  
Brunswick, ME 04011

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

Dear Ms. Iacovelli,

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 Commissioner for Pre-Qualified Vendor List for Housing First Support and Stabilization Services. 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(s):

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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:



EED18D286BE941B...

Adrienne Leahey  
Chief Operating Officer  
Office of Behavioral Health

DocuSigned by:



5DC6307B8558482...

Debra Downer  
Deputy Director for Competitive Procurement  
Division of Contract Management

Janet T. Mills  
Governor

Sara Gagné-Holmes  
Commissioner



Maine Department of Health and Human Services  
Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

Mar-18-2025

Via Electronic Mail: [carter.friend@yccac.org](mailto:carter.friend@yccac.org)

York County Community Action Corporation  
Carter Friend, CEO  
6 Spruce Street  
Sanford, ME 04073

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

Dear Mr. Friend,

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 Commissioner for Pre-Qualified Vendor List for Housing First Support and Stabilization Services. 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(s):

- Aroostook Mental Health Services, Inc
- Catholic Charities Maine (CCM)
- Community Concepts, Inc.
- Mercy Hospital dba Northern Light Mercy Hospital
- Mid-Maine Homeless Shelter & Services
- Preble Street
- Spurwink Services, Inc.
- VOA Northern New England
- York County Community Action Corporation

The bidder(s) 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

DocuSigned by:



5DC6307B8558482...

Debra Downer

Deputy Director for Competitive Procurement

Division of Contract Management

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Aroostook Mental Health Services, Inc.

**DATE:** February 24, 2025

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Tia Bolduc, Anna Ko, Michael LaBua, Adrienne Leahey, Kerry Polyot-Stefani

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<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>45.00</b>
Section III. Proposed Services	<b>25</b>	<b>17.00</b>
Section IV. Cost Proposal	<b>25</b>	<b>25.00</b>
<b><u>Total Points</u></b>	<b><u>100</u></b>	<b><u>87.00</u></b>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Aroostook Mental Health Services, Inc.

**DATE:** February 24, 2025

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**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**Evaluation Team Comments:**

N/A

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Aroostook Mental Health Services, Inc.

**DATE:** February 24, 2025

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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	<b>50</b>	<b>45.00</b>

**Evaluation Team Comments:**

**Part IV. Section II. Organizational Qualification and Experience**

**1. Overview of the Organization**

- Has demonstrated competency with service provision and maximization of State funding
- Continuous provider of behavioral health since 1964
- Provides services in Aroostook, Hancock, and Washington Counties.
- Have multiple 24/7/365 facilities
- Three short-term residential programs focused on crisis stabilization with the largest having 18 beds
- Current programs are adept at referring to services outside of the agency as well as connecting to benefit programs
- Decades experience with individual experiencing homelessness
- Minimal response to ensuring optimal staffing levels at Housing First Rental Home
- Have worked extensively with community partners which includes “nearly 50 contractual agreements” for behavioral health services in county jails, school districts, hospitals, “FQHCs” and other social service agencies
- Listed some common barriers and described their general practice for assisting an individual with addressing barriers to housing, including talking to natural supports and coming up with a plan for resource acquisition next steps, including for medical and behavioral health services
- Extensive experience with adult case management and housing services
- Experience assisting with MaineCare, housing, etc.
- Indicated addressing HRSN is foundational to their agency services, regardless of treatment focus; and they complete an official comprehensive assessment on all behavioral health services recipients
- Complete intake assessments with individual service plans (ISPs); Plans are updated every 90 days regardless; ISPs reflect client’s personal preferences and choices
- Staff receive ongoing training on relevant topics and licensing/certification requirements

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

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**DATE:** February 24, 2025

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- Referred to Section 17 Community Integration Program interagency collaboration; collaboration with the Aroostook County Action Program (ACAP); collaboration with Community Health and Counseling Services (CHCS) in the Washington County service area; and collaboration with Downeast Community Partners and Penquis CAP in Hancock County
- Demonstrated experience providing permanent housing and acting as a landlord
- Current on-site experience at the Caribou Apartments in Aroostook County (10 units) providing 1:1 individualized case management services and MaineCare Section 17 Community integration services or MaineCare section 92, dependent on MaineCare member eligibility
- Prior experience includes Vickers Hope supportive housing service provided under the "Section 17 1907 Rental Subsidy contract"
- Experience working with landlords and property managers through agency programming, including BRAP, Shelter Plus Care, Caribou Apartments, Vickers Hope program and decades-long outpatient case management program under Section 17 Community Integration and Adult and Children's Behavioral Services under Section 92
- Indicated first-hand experience as a landlord and property manager for programs housing clients/residents, with relevant programs indicated
- Dedicated finance, compliance, and IT teams
- Improvements to administrative procedures all involve new technology to streamline financial, communication, and human resource systems
- Provided a list of foundations the Bidder has secured private funding from in the last five (5) years; and uses financial software to track all donations and designations.
- Secured private funds from foundations located in Maine and included examples of specific private funding and amounts secured
- Has a donor platform on its website where donors can provide a gift where the need is greatest or designate to a specific program
- Recent projects involved the provision of case management and community integration services at a variety of subsidized supportive housing programs
- Administrative work, at Vicker's Hope Housing, related to the tenant occupancy, e.g. move-in/ move-out, apartment transfers, Housing Quality Standards (HQS) inspections, annual income verification and rent calculations

## **2. Organizational Chart**

- Provided but did not indicate the anticipated project team, therefore it is unclear how Housing First will fit into the organization

## **3. Litigation**

- Provided, no concerns at this time



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Aroostook Mental Health Services, Inc.

**DATE:** February 24, 2025

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**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>25</b>	<b>17.00</b>

**Evaluation Team Comments:**

**Part IV, Section III Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Provided minimal response on how HFSSS will be provided in a person-centered, strengths-based manner
- Indicates a commitment to customizing support to fit specific client circumstances and unique needs.
- Staff will receive on-site training and mentoring and ongoing staff development, including training on Motivational Interviewing, Mental Health Support, Cultural Sensitivity and training associated with the Mental Health Rehabilitation Technician (MHRT-1) credential.
- Staff to follow MHRT Code of Ethics with tenants.
- Provision of on-site case management services, including individualized treatment plans focused on services best meeting client needs.
- Community Integration Services offered provide a model for what HFSSS may encompass.
- Indicated will meet the requirements listed, response lacked detail.
- Have extensive experience successfully engaging with the Department including entering into and complying with contracts under several service categories.
- Did not specifically describe willingness to collaborate with and take direction from the Department, referred to previous experience working collaboratively with the Department.
- Currently a MaineCare provider and included its MaineCare provider agreement as required
- Is not a current CoC HMIS participating agency; specific steps to be taken to become a CoC HMIS participating agency were not described; however, did describe plan to assign a lead to attend CoC meetings and reinstate HMIS trainings to be provided to HFSSS staff during onboarding.
- AMHC has been a CoC past participating agency when providing BRAP/Shelter Plus Care and PATH Services to the homeless.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Aroostook Mental Health Services, Inc.

**DATE:** February 24, 2025

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- Current TCM agency and provided the current license
- Demonstrated ability to establish and maintain formal agreement
- Demonstrated an understanding of the ability to provide treatment oversight and care coordination.
- Indicates a commitment to working closely with established timelines to ensure service delivery will be ready to begin when properties are ready for occupancy.
- References their track record for previous timely project inception with the Department.
- Referenced a specific State funded project the involved supporting the hiring, orienting, and training of new staff for one of its residential treatment centers.
- Referred to prior experience working with the Department.

**B. Housing First Support and Stabilization Services (HFSSS)**

- Agrees to provide services 24/7/365
- Per-diem staff are available to support coverage when a staff person is called out.
- Plan to have an established staff schedule, including regular review of the schedule during staff meetings to ensure planned absences are covered.
- For staff call outs, staff on-site will remain in place at the end of a shift until a replacement staff person arrives
- Demonstrated ability to operate programs structured on relationship-building (Peer Support Centers).
- Recognizes an individual's autonomy in participating in all, some, or none of the activities presented to them.
- Did not specifically address, focused outreach and nonjudgemental engagement; ensuring tenants feel safe in the Site-based Housing First Property and around HFSSS staff in order to build trust; individual emotional support; or flexibility and adaption to tenant needs
- Staff will be trained in the treatment plan process and effective case management service delivery to support tenants with achieving and maintaining independent living skills and community services, as outlined in their service plan goals. However, did not describe the anticipated training
- Demonstrated ability to maintain independent guidelines, manuals, policies and procedures, and other operational systems for exiting programs and will do so for HFSSS programs.
- Will have policy guidelines available on site
- Participating individuals will be provided with a Rights of Recipients Handbook and a Consent to Treat, a formal agreement to receive services.
- HFSSS recipients will have the same protections as their other clients.
- Each client's individual service plan will include necessary referrals for identified healthcare needs.
- Will provide internal medically trained professionals who can support HFSSS staff to obtain local medical and other health services.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

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**DATE:** February 24, 2025

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- |  |
|--|
| <ul style="list-style-type: none"><li>• Provides ancillary support such as help keeping appointments will be an integral part of HFSSS.</li><li>• Is aware of need for appropriate Release of Information approval</li></ul> |
|--|

<b>C. Available HFSSS for Tenants</b>
---------------------------------------

- |   |
|---|
| <ul style="list-style-type: none"><li>• HFSSS will be provided under a formal framework where participation in services is completely voluntary.</li><li>• Individual service and crisis plans will be developed for all HFSSS participants in support of the tenant's individual self-identified goals.</li><li>• Indicates ability to comply offering and assisting tenants but does not specifically address accessing and maintaining needed MaineCare services; navigating social services and benefits; life skill development; or 24/7/365 tenancy support</li><li>• Extensive experience with adult case management including successfully linking clients to healthcare services and benefits.</li><li>• Current case management provides the tenancy support services outlined in the RFP.</li><li>• Will work to ensure all service providers that serve the tenant are aware of each other and their respective roles in accordance with the client's expectations and preferences.</li><li>• Will have current activities coordinators mentor new HFSSS staff, as needed.</li><li>• Not clear if Tenants will have 24/7 access to naloxone</li><li>• Unclear if HFSSS staff will provide referrals to a Syringe Service Program, or if this will only be provided by external liaisons</li></ul> |
|---|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Aroostook Mental Health Services, Inc.

**DATE:** February 24, 2025

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

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	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	<b>25</b>	<b>25.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Provided a signed copy as required</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Catholic Charities Maine (CCM)

**DATE:** February 24, 2025

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Tia Bolduc, Anna Ko, Michael LaBua, Adrienne Leahey, Kerry Polyot-Stefani

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<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>48.00</b>
Section III. Proposed Services	<b>25</b>	<b>23.00</b>
Section IV. Cost Proposal	<b>25</b>	<b>25.00</b>
<b><u>Total Points</u></b>	<b><u>100</u></b>	<b><u>96.00</u></b>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Catholic Charities Maine (CCM)

**DATE:** February 24, 2025

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**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**Evaluation Team Comments:**

N/A

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Catholic Charities Maine (CCM)

**DATE:** February 24, 2025

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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	<b>50</b>	<b>48.00</b>

**Evaluation Team Comments:**

**Part IV. Section II. Organizational Qualification and Experience**

**1. Overview of the Organization**

- Been providing services for many decades in many counties throughout the State
- have been a “mission-driven human service provider since 1966”
- Behavioral health services is the current focus.
- Provides some MaineCare health services and provides supports to specific communities.
- Provides multiple 24/7/365 programs offered for both children and adults.
- Services all “faiths and backgrounds”
- Through the Refugee and Immigration (RIS) program they are federally contracted to resettle refugees.
- Experience in both urban and rural environments.
- Provided a list of all relevant services which they currently provide
- Launched in Saco the Asylum-Seeker Transitional Housing Program, start date 7/19/22 and in So. Portland, the Asylum-Seeker Transitional Housing Program, start date 10/1/23 which is a best practice model
- Nationally accredited through the Council on Accreditation (COA)
- Homeless are disproportionally representing in the populations CCM services
- Has a limited fund for emergency one-time payments that assists in initial funding toward rental deposits and extraordinary expenses on a case-by-case basis
- Staff have lived experience
- oversaw the Project for Assistance in Transition from Homelessness (PATH) program for five (5) years,
- Currently provide behavioral health services across the State, including ten (10) years of providing integrated care coordination through the Behavioral Health Home model; outpatient counseling and medication management; community integration; and residential rehabilitation.
- Staff providing services are trained in trauma-informed care principles and integrate this approach when working with clients
- Have provided support services in 24/7/365 residential settings through Evodia House, a women’s recovery residence; Juvenile Intensive Support Services

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Catholic Charities Maine (CCM)

**DATE:** February 24, 2025

\*\*\*\*\*

(JISS); Christopher Home for adolescent residential care; Fellowship House, which uses a halfway house model; and Asylum Seeker Transitional Housing-South Portland (ASTHP).

- Among their current clinical services, they have operated the St. Francis Recovery Center in Auburn for 30 years, a substance-use recovery residential setting
- behavioral health programs represent multiple communities throughout York, Cumberland, Sagadahoc, Kennebec, Somerset, and Penobscot counties
- established relationships with community providers and collaborate and coordinate with shelters and subsidized housing entities.
- Provided list of their current Behavioral Health Network partners.
- Recognizes the value of being able to provide services at locations convenient to the clients including office, community, and in-home services as well as telehealth services when appropriate.
- Care Response System is designed to eliminate delays in screening for and receiving services.
- BHH programs demonstrates readiness for HFSS HOME and Targeted Case Management (TCM) models
- Described service model acknowledges that shifts in priorities and circumstances for the clients should be expected and planned for. Frequent review is made of progress with meeting goals of individual support plans.
- Trains staff based on recognized service delivery models.
- All support services are guided and anchored in principles of compassion, respect, dignity, harm reduction and client self-determination.
- Staff are trained to assist clients in enrolling in a types of health services and other benefits.
- Has an extensive network of community and governmental service providers they collaborate with
- Has established recruitment and retention strategies including effective computer and communication technology, performance incentives, and flexible schedules.
- The average longevity of the 82 current employees across our Behavioral Health Network is 6.8 years, and more than a third of them have been with CCM for ten (10) years or more.
- Discussed reasons for the lack of affordable housing in the State and cited the high cost of living in general as a barrier to maintaining housing.
- Described the experiences of chronically homeless persons in shelters and while street-homeless or encamped.
- Supports individuals with accessing community and agency resources, including Maine Needs; food banks; and additional funding and resource support such as the organization's Mother Theresa Fund; Furniture Friends and BRAP.
- Staff assist clients with the application processes for a wide range of benefits, including housing assistance application process and MaineCare applications within 15 days



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

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**BIDDER:** Catholic Charities Maine (CCM)

**DATE:** February 24, 2025

\*\*\*\*\*

- Complete their comprehensive screenings and assessments through a trauma-informed lens in a trauma-informed care environment.
- Nurse Care Managers and Prescribers are embedded within behavioral healthcare teams providing an overall integrated approach to care; also provide education to clients
- Assessment integrated into a written Psychosocial Assessment and Individual Support Plan
- BHN Nurse Care Managers complete a Medical Assessment within the first 30 days of service
- Nurse Care Managers support individuals identifying with substance use disorders with UDS, Hep C, Narcan, and best practice health assessment and promotion interventions, as well as provisioning of Clinical Opiate Withdrawal Scale (COWS) assessments throughout the induction phase of Opioid care. Nurse Care Managers are delegates to the Physician (Prescription) Monitoring Program
- Annual chronic disease training for their Behavioral Health Network (BHN) team.
- Provided an example of their “role at the transitional housing program”, including case management and residential support and education services; data collection and analysis; and coordination, where they provides serves as a “hub” that links clients to services, sometimes including on-site service delivery.
- Included a partial list of their partners and service collaborators in Southern Maine
- Provide in-home support to individuals residing in affordable housing
- Stated this would be their first opportunity to work on-site as an embedded resource and support in an affordable housing development
- Refugee and Immigration services: 50 years this role has included identifying, helping secure, and furnishing rental housing, as well as orienting newly arrived refugees to their roles and responsibilities as tenants; extensive experience w landlords
- Relationships with Avesta, Brunswick Landing, Central Maine Property Managers, and others
- Providers engage landlords and property management teams in shared problem-solving conversations
- Focus on creating a solution that respects the human dignity, voice, and rights of individuals involved.
- Collaborate with specialized housing navigation partners including Prosperity Maine and the Quality Housing Coalition regarding specialized housing needs
- Provided a robust on-site collaboration examples, including vaccine clinics by MaineHealth; school enrollment with Saco Public Schools and the Thornton Academy; English language classes by Biddeford Adult Education and “In Her Presence”; construction workforce training by the Associated General Contractors; pre-employment skill development by Department of Labor Career Centers; Immigration Legal Clinics by “ILAP”; safety training by the Saco Police and Fire

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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**DATE:** February 24, 2025

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Departments; education on domestic violence; and resources and training by “ILAP” and Through These Doors

- Assist clients with accessing services remotely, including immigration proceedings, interviews and benefit renewals.
- Completes an annual single audit by a third-party accounting firm
- Accredited by Council on Accreditation (COA) for over twenty-five (25) years
- Quarterly internal client record reviews
- Subcontracts for Information Technology Services
- Seeks accreditation and welcomes oversight of internal systems to continually improve.
- Regular fiscal and programmatic oversight is conducted.
- Cited upgrades to accounting systems and incident reporting systems as administrative improvements.
- Deployed new cybersecurity suite in 2024
- Solicit private donations from individuals and foundations, and work with business sponsors throughout the state.
- Hold program-specific fundraising events, with two (2) examples included.
- 3 recent related programs are/were short-term residential programs such as substance use disorder recovery residences, transitional housing (hotel placements) and specialized support for asylum seekers who secure permanent housing.

**2. Organizational Chart**

- Clearly identifies the Housing First staff and where their unit fit into the overall agency chain of command.

**3. Litigation**

- Provided, no concerns at this time

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Catholic Charities Maine (CCM)

**DATE:** February 24, 2025

\*\*\*\*\*

**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>25</b>	<b>23.00</b>

**Evaluation Team Comments:**

**Part IV, Section III Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Approach all community-based service provision with a person-centered and strength-based perspective.
- Cites agency core values and best practices are to provide all services in this manner.
- Provides an understanding services are to help the clients achieve the client's identified goals. Client involvement and approval of all aspects of care plans developed.
- Will serve the most vulnerable people in the communities they are located.
- Continues to offer/provide services during times of unplanned hospital or institutional care.
- Believes in allowing the individual to be the expert in their own lives through all aspects of care and services delivered
- Trained peer support is available to clients.
- Have connected with some of their 80 sister organizations that are involved with Housing First model service provision to glean information on successes and challenges in HFSSS operation. Plan to use this experience to design their HFSSS implementation plan, including ensuring delivery of HFSSS in a holistic, person-centered, strengths-based manner.
- Indicated will engage with the Department at least six (6) months prior to the Site-based Housing First Property becoming available for tenancy, by entering into a standard service contract with the Department and complying with all pre-contract requirements when selected as part of a Housing First Team as a Service Provider for HFSSS, but response lacks detail
- Described the ability to develop and implement service programs of many sizes. This includes developing contracts and other administrative aspects as well as programmatic development and is committed to meeting all requirements.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Catholic Charities Maine (CCM)

**DATE:** February 24, 2025

\*\*\*\*\*

- Demonstrated ability to develop new programs methodically and in accordance with agreed timelines.
- Cites long history working collaboratively with the Department to provide human services in the State.
- Will utilize a solution focused, people first approach while taking direction from the Department
- Current MaineCare provider and included its MaineCare Provider Agreement
- Not a current CoC HMIS participating agency; specific steps to be taken to become a CoC HMIS participating agency were not described
- Has been an HMIS participating agency in the past and retain staff with experience entering data into the HMIS system. Is willing to re-enroll as an HMIS participating agency
- Current TCM agency and provided the current license.
- Extensive, long-enduring MOUs / contracts with regional crisis providers, vocational training organizations, laboratory services, specialized pharmacy and infectious disease testing services, interpreter and translation support services, medical and detoxification program providers, specialized outpatient providers, methadone clinical services, and medication prescribing services.
- Will broaden network as necessary for HFSSS
- Is the lead on treatment oversight and care coordination in many of their programs.
- Are adept at communicating with other providers to integrate the care and support being offered and provided.
- Will closely monitor changes to occupancy readiness timelines and adjust service delivery implementation plans accordingly.
- Will work collaboratively with the Department to develop the service implementation plans.
- Has demonstrated ability to hire staff with skills and experience required for HFSSS and anticipates receiving some internal transfer applications to the HFSSS program from there exiting staff.
- Has established on-boarding processes in place timed to ensure all HFSSS staff will be qualified when service delivery is required.
- With the individual's consent, outreach actions will also include reaching out to natural supports; healthcare partners; and community outreach to "known safe places".
- Behavioral Health staff, including the anticipated HFSSS team, will receive training in the HFSSS model; Motivational interviewing; social and cultural community training; and region-specific resource and referral education.
- Recognizes the importance of complying with contracts, manuals, rules, and other guidance from the Department in the delivery of human services including quality review and reporting.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Catholic Charities Maine (CCM)

**DATE:** February 24, 2025

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- Prepared to adjust programming and administrative functions to ensure successful outcomes for all program participants.

**B. Housing First Support and Stabilization Services (HFSSS)**

- Operates several treatment focused short-term residential facilities that require staff 24/7/365.
- Will ensure required staffing support through staggered scheduling; assignment of on-call staff for contingency coverage; 24/7 supervisory support; and managerial flexibility.
- Recognizes the high turnover for 2<sup>nd</sup> and 3<sup>rd</sup> shifts; extends additional incentive strategies like shift differential, enhanced flexibility in direct care schedules
- Ensure robust margin of on-call staff to ensure required coverage
- Did not provide detail to focused outreach and nonjudgemental engagement
- Careful screening of staff for agreement with agency core values.
- Thorough standard training for all staff, then specialized programmatic training.
- Client individual support plans and housing agreements will be designed collaboratively to ensure both the clients and staff are clear on the goals and role of each.
- Deliberate ongoing engagement with each client will facilitate awareness of progress or roadblocks the client may be facing.
- Direct service staff will receive adequate guidance, support, and supervision from staff who are credentialed.
- Has established internal processes for quality control at the operational level.
- Has an agency-wide client rights policy.
- Rights afforded by specific programs offered by the agency are also recognized and afforded. Staff are trained according.
- Clients are offered information about other client advocacy groups.
- Ability to address client grievances through a formal process.
- Understands its own obligation for self-reporting in rare instances where clients' rights may have been violated
- During the initial meeting with clients, recommendations for support are discussed and reviewed
- Supports the bridging of the client to community supports and will carry this practice over to HFSSS
- Demonstrated ability to assess client needs and make successful referrals to appropriate providers in the community.

**C. Available HFSSS for Tenants**

- Clients will maintain the right to decline HFSSS either initially or at any time they are offered. Services will only be provided with documented expressed consent of the client.
- Will use a modern electronic client record system for case monitoring. All clients are offered comprehensive biopsychosocial assessments to establish level of care needs and develop an individual service plan for each tenant.

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TEAM CONSENSUS EVALUATION NOTES**

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- Continuous client input into the service plan will be sought.
- Plans to offer initial Nurse Care Manager (NCM) contact to initiate medication evaluation, if warranted, for any individuals at risk of withdrawal, in active use or have identified opioid use supports need.
- Case management is rooted in client strengths and self-determination.
- Will develop Relapse Prevention and Wellness Plans and Client Support Plans, as needed
- Housing Teams will promote sober living (this should be supported but it's not a requirement of the program and cannot be a reason for eviction)
- currently provides TCM under MaineCare Ch. 13.
- Gave extensive examples of how each of the supports will be offered.
- Gave examples noting the special needs of early tenancy.
- Minimally described how tenants' guests' management will be handled
- Demonstrated an understanding of food insecurity concerns, especially in Maine, with data included and source referenced.
- Will assist with parenting skill development; education on physical and emotional developmental milestones; and will participate in team meetings supporting progress and barriers' alleviation for parents seeking reunification.
- Will have group and individual support available to assist parents with maintaining a sobriety program; developing skills for healthy growth and safe relationships with their children; and assist with day-to-day parenting tasks, including school readiness, engagement with healthcare providers, meeting nutritional needs and time management.
- Will conduct a World Health Organization Disability Schedule (WHODAS) at initial assessment to identify skills needed for daily living supports; with the WHODAS conclusion added to the clinical summary and included in tenant-prioritized treatment plan goals and objectives.
- Will regularly invite Maine vocational service partners to host job training and information sharing workshops and to offer enrollment and support for interested tenants.
- Plans to identify volunteering opportunities within the HFSSS program and will develop a community posting board that includes volunteer, training and employment opportunities.
- Have a robust volunteer program and they will bridge tenants to internal-to-Bidder and community volunteer opportunities.
- Peer Support participation will be available in goal planning, "in-home", and during team meetings, per tenant choice. Peer Support staff will provide opportunities for recreational and social activities, group workshops and individual supports.
- Motivational Interviewing (MI) training will be offered to staff and tenants
- Demonstrated ability to provide case management services as a basic component of the behavioral health services they provide.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

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- Informs and educates clients about all service provider options, including providers outside their own agency. Respects the client's right to determine their own care providers.
- Will conduct review of available services at the initial contact; during planning meetings; during New Tenant Orientation; and as needed, during in-home meetings.
- At minimum, will review Targeted Case Management (TCM) and provide a comprehensive review of available behavioral health supports including medication management, individual and group counseling and nurse care management.
- Plans to provide ongoing sharing of available resources through a central communication platform.
- Provides structured alternative activity programs in some of their programs and will employ such staff for HFSSS.
- Knowledgeable of local Syringe Service Program options and referral information will be distributed to all participants.
- Through engagement with local municipal prevention programming, HFSSS team members will train in operational protocols and administration of Naloxone which will be maintained on site accessible to residents along with easily understood instructions for use

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

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**BIDDER:** Catholic Charities Maine (CCM)

**DATE:** February 24, 2025

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

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	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	<b>25</b>	<b>25.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Provided a signed copy as required</li></ul> |
|--|



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Community Concepts, Inc.

**DATE:** February 27, 2025

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Tia Bolduc, Anna Ko, Michael LaBua, Adrienne Leahey, Kerry Polyot-Stefani

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<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>48.00</b>
Section III. Proposed Services	<b>25</b>	<b>22.00</b>
Section IV. Cost Proposal	<b>25</b>	<b>25.00</b>
<b><u>Total Points</u></b>	<b><u>100</u></b>	<b><u>95.00</u></b>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Community Concepts, Inc.

**DATE:** February 27, 2025

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**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**Evaluation Team Comments:**

N/A

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Community Concepts, Inc.

**DATE:** February 27, 2025

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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	<b>50</b>	<b>48.00</b>

**Evaluation Team Comments:**

**Part IV. Section II. Organizational Qualification and Experience**

**1. Overview of the Organization**

- Founded in 1965, is a Community Action Agency and is a licensed Mental Health Organization and Substance Abuse Agency that primarily serves Androscoggin, Oxford and Franklin Counties.
- Currently owns and operates 202 affordable housing units and partners with Lewiston Housing Authority
- Assist clients by providing many of the services provided by Housing First including experience in successfully linking clients to other providers.
- Currently operates behavioral health services funded and monitored by Department.
- provided supportive services to unhoused individuals through Emergency Rental Assistance (ERA), Family Development Coaching and Home-ARP Grant from the city of Auburn funding a homeless outreach coordinator
- Experience operating temporary residential housing (shelters) and permanent residential housing.
- Experience providing initial outreach to chronically homeless persons. Assisting clients in obtaining necessary documentation in preparation for assessments for health, housing, benefit, and other services is incorporated when the client indicates a desire to participate in such services that require eligibility documentation.
- Have an Exemplary Rating from NeighborWorks America; and are also a network member of NeighborWorks America.
- Serve communities outside of their primary catchment area, and referred to their Self-Help Housing Program which gives families the opportunity to build their own home in their choice of Androscoggin, Cumberland, Franklin, Kennebec Oxford or Sagadahoc counties.
- Access point for Coordinated Entry
- MaineCare provider and current Maine CoC HMIS participating agency.
- In September 2024, CCI was one (1) of eight (8) Community Action Agencies nationally to receive an Affordable Housing and Supportive Services Demonstration

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(AHSSD) Grant. Grant funds are used to strengthen, expand, and enhance wraparound supportive services available to affordable housing residents to increase stability, economic mobility, and well-being.

- Operates the Maine Resiliency Center in Lewiston
- Utilized trained peer support staff where appropriate
- Experience providing services via in person meetings, follow-up phone calls, home visits, educating via written or other means, and developing creative strategies with clients.
- In addition to MaineCare service care plans, has experienced utilizing other community-based needs assessments tools should clients not be engaged with MaineCare services at any time during their participation in HFSSS.
- During the Pandemic, provided supportive services to individuals experiencing chronic homelessness through Emergency Rental Assistance (ERA) programming and Family Development Coaching, and a Home-ARP Grant from the City of Auburn funding a Homeless Outreach Coordinator and currently provides Housing Stability Coordination under the Family Development Coaching Program.
- Knowledgeable about the services offered by other providers in the communities they are located. Bidder is knowledgeable about how to assist clients in learning about and accessing services they are interested in.
- January 2025, was awarded a contract in partnership with Lewiston Public Schools to provide services to youth and families experiencing homelessness under the Maine State Housing's Student Homelessness Prevention Pilot.
- Experience providing 24/7/365 services in short-term treatment programs such as mobile crisis services, crisis residential unit services, and PNMI management.
- All services provided through a client-centered, strength-based and trauma-informed approach
- All staff are trained in Safety-Care to assist with preventing and managing crisis situations.
- Extensive experience providing health and behavioral health services for the population, including Community Integration Services (CIS) (Section 17) and Behavioral Health Home Services (BHH) (Section 92)
- Programming is based on a bi-annual Community Needs Assessment that is completed in partnership with the Maine Community Action Partnership to determine highest needs and services in communities
- Partners with several organizations in the region to provide services and collaborate on initiatives and strategies to support our clients while making referrals for service to ensure client needs are met.
- Utilizes the Whole Family Approach to address poverty conditions in our region.
- The Immigrant Resource Center of Maine collaborates with CCI to support the New Mainer population with cultural sensitivity.
- Have received accreditation for their Head Start programming through the Office of Head Start; and their Gauvreau Place Real Estate Development project, in

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

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partnership with Avesta Housing, was chosen as a Notable Project by the Maine Real Estate Development Association in 2022.

- Stated members of their executive and leadership teams are on many boards and coalitions in their region, including on the Board of Directors of Central Maine Healthcare; on the Educate Maine Board of Directors; serving as an interim leader of the Maine Community Action Partnership (MeCAP); on the Boards of the YWCA Central Maine in Lewiston and the Auburn-Lewiston YMCA; on the HoMEworks board for homebuyer education courses; participate in the River Valley Healthy Community Coalition; and participate in the Friends at Rumford Hospital Collaborative.
- Dedicated HR department for continual hiring and staff retention policies to be implemented. Efforts to provide competitive compensations are ongoing.
- Currently employs more than 300 staff members
- Have a Recruitment and Retention Plan for their agency and listed recruitment and retention goals. Bidder also included specific retention and recruitment-related objectives.
- Listed income instability, mental health or substance use issues and several other client-level barriers to maintaining permanent housing. Bidder intends to ensure each client's individual barriers are identified and mitigation plans acceptable to the client are developed and implemented with as much support from the bidder as required.
- Existing programming includes small reserves/allotments of discretionary funding that they have used to combat financial barriers, including purchasing of post office boxes; phone cards; bus passes; gas cards; copies of records or identification; pet vaccinations; application fees; security deposits; and outstanding arrears. Bidder indicated that they have found the financial support to be critical in overcoming major logistical barriers.
- Strong relationships with housing authorities and other community programming/agencies that support staff with obtaining professional references and connecting clients to supportive services and temporary shelter.
- Adept at assisting clients with maintaining enrollment in health insurance and meeting treatment requirements. Regular review of eligibility for all benefits and programs the client currently receives or needs is conducted
- Includes evaluation of Health Related Social Needs in service plan development for many of their current programs.
- Relies on interagency coordination in attainment of client and agency goals.
- Engages in regular communication and formal collaboration with many community-based and governmental agencies in several counties in the State including housing authorities
- Referred to a recent experience assisting a client who was "deep in the eviction process", where bidder indicated they were able to negotiate a payment plan with the housing authority and lawyers to keep the family safely housed.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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- Collaborate daily with MaineHousing and work closely with the MaineHousing team as Bidder's Housing and Energy Department administers several MaineHousing programs in their region, including fuel assistance through the Home Energy Assistance Program (HEAP); weatherization through the Central Heating Improvement Program (CHIP); and the Low Income Assistance Program (LIAP).
- Has strong relationships with Lewiston, Auburn, and MaineHousing
- Lewiston Housing Authority is their property management partner for their affordable housing portfolio across Androscoggin, Franklin and Oxford counties.
- Has relationships with shelters, recovery houses, and case management agencies throughout the region, as well as general assistance offices in the catchment areas.
- Recently engaged with the social work team at the Androscoggin County Jail to support releasing clients into a recovery house in a different town.
- Demonstrated an understanding of the importance of a team of providers, even to successfully house just one individual or family.
- Well connected with all Community Action Agencies across the State, ensuring ability to connect individuals and families outside of the catchment area who may reach out with services available closer to them.
- Provided details about financial accounting reconciliation and tracking systems. Complies with regulations as a covered entity under HIPPA (1996).
  - Has a dedicated quality and compliance officer.
  - Has annual audits and complies with all federal and State requirements of its programs.
  - Internal audits and monitoring are ongoing.
- Use of agency systems and data is governed both by Information Technology policies as well as applicable Human Resource policies specified in our agency's employee handbook.
- Chief Quality and Compliance Officer (CQCO) leads and oversees a host of activities associated with risk management, State and federal regulations adherence, contractual obligations, external audits, licensing, and client records.
- Is monitored at least once per year with a private auditing firm to ensure that we meet all the requirements as set forth in federal Office of Management and Budget (OMB) requirements, along with local and State monitoring of individual programs to ensure that CCI meets all funding requirements as set forth in grant awards and contracts.
- Has over 50 years of experience in managing the same type of standards as outlined in the requirements of the Housing First Support and Stabilization Services program
- Recent administrative procedure improvements are eliminating paper files at some programs, process improvement of incoming telephone calls, implementation of an online work-order system and implementation of a new budgeting software. There have also been improvements to the hiring and orientation processes.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Community Concepts, Inc.

**DATE:** February 27, 2025

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<ul style="list-style-type: none"><li>Engages in regular fundraising from the public, business sponsorship, and via grant applications</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>Clearly showed the staff affiliated with the HFSSS program and where they fit in the chain of command for the agency as a whole.</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>Provided as required by the RFP.</li></ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Community Concepts, Inc.

**DATE:** February 27, 2025

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**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>25</b>	<b>22.00</b>

**Evaluation Team Comments:**

<b>Part IV, Section III Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• All staff will be trained with the service approach embraced by CCI that encompasses a person-centered strengths-based manner.</li><li>• Described motivational interviewing and trauma-informed care as other approaches taught and utilized by staff.</li><li>• Utilizes approaches focused on deliberately creating environments where people feel safe.</li><li>• Recognizes clients must be involved in development of care, support, and treatment plans and focus on individual strengths of each client.</li><li>• Prepared to collaborate with the Department and provide all required documents and programmatic descriptions according to established timelines.</li><li>• Demonstrated ability to comply with Department contracts and invoicing</li><li>• Understand that rates are currently being established through the State's rule making process</li><li>• Will meet regularly with the Department as determined by the contract and requested by the Department and intend to complete all reporting requirements and meet or exceed performance measurement requirements.</li><li>• Current MaineCare provider and included its MaineCare Provider Agreement</li><li>• Is a current CoC HMIS participating agency</li><li>• Has initiated the process with OMS to provide section 13 and section 91 services to eligible individuals, with the plan to complete all necessary paperwork for enrolment as soon as possible.</li><li>• Demonstrated current partnerships with multiple organizations, including non-profit agencies</li><li>• HFSSS staff and program manager will be supervised by a Clinical manager and Director, and staff will receive individual and group supervision for a total of at least four (4) hours per month.</li></ul>



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TEAM CONSENSUS EVALUATION NOTES**

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- Strong understanding of the requirements as they are currently providing these services to individuals receiving any type of behavioral health service within their programs
- Will continue to provide treatment and care coordination with all providers a client may seek services from.
- Review of collaborative efforts across agency programs is part of integrated service plans the bidder maintains for all units of the bidder's agency
- Collaborative case review is done regularly for each client
- Will initiate the hiring of staff and training well in advance of the building opening to allow new staff to be present and available to start immediately
- Demonstrated track record providing timely implementation of new services with the Department
- Have started planning with the Lewiston Housing Authority (LHA) regarding the details of developing and building a Housing First property; and LHA has submitted an application to Maine State Housing Authority for approval on their application to construct a Housing First Property.
- Will collaborate with the Department on a timeline for hiring and training staff as part of the overall implementation plan
- Demonstrated ability to comply with all program manuals, contracts, federal and state statutes, and rules. Willing to comply with any additional HFSSS program rules

**B. Housing First Support and Stabilization Services (HFSSS)**

- Staffing patterns will include full time, and per diem staff supervised by an on-site manager to ensure two staff are always present
- On call staff policies will be put in place to cover call outs
- HFSSS will be supported by a Medical Director and licensed clinical clinician 24/7/365 days a year
- Gave a detailed response committing to having regular on-site staff all times with adequate plans to ensure the site is continuously staffed with at least 2 trained persons.
- Staff will be trained in the Whole Family Approach, motivational interviewing, trauma-informed care and Safety Care.
- Although agreed, did not specifically address in detail how HFSSS will focus on outreach and nonjudgemental engagement; ensure tenants feel safe in the Site-based Housing First Property and around HFSSS staff in order to build trust; provide individual emotional support; and be flexible and adapt to tenant needs.
- Will provide continuum of community-based services to include family services, early education, childcare services, mental health and substance use services
- Has valuable working relationships with multiple external partners to provide wrap around services to tenants
- Demonstrated ability to successfully assist clients in accessing community-based services.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Community Concepts, Inc.

**DATE:** February 27, 2025

\*\*\*\*\*

- Successful linkages to external services is a standard expectation across all agency programs.
- Meets the State's licensing requirements for a Mental Health Organization Substance Abuse Agency and MaineCare Provider.
- HFSSS program will also maintain clear guidelines for decision making, program operations, and monitoring
- Agrees to maintain clear policy guidelines for HFSSS but does not provide details on how they will achieve this requirement
- Agrees to protect the rights of HFSSS tenants but does not provide details on how they will achieve this requirement
- Has processes in place for referring to external providers based on the choice and preference of clients.
- Maintains relationships with external providers to establish regular referral processes.

**C. Available HFSSS for Tenants**

- Services will be offered to all tenants at the property but will only be provided to tenants who have given their full voluntary consent via a service agreement; tenants can terminate services at any time
- Tenants at all times may choose their level of participation in any HFSSS service that is offered or provided
- Service Agreement will describe the services rendered by HFSSS; the tenant's voluntary participation and rights; grievance policy and procedure; and process for termination.
- Will use evaluation of Health Related Social Needs as a model/template for delivery of HFSSS.
- Provided detailed response on the development of an ISP and crisis plans.
- Will review plans regularly, and update as needed
- Agrees to offer and assist tenants with Life skill development and 24/7/365 tenancy support services, but does not provide details on how they will achieve the requirements
- Demonstrated ability to train staff on navigating external services and the processes clients encounter when seeking services and benefits
- HFSSS staff will provide case management services to HFSSS clients, in concert with other service providers as applicable.
- Has other units in the agency that provide services that also provide case management services
- Currently offer Harm Reduction services and education through their Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) Program.
- Plans to host monthly community meetings to identify alternative activities, times and frequencies that meet tenant needs. As a result of tenant choice and input, HFSSS staff will create and post monthly event calendars.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Community Concepts, Inc.

**DATE:** February 27, 2025

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- |   |
|---|
| <ul style="list-style-type: none"><li>• Will have OPTIONS liaisons train staff on using and dispensing naloxone.</li><li>• Currently provides referrals to the local syringe service programs and will do the same for HFSSS tenants</li><li>• Staff will encourage and assist tenants with overcoming barriers to participating in alternative activities.</li></ul> |
|---|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Community Concepts, Inc.

**DATE:** February 27, 2025

\*\*\*\*\*

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

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	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	<b>25</b>	<b>25.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Provided a signed copy as required</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Mercy Hospital dba Northern Light Mercy Hospital

**DATE:** February 27, 2025

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Tia Bolduc, Anna Ko, Michael LaBua, Adrienne Leahey, Kerry Polyot-Stefani

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<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>46.00</b>
Section III. Proposed Services	<b>25</b>	<b>20.00</b>
Section IV. Cost Proposal	<b>25</b>	<b>25.00</b>
<b><u>Total Points</u></b>	<b><u>100</u></b>	<b><u>91.00</u></b>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Mercy Hospital dba Northern Light Mercy Hospital

**DATE:** February 27, 2025

\*\*\*\*\*

**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**Evaluation Team Comments:**

N/A

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Mercy Hospital dba Northern Light Mercy Hospital

**DATE:** February 27, 2025

\*\*\*\*\*

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

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>46.00</b>

**Evaluation Team Comments:**

**Part IV. Section II. Organizational Qualification and Experience**

**1. Overview of the Organization**

- Has existed for over a century.
- Has long-standing partnerships, including with the City of Portland; Milestone Recovery; Penquis; Spurwink; The Opportunity Alliance; Sweetser; Community Housing of Maine; and community cultural organizations.
- 30 years of experience providing services to unhoused individuals through Francis Warde and McAuley Residence programs which offers 24/7/365 care.
- Joined Northern Light Health, one of Maine's largest healthcare systems serving two-thirds of the state's geographical region and almost half of its population
- Prioritizes recruitment and retention to maintain optimal staffing levels at all programs
- Residence programs have a strong track record of successfully addressing HRSN through their service plan model
- Has mission-based community programs: Gary's House, that provides accommodations for families with loved ones receiving treatment at any area healthcare facility; Bruni Family-Centered Integrated Behavioral Health Program, for provision of pediatric behavioral health needs; Francis Warde, which provides housing, education, access to care, and support for pregnant unhoused immigrant women; and their McAuley Residence, a two-generation program for families that are affected by substance use disorder.
- Has on-site collaborative services including parenting support, mental health counseling, peer support programs, job readiness workshops, financial readiness, and wellness and healing
- Holistic and evidence based approach
- Provide Substance Use Disorder Treatment, mental health services, care coordination, and TCM
- Experience managing effective communication between external treatment teams.
- Programs are focused on long-term stability for clients.
- Have established formal relationships with community-based organizations, including: Northern Light Primary Care; "PCHC"; Northern Light Acadia Hospital;

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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Savida Health; Bangor “CTC”; Better Life Partners; Eastern Maine Development Cooperation; local Career Centers; Pine Tree Legal; Penquis Law Project; Community Housing of Maine; Preservation management; Bangor Housing; Maine Development Associate; local Housing Authorities; and In her Presence.

- Did not address experience with helping clients navigate accessing and receiving care from area providers.
- Has an extensive onboarding activity and training for new staff.
- Maintains staffing plans agency wide to ensure full staffing of programs.
- Maintains a staff reserve of on-call staff
- Are familiar with barriers to maintaining permanent housing, and common challenges including: financial instability; mental health and SUDs; discrimination and stigma; and lack of life skills.
- Described how they help individuals mitigate barriers, including provision of financial assistance and budgeting support (e.g., financial counseling services and rental assistance programs), offering mental health and recovery support, advocating against discrimination and assisting with developing life skills through workshops and one-on-one coaching.
- extensive experience assisting participants in applying for and maintaining MaineCare coverage, ensuring access to comprehensive medical, behavioral health, and substance use disorder services
- Incorporates assessment of health related social needs into every client’s case.
- Staff participate in joint training programs with their partner organizations to enhance expertise in trauma-informed care, recovery practices and family-centered approaches to service delivery.
- Programs engage in regular case meetings with external service providers where progress is reviewed, and care plans are aligned; with the Program Director serving as primary liaison.
- Extensive experience collaborating with subsidized housing owners/operators.
- Formal relationship with Community Housing of Maine (CHOM) since 2012. CHOM is a partner of all McAuley Residences, owning three of the locations and provider of property management services, as well as at a fourth location of NLH in which McAuley Residence has a 100-year lease agreement. CHOM is also a partner of future McAuley sites, currently in development. In addition to CHOM, staff work closely with subsidized housing partners such as local housing authorities, housing vouchers, and landlords to ensure future housing stability for residents once they leave the McAuley locations.
- Mercy Hospital and program staff work collaboratively with Community Housing of Maine, Preservation Management, Ascend Property Management, R&K Property Management, and Hughes Property Management.
- Experience engaging with local housing authorities and landlords. Bidder has a formal approach to working collaboratively with owners and property managers, clearly defining the role of each.



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- Described their on-site collaborative services, including parenting support; mental health counseling; peer support programs; job readiness workshops; financial readiness; and wellness and healing, with various partner organizations indicated for each topic.
- Described their community-based partnerships, with partner organizations indicated for healthcare providers; housing support; child development and family enrichment; and coordinated care approach.
- Maintains awareness of specialized health services provided in the local area and engages with local clinics and hospitals.
- Experience providing services in office settings, in community, in-home, and via telehealth services.
- Has structured financial accounting processes in accordance with a wide range of State and federal regulations and rules.
- Complies with HIPPA and all other regulations regarding information technology.
- Has senior staff dedicated to ensuring all programs are in compliance with all applicable laws.
- Cited five programmatic procedural improvements (rather than administrative improvements as required by the RFP) which encompass revised practices for some behavioral health services, increased training, community education access, beginning to provide mental health services to youth.
- Receives funding from several Maine foundations
- Fundraising strategies in place for public and private funding
- Three recent projects related to improving maternal and child health outcomes via residential and supportive services and other treatment oriented residential and support service programs.

**2. Organizational Chart**

- Project team for HFSSS is unclear, highlighted the staff for their McAuley Residence programming in the provided organizational chart.

**3. Litigation**

- Provided, no concerns at this time.

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**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>25</b>	<b>20.00</b>

**Evaluation Team Comments:**

**Part IV, Section III Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Described how a person-centered approach and strengths-based approach would be provided, including cultural and social sensitivity for the person-centered approach.
- Included a description of how they would provide holistic and flexible support; and outcome-oriented practices.
- Includes natural supports when possible.
- Will focus on the individualized services, individual capabilities, comprehensive assistance, and continuous monitoring to update goals and review progress
- Adjusts service delivery intensity and range as the client's needs and goals evolve.
- Gears treatment and services toward outcomes the client has established.
- Trains staff to be respectful of individuals, background, values, and cultural preferences.
- Overall agrees to meet requirement but lacks detail on how each deliverable will be accomplished.
- Long-standing history working with the Department as evidenced by such programs as Francis Warde and McAuley Residence.
- Is a MaineCare Provider, did not include the MaineCare Provider Agreement as required by the RFP.
- Agreed to become a CoC HMIS participating agency, but did not describe the steps they will take to become a CoC HMIS participating agency.
- Agreed to enroll and adhere to the HOME Provider and/or TCM Agency requirement, but did not describe the ability they will take to become a CoC HMIS participating agency.
- Are equipped to establish and maintain formal relationships.
- Currently have a strong network of partners with established relationships and listed some of the organizations they partner with.

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- Long history of readying sites in advance of occupancy, to include actions like preparedness for service delivery, program development, staff acquisition, and partner agreement
- Process templates exist for program implementation.
- Will recruit essential staff to ensure coordinated internal and external support services are available at time of occupancy.
- Will prepare for occupancy and service delivery three months in advance
- Current program has an established hiring and onboarding process, contract templates for use with external partners, program details and policies, and procedures established that can be replicated at other sites
- Engages senior staff in the role of compliance and internal audits to ensure compliance with all applicable federal, state, and local laws, rules, and regulations.
- Has a long history of adhering to requirements of state and federal agencies

**B. Housing First Support and Stabilization Services (HFSSS)**

- Does not explain how HFSSS will be provided on site, 24/7/365.
- Will develop new staffing models, as needed, to ensure HFSSS is met
- Will utilize on-call staff as needed to fill staffing gaps created during the absence of dedicated staff
- Plans to integrate person-centered, strengths-based philosophy for all aspects of HFSSS.
- Provided a detailed response to providing focused outreach and nonjudgemental engagement; ensuring tenants feel safe in the Site-based Housing First Property and around HFSSS staff in order to build trust; providing individual emotional support; and providing flexibility and adaption to tenant needs.
- Plans to use trauma-informed communication; proactive outreach; and strengths-based conversations for focused outreach and nonjudgemental engagement.
- Staff will be trained in cultural competence and inclusive practices.
- Staff to use trauma-informed interventions and curriculum.
- Plan to have participant-led pacing for service provision, and flexible delivery methods via on-site, in a tenant's home or virtually, per individual request.
- Will incorporate cultural sensitivity into service delivery.
- Provides educational workshops as well as one-on-one services.
- Service offerings will be based on interests and abilities of the clients.
- Crisis intervention and safety plans will be developed with all clients.
- Bidder advises how this is done for McAuley Residence but doesn't advise how they will do this for HFSSS
- Policy decisions fall ultimately to the hospital board. Program managers provide in-put into policy decision making.
- Participants are regularly informed of their rights as clients and patients and participants.
- Committed to providing referrals and coordination of services to connect tenants with appropriate resources

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**C. Available HFSSS for Tenants**

- Recognizes the principles of autonomy and voluntary engagement in services.
- Will provide HFSSS only with the full and informed consent of the participant.
- Described in detail how they plan to develop individual service plans and individual crisis plans; with plans to be created using a person-centered, strengths-based approach.
- Provided a comprehensive, detailed response on offering and assisting tenants with accessing and maintaining needed MaineCare services, navigating social services and benefits, developing Life skill, and receiving 24/7/365 tenancy support services
- Currently partners with NL Acadia hospital and Crossroads case management to make sure case management needs are met
- Have utilized housing navigators through Penquis CAP but will also provide a comprehensive list of agencies to participants so they can make an informed choice on where to receive services.
- Indicated alternative activities will be participant-driven, aligned with participant schedules and will also use flexible scheduling to maximize accessibility.
- Stated they will include visual aids and multilingual resources with their naloxone kit instructions.
- Plans to have staff and participants receive regular training on proper naloxone use and overdose response protocols.
- Stated participants will also be educated on naloxone use during harm reduction workshops and one-on-one interactions.
- Will offer multiple opportunities for CPR/First Aid training.
- Plans to have a system in place to monitor naloxone inventory and ensure supplies are replenished promptly.
- Did not comment on Syringe service program

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

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	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	<b>25</b>	<b>25.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Provided a signed copy as required</li></ul> |
|--|

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Tia Bolduc, Anna Ko, Michael LaBua, Adrienne Leahey, Kerry Polyot-Stefani

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<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>45.00</b>
Section III. Proposed Services	<b>25</b>	<b>18.00</b>
Section IV. Cost Proposal	<b>25</b>	<b>0.00</b>
<b><u>Total Points</u></b>	<b><u>100</u></b>	<b><u>63.00</u></b>

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**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**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	<b>50</b>	<b>45.00</b>

**Evaluation Team Comments:**

**Part IV. Section II. Organizational Qualification and Experience**

**1. Overview of the Organization**

- Has been providing support to chronically homeless persons for 5 years.
- Has been operating a staffed low barrier Emergency Shelter and Housing Assistance Program (ESHAP) 24/7/365 for the past 7 years.
- Has provided Targeted Case Management for 10 years.
- Have expanded harm reduction practices over the last four years, including incorporation of Narcan use; CPR/First Aid training; non-judgmental approaches; test strips; wound care kits; and needle disposal.
- Run a 25-bed overnight warming center that's open for six (6) months of the year, operational for the last three (3) years.
- Currently works with more than 30 landlords in the Waterville area
- Have a "presumption of assistance animal status" for guests with animals, and work to ensure they have the necessary documentation, vaccinations and registration.
- Advisory Committee is comprised of current and former guests that actively contribute to shelter operations, policy decisions and event planning.
- Staff are certified in the following: MANDT, CPR/First Aid/Narcan/AED, Mental Health First Aid, Boundaries, Person-Centered Approach, Harm Reduction
- Active participant in HUB 6, and prioritizes homeless services by greatest need for those in Kennebec and Somerset
- Youth Empowerment Supports program is Housing First and has eleven (11) units and has been running for over seven (7) years, specifically targeting formerly unhoused youth (18-24 year old); and the program is supported by a case manager and housing coordinator.
- Collaborates with Waterville Fire Dept to provide paramedicine on-site.
- Collaborate with Common Ground Friends to deliver IOP on-site.
- Works with KBHs PATH program to bring people into the shelter and collaborates with KVCAP for transportation assistance
- Has a no-turn away policy for individuals seeking shelter services during the winter months.



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- Partners with organizations such as Maine General, Colby College, KBH, The Act Team, KVCAP as part of the Poverty Action Coalition, and the Waterville Chamber of Commerce
- Collaboration with the City of Waterville has resulted in the city being the only one of its size experiencing no unsheltered homelessness during the winter months for the past three years
- have provided TCM, Housing Navigation and Rent Smart classes designed to assist the unhoused population.
- Has been providing TCM services for over ten (10) years and has been a leader in shelter training provision for front line staff.
- TCM and shelter teams receive clinical supervision from licensed practitioners.
- A leading agency in their region for Coordinated Entry.
- Often provide transportation to assist clients with reaching services.
- Recruit a diverse workforce and focus on skills and experience over degrees and formal qualifications, where appropriate.
- Appreciates the importance of peer support, and demonstrated understanding that formal qualifications can often exclude quality staff.
- Seek diverse applicants with strong client skills that embrace the service orientation founded on Harm Reduction and Housing First.
- Track employee turnover and seek feedback regularly to improve their terms and conditions.
- Offers an Employee Assistance Program
- Robust paid time off policy and flexible schedules
- Offer significant training for employees and focus on employee welfare; this includes offering clinical supervision to all front-line staff, not just those in regulated positions; this has added significantly to staff satisfaction
- Offer mediation support between landlord and tenants
- Approach to mitigating barriers emphasizes financial stability, fostering positive landlord relationships, promoting good neighbor practices, and ensuring property maintenance
- Offer rent smart classes to tenants
- Staff engage with tenants and landlords to ensure clear communication.
- Are a Housing First landlord and will bring this approach to their Housing First program.
- Case managers are skilled in applying for and maintaining various benefits.
- Experienced in helping clients qualify for many tenant and project based housing assistance programs.
- Has been providing housing navigation for 8 years
- Are versed in evaluating access to HRSNs; and include HRSN assessments in service plan development and assisting clients in navigating systems and applications for programs/services including benefits; setting up transportation services through Kennebec Valley CAP; and Educare.

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- CEO just completed a 3-year gubernatorial appointment to the Maine Statewide Homeless Council and is also an active member of the Maine Continuum of Care, on various board of directors, including Penobscot Community Health Care and Inland Northern Light (chair of governance committee); and also participates in a Rural Community Health Improvement plan to improve HRSN access across Kennebec County.
- Host a monthly homelessness task force for Waterville City, with the aim to end homelessness, and includes city council members; mayor; city manager; police and fire chiefs; and other agencies.
- Staff participate in other meetings and collaborations, including the homeless Hub 6 case conference and the KVCC Poverty Action Committee.
- At the affordable housing units, service providers and property management staff are employed by the bidder but have different reporting chains of command.
- Is a Housing First landlord who brings the same approach to the Housing First Youth Empowerment Supports program.
- Service provider for Community Housing of Maine in Waterville and help CHOM's tenants with maintaining their housing stability and assist with working on community integration.
- Experienced engaging with landlords while assisting participants in a Rapid Rehousing program
- Have a collaboration with a local vet that provides free care and services to their animal guests and tenants.
- Have engaged with art organizations, student groups, advocacy organizations and the faith community; and when guests or tenants express a service need, Bidder will try to connect them to such, and when community access is difficult, they attempt to bring the service onsite instead.
- Core administrative functions (fiscal) include a 4-person financial accounting team with different roles and responsibilities supervised by an operations director.
- Information technology and hardware is maintained by a whole system integration contractor who provides security training and updates, supplies all equipment, and maintains bidder's server.
- Uses encrypted email where appropriate, and an electronic client record that is HIPPA and HUD compliant.
- Compliance for building, employment, and technology is overseen by the operations team. They maintain OSHA compliance, meet building codes and maintenance requirements, facilitate on-site visits from MaineHousing, DHHS, and the City of Waterville Fire Department.
- Hiring a finance manager to oversee financial reporting and strengthen internal controls. This included updating the financial policy manual and grant management and reporting.
- Instituted a new reporting framework last year for all reasonable adjustments, in compliance with Fair Housing and Disability Discrimination law.

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- Hired a building maintenance specialist over the last three (3) years that has expertise in OSHA compliance, specifically development and implementation of protocols for Bloodborne Pathogens.
- Has raised over \$4M in the past 5 years through private philanthropy, donations, and advocacy.
- Related project three is Community Housing of Maine Services where the bidder offers and assists tenants with accessing and maintaining needed MaineCare services, as applicable, navigating social services and benefits, including but not limited to navigating and/or accessing social security disability, transportation, food access, and behavioral health services, including substance use treatment. Connects clients to life skill development, as requested, including tenant/landlord communication support; 24/7/365 tenancy support services including, at a minimum new tenant orientation and move-in assistance; and tenant guest (friends, family, service providers, etc.) management to ensure security and safety of all tenants

**2. Organizational Chart**

- Did not provide as required by the RFP

**3. Litigation**

- Did not provide as required by the RFP

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**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>25</b>	<b>18.00</b>

**Evaluation Team Comments:**

<b>Part IV, Section III Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• Demonstrated ability to provide HFSSS in a person-centered, strengths-based manner</li><li>• Response provided details about the agency's CH 13 Targeted Case Management program's success in position titles and qualifications, staffing plans, and implementation plans, and insurance certificates and adherence to reimbursement rates.</li><li>• Demonstrated experience with meeting Department contracting requirements.</li><li>• Demonstrated willingness to collaborate with and take direction from the Department when awarded a standard service contract with the Department as part of a Housing First Team</li><li>• Currently a MaineCare provider and included its MaineCare provider agreement as required</li><li>• Is a current CoC HMIS participating agency</li><li>• Provided a screenshot of their enrollment as a TCM agency.</li><li>• In the process of formalizing an MOU with Common Ground Friends, and a new behavioral health agency primarily serving Bangor; MMSS will be operating under their addiction and behavioral health license to deliver IOP as well as additional services for people experiencing addiction, homelessness, or behavioral health needs.</li><li>• Collaborated with MaineGeneral on a research project and an attending physician at MaineGeneral in Waterville is ready to offer additional support</li><li>• Aware of the requirement to provide treatment oversight and care coordination and have adequate resources to undertake this work, but response lacked a detailed understanding</li><li>• Plans to begin their hiring process once "the certificate of occupancy seems realistic".</li></ul>

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- Believes their existing programs and services provide a solid foundation to meet the requirements of a Housing First property
- Believes they are in a strong position to expand their services because they already offer similar services, many on a 24-hour basis
- Cited current success complying with rules statutes, and agreements for federal grants and Targeted Case Management.

**B. Housing First Support and Stabilization Services (HFSSS)**

- Plans to use their experiences with the low barrier shelter and site-based Housing First apartments to ensure HFSSS is efficiently staffed for 24/7/365 service provision.
- Will operate three (3) 8-hour shifts.
- Did not directly address ensuring at least two (2) HFSS staff are available on-site 24/7/365 to provide HFSSS.
- Plans to lean into harm reduction and recovery principles in their HFSSS provision.
- All programs are designed and operate using the Housing First principles of consumer choice and separation of housing and services
- Allows assistance animals in the shelter and current housing programs
- As necessary and desired, will make community-based referrals and assist with navigating issues such as transportation and childcare.
- Case managers help tenants develop personal goals and care plans and work to help tenants pay the rent in full and on time, maintain the unit, and “not be a nuisance”
- Adhere to the Housing First Fidelity Scales that were developed by Tsemberis et al. and incorporate the principles into their policies and procedures, tenant agreement and their program operations and monitoring.
- Believes in protecting the rights of tenants even when tenancy is beyond repair.
- Have a defined complaints procedure when there is disagreement between the organization and a guest/tenant; and make sure the guest/tenant is aware of their legal rights and refer them to both Pine Tree Legal and the Maine Human Rights Commission.
- Provide detailed training to all staff on boundary maintenance; “working with people with disabilities”; and on housing law and policy.
- Guest Advisory Committee that reviews and approves all policies and procedures related to the shelter and housing programs
- Currently provide the indicated referrals, and per client demand and feedback, are also in the process of offering many of the indicated services (health care, substance use treatment and mental health care) on site.
- Will not require any tenant to use site-based services and will strive to support them with accessing relevant services, per their choice.

**C. Available HFSSS for Tenants**

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- Believe all services are voluntary and client choice is paramount and referred to their YES program where tenants who decline all services are not penalized for external service-use or no service use.
- Develop crisis plans at lease-up, and again, if or when a tenant or guest gains an assistance animal.
- Unclear if HFSSS will be developing individual service plans and individual crisis plans with tenants seeking HFSSS, or if this would only be completed through the Bidder's TCM program.
- Current Targeted Case Management program is skilled at developing individual service and crisis plans with tenants.
- Stated all of the items related to accessing MaineCare services, social services and benefits, Life skill development, and 24/7/365 tenancy support services are standard work for their existing programs and will be included in their HFSSS program but did not explain in detail how it will be done
- Case management services available through their TCM program.
- Unclear if case management will be available to HFSSS tenants who are ineligible for TCM.
- Naloxone is currently available on-site on every floor of the building and staff are trained in its administration
- Currently participates in a Syringe Service Program through Maine General
- Has a type of motion sensor set up in public bathrooms, staff will be alerted if someone is in the bathroom and there is no movement
- Currently provides activities for their tenants to include community meals, cookouts, and holiday gatherings

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**DATE:** February 27 and March 5, 2025

\*\*\*\*\*

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

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	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	<b>25</b>	<b>0.00</b>

**Evaluation Team Comments:**

- |   |
|---|
| <ul style="list-style-type: none"><li>• Did not provide a signed copy as required</li></ul> |
|---|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Preble Street

**DATE:** March 5 and March 6, 2025

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Tia Bolduc, Anna Ko, Michael LaBua, Adrienne Leahey, Kerry Polyot-Stefani

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<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>47.00</b>
Section III. Proposed Services	<b>25</b>	<b>20.00</b>
Section IV. Cost Proposal	<b>25</b>	<b>25.00</b>
<b><u>Total Points</u></b>	<b><u>100</u></b>	<b><u>92.00</u></b>



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Preble Street

**DATE:** March 5 and March 6, 2025

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**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**Evaluation Team Comments:**

N/A

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** Preble Street

**DATE:** March 5 and March 6, 2025

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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	<b>50</b>	<b>47.00</b>

**Evaluation Team Comments:**

**Part IV. Section II. Organizational Qualification and Experience**

**1. Overview of the Organization**

- Opened a shelter and service center for teens; grew food programs; launched a Veterans Housing Services to end Veteran homelessness in Maine; created an Anti-Trafficking Services program; and have expanded their Health Services, Street Outreach and emergency shelter programs.
- The organization has been in service for 50 years, and during that time has been providing support to the chronically homeless community through a wide variety of programs
- Services three site-based Housing First locations that provide permanent supportive housing. Logan Place-2005, Florence House-2010, and Huston Commons-2017, which provide 24/7/365 onsite support to 85 formerly chronically homeless individuals
- Provides emergency services, long-term solutions, and advocacy addressing housing and hunger and poverty
- The workforce has experience and expertise in trauma-informed care, harm reduction strategies and work related to housing stability.
- Focus has been on serving people experiencing problems with homelessness, hunger, and poverty
- Experienced with clients with multiple and complex barriers, including mental illness, substance use disorder, chronic illness, lack of job skills, language deficits, and learning disabilities
- Has developed large food security networks; provides over 1M meals annually.
- Health and behavioral health programs operated by the agency include a learning collaborative “Maine Health-Preble Street Learning Collaborative (MH-PSLC)” that bridges health care gaps for homeless persons to provide health services, care coordination and education; and a recuperative care program focused on short-term specialized support for homeless persons exiting hospital stays.
- Current site-based housing first properties collaborate formally with more than 10 organizations to access the services and programs needed (a detailed list of the partners and description of the services was included)

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- Provide services statewide out of their Portland, Lewiston and Bangor locations.
- Indicated some social services they offer for homelessness prevention and crisis response.
- An on-site health care provider conducts limited clinical services, including triage, urgent and follow-up care, and wound care;
- MaineHealth's Homeless HealthPartners (HHP) case management team is co-located at the MH-PSLC site, offering individuals experiencing homelessness short-term case management and coordinating access to primary care and other medical providers
- Recuperative Care Program is partnership between Maine Medical Center, Greater Portland Health, and Preble Street, provides space for people experiencing homelessness to rest, heal, and connect with medical care and social work providers after being released from a hospital stay; 15-bed program serves people with acute medical needs, and most stays last approximately 4 to 6 weeks
- 24/7/365 programs have dedicated teams working in three staffing shifts, each with a supervisor, clear roles and responsibilities are in place and understood by staff.
- All staff are supervised by a director who works full-time on-site
- Programs are staffed around the clock with teams of trained social workers who provide intensive case management, supportive services, connections and referrals to housing resources, benefits supports
- Currently operates six 24/7/265 programs, 3 housing first properties (permanent supportive housing) and 3 shelters (men, women, teens) supporting 650 clients annually
- Provide housing support services under HOME (section 91) at their two (2) adult-serving emergency shelters and plan to expand such to their SBHF programs.
- Have over a decade of experience providing TCM to clients in their adult and youth emergency shelters.
- Most programs provide care coordination, referrals and warm handoffs to other providers caring for clients' complex needs
- SBHF programs collaborate regularly with: Greater Portland Health; Maine Health; Milestone Recovery; Maine Medical Center's Geriatric Program; Portland Community Assisted Living; Portland Police Department's Behavioral Health Team; ACT team; University of Southern Maine; local methadone clinics; Maine Needs; The Opportunity Alliance; Catholic Charities; Avesta Housing; Furniture Friends; and other Preble Street programs, including their Street Outreach Collaborative, to access needed services and programs for their clients.
- Help client understand the service options available in the client's area, within and without the agency.
- Included a recent case study on a new tenant at one of their SBHF sites, demonstrating how their client linkage to services and collaboration with local

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service providers is fully integrated into their programming; and the importance of said collaboration in ensuring individuals receive necessary services and supports.

- Assists the clients in navigating service access processes after learning the client's individual needs and preferences. Support is personalized.
- Assist clients in increasing ability of clients to navigate service systems independently
- Provides a robust salary package to their employees and provides opportunities for staff training and career advancement
- Offers full- and part-time positions, flexible work schedules.
- Advertises job openings widely.
- Included a separate case study from one of their SBHF sites illustrating how they support tenants with overcoming barriers to accessing permanent housing; and the effect of such on the individual. In the provided example, Bidder stated their staff continued to support this individual to achieve other goals as they settled into their new permanent home.
- Described how they assist individuals with overcoming individual barriers, including supporting stabilization from trauma; connecting to resources and community; and empowering tenants to pursue personal goals.
- Included description on how they specifically ensure maintenance of housing through life skills and tenancy support; community inclusion activities, reconnection with family, when appropriate; connection to critical resources; and assessment, intake, goal setting and ongoing case management and supportive counseling.
- All services are grounded in person-centered care planning.
- Guide individuals through application and renewal processes for health insurance programs; including assisting with paperwork, understanding eligibility requirements and resolving any issues that may arise.
- Stated they advocate for individuals with government agencies to assist with resolving benefit-related issues and ensure access to needed support services; which may involve navigating bureaucratic hurdles, communicating with case workers and ensuring individuals' rights are protected.
- If the tenant chooses to engage in formal service planning, their service plan includes dimensions such as housing, employment/income, health/wellness, education, substance use/abuse, relationships/social/family.
- Caseworkers and housing support specialists utilize unconditional positive regard, non-judgmental curiosity, and active listening to inform care planning and identify effective interventions
- Did not specifically address their experience evaluating HRSN and conducting an assessment for such.
- Included an interagency experience example of working with the Maine Association for New Americans to provide transportation to eligible tenants for medical appointments.

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- Included an example of one of their SBHF programs bringing The Opportunity Alliance's Heating Assistance department on-site for HEAP sign-up.
- New collaborations are developed when tenants' needs evolve. An example was given of securing housing keeping assistance for aging tenants
- Tenants are not pressured to complete a formal service plan and continue to be offered supports the Tenant can choose to participate in
- Provided Housing Support Services at several local Portland Housing Authority and Westbrook Housing Authority affordable housing developments through contract with those agencies
- Has partnered with Avesta Housing to operate 24/7/365 SBHF programs for 20 years to people who have experienced Chronic Homelessness. Avesta develops and manages the housing units, while Preble Street provides comprehensive on-site support services.
- Has developed a comprehensive toolkit of practices, policies, and procedures for effective social work services in affordable housing developments, including appropriate staffing patterns, harm reduction practices, building strong relationships with neighbors, casework approaches, client activities and recreation, and tenant selection.
- Significant effort is employed to ensure seamless integration of housing and support services to create stable and supportive communities
- Builds relationships with landlords and are available to respond to concerns about a client's tenancy
- Included some example partnerships with other providers for each of their three (3) SBHF programs, including regular on-site services.
- Core administrative function approach for financial accounting includes a dedicated financial department responsible for budgeting, compliance, sub-recipient monitoring, and financial reporting
- Currently manages about 50 different awards from state, federal, and municipal government agencies
- Information technology focuses on confidentiality and data security. Staff are trained annually on the proper use of technology to ensure client information is stored securely, safeguarded, and properly handled
- A dedicated Information Technology and Systems Department manages all aspects of the bidder's information technology needs, including providing in-house help desk, hardware purchasing, HIPAA compliance, and ClientTrack support
- Conduct routine internal quality audits for their service programs.
- Client data is stored in secure, HIPAA compliant databases
- Core administrative procedural improvement examples:
  - 1 relates to success in doubling administrative capacity in response to a doubling of the number of contracts awarded to the bidder during and after the Covid-19 pandemic by creating a dedicated grants team, improving the standard operating procedures the agency uses to manage its grants, ensuring

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a consistent approach to managing awards, creating more efficient workflows for reporting, and ensuring the agency was meeting the requirements for all awards

- 2 relates to successfully improving internal capacity to provide staff training by implementing a Learning management system (LMS) to streamline the training program into an online rather than manual process
- Referred to their current “gap”/private revenue need for this state fiscal year, noting that their Development Team will be working on raising the needed additional funding, with one fifth to come from private grant revenue and the remaining to come from individual donors, corporations and the United Way.
- Development team met or exceeded fundraising goals to generate over \$5 million annually to cover expenses that exceed publicly funded operating budgets
- Provided 3 relevant projects for Logan Place, Florence House, Huston Commons

**2. Organizational Chart**

- Including anticipated potential FTE staffing pattern for the Program Administrator and Shift Supervisors; with note indicated that total FTE for staff under Shift Supervisors will be determined based on number of clients to be serviced (i.e., case workers, peer support staff and housing support specialists).

**3. Litigation**

- Indicates none.

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**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>25</b>	<b>20.00</b>

**Evaluation Team Comments:**

**Part IV, Section III Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Staff receive training to provide effective, competent services to vulnerable individuals with challenges such as substance use disorders, complex trauma, HIV/AIDS, mental illness, co-occurring disorders, other disabilities, and histories of domestic violence, sexual assault, trafficking and other forms of exploitation
- Described intended services to be provided, and plan to utilize strategic partnerships for comprehensive wraparound services and included some anticipated partnerships
- Training topics include unconditional positive regard, person-centered care, trauma informed care, de-escalation, agency mission and values, and others.
- Job descriptions will reflect the HFSSS they currently provide in their three (3) existing SBHF programs.
- Do not anticipate subcontracting with any agency and plans to continue their longstanding partnership with Greater Portland Health to provide medical outreach on-site (currently provided at their Portland area SBHF locations).
- Refers to current contracts with the Department as evidence for continued collaboration with the Department.
- Current MaineCare provider and included its MaineCare Provider Agreement
- Is a current CoC HMIS participating agency
- Included documentation indicating Bidder is a current HOME Provider and TCM agency.
- Has past and current experience establishing formal relationships with other providers including with hospitals and other health providers.
- Able to develop more formal relationships to ensure access to needed services for clients
- Has collaborative working relationships with numerous providers of medical, mental health, and substance use treatment services, and will provide

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collaborative treatment oversight and care collaboration with all providers that support HFSSS tenants

- Recognizes that delayed occupancy prolongs the hardship experienced by chronically homeless individuals
- Understand that comprehensive support throughout the entire tenancy, especially during the crucial initial days, weeks, and months, is essential for tenant success.
- Has a sufficient number of trained staff at current site-based programs to address potential scheduling gaps during the hiring process. These gaps will be filled by qualified staff competent in the provision of HFSSS
- Has an established orientation and training curriculum and provide the opportunity for new staff to shadow and train in vivo in the three existing SBHF programs
- Outreach to chronically homeless individuals eligible for the HFSSS program will begin in advance to ensure tenancy can begin as soon as possible after property is ready for occupancy.
- Indicates the focus is on participants from their own shelter system rather than using the coordinated entry process as indicated by the Department.
- Agrees to comply with all additional agency requirements and the HFSSS program manual, as defined in any executed contract, federal and State statute and Rule(s) and/or other agreements between the Department and the Service Provider

**B. Housing First Support and Stabilization Services (HFSSS)**

- Will provide 24/7/365 HFSSS through a team of site-based HFSSS-trained Caseworkers and Housing Support Specialists.
- Staff will be consistently present in building common areas to monitor guest entry and will be available to meet tenants in staff offices for privacy and confidentiality or in tenants' apartments for first-hand observation and insight into client strengths and challenges.
- Will ensure there is 24/7/365 coverage with a minimum of two staff per shift which is consistent with their current three locations
- Comprehensive orientation and training will include topics such as unconditional positive regard; person-centered care; trauma informed services; mission and values; de-escalation; professional boundaries; and harm reduction.
- Will have weekly individual supervision for all full and part-time staff, including professional development and support to ensure provision of flexible, creative intervention and emotional support for tenants; and monthly all staff meetings for team alignment and to develop shared approaches to client challenges.
- Staff will consistently make an individualized assessment that is based on the strengths and needs of the tenant and informed by the tenant themselves, and then work collaboratively with the tenant to identify and enact solutions that promote independent living skills, housing stability, and wellness
- Included three (3) examples of potential needs and associated potential interventions.



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- In addition to their agency-wide policies, they have a separate training manual and resource guide for each SBHF program to train new staff and act as an ongoing resource for existing staff.
- Program management (supervisors and program director) are present in the program during the majority of open hours, and an on-call manager is available 24/7 to support staff when acute needs arise
- Full- and part-time staff providing HFSSS services receive weekly supervision to ensure quality service provision
- A member of SBHF program management meets weekly with the Property Manager of the SBHF program(s) to ensure that concerns related to building operations or safety are addressed in a timely way
- Programming is rooted in the basic tenets of social work practice and ethics, including client's right to self-determination, safety and confidentiality; and they operationalize these tenets in their agency policies and procedures, including within their Confidentiality Policy; Non-Discrimination Policy; Client Access to Records Policy; and Grievance Policy.
- Service plans are developed collaboratively using a strengths-based framework and all staff receive training in trauma-informed care principles.
- Maintain strong collaborative relationships with community-based organizations to ensure SBHF tenants have ready access to critical resources. Examples include Community Case Management through the Spurwink ACT Team, Gateway Community Services and other providers of substance use treatment and recovery support, detoxification services, and other health treatments
- Staff provide support to the tenant in successfully engaging those services to which they are referred to or are seek services from

**C. Available HFSSS for Tenants**

- Tenants may choose to accept some HFSSS services but not others. Tenants may change their mind about accessing services (or which services they choose to access) at any time.
- Tenants are outreached and invited—but not required—to engage in services
- Services will be provided at the SBHF program are entirely voluntary to the tenant, and continued tenancy will not be dependent on the utilization of offered services
- ITPs and ICPs are re-evaluated and updated periodically as tenant circumstances and personal goals change
- Staff work to build trust with each tenant so they can work collaboratively to identify needs related to housing stability and wellness that the tenant would like to work on.
- The staff and each tenant identify potential program interventions or external resources needed to support housing stability and wellness (including planning around mental health, medical, and substance-related crises as appropriate) and work to implement those plans and/or secure those resources

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- Anticipated formal assessment for purposes of developing individual service plans and individual crisis plans was not indicated.
- Detailed how they intend to assist with navigating and/or accessing benefits and services, including MaineCare enrollment, maintenance and advocacy.
- Caseworkers will guide tenants through Social Security Disability (SSD) applications, including gathering necessary documentation and attending appointments
- Will ensure all services are responsive to the needs of the tenant population and accessible to tenants with disabilities.
- Regularly communicate with tenants, healthcare providers, and other relevant parties to monitor progress and address any concerns.
- All tenants in Preble Street SBHF programs are offered case management services. Staff can provide on-site case management or refer the tenant to a community-based Case Manager.
- If a tenant has a community-based Case Manager, on-site staff support the success of that relationship through appointment reminders, support with follow up, and facilitating communication between tenant and provider.
- Staff are trained in Harm Reduction and integrate such into daily programming.
- Naloxone will be available on-site and staff will be trained in its use.
- Will partner with local harm reduction program including syringe exchange programs

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

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	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	<b>25</b>	<b>25.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Provided a signed copy as required</li></ul> |
|--|

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Tia Bolduc, Anna Ko, Michael LaBua, Adrienne Leahey, Kerry Polyot-Stefani

<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>42.00</b>
Section III. Proposed Services	<b>25</b>	<b>15.00</b>
Section IV. Cost Proposal	<b>25</b>	<b>25.00</b>
<b><u>Total Points</u></b>	<b><u>100</u></b>	<b><u>82.00</u></b>

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**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**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	<b>50</b>	<b>42.00</b>

**Evaluation Team Comments:**

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• Non-profit agency with 65 years of experience providing BH, substance use disorder, and support services for people of all ages</li><li>• Licensed by the State as a Mental Health Facility at Full-Service Level; as a Substance Use Disorder Provider; as a Private Special Purpose School; and as a Children's Residential Care Facility.</li><li>• Is a service provider at a low barrier shelter and operates a Living Room Crisis center for individuals experiencing BH crisis</li><li>• Accredited by the Council on the Accreditation for Children and Family</li><li>• Member of the Child Welfare League of America and the American Association of Children's Residential Centers</li><li>• Assists clients throughout Maine in achieving their potential in the least restrictive environment possible</li><li>• Described services provided through their Adult Behavioral Health department, including launch of a Certified Community Behavioral Health Clinical (CCBHC)</li><li>• Described their trauma-informed clinical model, training and support, including that all clinical staff are trained in Attachment, Regulation and Competency (ARC), an evidence-based treatment model for youth and families that have experienced complex trauma.</li><li>• Participated in Maine Behavioral Healthcare's Maine Children's Trauma Response Initiative and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) trainings</li><li>• Recently launched two (2) residential programs for adults with co-occurring serious mental illness and SUD; Bigelow, a 12-bed residential treatment program launched in 2021 to support individuals with complex challenges due to co-occurring disorders; and Kineo, a residential behavioral health treatment program, with a focus on older adults with serious mental illness.</li><li>• Operates a program of the Maine Office of Behavioral Health called OPTIONS created to help people who use drugs stay alive and safe, and to connect them with harm reduction supplies, medically assisted treatment, and recovery programs</li></ul>

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- Are a comprehensive mental health center that utilizes their Critical Incident Stress Management (CISM) services in all communities where their services exist, as needed; and included an example of a CISM response completed recently in October 2023 in response to the Lewiston shooting tragedy
- Extensive experience providing supportive services to those experiencing chronic homelessness, with relevant programming described.
- Operates Project Support You (PSY), a ride-along partnership between the Auburn Police Department and/or Auburn Fire/EMS and the Bidder where a counselor attends with an officer/EMS worker when responding to calls from individuals living and struggling with substance misuse, homelessness and mental illness.
- Service provider to a Housing First low-barrier permanent supportive housing location in Portland called Ashlea's Place. The housing targets Long Term Stayers (LTS) on the Emergency Shelter Assessment Committee (ESAC) LTS by-name list, or as otherwise determined as long-term homeless populations, specifically the most challenging LTS to house
- Collaborates with the Refugee Trauma and Resilience Center (RTRC) at Boston's Children's Hospital since 2012 to meet Maine's refugee population's trauma-related mental health needs through ShifaME Trauma Systems Therapy Groups, which often includes unhoused immigrant and refugee children and youth.
- Awarded a grant from SAMHSA to launch CCBHC in Cumberland County in 2022, and stated current CCBHC services include: crisis mental health services; screening, assessment and diagnosis, including risk assessment; patient-centered treatment planning, including risk assessment and crisis planning; comprehensive outpatient mental health and substance use services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation services; peer support, counselor services and family supports; community-based mental health for veterans; and client advisory board.
- Experience with 24/7/365 service provision at 5 residential facilities for adults with serious and persistent mental illness and/or co-occurring mental health and substance use disorder
- Living Room Crisis Center in Portland provides 24/7 on-site crisis recovery services for those fourteen (14) and older.
- Long history of initially providing TCM and now also provide care coordination through their Adult, Child and Opioid Behavioral Health Homes.
- Described Behavioral Health Homes (BHH) using an integrated, team-based approach to care delivery, and described the makeup of a BHH team, including completion of a comprehensive psychosocial assessment within the first thirty (30) days of treatment and care coordination.
- Teams work closely with local food pantries, primary care providers, and community housing hubs to help connect clients to community-based resources.
- Strong partnerships with local hospitals and providers, as well as social service and state agencies in all the communities we serve.

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- Participates in numerous coalitions and planning groups to increase system integration and improve outcomes for clients
- Success at Ashlea's Place involves the police liaisons, Milestone Home Team, CHOM, Spurwink, and all of the 20 service provider agencies involved in the Emergency Shelter Assessment Long Term Stayer Committee
- HR department will work closely with program managers to post open positions for HFSSS as soon as needed to fill positions for start-up.
- Time to fill vacancies vary depending on the position; are often able to fill positions within 4-6 weeks for direct care positions, and it takes a little longer to hire for clinical staff.
- Did not address retention policies and did not describe specific plans to ensure optimal staffing levels at Housing First Rental Homes
- Training begins within 90 days of hire, and the training curriculum varies depending on the job description, position, and program of a given employee. Some trainings are required for all employees annually, such as trainings on HIPAA, Health and Wellness, Professionalism, Mandatory Reporting, Corporate Compliance, etc., and trainings are conducted either internally or through our contract with Relias' on-line learning management system
- Internal training program is designed to meet the needs of each individual position and program; topics such as treatment modalities, program regulation requirements, and specific behavioral interventions are built into position-specific curricula
- Listed some barriers, including health challenges; substance abuse/use; mental health disorders; "inability to get along with others"; and "inability to cope".
- Stated staff are trained in Motivational Interviewing to address the listed issues and assist tenants with mitigating barriers through growth and asset building.
- Did not specifically describe direct experience with helping tenants successfully mitigate those barriers.
- Care coordinators have experience helping individuals with navigating enrolment and maintenance of benefits through their current BHH programs and ACT.
- Adult clinical model is based on Person Centered Recovery Planning and all outpatient clients receive risk assessment and crisis planning, including a biopsychosocial assessment and/or psychiatric assessment; adult health questionnaire; smoking cessation; PHQ-9; risk assessment via the Columbia Suicide Severity Rating Scale and AC-OK for trauma and substance use screening.
- Listed the following principles that guide their interactions with clients: relationship-based; "developmentally-focused"; family-involved; competency-centered; trauma-informed; and ecologically oriented.
- Demonstrated experience evaluating Health-Related Social Needs (HRSN) through our Behavioral Health Home programs that provide care coordination for



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clients, as well as ACT, FFT, and our residential treatment programs for adults with co-occurring mental illness and SUD.

- Provided minimal detail related to their experience engaging in effective interagency coordination that demonstrates a working knowledge of other community-based agencies, including the types of services offered and service limitations stating “Most, if not all, of the community-based organizations statewide are familiar with Spurwink’s Services just as we are with theirs.”
- Currently has a contract with the City of Lewiston where they employ a Landlord Liaison for their program which designed to have an employee serve as the Housing Coordinator working with unsheltered and at-risk of being unsheltered individuals find stable housing
- Work closely with the property manager, CHOM, at Ashlea’s Place; and described CHOM’s role in Ashlea’s Place compared to Spurwink’s
- Work closely with the City of Portland, especially the Homeless Resource Center (formerly the Oxford Street Shelter), and other service providers including: The Preble Street Resource Center; Amistad; CHOM; Maine Health; Mercy Hospital; Greater Portland Health; and coalitions that find housing and employment for the unhoused to ensure client service coordination.
- To engage with communities in their work and establish ongoing project sustainability, they also have partnerships with Maine Medical Center; mercy hospital; Southern Maine Health Care; St. Mary’s; Greater Portland Health; Preble Street; the Learning Collaborative; The Opportunity Alliance and Sweetser mobile crisis teams; cities of Portland, Lewiston/Auburn, and Biddeford; and local police departments.
- Has administrative systems in place to implement, monitor, bill, evaluate, and comply with state and federal grant funding sources with extensive experience in grants management
- Utilize Systems Engineering as their Managed Services Provider, and uses Artic Wolf Managed Detection and Response (MDR) with 24/7 monitoring of their networks, endpoints and cloud environments to detect, respond and recover from cyber-attacks.
- Independent Public Accountants audit financial statements on an annual basis and perform compliance testing to ensure compliance with rules, regulations, and funder requirements
- Reports are easily generated from the accounting system in summary and detailed formats for issuance to funders at their desired frequency
- Maintains all required licensing and meets all Council on Accreditation (COA) standards, an independent verification of best practice standards for human service organizations and programs, which requires bi-annual site visits of programs
- Stated their Continuous Quality Improvement (CQI) division provides oversight on reporting and data; and their CQI and HR teams have developed protocols and

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policies around corrective action plans to monitor and improve program efficacy and to ensure staff compliance with program regulations.

- Improvements to core administrative procedures over the last three years included: 1) purchased a document management software that allows documents to be reviewed and updated within its system, 2) created a Contract Administrator position as part of the FY2025 budget to support the contracts management process, 3) improved and implemented a new cybersecurity protocols to protect the data of clients and staff, working with an expert cybersecurity firm to address potential gaps in our security, restructured our Outpatient & Community Services division to meet the rapid growth of programs and services to align with the continuum of care clinical structure that serves clients from youth to adults, and those with low to high acuity treatment needs
- Aside from mentioning they secure grants from “foundation, corporate, United Way”, did not describe experience raising private funds to cover expenses that exceed publicly funded operating budgets.
- 3 projects (1) Ashlea’s Place, Housing First (2) Adult Behavioral Health – a service division not a project, but CCBHC and Portland CRC within it (3) Adult Residential Treatment – a service division, not a project, but Bigelow and Kineo within it

**2. Organizational Chart**

- Anticipated Housing First team is under the "Tri-County Region/Western" division of services, intended service area is unclear to the Evaluation Team.

**3. Litigation**

- Provided as required by the RFP.

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**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>25</b>	<b>15.00</b>

**Evaluation Team Comments:**

<b>Part IV, Section III Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"> <li>• Proposed offering behavioral health and support services through partnering providers, with on-site care management and 24/7/365 staffing that involves the client in all decisions.</li> <li>• Belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues.</li> <li>• Did not explicitly refer to providing services in a person-centered, strengths-based manner.</li> <li>• Intend to have up to thirteen (13) staff providing services and indicated this will ensure property managers are able to coordinate their work 24/7.</li> <li>• Described staffing as 8 (eight) FT &amp; 3 (three) PT Caseworkers/Housing Support Staff/Peer Support and proposed experience and education requirements including three (3) personnel shifts, with description included regarding anticipated work to occur during each shift.</li> <li>• Listed the staff from their outpatient clinical leadership team that will be working collaboratively with the Housing First property manager and Department to ensure smooth implementation of programming, with relevant background educational and experiential qualifications provided for each: Sr. VP of Outpatient and Community Services (OCS); VP of Adult Behavioral Health; VP of OCS; Director of Adult Services and Sr. Director of Adult Services.</li> <li>• Stated they have the capacity to include a nurse as a HFSSS staff member should there be tenant high acuity health care needs.</li> <li>• "Spurwink does not anticipate the need for subcontractors or consultants for this project"</li> <li>• Provided a copy of the MaineCare Provider Agreement</li> <li>• Have submitted an application to become a HMIS participating agency.</li> <li>• Provided documentation illustrating enrollment as a TCM agency.</li> </ul>

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- Will establish an MOU for HFSSS after contract award; did not specify intended details for MOU.
- Have many MOU agreements with various service providers for their programming/services, including with: CHOM for Ashlea's Place; Central Maine Healthcare related to co-locating clinicians in primary care; Pediatric Association (Children's Behavioral Health Homes); school districts; City Government; and law enforcement agencies.
- Understands that if awarded an HFSSS contract with the Department will be required to provide mental health and substance use disorder treatment oversight and care coordination with all providers to support all tenants and their individual needs, however per the RFP requirements awarded Bidder's will be required to provide oversight and care coordination with all providers in the resulting service area that support HFSSS tenants.
- Familiar with contracts through the State and fully understands that with building projects, such as site-based housing, this project does not have an exact start date
- Training will begin within ninety (90) days of hire, with training curriculum dependent on position, unclear if HFSSS staff will be ready for service provision upon residency, and/or if staff will be trained prior to HFSSS service provision.
- Human Resource Department will work closely with program managers to post HFSSS open positions as soon as needed to fill the positions for start-up.
- Will attend collaborative meetings to establish decision making processes on intake and tenant occupancy, provide input on design, discuss tolerance for eviction, set schedules for services, and begin outreach for staff prior to clients occupying the Housing First Property
- Demonstrated understanding to comply with agency requirements through prior experience and will do the same with the conditions and guidelines of the HFSSS program manual, and other agreements with the Department for the HFSSS contract.
- Launched a medication assistance program and received state contract funds to pilot the state's first crisis receiving center, and many more funded initiatives

**B. Housing First Support and Stabilization Services (HFSSS)**

- Supervision will be provided by their Outpatient and Community Services Clinical Supervisor, who will provide oversight and weekly clinical supervision.
- Will adequately staff 24/7/365 but did not describe in detail how they will only cited experience at other properties.
- Will operate with three work shifts, including minimum two staff members at the property at all times.
- Intends to build trust with tenants/clients as a foundational goal for all staff and they will implement the five (5) principles of the Housing First model in service provision and listed such.

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- Clinicians use evidence-based practices, including Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Dialectical Behavior Therapy, Collaborative, anticipated staffing plan did not include any specific clinical staff, unclear if Bidder intends on having clinicians on staff.
- Will not simply focus on meeting basic client needs but on supporting recovery. A recovery orientation focuses on individual well-being and ensures that clients have access to a range of supports that enables them to nurture and maintain social, recreational, educational, occupational, and vocational activities
- Did not address ensuring individual emotional support and flexibility and adaptation to tenant needs.
- Response to ensuring HFSSS adequately meet the needs of the tenants to build independent living skills, maintain housing, and to access necessary community-based services lacks detail
- Indicates “Together with the managers of the sites, will create a decision making process with the housing development partners and DHHS which will include monitoring, following the Housing First model”, which lacks specific detail on how this will be accomplished.
- All staff are trained in the rights of clients, and all clients are aware of their rights through documents presented at the time of intake.
- Offers a robust referral system to tenants that provides many options for required and requested services, lacks detail on intended processes for referral and coordination to, health care services, substance use treatment, and mental health care.

**C. Available HFSSS for Tenants**

- Did not provide information showing HFSSS will only be provided with the full consent of the tenant.
- Plan to develop service/support plans and individual crisis plans within the first week to identify needs and services to maintain long term housing stability.
- Plans to review and update service plans and crisis plans annually, and as needed.
- Should tenants choose to become clients of Spurwink services, will develop treatment care plans within thirty (30) days and will review such quarterly.
- Director or Supervisor will develop an orientation process with the property manager specific to the Property location, including all required support services.
- Demonstrated experience with Chapter 13 through a contract with the Office of Aging and Disability, as well as Chapter 17 through our multiple ACT Teams
- Program staff are trained in navigating benefits and will meet with residents to determine eligibility and educate them in the process to apply for all benefits and services that are appropriate.
- Offer case management services at Housing First Facilities; and indicated tenants will have multiple appropriate options to access evidence-based mental health and

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substance use treatment, medical services, eligible benefits and available community supports.

- Did not indicate acknowledgement that tenants may receive case management services from other providers
- Currently, has a steady supply of Naxolone and offers regular training in the administration and Nalox-Boxes that are wall mounted and include a rescue breathing barrier device and instructions, did not specifically address ensuring 24/7/365 on-site naloxone at HFSSS, with easily available instructions for use for anyone other than HFSSS staff.
- Aside from describing examples from current programming, did not explicitly address ensuring provision of alternative activities.
- Lewiston office has an on-site Syringe Service Program that could be extended to HFSSS tenants. Additionally, this program provides education and testing for HIV and Hep C and connects individuals with necessary treatments

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

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	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	<b>25</b>	<b>25.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Provided a signed copy as required</li></ul> |
|--|

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Tia Bolduc, Anna Ko, Michael LaBua, Adrienne Leahey, Kerry Polyot-Stefani

<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>47.00</b>
Section III. Proposed Services	<b>25</b>	<b>17.00</b>
Section IV. Cost Proposal	<b>25</b>	<b>25.00</b>
<b><u>Total Points</u></b>	<b><u>100</u></b>	<b><u>89.00</u></b>



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**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**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	<b>50</b>	<b>47.00</b>

**Evaluation Team Comments:**

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• Addressed social determinants that affect people experiencing homelessness, those recovering from substance use disorder, previously incarcerated individuals, older adults, veterans, adults diagnosed with intellectual and/or developmental disabilities, adults with chronic and persistent mental illness, and underserved youth by providing affordable housing, social services, group homes, sobriety houses, transitional programs, and youth camps.</li><li>• Operates more than 18 programs and 13 affordable housing complexes across Maine and New Hampshire</li><li>• Offer low barrier permanent supportive housing for homeless male/female Veterans and families</li><li>• Provide housing-focused supportive services to unhoused young adults between the ages of 18-24 throughout the state through their Young Adult Rapid Re-housing (YARR) program.</li><li>• Are an employer of record for the Homeless Response Hub 06 covering Somerset and Kennebec and are well-versed in the statewide HMIS and coordinated entry system.</li><li>• In the process of launching a Homelessness Response Team (HRT) within MaineCare Section 91 Housing Outreach and Member Engagement (HOME) program to provide daily living support services to adults with chronic mental health symptoms which interfere with their independent maintenance of daily living skills.</li><li>• For YARR, after the young adult is approved for a Housing Choice Voucher (HCV), YARR then provides up to twenty-four (24) months of supportive services.</li><li>• Have team members with experience serving individuals experiencing homelessness, including their president and CEO who has advocated and directed homeless services and permanent supportive housing programs for thirty (30) years; their Director of Homeless Services who has worked with veterans experiencing chronic homelessness for over a decade; and they have case managers with over a decade of experience working with unhoused individuals.</li></ul>

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- Behavioral Health Services are provided in a 24/7/365 setting to include group homes, supportive apartments, and transitional housing
- Serve about fifty-five (55) to sixty (60) individuals across their programs in seven (7) locations across the state to assist with avoiding hospitalization and homelessness and creating a path to self-realization and community engagement.
- Transitional housing (two facilities) and permanent supportive housing (16 units) for Veterans and their families offer supportive staff who are available on call 24 hours/day
- An approved provider of substance use disorder (SUD) services as part of the community justice diversion and deflection services
- Veterans Homeless Services team has provided transitional and supportive housing for over a decade, are active in the Continuum of Care Statewide Homeless Council and work directly with network of community nonprofits that are devoted to ending homelessness.
- Have formal relationships with law enforcement entities, including Knox County Sheriff's Office; Waldo County Sheriff's Office; and Rockland/Rockport/Camden Police Department where they act as Community Liaison Officers corresponding with police to help divert individuals from the traditional criminal justice system and redirect them to appropriate community resources.
- Director of Homeless Services is an active member of all three (3) Regional Homeless Councils: Vice President of the Maine Continuum of Care (MCoC) Board of Directors; co-chair of the MCoC DEIB Committee; and Board President for a nonprofit serving York County individuals experiencing homelessness.
- Partner closely with other community-based organizations who provide case management services, Assertive Community Treatment (ACT), and crisis stabilization services.
- Maintain good working relationships with law enforcement liaisons, hospitals and Federally Qualified Health Centers (FQHC).
- Staff nurses also support the integration of our care plans with medical providers such as primary care providers and psychiatrists
- Resident Service Coordinators establish and build relationships with residents. Coordinators focus on wellness, independent living and connection to benefits and are trained to recognize changes in residents' wellness, socialization status, and condition. They work directly with residents to maximize the use of benefits and find community-based resources.
- YARR program works closely with the statewide Youth Action Board, and they have a staff member on the Youth Action Board.
- Have a four (4) person HR team, including a Recruitment and Retention Leader.
- Offers diverse shift options, including rotating, split, and overnight shifts, accommodating individual scheduling preferences.
- HR team regularly evaluates pay structures and market trends to ensure equitable and competitive employee compensation.

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- Indicates "...is also Great Place to Work-certified."
- Workforce retention measure is currently at 67%; implemented an aggressive goal of reaching and sustaining a 70% agency-wide retention rate by June 30, 2025.
- Expectations are clearly communicated during recruitment to align with candidate needs
- Job postings emphasize the 24/7 nature of roles, irregular hours, and benefits like overtime opportunities, career advancement, and work-life balance
- Provided a list indicating some barriers that affect maintaining successful housing, including: language barriers; lack of advocacy; lack of behavioral health services within the community; medical health needs; access to housing navigation/coordination; insufficient service funding; rental subsidy/voucher limits; financial instability; lack of tenant and landlord rights' education and access to legal representation; lack of natural supports; and conducting accurate, timely assessments and re-assessments.
- Have successfully helped tenants with navigating the listed barriers through their permanent supportive housing for Veterans; transitional housing for unhoused Veterans; affordable housing for older adults; and their Young Adult Rapid Re-housing programs.
- Address barriers through active engagement, education, and collaboration with the individual/tenant, landlords, services providers, subsidy entity, health providers and community organizations.
- Work with and refer clients to Pine Tree Legal Services and other pro bono legal assistance program to ensure to client legal rights regarding income supports and housing.
- Have assisted with applying for, obtaining and/or maintaining permanent housing; social security benefits; MaineCare benefits; WIC benefits; VA health care benefits; VA service-connected and non-service-connected benefits; housing subsidy vouchers; mental health and substance use assessments for service eligibility; and behavioral health treatment.
- Currently use the Arizona Self-Sufficiency Matrix (ASSM) to evaluate HRSN in their homeless services programs for Veterans.
- The Community Justice program uses the Level of Service/Case Management Inventory (LSCMII), an assessment focused on criminal behavior and recidivism risk.
- Works closely with several community-based partners, including: Kennebec Behavioral Health; Bread of Life Shelter; and Mid-Maine Homeless Shelter.
- Rent space within their administrative office to the Maine Council on Aging and work closely with this Council to ensure the rights and needs the older adults they serve are met and addressed.
- Working relationship with the Veterans Administration for 16 years and partners with other Veteran-serving organizations across Maine.
- Has provided quality affordable housing in Maine and New Hampshire since 1996.

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- Maintains thirteen (13) buildings and over five hundred (500) affordable housing units and offer direct residential services to all tenants.
- Provides affordable housing with minimal details included regarding experience working on-site in affordable housing.
- Provides third party property management services for a number of partners, including VOA National Services-owned.
- Have a separate division which manages their properties, and their program services teams work collaboratively with the management team; with the two parties as separate entities from a resident perspective.
- Work with Community Housing of Maine (CHOM) who manages a property in Bar Harbor which houses one of their residential disability services programs, and stated they rent two (2) houses from a third-party landlord in Bangor.
- Staff are trained to understand both landlord and service provider perspectives, allowing VOANNE to anticipate issues and to work together to develop resident focused action plans.
- Indicated some of their collaborative working relationships include the VA's HUD VASH department; Department of Labor; local financial institutions; McKinney-Vento liaisons; General Assistance offices; Community Case Management providers; technology inclusion, support, and equality organizations; university civic groups' food pantries; VA Community Based Outpatient Clinics; nutritionists; counselors and LCSWs; psychiatrists; ACT teams; Law Enforcement Community Liaisons; support groups' sobriety groups; criminal diversion and deflection organizations; Sweetser; and Spurwink.
- Have an eight (8) person finance team led by a chief financial officer with qualifications and experience in nonprofit financial management; and indicated extensive experience with managing diverse funding sources: private, federal, state, and local grants and contracts.
- VP-level head of technology reports directly to the CEO; and comprehensive IT policies are updated regularly.
- Stated they maintain no physical servers and have an Agency Emergency Response Plan for emergencies and natural disasters.
- Adheres to strict financial policies and procedures including maintaining a comprehensive financial manual
- A compliance team ensures adherence across all programs under these licenses. Our housing program compliance follows HUD and MSHA regulations.
- In the process of implementing a Results-Based Accountability (RBA) system which develops scorecards for quality improvement
- Each service area is led by a director or VP of operations responsible for licensing, compliance, and quality, including license applications, renewals, inspections, reporting, deficiency tracking, and corrective plans
- Fund-Raising Department comprised of three full-time employees. This team raises approximately \$200,000 through private and corporate foundations and \$100,000

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from individuals and local businesses. This work is done through capitol campaigns, mail solicitations, online fundraising and in-person and direct solicitation.

- Maine Homeless Response Systems Hub 06 Coordinator 2022
- Provision of Daily Living Support Services beginning in 2021 (4 years ago) providing services in quarter hour units and are individualized based on needs as identified in each person's treatment plan. Hours are completed both in an individual's home and in the community
- Young Adult Rapid Re-housing (YARR) 2021

**2. Organizational Chart**

- Provided, indicated project team and plan to hire program manager and residential counselors for HFSSS.

**3. Litigation**

- Provided as required by the RFP.

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**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>25</b>	<b>17.00</b>

**Evaluation Team Comments:**

**Part IV, Section III Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Services will be provided in a manner that utilizes meeting the individual where they are in the process and providing case management as needed. They will review the individuals Individualized Service Support Plan (ISSP) every 90 days. The ISSP will include the input of the person served and utilize the strengths of the individual to overcome barriers to maintaining stability.
- Offered and/or provided services will be tracked and documented utilizing the Maine HMIS platform and other case management platforms, as appropriate.
- Will utilize the collaboration of the provider, individuals served, and other community service providers/organizations to ensure that all the needs of the individual are met.
- Described use of person-centered, strengths-based manner for HFSSS provision via ISSP, but did not explicitly indicate plan to provide HFSSS, in totality, in a person-centered, strengths-based manner.
- Overall response to engaging with the Department at least six (6) months prior to the Site-based Housing First Property becoming available for tenancy, by enter into a standard service contract with the Department and complying with all pre-contract requirements when selected as part of a Housing First Team as a Service Provider for HFSSS lacks detail.
- If awarded a contract, Director of Homeless Services will work with agency leadership and HR to finalize a job description, recruit and hire for a full-time Program Manager.
- Once the Program Manager is hired, the Director and Program Manager will work with HR to recruit, hire and train full-time, part-time and per diem Residential Counselors who are or will become MHRT-1 certified for provision of housing coordination and case management.
- Have standard operating procedures (SOPs) that will be reviewed and enhanced to accommodate HFSSS.

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- Agrees to supply the Department with all required licensure, and the finance team will invoice the Department accordingly for services rendered.
- Long-standing, ongoing and collaborative relationship with the Department as a licensed provider of DHHS/MaineCare funded behavioral health services, including PNMI residential, DLSS, Office of Aging and Disability Services (OADS) Home and Community Based Services (HCBS) and residential programs for individuals with disabilities, and OBH recovery programs
- Willing to continue to take Department direction and continue positive collaborative engagement with the Department.
- Provided a copy of the MaineCare Provider Agreement.
- Current CoC HMIS
- Recently applied to become a Section 91 HOME provider December 2024, with notice of funding pending as of 1/14/25; with expectation that they will be able to provide this service as of early 2025.
- Previous formal MOU were listed, but did not describe an ability to establish and maintain a formal relationship specific to HFSSS.
- Will ensure that care/service providers and HFSSS staff meet regularly to discuss the needs of the participants and how to overcome the barriers to those needs being met.
- Behavioral health programs already work closely with hospitals, Federally Qualified Health Centers (FQHCs), primary care providers (PCPs) and other service providers such as an ACT team to coordinate care, and anticipates a similar approach with the HFSSS program
- Plan to train staff in understanding Trauma-informed Care and Rent Smart and include cross training within their behavioral health programs and Veteran transitional housing programs and related service/care staff.
- Prior to the Site-Based Housing First Property opening will recruit and hire HFSSS staff. Staff will have an understanding of and experience working with and supporting the unhoused population in either an outreach or supportive/services environment or a combination of both.
- HFSSS staff will collaborate with Bidder's HOME provider staff and will use existing relationships with local, county and state law enforcement for outreach.

**B. Housing First Support and Stabilization Services (HFSSS)**

- Services will be provided via 1:1 meetings with tenants interested in offered services and will include any external-to-Bidder service provider choosing to be present at the meeting, as applicable.
- Outcomes and services provided will be documented in logs, ISSPs, case notes and progress notes.
- Will include document notes regarding why a service was not able to be delivered onsite; details regarding the community provider referral; and the outcome of the service or referral.



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- To ensure 24/7/365 coverage at the HFSSS Housing First Site-based Property, the staffing team will include a full-time Program Manager and full-time, part-time, and per-dem Residential Counselors. All staff will be MHRT-1 certified, knowledgeable in Motivational Interviewing, and trained in crisis intervention techniques
- "VOANNE's HFSSS project plan will ensure that all offered, accepted, and provided services are delivered on site 24/7/365."
- Will ensure that the Housing First site includes staff who are on site 24/7/365 to provide HFSSS. This will be accomplished through a combination of full-time and part-time staff and the development/implementation of a per diem/on-call staffing pool as well.
- No acknowledgement of ensuring at least 2 staff are available to provide HFSSS 24/7/365
- All staff will be supervised by the Program Manager, who can work with VOANNE's Human Resources department to address any staffing needs, including the hiring of temporary workers through an existing relationship with a staffing firm, as needed.
- Staff will interact with tenants daily using learned healthy conflict resolution, healthy relationship and healthy boundary skills, and will treat all tenants and guests with dignity and respect, regardless of HFSSS participation.
- Will establish or use already established agency/site policies, protocols and procedures to ensure staff and tenant safety; with policies to be posted in common areas at the Property and provided to tenants.
- Did not specifically respond to ensuring tenants feel safe in the Site-based Housing First Property and around HFSSS staff in order to build trust; individual emotional support; or flexibility and adaption to tenant needs.
- Will train staff in the Rent Smart Program offered by Maine State Housing Authority and will use Rent Smart to offer rental skill training such as building and maintaining a relationship with a landlord or property manager; building credit; and Fair Housing Rights to tenants who identify as needing these skills.
- Will offer or provide case management services to tenants and work with tenants to conduct a self-sufficiency matrix. Staff will utilize the outcomes of that assessment to work with the tenant to establish an ISSP.
- In addition to working with the Department, HFSSS/Homeless Services staff will work with property management to utilize established guidelines, policies and procedures around decision making, program operations and site/program monitoring. Where there are no established SOPs/policies/guidelines, will work with the appropriate entities to create HFSSS policies, guidelines and procedures.
- If/when appropriate, HFSS team will also incorporate a Tenant Advisory Council to help inform creation of policies, guidelines and procedures.
- Newly established policies and procedures will include Fair Housing practices, a low barrier approach and offering supportive services at the forefront.

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- Will have senior leadership and legal team review policies and procedures as/when necessary.
- Did not explicitly address ensuring policies protect the rights of individuals receiving HFSSS.
- Will use an internal clinical team, as needed, to make outside referrals or provide assessments.

**C. Available HFSSS for Tenants**

- Stated understanding of HFSSS being voluntary and will ensure all tenants are provided information and documentation regarding voluntary HFSSS, including indication that housing is not contingent upon accepting and receiving HFSSS and that tenant may choose to accept or discontinue HFSSS at any time.
- Will work with those tenants choosing to accept and utilize the HFSSS to establish an ISSP that will identify the needs of that tenant (such as maintaining housing and accessing community resources); establish time-orientated, reasonable goals; and utilize the strengths of the individual being served to overcome barriers meeting their goals/obtain services. These goal areas will be identified by the outcome of the completed self-sufficiency assessment (and other assessments, as appropriate) as well as the expressed need of the tenant.
- Will collaborate with tenants to determine need for a crisis or safety plan, and if need is determined, will work with the tenant to create the plan.
- Crisis plans to include identification of what a mental health emergency or crisis looks like for the tenant; outlining specific steps to be taken during these situations; inclusion of contact information for crisis or emergency services; inclusion of a list of trusted individuals, supports and mental health professionals; and preparing for worst-case scenarios. Stated crisis plans will be implemented and steps followed, as appropriate and needed.
- HFSSS staff will utilize their training and knowledge around MaineCare services (such as Sections 17 and 91) and the MaineCare Benefits Manual to help tenants access and navigate applying for MaineCare eligibility and services
- Referrals can be to bidder and other community providers of MaineCare Chapters 13, 17, and 91 services. The process will be in a collaborative “warm hand off/wraparound” manner that includes the tenant and their supports.
- Did not specifically address in detail: education, coaching and support on other life skills, including time management; connections to volunteer opportunities external to- and within the HFSSS; income, employment and vocational activities; mediation services for resident disputes; or peer support services and coordination, as applicable.
- Plan to collaborate with external community service providers including legal aid, mediation and crisis intervention services.
- Policies and procedures for new tenant move-in assistance and tenant guest management will be finalized and available for use prior to the Property opening.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

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**BIDDER:** VOA Northern New England

**DATE:** March 10, 2025

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- Plans to leverage existing relationships with community and civic organizations to offer/utilize Harm Reduction services, including access/referrals to local food banks; and securing donations from organizations/grocery stores for cookout celebrations, memorial/holiday events and potlucks.
- Will offer the ability to create a Tenant Advisory Council (TAC) that will take part in creation and offering of alternative on-site Harm Reduction activities.
- Will ensure establishment of a formal process for referrals to the local Syringe Service Program.
- Have a Registered Nurse on their staff available to provide naloxone use and training to HFSSS staff who can then instruct tenants on naloxone use.
- Registered Nurse has established relationships with an organization that provides naloxone to service programs, and they will utilize this relationship to ensure easily accessible on-site naloxone, with instructions posted.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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**DATE:** March 10, 2025

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

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	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	<b>25</b>	<b>25.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Provided a signed copy as required</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** York County Community Action Corporation

**DATE:** March 10, 2025

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Tia Bolduc, Anna Ko, Michael LaBua, Adrienne Leahey, Kerry Polyot-Stefani

<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>50</b>	<b>46.00</b>
Section III. Proposed Services	<b>25</b>	<b>15.00</b>
Section IV. Cost Proposal	<b>25</b>	<b>25.00</b>
<b><u>Total Points</u></b>	<b><u>100</u></b>	<b><u>86.00</u></b>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

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**BIDDER:** York County Community Action Corporation

**DATE:** March 10, 2025

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**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**Evaluation Team Comments:**

N/A

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER:** York County Community Action Corporation

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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	<b>50</b>	<b>46.00</b>

**Evaluation Team Comments:**

**Part IV. Section II. Organizational Qualification and Experience**

**1. Overview of the Organization**

- Have provided health and human services in York County for sixty (60) years as a private nonprofit organization.
- Serve a culturally diverse range of individuals, including those who live in public housing; are unhoused; individuals facing cultural and linguistic barriers; New Mainers; and those needing urgent behavioral health, mental health and medications for opioid use disorder (MOUD) services.
- Recognizes that bidder alone cannot provide the full scale and quality of services that can be leveraged utilizing strong working relationships maintained and nurtured with community partners and stakeholders
- Maine's only Community Action Agency that encompasses a federally qualified healthcare facility
- The health center includes access not only to medical care, but also direct connection from clinical care to other agency programs to obtain social services such as referrals to resources for food, transportation, financial assistance and other connections for a patient's overall wellbeing.
- Individuals receive services related to nutrition and food provision, intense housing assistance, health insurance enrollment, culturally and linguistically appropriate care, and services without regard to ability to pay from multiple settings.
- Are a Health Care for the Homeless (HCH) provider, and they work to ensure low-barrier access to primary care and other health services for unhoused individuals and families in York County.
- Their FQHC provides referrals for patients identified as experiencing homelessness to a SDOH care coordinator who works with patients to complete housing and voucher applications, with referral to another agency for case management or an agency-Outreach Worker to further assist with housing resources, if needed.
- Have a Housing Navigator that assists with matching clients with housing and works with local landlords to identify available housing.
- Services include: case/care management; eligibility assistance; outreach; and patient education. Were a lead partner in the 2020 redesign of Maine's Homeless

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Response System, and they now host the State's Region One Homeless Hub Coordinator.

- Several homeless response initiatives in York County began in 2023, including needs assessment for possible solutions, cost for solutions and cost of not implementing them; reinstatement of the Homeless Task Force; and county-level budget to go toward homeless response planning. Stated intent of these initiatives is to address root causes of homelessness and increase care and resource access for unhoused individuals.
- Primarily provides services during normal business hours with some exceptions: HQFS provides 24/7/365 on-call services for patients through a contract with a nurse triage line to take after-hour calls and triage patient needs and connect to an on-call nurse practitioner as warranted; WAVE transportation program runs seven days/week and 365 days/year from 6 am to 10 pm; currently manages 3 affordable housing properties, which at times require staff support for building and maintenance requests outside of business hours.
- Providing 24/7/365 support and stabilization services in a Housing First setting would be a new service to this agency
- Opened a 24/7 temporary shelter with partner organizations in Sanford in May 2023; open for about six (6) weeks, with paid staff and non-paid volunteers for staffing and included provision of resources such as Housing Navigation. Stated, over the six (6) week period, were able to find permanent housing for almost one hundred fifty (150) people in the Sanford area.
- Are exploring contracting with the York County Shelter Program (YCSP) to provide 2<sup>nd</sup> and 3<sup>rd</sup> shift back-up supervisory support.
- Has seen a 70% increase in the number of homeless patients served in the last 3 years; 1,496 in 2023 from 879 patients in 2018.
- Public housing residents often seek treatment for unique behavioral health challenges, with many having experienced trauma related to poverty and their ongoing struggle "to make ends meet". Also indicated many are engaged with the Department and often experience frustration and anxiety with systems navigation; and their behavioral health staff can connect public housing patients with agency social service programs, as needed, to provide support with navigating systems and addressing barriers to success.
- As a medical home, integrate primary care with behavioral health, and clinicians provide one-on-one counseling, cognitive behavioral and problem-solving therapies, including individuals with one (1) or more chronic health conditions.
- Unhoused individuals face barriers to many needs, including shelter; food; water; clothing, including warm clothing; blankets; transportation; hygiene; and other basic needs, and stated they are able to help unhoused patients with accessing needed resources.
- FQHC utilizes 4 behavioral health staff and uses telehealth extensively to reduce the transportation and employment-based barriers to care for patients.



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- Provide integrated health and social services to unhoused individuals, including: projects with local police departments to eliminate treatment access barriers; improved transitions of care for individuals being discharged from ED or treatment facilities; maintenance of a close working relationships with Layman Way recovery for incarcerated patients working with drug courts; collaboration with IOP and aftercare programs for care transitions; serving on the local homeless Task Forces' within Sanford and Biddeford cities where they coordinate and support policy change, services and resources; networking with local schools to coordinate services for unhoused families, reduce stigma around mental health and SUD and provide services directly with the schools; and partnering with SMHC for implementation of treatment and harm reduction interventions as a member of the Rural York County Opioid Planning Project and its subsequent Implementation Project.
- Employ a Referral Specialist that oversees their external referral process; and have a Medical Records Specialist as point-of-contact for follow up, ensuring the patient kept their referral appointment(s) and all medical records pertaining to care provided were sent back to their health center for patient health record incorporation.
- With signed patient permission in external referral situations, they share patient care information with the referred hospital or outpatient specialist, jointly plan clinical interventions and develop discharge plans, if needed.
- For internal referrals, they use a "closed-loop" electronic referral system for referral generation during the patient's clinical encounter; and described this process, including a response back to the patient within forty-eight (48) hours to offer available resources and services to address the identified social determinants' of health need.
- Engage in: proactive workforce planning, including regular analysis of workforce data and market trends to anticipate staffing needs and align such with organizational goals; dynamic recruitment and retention through implementation of innovative requirement strategies (not described); flexible scheduling and resource allocation; regular staffing level monitoring and adjustment; and contingency planning to address unexpected staffing challenges.
- Continuous Training and Development: Investing in employees' growth through ongoing training and development programs will enhance their skills and adaptability, ensuring a versatile and capable workforce.
- Did not explicitly state the anticipated plan for ensuring optimal staffing levels at Housing First Rental Homes.
- Stated previously unhoused families often need support to move from a crisis mindset and behaviors towards stability; and stated identification of appropriate community resources, including transportation and heating assistance, and working closely with the landlord for navigation of initial questions or concerns is critical.
- Stated in their current Housing Navigation and Stability program, they found a need for the Housing Navigator to remain in close touch with landlord and families during

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the first few months after placement; inclusion of a Community Health Worker on staff for their Children's Services Department; and inclusion of more built in support around this time, including referrals to agency Outreach Workers, inclusive of their Multi-Cultural Outreach Worker.

- Another challenge they have experienced in their work relates to the need to settle in and acclimate to a stability mindset versus a scarcity mindset; and included reference to homelessness being traumatic and time needed to process this trauma.
- Demonstrated an understanding of the work required to secure and move families into permanent housing, including helping with security deposits and gap rental payments, as needed.
- Mitigation efforts focused on alleviating the impact of poverty by supplementing income and obtaining basic needs, without including other factors like behavioral health and/or SUD.
- Housing Navigator and Outreach staff work together to help with setting up an account with CMP for electricity; fuel provider for heating the home; accessing financial supports; and provide tenants an orientation to their new neighborhood, including trash pickup schedules and bus stop locations.
- Make internal referrals, as appropriate, for services such as the Heating and Energy Assistance Program (HEAP); healthcare services; transportation services; WIC; and Early Head Start or Head Start.
- Provide support with other options for insurance or financial support, including enrollment through the Health Insurance Marketplace, Care Partner's, or Bidder's Sliding Fee Scale; and entitlement programs including WIC, TANF, and SNAP.
- Have two (2) full-time intake staff who can help uninsured patients apply for Medicaid or buy insurance on the Exchange; with the primary job of assisting with new patient paperwork and handling applications for their Sliding Fee Discount Program.
- Provides one-on-one assistance to patients applying to enroll in a variety of benefit programs to support health care costs.
- First health center in Maine to use the PRAPARE tool (Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences) to screen for social determinants of health of all patients.
- Engage in regular data analysis and outcome monitoring to guide their continuous improvement efforts.
- Referral relationships include: Maine Access Points, for walk-in wound care management at their FQHC; Avesta Housing, which also manages one of their affordable housing properties; Biddeford Housing Authority; Caring Unlimited, emergency shelter and safety planning for victims of domestic violence; Homeless Response Services Hub; City of Sanford, which also convenes the Homeless Task Force, which Bidder is a member of; Sanford Housing Authority; Fair Tide; Sanford Police Department; Seeds of Hope Neighborhood Center, a drop-in/day shelter; The Housing Partnership; United Way of Southern Maine, including collaboration

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with Bidder on health initiatives; Bidder's Transportation Program; Homeless Initiative Task Force, and Bidder is a member of both Sanford and Biddeford City Task Forces; Police Community Support Partnership, a pilot where Bidder partners with police officers in several local communities to offer residents the ability to work with a Community Social Worker Liaison; Sanford Fire Department, which they collaborate with for a new Mobile Healthcare program; Maine Immigrant Rights Coalition; Welcoming Immigrants Our New Neighbors; and Southern Maine Agency on Aging.

- Owns and operates three affordable and transitional housing properties; 3 buildings, 14 units. Tenants are at-risk populations. Two properties are temporary (2 years) and 1 is long-term.
- The housing units and properties owned by YCCAC work collaboratively with outside property managers or housing partners. Units at 3 of the properties owned by the bidder are all utilizing Project Based Vouchers, provided by Sanford Housing Authority requiring close partnership in the application for housing, the approval for the voucher, and the ongoing compliance with voucher requirements such as income and asset documentation and required noticing of federal protections, policies and law.
- Housing Navigator has forged positive working relationships with: municipal offices, especially General Assistance Administrators; the local Housing Authority; York County Shelter Program; and school systems, including school social workers and McKinney-Vento liaisons.
- Have a multi-lingual Community Health Worker that has been invaluable to their New Mainer clients.
- Referred to their Patriot Place property, with a total of forty (40) units, managed by Avesta Housing; and indicated a close working relationship.
- Referred to their administration of the HOUSE grant as an example of collaborating and partnering with another provider, Maine Behavioral Health Care, in providing treatment and services for opioid use disorder through Medication Assisted Treatment (MAT), intensive case management and housing support.
- Have strong ties with the York County Jail; Sanford and Biddeford Housing Authorities; Fair Tide; local governments; police departments; hospitals; Maine Centers for Disease Control and Prevention – York District Public Health; and with other organizations that work with populations at increased risk for housing instability and/or poor health and wellness incomes.
- Provided an example list of some of their cross-sector initiatives over the years, including: Homeless Services Hub; Opioid Response Task Force; Community Health Working Group' New Access Point Planning Consortium; and "Biddeford Ready!"
- Works closely with county, state, and regional public health departments and other public health organizations to share and receive information, stay abreast of developments in best practices and/or public health concerns, and to coordinate

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(and not duplicate) efforts underway to support patient access to care, insurance, and education.

- Utilizes Abila MIP Fund Accounting. Pairing this system with management review of the financial and productivity reports by the Finance Committee, has consistently produced clean audits.
- Use redundancy; internal controls; and continuous firewall enhancements to ensure data protection; and their multi-layered compliance oversight infrastructure includes Compliance and Quality Assurance/Quality Improvement (QA/QI) committees at the executive/staff and Board levels which conduct ongoing reviews of organizational operations and risk management.
- Are annually audited for compliance with Government Auditing Standards/OMB Circular A-133; Maine Uniform Accounting and Auditing Practices (MAAP) for Community Agencies; and by an Independent Certified Public Accountant firm.
- Was a detailed description of the quality improvement/quality assurance policies and processes utilized but no description of examples of core administrative procedures improved over the last three years in response to the QI/QA activities described.
- Approximately 70% of Bidders' funding comes from federal and state grants. The remaining 30% is raised privately through a variety of methods including donations, corporate philanthropy, grants from private foundations, and fees for service
- Relevant recent projects reflecting appropriate experience and expertise to provide HFSSS are the collaborative HOUSE project for homeless opioid users (project began in 2020); administering the Community Aging in Place Grant Program to repair/modify senior's homes; and implementing the "Family Independence Project" for transitional housing for families.

**2. Organizational Chart**

- Did not show the project team proposed to meet the requirements of this RFP nor did it indicate to whom the project team reports.

**3. Litigation**

- Indicates n/a.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

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**BIDDER:** York County Community Action Corporation

**DATE:** March 10, 2025

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**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>25</b>	<b>15.00</b>

**Evaluation Team Comments:**

**Part IV, Section III Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Will work collaboratively with the Layman Way Recovery Center for provision of SUD treatment and recovery services; and their Preble Street colleagues for best practices, including staffing models and operations.
- Frontline staff have all participated in and completed a Trauma Responsive Certificate Program
- Will implement strategies that lead to more equitable and improved health outcomes for communities, ultimately reducing health disparities and enhancing overall population health
- Culturally sensitive and inclusive health and social services
- Continuous improvement efforts, ensuring that our services are responsive to the evolving needs of our diverse patient population
- Will provide Whole Family Coaching, Multi-Cultural Outreach and Community Health Work.
- Have already begun planning at the local level with Avesta and the Sanford Housing Authority (SHA) to determine what a successful HFSSS implementation would look like and have been collaborating for over a year to determine the best approach to meeting future tenant needs.
- Strong partnership with Sanford Housing Authority to leverage resources and assist individuals and families seeking long-term housing
- Will be able to provide the necessary documentation at least six (6) months prior to the Property becoming ready for tenancy.
- Is utilizing the York County Shelter Program to provide insight into staffing and support, specifically for the 2nd and 3rd shift hours
- Demonstrated ability to develop and expand programming
- Did not explicitly indicate willingness to collaborate with and take direction from the Department when awarded a standard service contract with the Department as part of a Housing First Team.

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**RFP #:** 202412212

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- Provided copy of MaineCare Provider Agreement.
- Current CoC HMIS
- If accepted as a pre-qualified HFSSS vendor, they will begin the process of establishing agreements immediately to ensure compliance prior to contract.
- Stated their organizational standards' implementation is in alignment with those listed in the HOME Core Standards document, and listed some of the HOME Core Standards, including description on how their agency is in alignment with each listed standard. Demonstrated understanding of the HOME Provider enrollment requirements.
- Stated they have provided Targeted Case Management services; although, funding for the TCM portion of their program was discontinued, Bidder stated they have experience with service and billing requirements and are well equipped to re-enter into a TCM agreement.
- Has contracted MOUs with U.S. Department of Health and Human Services, Maine Department of Health and Human Services, Maine State Housing Authority, and Maine Department of Transportation.
- Achieves continuity of care for patients by ensuring both teams of providers and supportive staff as well as technology systems communicate with each other seamlessly
- Aside from reference to previous/current work, did not explicitly describe their understanding that they will be required to provide treatment oversight and care coordination with all providers in the resulting service area that support HFSSS tenants.
- Did not demonstrate an understanding of, and how it will ensure, that HFSSS will be provided as soon as the Site-based Housing First Property is ready for occupancy, which may occur months and/or year(s) after contract initiation. Description provides information about size of the agency.
- Is in a position to quickly hire and onboard the staff required to implement the program and anticipates many people will be eager to join the team
- Has already begun laying the groundwork with Sanford Housing for the Housing First project to utilize the Continuum of Care Coordinated Entry process to quickly and equitably coordinate the access, assessment, prioritization, and referrals to housing and services for people experiencing or at imminent-risk of homelessness
- Provide detailed information about the policies that ensure compliance with all applicable laws, regulations, provisions of contracts and grants including specific departments and individuals who take specific actions.

**B. Housing First Support and Stabilization Services (HFSSS)**

- Agrees to provide HFSSS on site 24/7/365, but response lacks detail on how to ensure services are onsite 24/7/365.
- Will always ensure two staff onsite by continuously evaluating their staffing model through proactive workforce planning, flexible scheduling, regular monitoring & adjusting, and contingency planning.

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- Staff deploy tools underpinned by training in trauma and poverty-informed care to empower program tenants to take the lead in determining their own needs and strengths
- Response was primarily about connecting clients to community supports rather than specifics for: focused outreach and nonjudgemental engagement; ensuring tenants feel safe in the Site-based Housing First Property and around HFSSS staff in order to build trust; individual emotional support; and flexibility and adaption to tenant needs.
- Limited information provided about building independent living skills or maintaining housing.
- Solely indicated positions responsible for HFSSS decision making, program operation and monitoring and did not address ensuring maintenance of clear policy guidelines for HFSSS decision making, program operations and monitoring.
- The CEO is responsible for hiring and evaluating Program Directors for each of the departments. Each Program Director reports to the CEO or CPO.
- Response focused on equity and supporting marginalized persons. Did not directly address protecting the rights of individuals receiving services.
- Unclear if external referrals will be provided for primary medical care, behavioral health care and dental care, as it pertains to tenant choice for services.
- Maintains close working relationships with health, social services, and community service organization to support patients whose needs may fall outside of Bidder's scope but did not provide details about what those needs might be or what community-based resources would provide them.

**C. Available HFSSS for Tenants**

- Participation agreements are voluntary but will be encouraged; and they will continue to build relationships and opportunities with those not interested in participating.
- Plans to "meet the client where they are at".
- Will create individual service plans with each tenant.
- It is unclear if individual crisis plans will be created with tenants.
- Response describes what will be provided to homeless persons when resources are sparse
- Plan to provide tenant orientations and lease review; landlord expectations and communication; utility set up; rental payment procedures; and appliance operation and care.
- Demonstrated ability to assist individuals with many barriers and providing referrals to organizations such as State offered benefits including SNAP, Help Me Grow, and organizations like Pine Tree Legal, and food banks, clothing and furniture.
- Did not provide a response to providing 24/7/365 tenancy support services or life skill development.

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- Repeated information from earlier sections but did not address case management including case management provided by other service providers.
- Included examples of services they would provide for access to alternative activities, healthy choices and personal care: on-site personal care services such as haircuts and salon services; individual or small group cooking classes or meals; games and puzzles; guest speakers, including motivational and informational topics; and outdoor walks or gardening activities.
- Services offered will be tenant driven and tenant centered, but will likely include individual and small group activities, and opportunities for relationships and trust building.
- HFSSS will include a variety of options available at all hours, night and day.
- Agreed to ensure Naloxone is available and accessible on-site 24/7/365, no mention of easily available instructions.
- Has agreed to provide referrals to a Syringe Service Program.



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TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202412212

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

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	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Structure Reimbursement Acknowledgement	<b>25</b>	<b>25.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Provided a signed copy as required</li></ul> |
|--|

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 2/11, 2/12, and 2/13/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• P-Bidder has been a continuous provider of behavioral health and related services since 1964</li><li>• P-Bidder currently offers Section 17 Community Integration and Section 92 Behavioral Health Homes</li><li>• P-Bidder services three Maine counties</li><li>• P-Bidder partners with and has nearly 50 agreements with hospitals, FQHC's, social service agencies, jails, and school districts to ensure referrals are provided</li><li>• P-Bidder is a member of the Aroostook Homeless Stakeholder Committee</li><li>• P-Bidder has decades of experience with individuals experiencing chronic homelessness through case management, Project for Assistance with Transition from Homelessness (PATH), Bridging Rental Assistance Program (BRAP), and Shelter Plus Care (SPC).</li><li>• P-Sub-Contractor for Shalom House</li><li>• P-Bidder has multiple 24/7/365 facilities</li><li>• P-Bidders has a robust competitive benefits package for employees to include medical insurance, life insurance, tuition reimbursement, vacation, holidays, and bereavement to list a few</li><li>• P-Bidder has a dedicated finance, IT, and compliance team</li><li>• P-Bidder has improved the three teams above by converting to new computer programs to include MIP, Office 365, and Paylocity</li><li>• P-Bidder has secured private funds from foundations housed within Maine</li></ul>	
2. Organizational Chart	
<ul style="list-style-type: none"><li>• P-Chart provides a visual representation of the organization's structure</li><li>• N-Chart is a bit constricted</li></ul>	
3. Litigation	
<ul style="list-style-type: none"><li>• N-Litigation noted, ongoing and confidential</li></ul>	
Part IV, Section III. Proposed Services	
1. Services to be Provided	
Part II	
A. Administrative Requirement	

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 2/11, 2/12, and 2/13/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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<ul style="list-style-type: none"><li>• P-Bidder has multiple years of experience providing behavioral/mental health and support, serving populations that include individuals with chronic homelessness.</li><li>• P-Bidder has existing programs that require coordination between landlords and property managers to ensure needed supports can and will be delivered.</li><li>• P-Due to the multi-level services offered, it has lead to high success rates of individuals moving on to higher levels of independent living.</li><li>• P-Bidders staff receive additional on-site training, mentoring, and ongoing staff development to ensure a person-centered strength-based approach in their current programs.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has a long history with the State of Maine specifically MaineCare and meeting program requirements.</li><li>• P-Bidder involved in a variety of DHHS programs</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has worked collaboratively with MaineCare for decades, fulfilling obligations of each contract, to include similar services as requested of a HFSSS provider.</li><li>• P-Bidders' current requirements with the Department include monthly or quarterly meetings and annual site visits.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder attached MaineCare Provider Agreement</li></ul>
<ul style="list-style-type: none"><li>• N/A Bidder is already enrolled in MaineCare</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has experience in providing CoC when providing BRAP/Shelter Plus Care and PATH Services to the homeless community.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder is licensed to provide Targeted Case Management Services.</li><li>• P-Bidder attached Targeted Case Management license.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has more than fifty contractual/MOU agreements with hospitals, FQHC's, social service agencies, and school districts.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder is currently providing case management in other programs.</li><li>• P-Case Management is individualized and extends to diverse populations including unhoused individuals</li><li>• P-Bidder requires all case management staff to be skilled in creative problem solving, persistent advocacy, and building strong relationships.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has worked on multiple projects in the past alongside the Department and has met the required obligations set forth by the Department.</li><li>• P-Bidder will plan to coordinate with the Department as well as landlord/property manager to ensure they can staff the property accordingly.</li></ul>
<ul style="list-style-type: none"><li>• I-Bidder was recipient of a 2022 State of Maine Catalyst Grant.</li><li>• P-Bidder is prepared to work several months in advance of the opening to recruit, hire, and train personnel.</li></ul>

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**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 2/11, 2/12, and 2/13/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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<ul style="list-style-type: none"><li>• P-Bidder has a clear understanding after decades of working with the Department to deliver services in each current contract agreement with MaineCare.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• P-Bidder will meet minimum qualifications for staff.</li><li>• P-For HFSSS services being delivered by external providers, Bidder will follow a similar model to one of their current service locations. The staff will coordinate with the tenant and provider to establish a time that is convenient for both</li><li>• E.g. Bidder will schedule an appointment with the tenant if a nurse needs to come on-site to support the medical needs of a tenant.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will follow the current service model from its other 24/7/365 programs, to include the following:</li><li>• P-Per diem staff to support coverage if sick employees, An established staff schedule Regular review of the schedule during staff meetings to make sure all planned absences are covered</li><li>• P-If an employee calls out, the current staff will be required landlord to stay on site until a replacement has arrived.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder consistently provides similar person-centered strengths-based approach with other programs.</li><li>• P-Staff will be trained to follow the Code of Ethics that is established through the CIPSS model (Certified Intentional Peer Support Specialist)</li><li>• P-Staff must sign off that they have completed an annual review of Code of Ethics.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder staff will be trained in the treatment plan process.</li><li>• P-Bidder staff will be trained in the effective delivery of case management services to support tenants in reaching goals outlined in their Individualized Service Plan (ISP).</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will maintain clear policy guidelines for HFSSS and have them available on-site.</li><li>• N-No mention of having the MBM Ch II Section 91 program requirements on site</li></ul>
<ul style="list-style-type: none"><li>• P-Individuals receiving HFSSS services will receive the same protections that all Bidder clients receive to include Rights of Recipients Handbook and consent to treat which is a formal agreement to receive services which is modeled after Bidders other programs.</li></ul>

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- Bidder staff will collaborate with multiple providers as needed and when needed they will utilize support from Bidders medically trained professionals. These internal supports have been instrumental for increasing the awareness of case managers for assisting tenants to access medical care and on-going medical needs.
- Bidder would ask tenants to sign Release of Information for their medical care which will further facilitate the flexibility of case managers to support their clients.
- Bidder will assist tenants to keep track of appointments, prepare for appointments, learn effective coping skills to reduce pre-appointment anxieties, and prepare questions for an upcoming appointment in view of greater self-empowerment.

**C. Available HFSSS for Tenants**

- Autonomy and self-determination of tenants will be a core value similar to the Code of Ethics by MHRT-C individuals and CIPSS code of ethics for peer support specialists.
- HFSSS tenants will work with Bidders staff to develop individual service and crisis plan to ensure the goals of the tenant.
- P-Bidder has extensive experience with adult case management and housing services to deliver all the services the tenant may require.
- P-Bidder has a strong interagency collaboration to ensure case management providers are well equipped.
- P-Bidders successful interagency collaboration includes establishing a clear and common vision and purpose for each individual tenant.
- A shared vision and purpose help align goals of different agencies as well as create trust and accountability among all involved.
- This interagency collaboration involves many different individuals with different backgrounds, cultures, values, and beliefs which enriches the case management process.
- P-Bidder already offers harm reduction services in other programs that they think will align well with HFSSS.
- Bidder will utilize Activities Coordinators who engage residents in healthy activities and to strengthen their connection to community
- Bidder currently oversees OPTIONS (Overdose Prevention Through Intensive Outreach Naloxone Safety) program.
- Bidder advises a liaison can also support referrals to a syringe service program.

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Provider of behavioral health services to adults, children and families in rural Maine since 1964; and provided substance use-specific services since 1974.</li><li>• Stated service expansion from Aroostook county to include Washington and Hancock counties in 2009.</li><li>• Stated they are now the largest behavioral healthcare provider across Aroostook, Hancock and Washington counties, with twenty-seven (27) service locations across their service areas, with list of specific programming included.</li><li>• Awarded SAMHSA grant to become a Certified Community Behavioral Health Clinic (CCBHC) in 2021.</li><li>• Indicated they provide 24/7/365 residential services for crisis, mental illness and substance use</li></ul>	
Supportive service provision to those experiencing Chronic Homelessness:	
<ul style="list-style-type: none"><li>• Currently provide CI case management under MaineCare section 17 and adult behavioral health home services under MaineCare section 92.</li><li>• Indicated many of their clients face housing insecurity, experienced homelessness or are currently unhoused.</li><li>• Indicated services are provided with a focus on SAMHSA's eight (8) domains of wellness.</li><li>• Bidder referenced prior work on the Project for Assistance with Transition from Homelessness (PATH) program as a subcontractor from 2011 to 2018.</li><li>• As part of PATH, Bidder participated in the State's annual point-in-time event for identification of homelessness throughout the state.</li><li>• Bidder demonstrated knowledge of the Bridging Rental Assistance Program (BRAP) and Shelter Plus Care (SPC) programs and indicated prior Bidder experience with BRAP and SPC as a Local Administrative Agency from the "1990s to 2018"</li></ul>	
24/7/365 service provision experience:	
<ul style="list-style-type: none"><li>• Bidder included descriptions of their current three (3) 24/7/365 residential service programming, all located in Aroostook and Washington Counties. Residential services include treatment for serious mental illness, youth with</li></ul>	

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behavioral and developmental challenges and a residential treatment facility for “intensive, structured care”, specific population not indicated.

- Two (2) of Bidder’s residential facilities are for adults and one (1) of them serves individuals aged seven to nineteen (7-19) and has full accreditation from the Commission on Accreditation of Rehabilitation Facilities.
- Bidder indicated a total of thirty-eight (38) beds across the three (3) residential facilities (ten (10) of which are for youth).
- Aside from the residential treatment service, Bidder also referred to their Adult and Children’s Crisis Stabilization Units, with one (1) Adult and one (1) Children’s Crisis Stabilization Unit located in both Presque Isle and Calais.
- There are a total of thirteen (13) Adult Crisis Stabilization Unit beds and fourteen (14) Children’s Crisis Stabilization unit beds

Experience providing health and behavioral health services to the intended population:

- Stated they have “decades-long experience with individuals with chronic homelessness”, through providing behavioral health case management to individuals with severe mental illness, including addressing barriers.
- Bidder has provided ancillary services to support independent living, including employment, transportation, emergency fund services, and operation of two (2) drop-in mental health peer centers.
- Stated their Community Integration and Adult Behavioral Health Home (ABHH) care management programming assists individuals with housing applications, connecting to benefit programs, referrals for employment services and assists individuals with reducing any other barriers to obtaining and maintaining secure housing.
- Bidder indicated assistance also includes helping individuals in substandard and/or unsafe conditions identify options and make subsequent choices to improve housing; which may involve tenant rights’ advocacy and linkage to other advocacy resources.

Knowledge of community-based resources in service area and related experience:

- Stated they have worked extensively with community partners which includes “nearly 50 contractual agreements” for behavioral health services in county jails, school districts, hospitals, “FQHCs” and other social service agencies.
- Stated they work closely with Homeless Services of Aroostook, local Housing Authorities, ACAP, and the Aroostook Agency on Aging; and are connected with local food pantries, town offices, places that promote wellbeing (e.g., libraries), “and other local places promoting community connections”.

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- For healthcare needs, Bidder stated they staff “medical-trained” professionals at their agency (nurses and medical assistants) which has assisted with increasing their case managers’ acumen in assisting clients with accessing medical care, and with supporting clients in their on-going medical needs.
- Referred to use of Release of Information documentation for medical information sharing.
- Stated their case managers also work with clients to reduce barriers, including transportation; need for adequate insurance; keeping track of appointments; preparing for medical appointments; and learning effective coping skills to address anxiety or prepare questions ahead of the medical appointment.

Staff recruitment and retention policies, and plans to ensure optimal staffing for Housing First Rental Homes:

- Their human resources team posts ads on their organization’s career page and online recruiting resources; and have a dedicated staff person for recruitment purposes.
- Indicated background checks are made on all candidates prior to hire.
- Bidder indicated staff have a “competitive benefits package” and they cover 100% of life insurance, long-term disability and accidental death and dismemberment costs.
- Indicated employees are eligible to receive up to a 4% match on their retirement plan.
- Organization offers tuition reimbursement and vacation payout for up to forty (40) hours each November at a 1-for-1 reimbursement rate.
- Bidder is designated as a recovery-friendly employer and a National Health Service Corps (NHSC) host organization.
- CEU training is available in-house and they offer external training opportunities to staff as well.
- Agency provides financial support for first-time expenses for staff that are working toward additional licenses.
- Provides three (3) hours of clinical consultation to all staff weekly, one (1) hour of weekly individual consult, and EAP resources are available to all staff and can also be utilized by staff spouses and children.
- Also indicated two (2) hours of bi-weekly High Performing Team meetings.
- Did not address their plans to ensure optimal staffing levels at Housing First Rental Homes.

Knowledge of common barriers to maintaining permanent housing:



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- Bidder listed some “common” barriers to homelessness.
- Bidder indicated hope that any individual meeting the listed barriers will qualify for their Section 17 Community Integration Services, a service that does not require insurance for funding.
- Bidder described their general practice for assisting an individual with addressing barriers to housing, including talking to natural supports and coming up with a plan for resource acquisition next steps, including for medical and behavioral health services.

Experience navigating benefits’ maintenance:

- Referred to their experience with adult case management and housing services.
- Indicated case managers utilize interagency collaboration to assist with information, accessing new resources and problem solving.
- Described foundational tasks of case management, including supporting with MaineCare applications and housing applications, financial management, healthy nutrition, “good self-care and adequate household maintenance”.
- Indicated case managers also support individuals “to follow through on medical recommendations”, taking medications as prescribed and keeping their medical and behavioral health appointments.

Experience evaluating HRSN and incorporating such into service plan development:

- Indicated addressing HRSN is foundational to their agency services, regardless of treatment focus; and they complete an official comprehensive assessment on all behavioral health services recipients.
- Indicated after the comprehensive assessment, their intake clinician then makes the necessary referrals for treatment needs outside of their practice scope.
- Stated all clinical service providers and case managers at their agency are trained in treatment planning, including long-term and short-term goals and objectives.

Interagency coordination:

- Referred to their Section 17 Community Integration Program interagency collaboration; collaboration with the Aroostook County Action Program (ACAP); collaboration with Community Health and Counseling Services (CHCS) in their Washington County service area; and collaboration with Downeast Community Partners and Penquis CAP in Hancock County.

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On-site experience in affordable housing developments:

- Current on-site experience involves case management service delivery at their Caribou Apartments in Aroostook County (10 units); and indicated on-site case management design has been in place since the inception of their supportive housing service.
- Prior experience includes their Vickers Hope supportive housing service provided under the “Section 17 1907 Rental Subsidy contract”, where offices were located either on-site at the housing locations (Caribou and Presque Isle location) or next door to the housing facility (Houlton location), with case managers available eight (8) hours Monday through Friday. Bidder indicated they relinquished their case management offices at their Caribou and Presque Isle locations to allow for creation of an additional housing subsidy apartment at each location.

Experience working collaboratively with landlords and property managers:

- Indicated experience working with landlords and property managers through agency programming, including BRAP, Shelter Plus Care, Caribou Apartments, Vickers Hope program and their “decades-long” outpatient case management program under Section 17 Community Integration and their Adult and Children’s Behavioral Services under Section 92.
- Bidder also pays rent to landlords that own the properties where for two (2) of their residential programs.
- Bidder indicated first-hand experience as a landlord and property manager for programs housing clients/residents, with relevant programs indicated.

Experience collaborating and partnering with other providers:

- Stated they have almost fifty (50) contractual/MOU agreements with various agencies to ensure appropriate referrals for client needs.

Approach to handling financial, IT and compliance functions:

- Two (2) FTE accounting specialists dedicated to payroll, with oversight. Software used was indicated as well.
- Dedicated IT department with four (4) FTE.
- Compliance overseen by their COO, six (6) program directors, a Quality Assurance (QA) manager, three (3) QA Specialists, a Claims Reimbursement Supervisor and three (3) Claims Reimbursement Specialists.

Examples of core administrative procedures improved over the last three (3) years:

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- For finance – switched software allowing for better efficiency and documentation tracking; and indicated agency no longer relies on physical paperwork.
- For IT – indicated recent deployment of Office 365 to ensure staff access to productivity applications; including ability to provide Telehealth services.
- For compliance – indicated recent software switch for increased efficiency in payroll processing, streamlined interviewing and onboarding and a inclusion of a user-friendly self-service portal to review personnel information, communicate and complete annual self-evaluations.

Experience raising private funds to cover expenses:

- Provided a list of foundations the Bidder has secured private funding from in the last five (5) years.
- Included examples of specific funding and amounts secured from some example foundations.
- Indicated yearly fundraising for their Sexual Assault Services, Children’s Advocacy Centers and their Aroostook Teen Leadership Camp.
- Stated they accept individual donations as well and they have a donor platform on their website where donors can provide a gift to a specific program or “where the need is greatest”.
- Use financial software to track all donations and designations.

Project 1: Referred to their Adult Behavioral Health Home programming.

- Project started in 2016.
- Described the ABHH program, a holistic service provided to adults with “Severe Mental Illness (SMI)”. Programming includes care coordination, mental health peer services and medical overview.
- Indicated focus on achieving wellness-related goals based on SAMHSA’s Eight Domains of Wellness.
- Care management team includes Health Home Coordinators, Clinical Team Lead, nurse and a Peer Support Specialist.

Project 2: Referred to their Caribou Apartments

- Project started in 1993, Bidder became owner-landlord of a 10-unit apartment complex via a 30-year mortgage that was financed through MHSa (paid off in 2023).
- The apartment complex offers a “fully equipped one-bedroom apartment to individuals with severe and persistent mental illness” who have received

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intensive rehabilitation to live independently with the support of on-site case management.

- Stated many of their past and present tenants were previously residents at one of their Level IV PNMI residential facilities.
- Apartment complex includes a large community room and their case manager's office is near the "day room".
- Indicated their apartment operates under HUD, with annual HUD site visits; and case management is provided under Section 92 or Section 17, dependent on tenant's MaineCare coverage.
- Stated tenants receive 1:1 individualized case management services, provided in alignment with person-centered service plan goals.
- Tenants "in good standing" are allowed to remain at the apartment complex indefinitely, however, Bidder noted many have used their Apartments as a stepping stone before locating a new apartment in a community of their choice.

**Project 3: Referred to Vickers Hope Housing**

- Project started in 1997 and provides community-based affordable living to those with "severe and persistent mental illness".
- Stated Vickers Hope is a supported housing service that is operated by a single landlord.
- Vickers Hope apartment units are located in Caribou, Presque Isle and Houlton.
- Bidder indicated current contract with the Department for 1907 Rental Subsidy funds and management of monthly subsidy payments.
- Bidder also conducts on-going administrative work related to tenant occupancy, including "move-in/move-out"; apartment transfers; Housing Quality Standards (HQS) inspections; annual income verification; and rent calculations.
- Stated they provide case management to many Vickers Hope tenants (indicated tenants choose their case management agency). Case management services are provided through Section 17, Section 92 or as a ABHH service, based on tenant's MaineCare coverage.

**2. Organizational Chart**

- Provided, did not address project team.

**3. Litigation**

- One (1) ongoing case included, stated case # is unknown.

**Part IV, Section III. Proposed Services**

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1. Services to be Provided
Part II
A. Administrative Requirement
<ul style="list-style-type: none"><li>Described previous and current experience with on-site service provision in Bidder's other programming.</li><li>Stated staff will receive on-site training and mentoring and ongoing staff development, including education on Motivational Interviewing, Mental Health Support, Cultural Sensitivity and trainings associated with the Mental Health Rehabilitation Technician (MHRT-1) credential.</li><li>Staff to follow MHRT Code of Ethics with tenants.</li></ul>
<ul style="list-style-type: none"><li>Referred to prior history contracting with the State and compliance with meeting programmatic requirements.</li><li>Indicated will meet the requirements listed, response lacked detail.</li></ul>
<ul style="list-style-type: none"><li>Referred to previous experience working collaboratively with the Department.</li><li>Included attachment of their MaineCare Provider Agreement.</li></ul>
<ul style="list-style-type: none"><li>N/A</li></ul>
<ul style="list-style-type: none"><li>Indicated they were previously a CoC participating agency when they were providing BRAP/Shelter Plus Care and PATH services.</li><li>Specific steps to be taken to become a CoC HMIS participating agency were not described; however, Bidder did describe plan to assign a lead to attend CoC meetings and reinstate HMIS trainings to be provided to HFSSS staff during onboarding.</li></ul>
<ul style="list-style-type: none"><li>Provided Bidder's license indicating current license as a TCM agency.</li></ul>
<ul style="list-style-type: none"><li>Referred to their nearly fifty (50) contractual/MOU agreements with hospitals, "FQHCs", social service agencies, and school districts to ensure appropriate referrals.</li></ul>
<ul style="list-style-type: none"><li>Referred to prior experience working with the Department to provide services as outlined in contracts.</li><li>Bidder's case management requires their case managers to be "adept" at: creative problem solving; persistent advocacy; building strong relationships with service providers; and tailoring their support to fit client circumstances.</li></ul>
<ul style="list-style-type: none"><li>Stated they will work closely with the Department and Landlord regarding when the Property will be ready for occupancy and will establish timelines to ensure HFSSS is ready as soon as individuals take up residence.</li><li>Stated they have worked with the Department on previous projects where they needed to fulfill pre-contract requirements prior to program opening.</li></ul>

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<ul style="list-style-type: none"><li>• Referred to a prior project with the State to support hiring, orientation and training of new staff prior to the opening of an expanded residential treatment center.</li><li>• Stated their human resources and other administrative and operations' personnel are prepared to work in advance of the property opening in order to recruit, hire and train personnel ready to serve upon resident occupancy.</li></ul>
<ul style="list-style-type: none"><li>• Referred to prior experience working with the Department.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• Stated they will meet staff minimum qualifications to ensure services are provided on site, 24/7/365.</li><li>• For HFSSS delivered by an external provider, staff will coordinate with the tenant and provider to schedule a time convenient for both.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will follow a similar model to their other 24/7/365 programs, where per diem staff are available to support coverage when a staff person is called out.</li><li>• Indicated plan to have an established staff schedule, including regular review of the schedule during staff meetings to ensure planned absences are covered.</li><li>• Stated if someone has called out for their shift, staff on-site that are ending their shift will remain in place until a replacement staff person has arrived.</li></ul>
<ul style="list-style-type: none"><li>• Indicated their values are structured on relationship-building, as outlined in 3a.-d.</li><li>• Stated staff will be trained to follow CIPSS Code of Ethics, similar to their Mental Health Peer Support Centers' operation; and staff will be required to sign off that they have completed an annual review of the Code of Ethics.</li></ul>
<ul style="list-style-type: none"><li>• Stated staff will be trained in the treatment plan process and effective case management service delivery to support tenants with achieving and maintaining independent living skills and community services, as outlined in their service plan goals.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will maintain clear policy guidelines for HFSSS and will have them available on site.</li><li>• Indicated prior/current experience with creating operating manuals for programming.</li></ul>
<ul style="list-style-type: none"><li>• Stated HFSSS recipients will have the same protections as Bidder's other clients.</li><li>• Indicated participating individuals will be provided with a Rights of Recipients Handbook and a Consent to Treat, a formal agreement to receive services.</li></ul>

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- Stated healthcare needs will be clearly defined in the individual service plans, and will include referrals to and coordination of community-based clinical resources.
- Stated HFSSS staff will collaborate with local medical practices and receive support from the organization's medically trained professionals (nurses and medical assistants), as needed.
- Stated clients will often agree to a Release of Information for medical care and other resource providers, ensuring flexibility for case managers in supporting clients.
- Stated case managers will also assist with reducing barriers, including transportation; insurance needs; keeping track of appointments; preparing for medical appointments; and learning effective coping skills to reduce anxiety.

**C. Available HFSSS for Tenants**

- Stated autonomy and self-determination will be a core value for all providers when interacting with HFSSS tenants.
- Stated will ensure goals of the tenant serve as the roadmap for all activities and treatment plans, supporting tenant success, as defined by the tenant.
- Referenced their experience with delivering the services necessary to obtain and maintain the benefits outlined in 3.a.-d., including crisis and peer support.
- Listed activities case managers assist with, including assisting with conflict resolution with other tenants or the landlord.
- Stated they have strong interagency collaborations to ensure case management providers are equipped to offer appropriate referrals to other service providers, as needed.
- Stated staff will establish a "clear and common vision and purpose for each individual client" and this will involve identifying desired outcomes, roles and responsibilities of each involved agency, and client expectations and preferences.
- Stated they currently offer Harm Reduction services in their current programming, which Bidder states will "align well with its work at HFSSS facilities".
- Stated several of Bidder's 24/7/365 programs already have an Activities Coordinator that engages residents with developing healthy activities, and will have current activities coordinators mentor new HFSSS staff, as needed.
- Stated they also currently oversee the Overdose Prevention Through Intensive Outreach Naloxone Safety (OPTIONS) program and OPTIONS liaisons can also support referrals to a syringe service program.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Aroostook Mental Health Services, Inc.

**DATE:** 2/11/25 and 2/12/25

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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- |   |
|---|
| <ul style="list-style-type: none"><li>• Minimally addressed 5.b. via stating OPTIONS liaisons distribute naloxone, "including facilities where a HFSSS program may be located".</li></ul> |
|---|



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Aroostook Mental Health Services, Inc. (AMHC)

**DATE:** 2/19/2024

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
	<ul style="list-style-type: none"><li>• P - Providing BH and SUD and other social services for decades in Aroostook County for decades.</li><li>• P - Also provides services in 2 other connecting large rural counties for last 16 years.</li><li>• P – Bidder has experience as a MaineCare provider (CH. 17 Community Integration Services, Ch 92 Adult Behavioral Health Home, and others.)</li><li>• P – Bidder is a licensed Substance Abuse Agency.</li><li>• P – Bidder has experience providing crisis stabilization services.</li><li>• P – Bidder’s current program provide services to chronically homeless persons.</li><li>• P – Agency has experience operating residential facilities (adult and children’s crisis stabilization units) that provide services 24 hours per day 7 days per week.</li><li>• N – Current residential services are short-term and limited to crisis stabilization.</li><li>• N – Largest residential facility currently operated is 18 beds.</li><li>• N – All of the residential facilities and other services are treatment oriented.</li><li>• P – Bidder reports services are person-centered.</li><li>• Q – Bidder reports following established treatment and rehabilitative models.</li><li>• P – Bidder is a Certified Community Behavioral Health Clinic (&lt;5 years).</li><li>• P – Bidder’s current programs are adept at referring to services outside of the agency as well as connecting to benefit programs.</li><li>• P – Bidder indicated that services are based on the needs and</li><li>• P – Bidder currently collaborates widely with other community-based entities to meet client health care needs including medical providers, social service agencies, and governmental agencies.</li><li>• P – Bidder has extensive retention incentives including financially supporting staff with first-time licensing expenses.</li><li>• P - Staff at all levels receive regular supervision.</li><li>• Bidder has experience operating as a landlord/owner of permanent subsidized supportive housing.</li><li>• P – Bidder currently provides extensive relevant training to agency staff.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

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**DATE:** 2/19/2024

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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- P – Bidder is able to raise funds to cover expenses that exceed publicly funded operating budgets.
- P – Improvements to administrative procedures all involve new technology to streamline financial, communication, and human resource systems.
- P - Recent Bidder projects involved provision of case management and community integration services at a variety of subsidized permanent housing programs.
- P – Bidder is experienced with assisting Tenants apply and complete recertifications for housing and other benefits such as MaineCare and food assistance.

**2. Organizational Chart**

- N – The organization chart did not clearly indicate the project team related to this RFP bid.

**3. Litigation**

- N-There is one open case. Limited details are available.

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- P – Provision of on-site case management services including individualized treatment plans focused on services best meeting client needs.
- P - Community Integration Services offered by the bidder provide a model for what HFSSS may encompass.
- P – Encouraging use of peer supports.
- P – Individual support and service plans at some of the bidder's programs include the client's personally defined outcomes and reflect the client's personal preferences and choices.
- P – Staff receive ongoing training on relevant topics and licensing/certification requirements.
- P – Bidder indicates a commitment to customizing support to fit specific client circumstances and unique needs.
- P – Bidder indicates they have extensive experience successfully engaging with the Department including entering into and complying with contracts under several service categories.
- P – The bidder cited ongoing collaboration with the Department to fulfil contractual obligations including invoicing, reporting, data maintenance, and site visits.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Aroostook Mental Health Services, Inc. (AMHC)

**DATE:** 2/19/2024

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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<ul style="list-style-type: none"><li>• P - Licensed to operate at a Mental health Organization (Crisis Services), Community Support Services, Outpatient Services, Residential Programs-Mental Health.</li><li>• P – 36 separate sites listed.</li><li>• I – effective 01/07/2025 – 05/29/2026.</li></ul>
<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder indicates has participated in the past and is willing to do so again.</li></ul>
<ul style="list-style-type: none"><li>• Q – Bidder referenced they are a TCM agency under section 13.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder indicates extensive and ongoing collaboration with a wide range of community partners to meet the needs of clients.</li></ul>
<ul style="list-style-type: none"><li>• P – The bidder has experience providing complex behavioral health services that require care coordination and treatment oversight between multiple providers.</li></ul>
<ul style="list-style-type: none"><li>• P – The bidder indicates a commitment to working closely with established timelines to ensure service delivery will be ready to begin when properties are ready for occupancy. The bidder references their track record for previous timely project inception with the Department.</li></ul>
<ul style="list-style-type: none"><li>• P – The bidder referenced a specific State funded project the involved supporting the hiring, orienting, and training of new staff for one of the bidder's residential treatment centers.</li></ul>
<ul style="list-style-type: none"><li>• P – The bidder referenced extensive experience in successfully complying with all requirements of providing Department funded services.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• P – Bidder will have backup plans for on-site staffing during unexpected staff outages.</li><li>• P – Bidder will coordinate between Tenants and external providers providing on-site services to ensure services can be delivered at times mutually convenient for both the provider and tenant.</li></ul>
<ul style="list-style-type: none"><li>• P – Staffing protocols will ensure this requirement is met even during unexpected staff scheduling/coverage events.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder has experience operating programs structured on relationship-building (Peer Support Centers).</li><li>• P - Bidder's recognizes an individual's autonomy in participating in all, some, or none of the activities presented to them.</li></ul>
<ul style="list-style-type: none"><li>• P – Staff will understand all aspects of case management services including development of individual service plans for clients.</li><li>• N – There was not much detail here.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Aroostook Mental Health Services, Inc. (AMHC)

**DATE:** 2/19/2024

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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<ul style="list-style-type: none"><li>• P – The bidder currently maintains independent guidelines, manuals, policies and procedures, and other operational systems for exiting programs and will do so for HFSSS programs.</li></ul>
<ul style="list-style-type: none"><li>• P – All bidder clients in all bidder programs are entitled to and educated about rights of recipients and affiliated policies including a formal agreement to receive services.</li></ul>
<ul style="list-style-type: none"><li>• P – Each client’s individual service plan will include necessary referrals for identified healthcare needs.</li><li>• P - Bidder agency has internal medically trained professionals who can support HFSSS staff to obtain local medical and other health services.</li><li>• P - Ancillary supports such as help keeping appointments will be an integral part of HFSSS provided by the bidder.</li><li>• P – Bidder is aware of need for appropriate Release of Information approval.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• P – Bidder indicated that HFSSS will be provided under a formal framework where participation in services is completely voluntary.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder indicated that individual service and crisis plans will be developed for all HFSSS participants in support of the tenant’s individual self-identified goals.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder cited extensive experience with adult case management including successfully linking clients to healthcare services and benefits.</li><li>• P – Bidder cites current case management they deliver provides the tenancy support services outlined in the RFP.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder will work to ensure all service providers that serve the tenant are aware of each other and their respective roles in accordance with the client’s expectations and preferences.</li></ul>
<ul style="list-style-type: none"><li>• P – Current bidder programs will provide a model for Harm Reduction services such as Activity Coordinators.</li><li>• P – The bidder has experience with community outreach regarding overdose prevention including distribution and training in administration of naloxone.</li><li>• P- Bidder is willing to establish a liaison for referrals to a syringe service program.</li></ul>

<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"><li>• P – Cost Structure Reimbursement Acknowledgement Form was submitted.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** AMHC

**DATE:** 2.24.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Long experience</li><li>• Coverage of Aroostook, Hancock, and Washington counties</li><li>• BH, SUD focused</li><li>• Across the lifespan</li><li>• Residential, crisis, and outpatient; CCBHC</li><li>• Internal medical / clinical staff</li><li>• Clinical Expertise:<ul style="list-style-type: none"><li>• <b>Homeless population:</b> current experience w CI and BHH, prior experience w PATH, as CAA for BRAP and SPC;</li><li>• <b>24/7/365:</b> In Aroostook Co they have 3 residential facilities; in Wash 1 children's residential facility; in Aroostook and Wash, 2 ACSU and 2 CCSUs.</li><li>• <b>Target population:</b> CI, BHH</li><li>• <b>Community based resources:</b> 50 contractual agreements to support behavioral health services in county jails, school districts, hospitals, FQHCs, and other social service agencies; works closely w Homeless Services of Aroostook, local Housing Authorities, ACAP, and Aroostook Agency on Aging; connected to local food pantries, Town Offices and places promoting well-being such as libraries and other local places promoting community connections; medically trained professionals within AMHC, case managers to support with other services</li><li>• <b>Staffing:</b> recruitment thru HR; strong benefits, incl wellness, EAP, retirement, health, vacation; professional development; onboarding, policy trainings, etc.</li><li>• <b>Common barriers knowledge:</b> history w housing services and current case management; good list of barriers; describes a 'Housing First' approach to support population</li><li>• <b>Maintenance of benefits:</b> extensive experience with adult case management and housing services; <u>nothing specific about supporting clients with "housing assistance payments."</u></li><li>• <b>HRSN:</b> intake assessment and formal treatment plans for everyone</li></ul></li></ul>	

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** AMHC

**DATE:** 2.24.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** DHHS

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- Collaborative Experience
  - Interagency coordination: Section 17 - CI Program includes (from diff DHHS agencies) Wrap Funds, Transportation and Vickers Hope supported housing; collaboration w ACAP; collab w CHCS in Washington Co; collab w Downeast Community Partners and Penquis ACAP in Hancock Co.
  - On-site in housing: current - AMHC owns Caribou Apartments where it delivers services; previous – Vickers Hope program, case management and supported services to scattered sites;
  - Landlords: BRAP, Shelter Plus Care, Caribou Apartments, Vickers Hope program, Section 17 CI, BHH; also rents facilities; also acts as a landlord for Caribou Apartments and at its own residential programs.
  - Partnering: worked extensively with community partners including but not limited to nearly 50 contractual/MOU agreements with hospitals, FQHCs, social service agencies, and school districts to ensure appropriate referrals to meet the needs of clients including supports for housing, transportation, employment, etc
- Core Admin Experience
  - Functions: CFO leads dedicated Finance dept and OIT dept; COO leads Compliance
  - Improvements: conversion to MIP; Office 365 cloud-based; Paylocity for payroll
  - Fundraising: C.F. Adams Charitable Trust, Davis Family Foundation, Harold Alfond Foundation, Maine Community Foundation, and Maine Health Access Foundation; donor platform on website
- Three projects
  - BHH service plus Peer Support
  - Caribou Apartments
  - Vickers Hope supported services (1907 rental subsidy program)

**2. Organizational Chart**

- Provided; clear, sensible

**3. Litigation**

- defendants in litigation arising out of the death of an individual who was detained at a county jail following arrest. Ongoing.

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** AMHC

**DATE:** 2.24.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** DHHS

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<b>A. Administrative Requirement</b>	
<ul style="list-style-type: none"><li>Caribou Apartments (BHH) and the Vickers Program (1907 subsidy), not 24/7/365 but AMHC works closely with the landlords and property managers where the individuals live to ensure needed supports are provided.</li><li>AMHC has been providing 24/7/365 on site support to residents at Skyhaven and Madawaska Group Home</li></ul>	
<ul style="list-style-type: none"><li>long history contracting with the State of Maine for a variety of DHHS programs and services (including 24/7/365 services like Skyhaven and Madawaska Group Home) and meeting program requirements</li></ul>	
<ul style="list-style-type: none"><li>AMHC has a long history of taking direction from the Department to ensure the requirements of each program are met.</li></ul>	
<ul style="list-style-type: none"><li>n/a</li></ul>	
<ul style="list-style-type: none"><li>AMHC has been a CoC past participating agency when providing BRAP/Shelter Plus Care and PATH Services to the homeless. AMHC welcomes the opportunity to reestablish</li></ul>	
<ul style="list-style-type: none"><li>50 contractual / MOU agreements</li></ul>	
<ul style="list-style-type: none"><li>AMHC and the Department have decades-long experience working together to deliver services as outlined in each contract agreement including services where AMHC is responsible for providing treatment oversight and care coordination with all providers</li></ul>	
<ul style="list-style-type: none"><li>Previous projects w Dept to fulfill pre-contract requirements</li></ul>	
<ul style="list-style-type: none"><li>AMHC was the recipient of a 2022 State of Maine Catalyst Grant to support the hiring, orientation, and training of new staff prior to the opening of its newly expanded residential treatment center</li></ul>	
<ul style="list-style-type: none"><li>current contracts that share similarities with HFSSS include Caribou Apartments, Vickers Program, Skyhaven, and Madawaska Group Home</li></ul>	
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>	
<ul style="list-style-type: none"><li>will meet minimum qualifications for staff as described in B.2. below. For HFSSS services being delivered by external providers, AMHC will follow a similar model to Skyhaven and Madawaska Group Home</li></ul>	
<ul style="list-style-type: none"><li>AMHC will follow a similar model to its other 24/7/365 programs.</li></ul>	
<ul style="list-style-type: none"><li>provides a similar person-centered, strengths-based approach with other programs, including Mental Health Peer Support Centers in Caribou and Madawaska.</li></ul>	
<ul style="list-style-type: none"><li>AMHC staff will be trained in the treatment plan process as well as in effective delivery of case management services</li></ul>	



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

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**DATE:** 2.24.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** DHHS

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<ul style="list-style-type: none"><li>• 24/7/365 programs at AMHC have the same expectations, as does AMHC's two Mental Health Peer Support Centers</li></ul>
<ul style="list-style-type: none"><li>• Once an individual agrees to participate, they will be provided a Rights of Recipients Handbook and Consent to Treat</li></ul>
<ul style="list-style-type: none"><li>• Needs identified thru ISPs; HFSSS staff will collaborate with local medical practices and as needed receive support from AMHC medically trained professionals, notably nurses and medical assistants.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Autonomy and self-determination of tenants will be a core value similar to the Code of Ethics followed by individuals certified as a MHRT-C; and the Maine CIPSS Code of Ethics followed by AMHC peer support specialists</li></ul>
<ul style="list-style-type: none"><li>• As currently, HFSSS tenants will work with AMHC providers at the facility to develop individual service and crisis plans</li></ul>
<ul style="list-style-type: none"><li>• AMHC's extensive experience with adult case management and housing services positions the agency to deliver assistance necessary for recipients of HFSSS to obtain and maintain benefits from a cross sector of trained service providers including</li><li>• crisis and peer support; case managers support with applications for financial benefits</li></ul>
<ul style="list-style-type: none"><li>• Existing interagency collaborations to ensure its case management providers are well equipped to offer appropriate referrals to other service providers as needed</li></ul>
<ul style="list-style-type: none"><li>• several AMHC 24/7/365 programs already have Activities Coordinators who engage residents in developing healthy activities to strengthen their connection to community. As needed, current activities coordinators can mentor new HFSSS providers in their efforts.</li><li>• AMHC also oversees OPTIONS, which can support referrals to SSP</li></ul>
<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"><li>• <b>MaineCare Agreement is attached</b></li></ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Aroostook Mental Health Center

**DATE:** 02/20/2025, 02/21/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• P-Agency has experience with the state</li><li>• I-Agency has provided behavioral health services since 1964 and substance-use specific services since 1974.</li><li>• P-Certified Community Behavioral Health Clinic grant in 2021.</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• I-Agency employs 350 staff and serves up to 5,500 individuals each year.</li><li>• P-27 service locations between Aroostook, Hancock and Washington Counties.</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• Q-1 case. Unsure of relevance to this RFP.</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• P-Utilizing programs with multi-level services.</li><li>• P-Training associated with Mental Health Rehabilitation Technician</li><li>• I-Utilize on-site training and mentoring for ongoing staff development.</li></ul>
<ul style="list-style-type: none"><li>• P-Familiarity with working with Department regarding specific program requirements</li><li>• P-Experience with invoicing the Department within time frames and established rates</li></ul>
<ul style="list-style-type: none"><li>• P-Has worked with the Dept. with other services and contract compliance</li></ul>
<ul style="list-style-type: none"><li>• Bidder met requirements.</li></ul>
<ul style="list-style-type: none"><li>• P-Current MaineCare provider</li></ul>
<ul style="list-style-type: none"><li>• I-Agency had been a CoC participating agency.</li><li>• Q-Opportunity to reestablish its CoC</li></ul>
<ul style="list-style-type: none"><li>• P-Currently providing TCM services</li></ul>
<ul style="list-style-type: none"><li>• I-Has worked extensively with approximately 50 community services that included contractual/MOU agreements.</li></ul>
<ul style="list-style-type: none"><li>• P-Experience with collaboration of providers and services</li><li>• I-Multifaceted service design with a client-focused approach.</li></ul>

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Aroostook Mental Health Center

**DATE:** 02/20/2025, 02/21/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<ul style="list-style-type: none"> <li>• P-Collaboration with the Department and landlord regarding time frames for readiness of property for individuals to take up residence.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Recipient of 2022 State of Maine Catalyst Grant to support the hiring, orientation and training for new staff.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Extensive experience working with the Department with contract agreements and complying with agency requirements.</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• P-Will follow similar staffing model to 24/7/365 facilities.</li> <li>• P-HFSSS staff will coordinate for scheduling services for tenants.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Will follow staffing model similar to other 24/7/365 programs.</li> <li>• P-Per diem staff to support coverage for call outs.</li> <li>• P-Review of scheduling during staff meetings.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Programs are providing a similar person-centered, strengths-based approach.</li> <li>• P-Staff will be trained to follow the Code Of Ethics established through the Certified Intentional Peer Support Specialist -CIPSS model.</li> </ul>
<ul style="list-style-type: none"> <li>• I-Staff will be trained in treatment plan process, effective delivery of case management services.</li> <li>• P-Needs are outlined in Individual Service Pan</li> </ul>
<ul style="list-style-type: none"> <li>• P-Will maintain policy guidelines and available on site.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Individual will receive Rights of Recipient Handbook when agreeing to services.</li> <li>• P-Individual will receive Consent to Treat, formal agreement for services.</li> </ul>
<ul style="list-style-type: none"> <li>• Q-Needs are identified in Individual Service Plan-ISP</li> <li>• I-Referrals are based on identified needs.</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• P-Core value similar to the Code of Ethics</li> <li>• I-Tenants followed by individuals certified in MHRT-C and peer support specialists</li> <li>• I-Peer support services are completely voluntary. HFSSS tenants this practice will be for all providers</li> </ul>
<ul style="list-style-type: none"> <li>• P-AMHC providers at facility will develop individual service and crisis plans with tenants.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Experience with providing adult case management.</li> <li>• Q-Specific tasks for case management.</li> <li>• Q-Specific tasks for peer support</li> </ul>
<ul style="list-style-type: none"> <li>• P-Interagency collaborations for services</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Aroostook Mental Health Center

**DATE:** 02/20/2025, 02/21/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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- P-Harm Reduction services being offered in current programming.
- I-Staffing positions to engage those in programming with connections to community.
- P-Oversees the OPTIONS (Overdose Prevention Through Intensive Outreach Naloxone Safety) program.
- P-OPTIONS liaisons in community provide training and referral assistance.

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- ***Signed Acknowledgement of the Cost Structure Reimbursement Acknowledgment Form***

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Catholic Charities Maine

**DATE:** 2/12/2025 & 2/19/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• P-Bidder has been committed to the community since 1966 as a mission-driven human service provider.</li><li>• P-Bidder is nationally accredited through the Council on Accreditation (COA)</li><li>• P-Bidder has oversight for the PATH program for five years</li><li>• P-Bidder has multiple 27/7/365 programs that they offer for both children and adults.</li><li>• P-Bidder services up to six counties</li><li>• P-Bidder is an equal opportunity employer</li><li>• P-Bidder has long-standing employees that average 6.8 years</li><li>• P-Bidder maintains relationship with a Maine-based private foundation to support the clothing needs of the individuals they serve</li><li>• P-Bidder has a limited fund for emergency one-time payments that assists in initial funding toward rental deposits and extraordinary expenses on a case-by-case basis</li><li>• P-Bidder has Nurse Care Managers and prescribers embedded within their behavioral health unit that provide Healthcare workshops and clinics. They support patient education and will soon be training in the administration of Sublocade</li><li>• P-Bidder Through the Refugee and Immigration (RIS) program they are federally contracted to resettle refugees.</li><li>• P-Bidder currently has good relationships with multiple housing agencies</li><li>• P-Bidder has decades of experience collaborating with other providers to ensure services delivered are coordinated, non-duplicative and complementary</li><li>• P-Bidder contracts with an IT service that includes security oversight</li><li>• P-Bidder has begun piloting an incident reporting system</li><li>• P-Bidder was awarded two contiguous grants based on the Medicaid IMD 1115 Waiver project, start date 12/1/22</li><li>• P-Bidder launched in Saco the Asylum-Seeker Transitional Housing Program, start date 7/19/22 and in So. Portland, the Asylum-Seeker Transitional Housing Program, start date 10/1/23</li></ul>	
2. Organizational Chart	
<ul style="list-style-type: none"><li>• Chart provides a visual representation of the organization's structure</li><li>• Easy to understand</li></ul>	

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<ul style="list-style-type: none"> <li>Has existing Housing First Program</li> </ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"> <li>N-One Litigation case was noted</li> <li>The case was settled between parties prior to trial</li> <li>Plaintiff rewarded monies</li> </ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"> <li>P-Bidder approaches all community-based services from a person-centered and strength-based approach</li> <li>P-Bidder supports children and adults</li> <li>P-Bidder is committed to low barrier access care that is needed</li> <li>P-Bidder serves communities that struggle with addiction, mental health, chronic homelessness, and chronic health conditions</li> <li>P-Bidder is part of a national organization and has access to a ton of resources including housing experts across the nation.</li> <li>P-Bidder's national organizations across the country are involved in providing stabilization and support services via the Housing First Model</li> <li>P-Bidder believes in allowing the individual to be the expert in their own lives through all aspects of care and services delivered</li> <li>P-Bidder has a peer support program</li> </ul>
<ul style="list-style-type: none"> <li>P-Bidder has implemented and been involved with many different various sized projects</li> <li>P-Bidder will rely on decades of community-based program development experience and take a multidisciplinary approach by accessing expertise from their respective departments.</li> <li>P-Bidder will rely on the expertise of their different teams. E.g. finance HR</li> <li>P-Bidder is comfortable with the lead time afforded by the Department</li> </ul>
<ul style="list-style-type: none"> <li>P-Bidder has a well-established relationship with the Department</li> <li>P-Bidder is committed to collaboration with the Department</li> <li>P-Bidder will utilize a solution focused, people first approach while taking direction from the Department</li> </ul>
<ul style="list-style-type: none"> <li>MaineCare provider agreement is attached</li> </ul>
<ul style="list-style-type: none"> <li>P-Bidder is prepared to re-enroll as a participating agency</li> <li>P-Bidder has staff employed who have experience with the HMIS system</li> </ul>

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<ul style="list-style-type: none"><li>• P-Bidder has long-established working relationships with many providers in the form of MOUs and formal contracts to include regional crisis providers, vocational training organizations, lab services, specialized pharmacy and infectious disease testing, interpreter and translation, medical and detoxification providers, specialized outpatient providers, methadone clinic services, and med prescribing services.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has a clear understanding of treatment oversight and care coordination</li><li>• P-Bidders current EHR system and policies and procedures are designed to support the delivery and coordination of services</li><li>• P-Bidder is prepared to extend current model to HFSSS tenants</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder believes the timeline is ample amount of time to engage in the recruitment and training process for all positions in HFSSS</li><li>• P-Readiness timeline for HFSSS will be included the Bidders Housing First Workplan</li></ul>
<ul style="list-style-type: none"><li>• P-Bidders management staff successfully recruits and hires quality candidates in a competitive marketplace every year</li><li>• P-Bidder employs comprehensive onboarding and training support to ensure well qualified skilled staff are in place</li><li>• I-Bidder employees nearly 400 individuals</li><li>• P-Bidder may transfer currently trained individuals to an HFSSS role which will accelerate onboarding</li><li>• P-Bidder has extensive experience in providing services to chronically unhoused individuals</li><li>• P-Bidder has experience working with individuals that were recently incarcerated, struggling with trauma, and other chronic health related conditions</li><li>• P-Bidder managed the statewide Projects Assisting Transitions to Housing (PATH) contract for five years</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder understands the necessity of compliance with the Department</li><li>• P-The Quality and Compliance department will extend to the HFSSS initiative</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• P-Bidder has a long history of successfully managing 24/7/365 programs</li><li>• P-Bidder staffing support is maintained by utilizing staggered schedules, on call staff, 24/7 supervisory support, and managing flexibility. These principles will be applied to the HFSSS program</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder extends additional incentive strategies like shift differential, enhanced flexibility in direct care schedules</li></ul>

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<ul style="list-style-type: none"><li>• P-Bidder does active recruitment for these positions</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder engages individuals through a trauma informed person-centered strengths-based approach which encourages trust and offers emotional support that is flexible to an individual's needs</li><li>• P-Bidders employees are trained to create and maintain a safe, secure, and welcoming environment. Adequate screening and background checks of employees are part of this process</li><li>• P- The HFSSS will receive training in trauma-informed care, Trauma-informed care and implementation will be based on Sandra Blooms Sanctuary Models Four Principles of physical, psychological, social, and moral safety</li><li>• P-Bidder will hold regular staffing, clinical, and tenant meetings and feedback sessions will be scheduled to nurture and maintain ongoing communication</li></ul>
<ul style="list-style-type: none"><li>• P-Staff will be provided with defined job description and all necessary training</li><li>• P-Individual Support Plans and participating house agreements will provide understanding for staff and tenants and will assist in problem solving</li><li>• P- ongoing reviews of tenants' stated goals, staff will maintain working knowledge of tenants' needs and choice</li><li>• P-Staff will receive individual supervision, participate in program clinical team meetings, and have access to back up support 24/7</li></ul>
<ul style="list-style-type: none"><li>• P-program management, job performance expectations, workflows, and protocols will be developed for the HFSSS to ensure alignment of policy</li><li>• P-Bidder will utilize EHR for performance data and monitoring progress and barriers to progress for the tenants</li><li>• P-Quality and Compliance Department will conduct comprehensive client audits of all services provided in HFSSS</li><li>• I-Bidder has an incident reporting system which is designed to monitor any incident that may occur which provides detailed follow up to ensure quality services and risk mitigation</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has a long-standing Clients Rights Policy for all individuals receiving services with this provider</li><li>• P-To accommodate additional rights, Bidder ensures the policy is aligned with additional requirements, staff are trained, and workflows support client notification and understanding</li><li>• P-Bidder makes the Consumer Counsel and National Alliance on Mental Illness (NAMI) available to all clients</li><li>• P-Bidder notifies clients of their right to file a grievance if they feel their rights have been violated</li></ul>

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<ul style="list-style-type: none"> <li>• I-Bidder understands its own obligation for self-reporting in rare instances where clients' rights may have been violated</li> </ul>
<ul style="list-style-type: none"> <li>• P-During the initial meeting with clients, recommendations for support are discussed and reviewed</li> <li>• P-It is the Bidders current practice to support the bridging of the client to community supports, this will be carried over to HFSSS</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• P-Clients will have the right to decline HFSSS initially or at any time while engaged in services</li> <li>• P-HFSSS will only be provided with consent from client/tenant</li> <li>• P-Any referral to an outside community support will also need the consent of the individual</li> <li>• P-This information will be relayed to the tenant at the very first phase of the relationship</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder utilizes and will expand the utilization to HFSSS an EHR that provides infrastructure and content that reflect best practice standards to ensure a whole person's approach in the development of these individual service plans</li> <li>• P-Individual service plans will be ongoing throughout the tenancy and will include psychological assessments (PSA) PSAs &amp; ISPs will be periodically updated and will include input from the tenant</li> </ul>
<ul style="list-style-type: none"> <li>• P-At the initial point of contact support will be provided to tenants to enroll in MaineCare</li> <li>• P-New tenant orientation will include focus sessions on navigating and accessing neighborhood points of service</li> <li>• P-The housing team will maintain information regarding gaps in services and provide updates to tenants through a centralized communication platform as new resources become available</li> <li>• N-Bidder didn't answer how the tenant and landlord communication support will be handled</li> <li>• P-Bidder has established relationships with banks in the area that offer programs to individuals looking to re-establish banking needs</li> <li>• P-Bidder is offering tenant participation in their personal economic planning workshop</li> <li>• P-At initial assessment the housing team will conduct a World Health Organization Disability Assessment Schedule (WHODAS) to identify skills needed for daily living supports</li> <li>• P-All housing team members will receive training in cognitive behavioral and systemic interventions</li> </ul>



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<ul style="list-style-type: none"><li>• P-The housing team will screen for food insecurity, Bidder currently has a nutritional support program</li><li>• Q-Housing team will promote sober living (this should be supported but it's not a requirement of the program and cannot be a reason for eviction)</li><li>• P-Housing team members will provide community resources and information to individuals seeking employment to include tenants with disabilities and tenants struggling with addiction</li><li>• P-Tenant income and employment needs will be reviewed at the initial contact</li><li>• I-Bidder has a robust volunteer program with approximately 418 volunteers statewide</li><li>• P-Bidder will provide new orientation and move in assistance.</li><li>• N-Bidder didn't answer how medication services will be met</li><li>• P-Peer support teams will provide opportunities for recreational and social activities, workshops, and individual support. Peer support will be available to tenants throughout their tenancy</li><li>• N-Bidder didn't answer how tenants' guests' management will be handled</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has decades of experience with providing case management services</li><li>• P-Review of a variety of available resources will occur at the initial contact, in planning meetings. During new tenant orientation, and as needed during in-home meetings</li><li>• P-Ongoing sharing of available resources will be offered through a central communication platform</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will provide community workshops in support of health promotion</li><li>• P-Bidders behavioral health network has established relationships with local municipal prevention programs to support ongoing Naloxone training</li><li>• HFSSS team members will be trained in the administration of Naloxone</li><li>• P-Local prevention services offer syringe service program options and referral information will be provided to tenants in the tenant orientation packet</li></ul>

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**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Stated the core of their organization is to serve “the most vulnerable populations in Maine with compassion and understanding”, and included a quote of an organizational core value related to ensuring “an environment of dignity, safety, warmth and a sense of being “at home””</li><li>• Stated they have been a “mission-driven human service provider since 1966”.</li><li>• Stated they are nationally accredited through the Council on Accreditation (COA), and listed HFSSS-relevant services and experiences.</li><li>• Stated the at-risk populations served by their organization includes a disproportionate number of individuals who are experiencing chronic homelessness; which Bidder further describes as placing them in a position with knowledge and expertise to effectively assist with housing coordination and provision of ongoing emotional, clinical and peer support.</li><li>• Stated in 2023, they worked in conjunction with the Maine State Housing Authority (MSHA), local governments and local social service partners to rapidly design and implement transitional housing for asylum seekers in Maine. The grassroots project is referred to as the Asylum Seeker Transitional Housing Program (ASTHP).</li><li>• Stated they continue to assist New Mainers with self-sufficiency and to become “contributing members of Maine’s workforce and communities”.</li><li>• Stated a research survey was conducted to assess effective models for “settling and housing asylum seekers” and the Women’s Refugee Committee noted that the Bidder’s ASTHP “... was found to offer promising best practices”. Indicated their ASTHP model was also among four (4) models that were highlighted in a webinar cohosted with Refugees International to review best practices in the U.S.</li></ul> <p>Experience providing supportive services to those experiencing Chronic Homelessness:</p> <ul style="list-style-type: none"><li>• Stated they have decades of experience “serving the broad needs of chronically homeless individuals”.</li><li>• Stated they oversaw the Project for Assistance in Transition from Homelessness (PATH) program for five (5) years, a program designed to support unhoused individuals transition to stable housing, engage with community-based services and link to benefits.</li></ul>	

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- Stated they currently provide behavioral health services across the State, including ten (10) years of providing integrated care coordination through the Behavioral Health Home model; outpatient counseling and medication management; community integration; and residential rehabilitation. Stated they have a significant number of individuals served across their programming that meet the federal definition of Chronically Homeless.
- Stated staff providing services are trained in trauma-informed care principles and integrate this approach when working with clients.

Experience providing 24/7/365 services:

- Stated they have provided support services in 24/7/365 residential settings through Evodia House, a women's recovery residence; Juvenile Intensive Support Services (JISS); Christopher Home for adolescent residential care; Fellowship House, which uses a halfway house model; and Asylum Seeker Transitional Housing-South Portland (ASTHP).
- Stated among their current clinical services, they have operated the St. Francis Recovery Center in Auburn for 30 years, a substance-use recovery residential setting.
- Bidder described services at their St. Francis Recovery Center, indicating services are provided through a 30–45-day residential program. Stated programming has helped clients with stabilization; service coordination; medication management; accessing benefits, including MaineCare; ADL strengthening; provision of safe community-focused activities; and referral facilitation to community-based providers and services.
- Stated their St. Francis Recovery Center is one of the highest performers within the Maine DHHHS's Post Incarceration Incentive Program (PIP). Bidder referenced a meta-analysis of national data that indicated residential treatment completion rates of 44% to 70%, dependent on length of treatment and other factors; and stated their St. Francis Recovery Center has resulted in a 67% residential rehabilitation treatment completion rate during the last fiscal year.

Experience providing health and behavioral health services to the population:

- Stated they are a licensed Mental Health and Substance Use Disorder Treatment Agency.
- Stated use of telehealth has allowed them to connect individuals in rural areas with accessing healthcare services, including medication management and clinical counseling.
- Stated their experience with supporting individuals through their BHH programming ensures their team is ready to engage with Housing first tenants

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through the HOME and TCM models. Bidder also included a comprehensive description of the HOME and TCM care models.

- Stated their “team members’ use an advocacy and preventative approach via transitional and risk planning and assessment, and through increasing community supports and outreach to ensure sustained engagement.

Knowledge of community-based resources in service area, and service navigation experience:

- Stated all support services are guided and anchored in principles of compassion, respect, dignity, harm reduction and client self-determination.
- Stated that “more than 20% of the individuals [they] serve at any given time are considered homeless by the Federal definition” and referred to the McKinney-Vento Act. Bidder also stated the population they serve “statistically mirrors those most impacted by homelessness”, per the “2023 Annual HUD Homelessness Assessment Report.
- Stated they have established relationships with community providers and collaborate and coordinate with shelters and subsidized housing entities.
- Stated they are embedded in the “housing provision community in Greater Portland”, and throughout Maine, and stated they are knowledgeable regarding “what it takes” to assist clients with obtaining permanent housing.
- Provided a list of their current Behavioral Health Network partners: City of Portland Prevention and General Assistance teams; Learning Collaborative, which provides “barrier-free healthcare”; Cumberland County Re-entry Services; Federal and State Probation Services; DHHS; Portland Recovery Community Center; “Maine Needs”; “Maine Works”; primary care physicians; Spring Harbor Hospital; local private non-medical institutions (PNMIs); local crisis stabilization units; the “Preble and Riverside Shelters”; and local hospitals, including Maine Medical, St. Mary’s and Mercy Northern Light.

Staff recruitment and retention policies, and plans to ensure optimal staffing for Housing First Rental Homes:

- Stated their recruitment and retention strategies include competitive wages and benefits; flexible scheduling; emphasis on employee well-being and work life balance; technology leverage for efficient and effective workflows; hiring and retention bonuses; job-specific performance incentives; and professional development and internal advancement opportunities across their twenty-five (25) statewide programs.
- Stated they are an Equal Opportunity Employer.

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- Stated their mission and core values are respect, integrity, compassion, hospitality, excellence and stewardship.
- Stated their ongoing employment practices will accelerate their HFSSS program ramp up to ensure high caliber and optimal staffing levels.
- Stated that average longevity of their eighty-two (82) current employees across their Behavioral Health Network is 6.8 years and stated that more than a third of their employees have worked for the organization for ten (10) or more years.

Knowledge of common barriers to maintaining permanent housing:

- Stated they help people every day with overcoming barriers to housing.
- Indicated as a result of recent history, including ending of some pandemic-era funding, there are fewer options available for many of those facing chronic homelessness.
- Stated that there has been an increase in the unhoused population in Portland Maine, with the last “Point in Time Count Report” indicating a 65% increase in homelessness from 2015-2023. Bidder stated those affected in Portland include children, single adults, families, refugees, asylum seekers and adult couples.
- Described decrease in post-pandemic emergency assistance that supported housing needs through General Assistance funding, hotel stays and shelter stays; with State and county financial supports (BRAP and WRAP vouchers) exhausted “well before the anticipated fund renewal date”.
- Bidder demonstrated an understanding of the difficulty of maintaining housing, with reference made to rents being on average above 30% of an individual’s income.
- Stated they support individuals with accessing community and agency resources, including Maine Needs; food banks; and additional funding and resource support such as the organization’s Mother Theresa Fund; Furniture Friends and BRAP.
- Bidder referenced Portland-specific housing concerns and difficulties, including evictions of renters with vouchers/Section 8.
- Stated, although Portland has recently increased number of available shelter beds, they have received feedback from those attempting to use the shelter that the large open space used for the shelter doesn’t promote a safe or healthy environment; and as a result, individuals refuse to return to the shelter and choose other locations for refuge instead (e.g., tents, sidewalks).
- Bidder indicated isolation from resources and difficulties with accessing transportation.

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- Other concerns and barriers related to maintaining permanent housing were also described, specifically regarding the Portland area.
- Bidder's response also referred to an online publication by the U.S. HUD titled "Evidence Matters: Housing First – A Review of the Evidence".

Experience navigating benefits' maintenance:

- Stated their current services and programming require them to assist incoming clients with completion and submission of MaineCare applications within 15 days of program/service admission.
- Indicated an example of proactive work completed by the agency to meet client needs through an "exclusive relationship" with a Maine-based private foundation that supports clothing needs for their most vulnerable clients. Indicated the program provides new, high quality seasonal clothing to their clients on an ongoing basis and, per Bidder, has been proven to be a critical resource for individuals affected by chronic homelessness.
- Stated they also have a limited fund for emergency one-time payments from a private donor through their Parish Social ministry Program. The emergency one-time payments are for "rental deposits and extraordinary expenses on a case-by-base basis."

Experience evaluating HRSN and incorporating such into service plan development:

- Indicated, prior to service provision, their clients first receive comprehensive screenings and assessments to identify and address historical risk, social determinants of health, existing community partnerships and natural supports.
- Stated they complete their comprehensive screenings and assessments through a trauma-informed lens in a trauma-informed care environment.
- Stated that information garnered through the comprehensive screening and assessment conversations are integrated into a written Psychosocial Assessment and Individual Support Plan.
- Bidder included reference to TCM and HOME model of care plan requirements.
- Stated their Nurse Care Managers complete a medical assessment within the first 30 days of service provision and continues to assess healthcare measures such as blood pressure.
- Stated they also provide patient education and monitoring of chronic diseases and smoking cessation. Indicated their Southern Region Behavioral Health Network, in conjunction with Maine Health and the Maine Tobacco and Treatment Center receive the Breathe Easy Platinum Award in 2024.

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- Stated their nurse care managers assist individuals identifying with substance use disorders with Hep C, Narcan, and best practice health assessment and intervention promotion, including provision of the Clinical Opiate Withdrawal Scale (COWS) assessments throughout opioid care's induction phase.
- Stated their nurse care managers are delegates to the Physician Monitoring Program, review the Health Info Net notifications and collaborate on transitional and medical support needs with community clinicians and healthcare partners.
- Stated their Nurse Care Managers and prescribers are embedded in their behavioral healthcare teams for an integrated approach to care.
- Stated their Nurse Care Managers provide health care workshops and clinics at their onsite day space; support and patient education on medications, setting medications up for safe home use and administration of such; and will receive training on Sublocade administration soon.
- Indicated annual chronic disease training for their BHN team.

**Interagency coordination:**

- Stated linkage and coordination with community-based services are at the heart of their case management and integrated care models.
- Bidder provided an example of their "role at the transitional housing program", including case management and residential support and education services; data collection and analysis; and coordination, where Bidder serves as a "hub" that links clients to services, sometimes including on-site service delivery.
- Stated that they act as a central coordinating entity that triages service delivery to clients and schedules providers for delivery of specialized workshops, consultations, trainings or one-to-one services. Stated this process allows for efficient use of the limited on-site programming space, allowing external providers to provide more services via group programming and reduces logistical barriers for clients (travel and time barriers).
- Stated in fiscal year 2024 that their ASTHP Saco program resulted in 87% of families transitioning to permanent housing and their ASTHP in South Portland had 67% that transitioned to permanent housing.
- Bidder included a partial list of their partners and service collaborators in Southern Maine.

**On-site experience in affordable housing developments:**

- Stated this would be their first opportunity to work on-site as an embedded resource and support in an affordable housing development.

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- Indicated that, as a result of their work with marginalized populations, their staff have experience working with clients through challenges that come with resident dynamics and milieu management.
- Stated their Behavioral Health Network team currently provides in-home support to individuals that are residing in affordable housing; and their downtown Portland location is within walking distance to those they serve in affordable and supported housing communities that ensures ease for bridging in-home supports to those that are homebound due to emotional and/or physical limitations.

Experience working collaboratively with landlords and property managers:

- Stated they have a long history of working collaboratively with landlords and property managers.
- Stated they are federally contracted to resettle refugees through their Refugee and Immigration Services (RIS) program; and have been in this role for over fifty (50) years.
- Stated their role in the RIS program has included identifying and helping with securing housing, furnishing rental housing and orienting newly arrived refugees to their role and responsibilities as tenants.
- Stated they review leases with individuals in detail, using language translators as needed to ensure understanding.
- Stated the RIS program also assists with negotiating leases with landlords and educating landlords and property managers on why the population lacks rental and credit histories.
- Stated they educate landlords on the barriers faced by this population and “the characteristics that often make them excellent tenants.”
- Stated they are also a resource to landlords in troubleshooting solutions and bridging cultural differences, should problems arise with tenancy.
- Stated that, over decades, they have built a strong network of landlords, including immigrant landlords, that are willing and interested in renting to their clients.
- Stated they have excellent relationships with Avesta; Brunswick Landing; and Central Maine Property Managers; and stated they work closely with property managers to assist clients with accessing and remaining in affordable housing.
- Stated they collaborate with specialized housing navigation partners including Prosperity Maine and the Quality Housing Coalition regarding specialized housing needs.



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- Stated their providers regularly engage with landlords and property management teams in shared problem-solving conversations, increasing the likelihood of sustainable housing and ensuring housing transitions occur with a focus on creating a solution that respects human dignity, voice and the rights of those involved.

Experience collaborating and partnering with other providers:

- Stated they have decades of experience collaborating with other providers to ensure coordinated non-overlapping and complementary service provision.
- Provided an example of coordination in their Asylum Seeker Transitional Housing Program (ASTHP) where staff coordinate on-site service delivery by other providers.
- Bidder also provided other on-site collaboration examples, including vaccine clinics by MaineHealth; school enrollment with Saco Public Schools and the Thornton Academy; English language classes by Biddeford Adult Education and “In Her Presence”; construction workforce training by the Associated General Contractors; pre-employment skill development by Department of Labor Career Centers; Immigration Legal Clinics by “ILAP”; safety training by the Saco Police and Fire Departments; education on domestic violence; and resources and training by “ILAP” and Through These Doors.
- Stated they also facilitated client access to community-based services “in a more streamlined manner.”
- Stated they also assist clients with accessing services remotely, including immigration proceedings, interviews and benefit renewals.

Approach to handling financial, IT and compliance functions:

- For finance – stated they utilize grant and project management tools for non-profit accounting in their software package for accounting and payroll functions. Indicated that they complete an annual single audit by a third-party accounting firm, ensuring compliance with state and federal regulations.
- For IT – stated they contract with Systems Engineering for IT services, including security oversight. Indicated use of Microsoft tech stack with Huntress antivirus software and Arctic Wolf MDR; and use of multi-factor authentication and U.S. geo-locked access.
- For compliance – stated they are accredited by the Council on Accreditation (COA) for over 25 years; and they have established and implemented a planned system for quality and compliance monitoring, including prompt addressing of compliance concerns.

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- For compliance – stated their internal client record reviews are conducted by their Quality and Compliance Department on a quarterly basis; with results quantified and corrective action plans provided for rectifying any issues identified. Stated subsequent internal record reviews include an assessment of findings from the previous quarter, including any findings from external review to ensure corrective action has been executed and is generalized across the program's practice.
- Stated they have well established tracking protocols for business-critical obligations to ensure required reporting, licensing applications, site visits and completions of corrective action plans.

Examples of core administrative procedures improved:

- Stated they completed a full upgrade of their accounting systems "from Great Plains to Sage Intacct"; and they deployed the Artic Wolf Managed Detection and Response suite in 2024 to secure their information infrastructure against cyber threats.
- Stated they began piloting an incident reporting system. Stated they used their legacy workflow for incident reporting as the new version's basis but have now leveraged automation to channel the report through their chain of command.

Experience raising private funds:

- Stated more than 86% of their total operating budget is spent on program services.
- Stated they solicit private donations from individuals and foundations, and work with business sponsors throughout the state.
- Stated they hold program-specific fundraising events, with two (2) examples included.

Project 1

- Referred to their awarded Capital and Capitalist grants in 2022 and 2023 to increase the number of men's Substance Use Disorder (SUD) recovery treatment beds.
- Stated they increased their bed capacity by 75% as a result.

Project 2

- Referred to their Asylum-Seeker Transitional Housing Program (ASTHP) in Saco that was launched at the request of the Governor's Office for Policy Innovation and the Future (GOPIF) and the City of Portland (COP) to address the needs of the unhoused asylum-seeking families with children.

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- Indicated program is funded through MaineHousing and provided data regarding number served as of 12/31/24 via housing at a hotel in Saco and their on-site service provision of case management and service coordination.
- Stated their staff also engage in data collection and analysis.
- Indicated services provided includes “enrollment in benefits, schools, English language training, cultural orientation, connections to food resources, training to navigate US benefits systems and public transportation, and connection to health care.”
- Indicated the ASTHP has an emphasis on helping individuals secure employment and housing and strong partnerships with Department of Labor Career Centers and housing navigation agencies were developed as a result.
- Stated that coordination, collaboration and referrals to other specialized providers are a key feature of the program. Bidder listed some specialized providers, including the Immigrant Legal Advocacy Program; Associated General Contractors of Maine; Quality Housing Coalition; and Adult Education.
- Stated their ASTHP has been highlighted as a national model by Refugees International and the Women’s Refugee Commission.

**Project 3**

- Referred to their ASTHP in South Portland, a nine (9) month program that was designed to replicate parts of their ASTHP model in Saco, with an emphasis on employment and housing.
- Stated that the program had a fixed end date, per request by the City of Portland.
- Stated they provided case management and connection to specialized services in their ASTHP in South Portland.
- Indicated that all residents were transferred to ASTHP from temporary housing in six (6) South Portland hotels and many were already enrolled in benefits when transferred to the program. As benefit enrollment needs were lower, their ASTHP in South Portland provided focused problem solving with households and individuals to address chronic, unmet health needs and assist individuals with overcoming employment barriers, rather than using a comprehensive case management approach like their ASTHP in Saco.
- Stated their program achieved the goal of outplacing all residents by 6/30/24 and achieved such through working closely with Prosperity Maine and Quality Housing Coalition (housing navigation agencies) to secure permanent housing placements.

**2. Organizational Chart**

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<ul style="list-style-type: none"><li>• Provided, met requirement.</li><li>• Bidder also indicated anticipated staffing model in their organizational chart for HFSSS.</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• One (1) settled case indicated.</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• Referred to their organization's core values of Respect, Integrity, Compassion, Hospitality, Excellence and Stewardship (RICHERS), applicable regulatory framework, accreditation standards and best practice principles.</li><li>• Stated they approach all community-based service provision with a person-centered and strength-based perspective.</li><li>• Stated they have provided community and residential based services in Maine for fifty-eight (58) years; with services provided to adults, children and families, to help with achieving identified emotional and physical health goals, while also strengthening ability to engage with educational, vocational and volunteer-led opportunities.</li><li>• Stated they are committed to low barrier access to care and maintenance of collaborative partnerships in the provider community.</li><li>• Stated they provide services to those struggling with substance use, mental health, chronic homelessness, and chronic health conditions.</li><li>• Stated many clients also choose to engage with peer-to-peer support from their Certified Intentional and Peer Recovery Support staff.</li><li>• Stated, as a member of the larger Catholic Charities USA (CCUSA) organization, they have access to "a wealth of resources", including to housing experts at sister organizations across the country.</li><li>• Stated they have connected with some of their sister organizations that are involved with Housing First model service provision to glean information on successes and challenges in HFSSS operation. Stated they plan to use this experience to design their HFSSS implementation plan, including ensuring delivery of HFSSS in a holistic, person-centered, strengths-based manner.</li></ul>
<ul style="list-style-type: none"><li>• Stated they are versed in the development, implementation and successful operation of projects, including projects "requiring quick implementation".</li></ul>

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<ul style="list-style-type: none"><li>• Stated that the requirements indicated are commensurate with their prior and current experience for contracts/agreements, and indicated they are achievable for the Bidder, “within the stated timelines”.</li><li>• Stated they will rely on prior community-based program development experience and will use a multidisciplinary approach through garnering expertise from their Finance, HR, Quality Compliance and Operations Teams.</li><li>• Stated they are comfortable with the lead time requested by the Department to enter into a service contract, and all pre-contract requirements.</li></ul>
<ul style="list-style-type: none"><li>• Stated they are committed to continuing their collaborative relationship with the Department in their role as an HFSSS provider and is open to taking direction from the Department, while utilizing a solution-focused, people-first approach at all times.</li></ul>
<ul style="list-style-type: none"><li>• Provided a copy of their MaineCare agreement.</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• Stated they were previously enrolled as a mandated HMIS Participating Agency due to their PATH contract from 11/2012 through 9/2018; and their participating agency status lapsed after the end of the contract.</li><li>• Specific steps to becoming a CoC HMIS participating agency were not described; however, stated they are prepared to reenroll as a participating agency and indicated they still have staff employed at their agency who have experience with the HMIS system.</li></ul>
<ul style="list-style-type: none"><li>• Provided documentation indicating current license as a TCM agency.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have extensive and long-established working relationships with providers via MOUs and formal contracts; including but not limited to: regional crisis providers; vocational training organizations; laboratory services; specialized pharmacy and infectious disease testing services; interpreter and translation support services; medical and detoxification program providers; specialized outpatient providers; methadone clinical services; and medication prescribing services.</li><li>• Stated they will ramp up quickly through leveraging their existing relationships, while developing new relationships to ensure longevity and success of those served through HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have experience and success in providing treatment oversight and care coordination.</li><li>• Stated their operational models and service delivery infrastructure (i.e., their electronic health record (EHR) system and their policies and procedures) are designed to support delivery and coordination of integrated, comprehensive care.</li></ul>

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<ul style="list-style-type: none"><li>• Stated they are prepared to extend and execute their proven systems and practices as their operation's base as an HFSSS provider.</li></ul>
<ul style="list-style-type: none"><li>• Stated that facility readiness timeline estimates, as described, provide the Bidder with "ample time to strategically engage" in recruitment and training processes for all Housing First model positions; and indicated that many of the roles currently exist in their organization or can be adapted from current roles.</li><li>• Stated that their readiness timeline estimates will be included in their workplan, which will outline job description development; staffing plan for the program; a description of collaborative relationships with subcontractors; operational policy and procedures' development; and ongoing communication and documentation submission to the Department by expected timelines.</li></ul>
<ul style="list-style-type: none"><li>• Stated their HR department and Behavioral Health Network management recruits and hires quality candidates for similar roles in a competitive marketplace every year.</li><li>• Stated they have an employee base of almost four hundred (400) and they may also train and transfer some experienced current staff to HFSSS positions, which will assist with accelerating onboarding and ensuring consistent quality service provision.</li><li>• Stated they have prior and ongoing experience with providing outreach and services to individuals experiencing chronic homelessness, including those seeking support after incarceration or while struggling with trauma, balance in their emotional health and other chronic health conditions.</li><li>• Referred to their management of a Projects Assisting Transitions to Housing (PATH) contract for five (5) years that focused on engagement, community resource coordination and housing support.</li><li>• Indicated outreach needs are necessary at point of service access, throughout ongoing service engagement and in day-to-day lived experience.</li><li>• Plans to note transitional life events and points in care when working with individuals, thus allowing relationship extension and shared problem-solving support.</li><li>• Stated their initial outreach support will include collaborative partnership and educational sharing support on housing procurement and coordination, including community services and benefits that reflect individual's choice and voice as they identify needs and goals.</li><li>• Stated that referral and ongoing communication with collaborating service providers will occur, as appropriate, to ensure accurate and timely needs assessment; level of care placement; and enrolment in community-based services.</li></ul>

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<ul style="list-style-type: none"><li>• Stated that “partner support” will also engage in outreach engagements should there be a decrease in care engagement.</li><li>• Stated that, with the individual’s consent, outreach actions will also include reaching out to natural supports; healthcare partners; and community outreach to “known safe places”.</li><li>• Stated that their Behavioral Health staff, including the anticipated HFSSS team, will receive training in the HFSSS model; Motivational interviewing; social and cultural community training; and region-specific resource and referral education.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have an internal, administrative level Quality and Compliance team which has administrative oversight functions and acts with an objective lens in assessing quality and compliance.</li><li>• Quality and Compliance department will also provide oversight to HFSSS.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• Stated they have a history of managing 24/7/365 coverage, with the following examples listed: Evodia House, a women’s recovery residence; Juvenile Intensive Supportive Services (JISS); Christopher Home, adolescent residential care; Fellowship House, which uses a halfway house model; and their current St. Francis Recovery Center in Auburn.</li><li>• Stated they ensure required staffing support through staggered scheduling; assignment of on-call staff for contingency coverage; 24/7 supervisory support; and managerial flexibility.</li><li>• Stated they are “well positioned” to ensure their staffing and operations meet the 24/7/365 requirement, “while creating a safe, secure, and welcoming environment for clients.”</li></ul>
<ul style="list-style-type: none"><li>• Stated they have historically utilized additional incentive strategies, including attractive shift differential pay; enhanced flexibility for direct care schedules; access to ongoing professional development; and role-specific training.</li><li>• Stated they conduct ongoing and active requirement for “these types of positions” to ensure maintenance of a “robust margin of on-call staff to always ensure required coverage”, as Bidder indicated “these types of positions” typically experience high staff turnover.</li></ul>
<ul style="list-style-type: none"><li>• Stated their operating protocol requires engagement through a trauma-informed, person-centered, strengths-based approach, including a focus on outreach and nonjudgemental relationship building.</li><li>• Stated they ensure staff have the education and professional experience needed to create and maintain a safe, secure and welcoming environment, inclusive of trauma-informed practices.</li></ul>

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- Once staff are hired, onboarding includes training on their Core Mission; Vision and Values; and basic safety training (e.g., emergency/disaster planning, first aid, CPR and blood borne pathogen training).
- Stated additional core trainings for new staff include mandatory reporting; conflict resolution; and client rights.
- Stated their clinical and supervisory providers also receive training in management, motivational interviewing, and other relevant clinical interventions to foster safe staff and tenant relationships and shared problem solving.
- Stated that the HFSSS staff will receive trauma-informed care training, including the supportive structure to implement trauma-informed elements in their daily interactions and milieu leadership.
- Stated that trauma-informed care training and implementation will be based on Sandra Bloom's Sanctuary Model's Four Principles (physical safety, psychological safety, social safety and moral safety).
- Stated they have a collaborative annual plan for each staff person that acts as a guideline to ensure completion of ongoing and up-to-date training.
- Stated that they will schedule regular staffing, clinical, and tenant meetings and feedback sessions to nurture and maintain ongoing communication and ensure creation of a safe and supportive living environment.

- Stated individual support plans and participant housing agreements will provide a foundational understanding for staff and tenants and assist with shared problem-solving should concerns arise.
- Stated that at the start of Housing Orientation and throughout the lease agreement, staff will emphasize the importance of safety and development of a positive, supportive rapport with tenants; and they will enhance such through team and tenant unit visits and meetings.
- Stated staff will conduct ongoing review of tenants' stated goals and objectives, ensuring maintenance of current working knowledge of tenant needs and choice, including frequency and timing of community and in-house activities.
- Stated their focus on client engagement and collaboration of tenants' priorities reflect two of the Housing First model principles, client choice and individualized supports.
- Staff will receive individual supervision; participate in regular clinical team meetings; and will have access to 24/7 back-up support to ensure quality service provision.
- Stated they also support an Employee Assistance Program (EAP) that is accessible to all staff, as needed.



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| <ul style="list-style-type: none"><li>• Stated that job performance expectations, associated workflows and protocols/guidelines will be developed and provided to HFSSS staff upon hire; with support documents used in supervision to ensure practice and policy alignment.</li><li>• Stated any applicable metrics will be integrated into their program model and tracked to ensure performance adherence and quality service delivery.</li><li>• Stated their EHR has a reporting capacity that supports real-time access and monitoring of progress, and barriers to such.</li><li>• Plans to review service plans service plans on a time specific base with the tenant and staff and reviewed/approved by a qualified supervisor. Stated during the review, they will discuss progress and barriers and modify goals and objectives to ensure next steps are defined with clearly identified role assignment and timelines.</li><li>• Their Quality and Compliance Department conducts comprehensive client record audits of all services/programming, including numeric scoring, required corrective action plans for any identified deficiencies noted and other quality improvement recommendations.</li><li>• Stated their structured incident reporting system will monitor any issues or incidents, including prompt and detailed follow up to ensure quality service provision and risk mitigation.</li><li>• Stated that, in debriefing situations that result in an incident report, their structured incident reporting system supports staff in processing workflow, team decision-making and communication, ensuring ongoing training and workflow improvement.</li></ul> |
| <ul style="list-style-type: none"><li>• Stated they have a long-standing Clients Rights policy detailing the rights of all individuals receiving care from the organization.</li><li>• Stated that in order to accommodate any additional rights, Bidder will ensure their policy is aligned with any additional requirements, will train staff and ensure their workflows support client notification and understanding of their rights.</li><li>• Stated resources including the Consumer Council and national Alliance on Mental Illness (NAMI) are “made available to clients”, ensuring ability to seek additional information and support regarding rights, as needed by the client.</li><li>• Stated they leverage their EHR to ensure consistency of client notification and education, and clients are informed at onboarding of their rights to file a grievance.</li></ul>  |

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<ul style="list-style-type: none"><li>• Stated they have an Administrative Policy and Procedure for Client Grievances that details their structured grievance process, one that is sensitive to and inclusive of rights-related nuances.</li><li>• Indicated they understand their own obligation for self-reporting should a client's rights be violated; and stated they consider all situations as serious, warranting time, attention and resolution.</li></ul>
<ul style="list-style-type: none"><li>• Stated their organization provides mental health and SUD treatment services, and they maintain longstanding relationships with community partners for provision of specialty care, including health care services.</li><li>• Stated they review and discuss recommendations for support at first contact, after the initial assessment, including an overview of all service options and client identification of the services that will best meet their needs.</li><li>• Stated that during their initial meetings of identifying community partner resources, they will support bridging the client to the community partner through information sharing; assisting with calling the resource; and assist with scheduling and attending appointments, "as relevant".</li><li>• Stated they will review options for community-based service referrals with tenants to ensure they are informed of all available services, including those that support their identified needs and choices.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Stated tenants will have the right to decline HFSSS at any time and HFSSS will only be provided with documented consent from the client/tenant.</li><li>• Stated any client/tenant identifiable communications with external-to-Bidder entities will only occur with client/tenant consent, except when permitted/required by law.</li><li>• Stated tenants will be made aware of service consent elements at service inception.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will utilize their EHR for infrastructure and content elements, reflecting best practice standards and integration of life domains to ensure a whole-person approach.</li><li>• Indicated plan to use Psychosocial Assessments (PSA), including a biopsychosocial interview, to establish level of care needs; and they will create an Individual Service Plan (ISP) once care goals and objectives are decided upon with the client.</li><li>• Stated the PSA and ISP will be periodically updated in conjunction with client input, relevant community partners and natural supports.</li></ul>

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| <ul style="list-style-type: none"><li>• Stated their initial and ongoing plan reviews will include client-identified goals and objectives, with all goals and supporting objectives to reflect SMART elements (specific, measurable, achievable, relevant and time-bound).</li><li>• Stated their ISP includes clinical recommendations of service provisions, and an option for clients to focus solely on their voiced goals and objectives, reflective of their indicated needs and choice.</li><li>• Plan to complete emotional and physical risk screening and assessment at first contact and throughout service provision; with their Nurse Care Manager (NCM) engaged to initiate higher-level care support should there be any immediate physical or psychiatric risk.</li><li>• Plans to offer initial NCM contact to initiate medication evaluation, if warranted, for any individuals at-risk of withdrawal, in active use or have identified opioid use support need.</li><li>• Stated they will bridge individuals identifying with suicidality, homicidality or psychiatric-need symptoms through their clinical team, in collaboration with mobile crisis, to access the identified care.</li><li>• Stated they also develop Relapse Prevention and Wellness Plans and Client Support Plans, as needed; with all plans including client voice input and identified natural supports. Stated all plans are team and client informed and used as a support to clients, during active treatment sessions And revised as needed to reflect changing care needs. Bidder provided further description of their relapse Prevention and Wellness Plans and Client Support Plans.</li><li>• Stated their HFSSS staff and tenants will support shared problem-solving for higher-risk situations, without jeopardizing housing placement.</li><li>• Stated all tenants will be provided with information and support to access the Warm Line and other state and national support lines, per expressed and identified care needs.</li><li>• Stated they will also ensure clients' abilities to independently reach out to other resources including their Primary Care Physician; Urgent Care; emergency responders and the emergency department.</li><li>• Referred to their greater Portland area's community-based crisis responding system, provided by The Opportunity Alliance.</li></ul> |
| <ul style="list-style-type: none"><li>• Provided a detailed, comprehensive response.</li><li>• Stated they will assist tenants with MaineCare enrollment, if not already enrolled, and staff will educate tenants on steps needed to sustain MaineCare enrollment without disruption.</li><li>• Plans to review grant-based programs, sliding fee scale programs, and insurance purchasing options for those not qualifying for MaineCare.</li></ul>  |

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- Plans to re-engage tenants periodically to re-apply for MaineCare, as circumstances r MaineCare eligibility changes.
- Stated they will conduct an assessment process for client needs, and after education and consent, they will make referrals to appropriate MaineCare programming.
- Stated they will review financial resources, transportation needs and food access at initial contact, along with assessment of emotional, behavioral and addiction treatment supports, through tenant self-reporting.
- Stated, in addition to information sharing and resource bridging, their New Tenant Orientation will include focus sessions on navigating and accessing “neighborhood points of service”.
- Staff to provide individualized support and follow up as needed to individuals needing support to contact and arrange services.
- Staff to maintain information regarding needed resource gaps and will provide updates to tenants on new available resources through a centralized communication platform.
- Stated their Housing Partnership Agreement will define the tenant pathways for communication support as it pertains to maintenance, lease, financial and any other property management expectations.
- Stated they have established relationships with rep payees in the Portland area and will bridge tenants to one of their choosing, if desired.
- Stated they have established relationships with banks that offer programs to those seeking to re-establish checking, savings and debit card accounts, and have Consumer Credit services available for community presentations and individual support.
- Stated they will provide one-on-one support for financial needs and their New Tenant Orientation will include a review and assessment of financial needs, including an invitation to participate in their Personal Economic Planning workshop.
- Stated they will conduct a World Health Organization Disability Schedule (WHODAS) at initial assessment to identify skills needed for daily living supports; with the WHODAS conclusion added to the clinical summary and included in tenant-prioritized treatment plan goals and objectives.
- Stated they will bridge tenants to Maximus (Assessing Service Agency) for determination of in-home support needs, as needed.
- Stated all HFSSS staff will be trained in the cognitive behavioral and systemic interventions introduced in Ruby Payne’s “The Framework for Understanding Poverty”; with the principles of the training to be included in development of

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their New Tenant Orientation, including topic focused workshops (e.g., Navigating Community Systems and Time Management).

- Bidder demonstrated an understanding of food insecurity concerns, especially in Maine, with data included and source referenced.
- Plans to have staff screen for food security and other social determinants.
- Stated, with tenant and family participation, staff will model nutritional support services, per their existing nutritional support programs.
- Bidder included a description of what their nutritional support program provides.
- As needed, staff will bridge tenants to food banks and local food co-ops for affordable food options.
- Stated staff will assist with parenting skill development; education on physical and emotional developmental milestones; and will participate in team meetings supporting progress and barriers' alleviation for parents seeking reunification.
- Stated they will have group and individual support available to assist parents with maintaining a sobriety program; developing skills for healthy growth and safe relationships with their children; and assist with day-to-day parenting tasks, including school readiness, engagement with healthcare providers, meeting nutritional needs and time management.
- Stated they will include a self-care plan for parents that addresses the day-to-day needs of the parent(s), including provision of increasing support through family transitions.
- Will provide referrals/bridge families to community partners for developmental supports and counselling, including encouraging families to attend peer-to-peer parenting and support groups.
- Plans to support individuals with connecting to a vocational resource that best meets identified needs.
- Stated their New Tenant Orientation will include introductory information on available vocational training programs and resources, with examples included, including one specifically for those in recovery from substance use.
- Stated income, employment and vocational needs will be reviewed at their initial contact, including establishment of short and long-term goals.
- Bidder included a description of topics to be discussed during the initial discussion on job readiness.
- Stated they will regularly invite Maine vocational service partners to host job training and information sharing workshops and to offer enrollment and support for interested tenants.

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INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Catholic Charities Maine (CCM)

**DATE:** 2/12/25 and 2/18/25

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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- Stated they will bridge tenants to free and/or supported educational and job training programs, including to job placement agencies.
  - Stated they will encourage peer-to-peer support.
  - Stated their organization has a robust volunteer program and they will bridge tenants to internal-to-Bidder and community volunteer opportunities.
  - Plans to identify volunteering opportunities within the HFSSS program and will develop a community posting board that includes volunteer, training and employment opportunities.
  - Stated they will share the program structure and tenant policies with prospective tenants for informed decision making, prior to establishment of a formal HFSSS relationship.
  - Stated once a tenant is onboarded for moving-in, Bidder will provide a consistent tenant orientation and included some anticipated orientation topics, including the “routine check-in schedule”.
  - Stated HFSSS staff will provide move-in assistance, including supplemental support from Bidder’s volunteer base, as needed.
  - Stated their Housing Partnership Agreement will define expectations regarding mediation services in the case of resident disputes.
  - Stated they will engage with their Certified Intentional Peer Support and Recovery Peer Support team members, as applicable; and will ensure peer support is available to tenants throughout their tenancy.
  - Stated Peer Support participation will be available in goal planning, “in-home”, and during team meetings, per tenant choice. Bidder also stated Peer Support staff will provide opportunities for recreational and social activities, group workshops and individual supports.
  - Stated Motivational Interviewing (MI) training will be offered to staff and tenants; and HFSSS staff will bridge this learning to property management and identified service providers “with the goal of embedding the principles of MI “in the overall culture of the facility’s milieu.”
  - Stated staff-tenant visits, conversations and shared problem-solving sessions will use an MI approach.
  - Stated their Housing Partnership Agreement will define their expectations regarding move-in assistance; guests; tenants’ safety and security; financial responsibilities; and dispute resolution.
- 
- Will conduct review of available services at the initial contact; during planning meetings; during New Tenant Orientation; and as needed, during in-home meetings.

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|---|
| <ul style="list-style-type: none"><li>• At minimum, they will review TCM and provide a comprehensive review of available behavioral health supports including medication management, individual and group counseling and nurse care management.</li><li>• Plans to provide ongoing sharing of available resources through a central communication platform.</li></ul>   |
| <ul style="list-style-type: none"><li>• Stated they will offer community workshops in the community center to support health promotion; independent skill building; maintenance of a safe and drug-free support network; and will also include a variety of socialization activities.</li><li>• HFSSS staff will be trained in operational protocols and administration of naloxone and Bidder will ensure tenant-accessible on-site access to naloxone, including easily understood instructions.</li><li>• Stated they will provide referral information to local prevention services offering Syringe Service Program options via their Tenant Orientation Packet.</li></ul> |

<b><i>Part IV, Section IV. Cost Proposal and Budget Narrative</i></b>
<ul style="list-style-type: none"><li>• Signed by CEO.</li></ul>

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**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• P – Bidder has been providing services in the State for many decades. Services are provided in several counties.</li><li>• I - Current focus is behavioral health services. Some MaineCare health services and supports to specific communities are also provided.</li><li>• P – Bidder is a licensed Mental Health and Substance Use Disorder Treatment Agency.</li><li>• P – Experience in both urban and rural environments.</li><li>• P – Capable of implementing telehealth services when appropriate.</li><li>• P – Some services the Bidder currently provides serve chronically homeless persons and those transitioning to stable housing.</li><li>• P – Bidder pays close attention to the shifts in societal needs and the larger service delivery system structure in order to ensure their service programs are relevant to the communities they serve.</li><li>• P – Bidder's hiring practices emphasize the value of lived experience.</li><li>• Q – not sure if currently providing 24 hour per day 7 days per week residential services.</li><li>• N – Previous and current residential programs seem to all be treatment based and short-term.</li><li>• P – Bidder's description of one current program shows knowledge of common needs of chronically homeless persons to secure and maintain stable housing and efforts needed to support clients in meeting goals.</li><li>• Q – Provider gave a thorough description of how they would implement a HOME or TCM program.</li><li>• P – Bidder recognizes the value of being able to provide services at locations convenient to the clients including office, community, and in-home services as well as telehealth services when appropriate.</li><li>• P – Bidder's care response system is designed to eliminate delays in screening for and receiving services.</li><li>• P – Bidder emphasized continuous engagement with clients to build trust and understanding.</li><li>• P – Recognition of client self-determination was stated.</li></ul>	



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- P – Bidder’s described service model acknowledges that shifts in priorities and circumstances for the clients should be expected and planned for. Frequent review is made of progress with meeting goals of individual support plans.
- P – Bidder trains staff based on recognized service delivery models.
- P – Bidder trains staff on assisting clients in enrolling in a types of health services and other benefits.
- P – Bidder reports an extensive network of community and governmental service providers they collaborate with.
- P – Bidder provides via other programming many of the services HFSSS clients will need in addition to HFSSS themselves.
- P – Bidder has established recruitment and retention strategies including effective computer and communication technology, performance incentives, and flexible schedules.
- I – Bidder cited longevity of staff tenure (27/82 >10 years with agency)
- N – Regarding how to mitigate common barriers to maintaining housing, the bidder primarily discussed reasons for the lack of affordable housing in the State and cited the high cost of living in general as a barrier to maintaining housing. Bidder described the experiences of chronically homeless persons in shelters and while street-homeless or encamped. Bidder also described typical subsidized housing as being poorly managed and dangerous as another barrier to maintaining housing. Bidder did not provide any details about efforts they will take to help individual tenants mitigate their own client-specific barriers.
- P – Bidder has experience assisting clients with enrolling in MaineCare and applying for benefits.
- Q – It was not clear to me if the bidder currently has experience assisting tenants with recertifying for permanent housing they may reside in after moving on from the bidder’s short-term residential programs.
- P – all clients can receive assessments for health services by other programs operated by the bidder. Comprehensive assessments will be provided for all program participants.
- P – Bidder identifies and implements best practices for all of their programs.
- P – Bidder has experience providing a wide-range of harm reduction interventions to meet the emerging needs of clients.
- P – Bidder has experience with training and providing short-term services such as vaccine clinics in the community, to clients and other providers.
- I – Bidder is a large agency that completes an annual single audit to ensure compliance with all regulations.

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- P – bidder sub-contracts for information technology services.
- P – Bidder seeks accreditation and welcomes oversight of internal systems to continually improve.
- P – regular fiscal and programmatic oversight is conducted.
- Administrative oversight functions are streamlined and carefully managed to minimize impact on program staff.
- I – Bidder cited upgrades to accounting systems and incident reporting systems as administrative improvements.
- P – Bidder conducts fundraising from individuals, and foundations and seeks business partners.
- I – 3 recent related programs are/were short-term residential programs such as substance use disorder recovery residences, transitional housing (hotel placements) and specialized support for asylum seekers who secure permanent housing.

**2. Organizational Chart**

- P – The organizational charts provided clearly identified the proposed Housing First staff and where their unit fit into the overall agency chain of command.

**3. Litigation**

- I – one current case. Settled amicably. Does not seem relevant to RFP services.

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- P – Bidder cites agency core values and best practices are to provide all services in this manner.
- P – Bidder provides a low-barrier to access to care.
- P- Bidder understands services are to help the clients achieve the client's identified goals. Client involvement and approval of all aspects of care plans developed.
- P – Bidder seeks to serve the most vulnerable persons in the communities they are located.
- P – Bidder continues to offer/provide services during times of unplanned hospital or institutional care.
- P – trained peer support is available to clients.
-

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<ul style="list-style-type: none"><li>• P – Bidder has experience developing and implementing service programs of many sizes. This includes developing contracts and other administrative aspects as well as programmatic development and is committed to meeting all requirements.</li><li>• P – Bidder has experience with invoicing with the State.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder has experience developing new programs methodically and in accordance with agreed timelines.</li><li>• P – Bidder cites long history working collaboratively with the Department to provide human services in the State.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder provides services under MaineCare Ch. 1, 13, 14, 17, 25, 65, 90, 92, 93, 96,97.</li><li>• P – Bidder is already a MaineCare provider.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder has been an HMIS participating agency in the past and retain staff with experience entering data into the HMIS system. Bidder is willing to re-enroll as an HMIS participating agency.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder is currently a MaineCare provider providing TCM under MaineCare Ch. 13.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder recognizes that their organization cannot meet all need of all clients and reports extensive long-established partnerships both formal and informal with other service providers.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder currently takes the lead on treatment oversight and care coordination in many of their programs. They are adept at communicating with other providers to integrate the care and support being offered and provided.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder will closely monitor changes to occupancy readiness timelines and adjust service delivery implementation plans accordingly.</li><li>• P – Bidder will work collaboratively with the Department to develop the service implementation plans.</li></ul>
<ul style="list-style-type: none"><li>• P – The bidder had extensive experience hiring staff with skills and experience required for HFSSS and anticipates receiving some internal transfer applications to the HFSSS program from there exiting staff.</li><li>• P – Bidder has established on-boarding processes in place timed to ensure all HFSSS staff will be qualified when service delivery is required.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder recognizes the importance of complying with contracts, manuals, rules, and other guidance from the Department in the delivery of human services including quality review and reporting.</li><li>• P – Bidder is prepared to adjust programming and administrative functions to ensure successful outcomes for all program participants.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>

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<ul style="list-style-type: none"> <li>• P – Bidder currently operates several treatment focused short-term residential facilities that require staff 24/7/365.</li> </ul>
<ul style="list-style-type: none"> <li>• I – staffing 2<sup>nd</sup> and 3<sup>rd</sup> shifts has required employment incentives but still have high-staff turn-over for those shifts.</li> </ul>
<ul style="list-style-type: none"> <li>• P – careful screening of staff for agreement with agency core values.</li> <li>• P – thorough standard training for all staff, then specialized programmatic training.</li> <li>• P – Bidder committed to ongoing staff professional development.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Client's individual support plans and housing agreements will be designed collaboratively to ensure both the clients and staff are clear on the goals and role of each.</li> <li>• P – Deliberate ongoing engagement with each client will facilitate awareness of progress or roadblocks the client may be facing.</li> <li>• P – Direct service staff will receive adequate guidance, support, and supervision from credentialed staff.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder will develop programmatic guidelines and operational policies for this program similar to what is done for their other programs.</li> <li>• P – Bidder agency has established internal processes for quality control at the operational level.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder has an agency-side client rights policy.</li> <li>• P – rights afforded by specific programs offered by the agency are also recognized and afforded. Staff are trained according.</li> <li>• P – Client are offered information about other client advocacy groups.</li> <li>• P – Bidder agency has a formal process for addressing client grievances.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder is very experienced at assessing client needs and making successful referrals to appropriate providers in the community.</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• P – Bidder states clients will maintain the right to decline HFSSS either initially or at any time they are offered.</li> <li>• P – Services will only be provided with documented expressed consent of the client.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder will use a modern electronic client record system for case monitoring. All clients are offered comprehensive biopsychosocial assessments to establish level of care needs and develop an individualized service plan for each tenant.</li> <li>• P – Continuous client input into the service plan is sought by the bidder.</li> <li>• P – Provider has extensive experience with clients with substance use disorder and providing with harm reduction or recovery services as the client indicates.</li> </ul>

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<ul style="list-style-type: none"><li>• P – Case management is rooted in client strengths and self-determination.</li></ul>
<ul style="list-style-type: none"><li>• P – Provider currently provides TCM under MaineCare Ch. 13.</li><li>• P – Provider gave extensive examples of how each of the supports will be offered.</li><li>• P – Provider examples noted the special needs of early tenancy.</li><li>• P – Current residential programs provide a framework for housing partnership agreements that can be developed with clients to minimize and mitigate resident disputes.</li><li>• P – Trained Peer support will be integrated into HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder has decades of providing case management services as a basic component of the behavioral health services they provide.</li><li>• P – Bidder informs and educates clients about all service provider options, including providers outside their own agency. Bidder respects the client's right to determine their own care providers.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder currently provides structured alternative activity programs in some of their programs and will employ such staff for HFSSS.</li><li>• P – Bidder is engaged with local municipal prevention programming, including training and distribution of Naloxone.</li><li>• P – Bidder is knowledgeable of local Syringe Service Program options and referral information will be distributed to all participants.</li></ul>

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- Cost Structure Reimbursement Acknowledgement Form was submitted.

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**DATE:** 02.24.25

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Core value resonates with HFSSS: “Hospitality - Welcoming all, especially those most vulnerable and in need, to an environment of dignity, safety, warmth and a sense of being “at home.”</li><li>• Social service provider since 1966</li><li>• All faiths and backgrounds</li><li>• Already provides:<ul style="list-style-type: none"><li>○ Behavioral Health Network – Regionally positioned continuum of clinical services</li><li>○ Transitional Housing – Cultural acclimation and permanent housing coordination</li><li>○ Independent Support Services – Homemaker services</li><li>○ Refugee &amp; Immigration Services -Resettlement &amp; Vocational /employment coordination</li><li>○ Relief and Hope – Emergency Financial Support and Community Referrals</li><li>○ Dental &amp; Orthodontic Center – MaineCare enrolled clinic</li></ul></li><li>• Homeless disproportioned represented in at-risk population CCM serves</li><li>• Designed and implemented Asylum Seeker Transitional Housing Program with Maine Housing; now cited as a best-practice model</li><li>• Staff with Lived Experience</li><li>• <b>Clinical Experience:</b></li><li>• Chronic homelessness:<ul style="list-style-type: none"><li>○ Previous: PATH CAA for five years</li><li>○ Current: Behavioral Health Home model, outpatient counseling and medication management, community integration, and residential Rehabilitation<ul style="list-style-type: none"><li>• Trauma-informed care principles</li></ul></li></ul></li><li>• 24/7/365:<ul style="list-style-type: none"><li>○ Previous: provided support services in residential 24/7/365 settings via Evodia House (women’s recovery residence), Juvenile Intensive Support Services (JISS), Christopher Home (adolescent residential</li></ul></li></ul>	

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- care), Fellowship House (Halfway House model) and Asylum Seeker Transitional Housing-South Portland (ASTHP).
- Current: operated St. Francis Recovery Center, a substance-use recovery residential setting in Auburn for 30 years; 30-45 residential; supported services; 67% of clients successfully completing residential rehabilitation treatment this last fiscal year
- Target population:
  - behavioral health programs represent multiple communities throughout York, Cumberland, Sagadahoc, Kennebec, Somerset, and Penobscot counties
  - open access and provisioning care for those both rural and urban
  - integrated approach to care, telehealth
  - BHH programs = readiness for HFSS HOME and TCM models
  - Intake assessment by nurse / clinical team;
  - cross enrollment in Medication Management, Opioid Treatment, and individual or group Counseling Services as needed
  - Orientation Workshops: overview of services offered, education and support regarding Community Navigation, Systems of Care Navigation, an overview of Peer and Peer Recovery Support, establishing goals and objectives of care, participation in a health promotion activity, Wellness and Relapse plans, and an overview of workshops and community resources
  - Care is provisioned at the office, community and/or home-based sites; also telehealth
  - Individual support plans created, reviewed; advocacy and preventive approach through transitional and risk planning and assessment, increasing community supports and outreach to achieve sustained engagement
- Community resources:
  - array of community-based resources, including outreach, community response, counseling, medication management and integrated care coordination services
  - support services are anchored in and guided by the principles
  - of compassion, respect, dignity, harm reduction, and client self-determination
  - 20% of clients meet HUD definition of homelessness
  - Behavioral Health Network services include:
    - City of Portland Prevention and General Assistance teams
    - Learning Collaborative who provide barrier-free healthcare

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- Cumberland County Re-entry Services
  - Federal and State Probation Services
  - Department of Health and Human Services
  - Portland Recovery Community Center
  - Maine Needs
  - Maine Works
  - Primary Care Physicians
  - Spring Harbor Hospital
  - Local Private Non-Medical Institutions (PNMIs)
  - Local Crisis Stabilization Units
  - Preble and Riverside Shelters
  - Local Hospitals (Maine Medical, St. Mary's, and Mercy Northern Light
- Staff recruitment and retention:
  - Good wages, strong benefits, good operational tools
  - average longevity of the 82 current employees across Behavioral Health Network is >30% have been with CCM for ten (10) years or more.
- Knowledge of barriers:
  - Good list of barriers; good use of data
  - CCM supports individuals to access community and agency resources such as Maine Needs, food banks and additional funding and resource support such as CCM's Mother Theresa Fund, Furniture Friends
- Navigation of benefits
  - CCM staff assist w MaineCare applications and application processes for a wide range of benefits, including housing
  - maintains an exclusive relationship with a Maine-based private foundation to support the clothing needs of most vulnerable individuals
  - CCM has a limited fund for emergency, one-time payments; provides initial funding toward rental deposits and extraordinary expenses on a case-by-case basis
- HRSN
  - CCM's BH Network does comprehensive screenings and assessments at intake; trauma-informed lens
  - Assessment integrated into a written Psychosocial Assessment and Individual Support Plan
  - BHN Nurse Care Managers complete a Medical Assessment within the first 30 days of service
  - Nurse Care Managers support individuals identifying with substance use disorders with UDS, Hep C, Narcan, and best practice health



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- assessment and promotion interventions, as well as provisioning of Clinical Opiate Withdrawal Scale (COWS) assessments throughout the induction phase of Opioid care. Nurse Care Managers are delegates to the Physician Monitoring Program
- Nurse Care Managers and Prescribers are embedded within behavioral healthcare teams providing an overall integrated approach to care; also provide education to clients
- **Collaboration Experience**
- Inter-agency experience
  - Linkage to and coordination with community-based services is central to their case management and integrated care models; includes accessing health services, stable permanent housing, behavioral health treatment (i.e. mental health and SUD counseling, Medication Management,), employment opportunities, educational and vocational programs, as well as supportive social activities in the community
  - With ASTHP CCM provides Direct provision of case management and residential support/education services; Collection and analysis of data; linkage to services, some delivered on-site by other providers to support cultural acclimation, vocational skills, employment, and identification of permanent housing.
  - Reiterates list of providers in BHN provided above
- On-site experience
  - None with HFSS but services and BHN have all the elements
- Landlords
  - Refugee and Immigration services: 50 years this role has included identifying, helping secure, and furnishing rental housing, as well as orienting newly arrived refugees to their roles and responsibilities as tenants; extensive experience w landlords
  - relationships with Avesta, Brunswick Landing, Central Maine Property Managers, and others
  - collaborate with specialized housing navigation partners like Prosperity Maine and Quality Housing Coalition on specialized housing needs
- Collaborations
  - ASTHP: CCM coordinates the services delivered on-site by other providers
  - List of specific examples of on-site collaborations – incl workforce training, vaccines, language classes, etc.
- Core Admin Experience
  - Software tools for finance, payroll, project management. Annual audits.

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<ul style="list-style-type: none"><li>○ OIT service subcontracted to Systems Engineering; security protocols in place</li><li>○ Accredited by COA; has a Central Services department that partners with Operations for compliance</li><li>● Core Admin Improvements: Upgrading of accounting systems to Sage Intacct; Arctic Wolf for cyber threats; piloting incident reporting system</li><li>● Raising private funds: matches private funds with grants; solicit private donations from individuals and foundations and work with business sponsors; special events<ul style="list-style-type: none"><li>● Project examples: (1) OBH Capital and Catalyst grants for SUD residential treatment facilities (2) ASTHP Saco with Maine Housing: As of 12/31/2024, 737 unhoused individuals from 190 households have been provided transitional housing support at a hotel in Saco (3) ASTHP So Portland w Maine Housing</li></ul></li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>○ Provided, detailed, sensible; includes how the HFSS could potentially be incorporated</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>● The child's (client) middle finger was injured and required emergency intervention, while attending St. Louis Child Development Center; settled for ~\$15k.</li></ul>

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Core Values - Respect, Integrity, Compassion, Hospitality, Excellence, Stewardship (RICHERS), applicable regulatory framework, accreditation standards, and best practice principles, CCM approaches community-based services from a person-centered and strength-based perspective
- 58 years in service to Mainers
- Committed to low barrier access to care
- Clients are "content experts of their own lives, and as such define success in their own terms"
- Provision of CIPSS
- Connected thru CCUSA to 80 CC orgs through US, many of whom deliver HFSS services, can leverage learnings

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<ul style="list-style-type: none"> <li>• Lots of experience with this thru current and previous contracts</li> </ul>
<ul style="list-style-type: none"> <li>• Long standing collaborative relationship with the State of Maine</li> <li>• will take direction</li> </ul>
<ul style="list-style-type: none"> <li>• Previously yes thru PATH contract, from 11/2012 through 9/2018</li> <li>• Now no, but staff still remember how to use HMIS</li> </ul>
<ul style="list-style-type: none"> <li>• Extensive, long-enduring MOUs / contracts with regional crisis providers, vocational training organizations, laboratory services, specialized pharmacy and infectious disease testing services, interpreter and translation support services, medical and detoxification program providers, specialized outpatient providers, methadone clinical services, and medication prescribing services.</li> <li>• Will broaden network as necessary for HFSSS</li> </ul>
<ul style="list-style-type: none"> <li>• Long standing treatment oversight and care coordination service provision</li> <li>• delivery and coordination of integrated, comprehensive care</li> </ul>
<ul style="list-style-type: none"> <li>• Ample time given published timelines</li> <li>• Leverage existing services</li> <li>• Readiness estimates will be provided in workplan</li> </ul>
<ul style="list-style-type: none"> <li>• Employee base of 400, can train and/or transfer staff to HFSSS for flexibility / speed</li> <li>• Training timelines will be part of the workplan</li> <li>• CCM managed the statewide PATH contract for five (5) years in Maine, which focused on many of the same key elements of engagement, community resource coordination and housing support.</li> <li>• BH staff will receive training in HFSSS model</li> </ul>
<ul style="list-style-type: none"> <li>• CCM understand and complies</li> <li>• Mature agency, experienced oversight</li> <li>• Quality and Compliance function</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• long history of successfully managing required coverage at 24/7/365 staffed programs, including Evodia House (women's recovery residence), JISS Services (Juvenile Intensive Support Services), Christopher Home (adolescent residential care), Fellowship House (halfway house model), and currently St. Francis Recovery Center in Auburn</li> </ul>
<ul style="list-style-type: none"> <li>• To support retention in 2<sup>nd</sup> and 3<sup>rd</sup> shifts: additional incentive strategies that include attractive shift differential pay, enhanced flexibility in direct care schedules, access to ongoing professional development and role-specific training</li> </ul>

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Catholic Charities

**DATE:** 02.24.25

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

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<ul style="list-style-type: none"> <li>• This section was answered in a staff-focused way, as opposed to tenant focused</li> <li>• Trauma-informed, person-centered, strengths-based approach with a focus on outreach and nonjudgemental approach</li> <li>• Culture of safety</li> <li>• Staff training in Core Mission, Vision and Values, and basic safety training such as Emergency/Disaster, Planning, First Aid, CPR, and Blood Borne Pathogen training. Additional, Mandatory Reporting, Conflict Resolution, and Client Rights; CCM management and Motivational Interviewing. Trauma-informed training, Sandra Bloom's Sanctuary Model's Four Principles</li> <li>○ focus on staff professional development and self-care; annual plans</li> </ul>
<ul style="list-style-type: none"> <li>• Staff training in HFSSS</li> <li>• individual support plans and participant housing agreements will support any problem solving required</li> </ul>
<ul style="list-style-type: none"> <li>• job performance expectations, associated workflows, and protocols/guidelines will be developed and provided to HFSSS staff upon hire</li> <li>• EHR supports reporting on performance and barriers</li> <li>• Quality and Compliance Department conducts comprehensive client record audits of all services provided</li> </ul>
<ul style="list-style-type: none"> <li>• long-standing Clients Rights policy which details the rights of all individuals coming to CCM for care and throughout their provision of services.</li> <li>• Consumer Counsel and National Alliance on Mental Illness (NAMI) are made available to clients to ensure their ability to seek additional information and support regarding their rights</li> <li>• Learning organization, self-reporting</li> </ul>
<ul style="list-style-type: none"> <li>• community-based array of integrated services provides a full complement of high-quality mental health and substance use disorder treatment services.</li> <li>• longstanding and successful relationships with other community partners who provide specialty care as well as health care services.</li> <li>• Intake assessment, then linkages to providers</li> <li>• CCM shares provider/ services options with clients</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• Right to decline service</li> <li>• Documented, express consent from client</li> <li>• Communications with other providers with consent of client if needed</li> </ul>
<ul style="list-style-type: none"> <li>• Electronic client record system</li> <li>• PSAs and ISPs</li> </ul>

**STATE OF MAINE  
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<ul style="list-style-type: none"><li>• SMART goals in ISPs</li><li>• Clients provided with options for providers / services</li><li>• Risk assessments done by Client Nurse Manager</li><li>• Relapse Prevention and wellness plans including client voice, natural supports</li><li>• Client support Plans, clinically driven</li><li>• Access to crisis services</li></ul>
<ul style="list-style-type: none"><li>• VERY DETAILED, GOOD DATA</li><li>• Reference to a Housing Team</li><li>• Support in applying for and maintaining MaineCare</li><li>• Navigation to grants / other supports if not eligible for MaineCare</li><li>• Need identified at initial contact by client, individualized support as needed</li><li>• Housing Partnership Agreement will define tenant pathways for supporting communication regarding maintenance, lease, financial and other property management expectations</li><li>• CCM has an established relationship with Portland area rep payees and will bridge tenants</li><li>• CCM has established relationships with banks with programs that help clients get back on their feet</li><li>• New Tenant Orientation will provide a review and assessment of financial needs; Personal Economic Planning workshop for tenants</li><li>• At initial assessment, World Health Organization Disability Assessment Schedule (WHODAS) to assist with identifying skills needed for daily living supports; results folded into personal plan</li><li>• CCM has access to Maximum (ASA) to assess in-home supports if needed</li><li>• All Housing Team members will receive training in the cognitive behavioral and systemic interventions introduced in Ruby Payne's "The Framework for Understanding Poverty." The principles in this training will be included in the development of our New Tenant Orientation along with topic focused workshops such as Navigating Community Systems and Time Management.</li><li>• Nutritional: good data; will screen for food insecurity; CCM already has a nutritional support program (horticulture, grocery shopping, food counselling, food coops, etc.)</li><li>• Family reunification is at the center of care provided to individuals served at</li><li>• CCM's Behavioral Health programs to include families struggling with the effects of addiction, incarceration, emotional health, and domestic violence</li></ul>
<ul style="list-style-type: none"><li>• decades of experience in case management</li></ul>
<ul style="list-style-type: none"><li>• Community workshops, BH Network referrals for naloxone and SSps.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<b><i>Part IV, Section IV. Cost Proposal and Budget Narrative</i></b>
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| <ul style="list-style-type: none"><li>• <b><i>MaineCare application appended.</i></b></li></ul> |
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**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Catholic Charities of Maine

**DATE:** 02/20/2025, 02/21/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• P-Provider of services since 1996.</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• I-Provided with description of services to include contact individual.</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• 1-case-Unsure of relevance to this RFP.</li></ul>

Part IV, Section III. Proposed Services
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• I-Provided community and residential based services across the state for 58 years.</li><li>• P-Following Core Values, accreditation standards and best-practice principles.</li><li>• Q-Provide a low-barrier access to care.</li><li>• I-Access to resources with 80 Catholic Charities Organizations.</li></ul>
<ul style="list-style-type: none"><li>• P-Knowledge of entering into previous and current contract with the Department</li></ul>
<ul style="list-style-type: none"><li>• P-Collaboration of working with the Department as a human-services provider.</li></ul>
<ul style="list-style-type: none"><li>• P-Current MaineCare provider</li></ul>
<ul style="list-style-type: none"><li>• P-Current MaineCare provider</li></ul>
<ul style="list-style-type: none"><li>• I-Agency is prepared to reenroll as a participating agency.</li></ul>
<ul style="list-style-type: none"><li>• P-Current provider</li></ul>
<ul style="list-style-type: none"><li>• P-Agency has worked with other providers in the form of MOU's</li></ul>
<ul style="list-style-type: none"><li>• P-Has worked with the Department and Department contracts</li><li>• P-Has been providing case management services to include treatment oversight and care coordination</li></ul>
<ul style="list-style-type: none"><li>• I-Timeframes will be included in Housing First Workplan</li></ul>
<ul style="list-style-type: none"><li>• I-Managed a similar contract (Projects Assisting Transitions to Housing) for five years that focused on same core elements.</li></ul>
<ul style="list-style-type: none"><li>• Q-Understands the necessity of compliance.</li><li>• P-Understanding of Federal and State statute and agreements within the Department.</li></ul>

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

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<ul style="list-style-type: none"> <li>• I-Internal process for quality and compliance</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• P-Knowledge of managing 24/7/365 staffed programs.</li> <li>• P-Knowledge of licensing requirements.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Follow licensing requirements</li> <li>• I-Access to professional development and provide flexibility with schedules.</li> <li>• P-On-call staff</li> </ul>
<ul style="list-style-type: none"> <li>• P-Operations protocol engages individuals with above mentioned, person-centered, strengths-based approach.</li> <li>• P-Core mission, vision and values starts with onboarding</li> </ul>
<ul style="list-style-type: none"> <li>• P-Staff will be provided with defined job description to include training and identified scope of services for the Housing First Model.</li> <li>• Q-Staff supervision structure</li> </ul>
<ul style="list-style-type: none"> <li>• I-Will be developed and provided to HFSSS staff upon hire.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Developed Client Rights policy for all individuals receiving services.</li> <li>• I-Agency obligation for self-reporting.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Familiarity with staff providing coordination of services.</li> <li>• Q-Client choice for service options</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• I-Client/tenants will be provided knowledge of the right to decline services in the first phase of services.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Knowledge of community-based care coordination services.</li> <li>• I-Utilizing electronic record system to reflect best practice standards.</li> <li>• P-Knowledge of community based services to include, crisis, relapse prevention and wellness plans.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Provide support to access MaineCare if not already enrolled.</li> <li>• Q-Knowledge of resources related to income barriers</li> <li>• I-Established relationships with providers across the state</li> </ul>
<ul style="list-style-type: none"> <li>• P-Will provide comprehensive review of services that are provide and/or available to access.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Behavioral Health Network team to collaborate with Naloxone training from community providers.</li> <li>• P-HFSSS team members will train for protocols and administration of Naloxone</li> <li>• Q-Syringe Service information will be provided in orientation packet.</li> </ul>

## Part IV, Section IV. Cost Proposal and Budget Narrative



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| <ul style="list-style-type: none"><li>• <b><i>Signed Acknowledgement of the Cost Structure Reimbursement Acknowledgment Form</i></b></li></ul> |
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**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Community Concepts, Inc.

**DATE:** 2/19/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
<b>1. Overview of the Organization</b>	
<ul style="list-style-type: none"><li>• P-Bidder founded in 1965, multiple years of experience with mental health and substance abuse</li><li>• P-Providers serves three counties primarily</li><li>• P-Bidder manages multiple federal and state grants</li><li>• I-Bidder currently owns and operates 202 affordable housing units and partners with Lewiston Housing Authority</li><li>• P-Bidder has successfully operated emergency shelters and winter warming centers</li><li>• P-Bidder has received an exemplary rating from NeighborWorks America which is a non-profit organization that supports organizations in providing affordable housing</li><li>• P-Bidder has provided supportive services to unhoused individuals through Emergency Rental Assistance (ERA), Family Development Coaching and Home-ARP Grant from the city of Auburn funding a homeless outreach coordinator</li><li>• P-Bidder received an Affordable Housing and Supportive Services Grant</li><li>• P-Bidder has extensive experience in providing 24/7/365 care to include Mobile crisis services, Crisis residential services, and the management of a PNMI</li><li>• P-Bidder currently provides BH services, Community Integrated services, and behavioral health home services</li><li>• I-Bidder currently employs more than 300 staff members, and has a recruitment and retention plan to ensure optimal staffing at all levels</li><li>• P-Bidder currently works with unhoused individuals and understands the barriers on housing instability</li><li>• P-Bidder has a dedicated finance, IT, and Compliance Department</li><li>• P-Bidder has been able to raise additional funds through several different initiatives and by also applying for multiple federal, state, and foundational grant opportunities</li></ul>	
<b>2. Organizational Chart</b>	
<ul style="list-style-type: none"><li>• P-Organizational chart added and clear to understand</li></ul>	
<b>3. Litigation</b>	
<ul style="list-style-type: none"><li>• N-Multiple lawsuits, all settled in mediation and closed</li></ul>	

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- N-litigation cases involve past employees, one delivery driver, and one prior tenant

## Part IV, Section III. Proposed Services

### 1. Services to be Provided

#### Part II

#### A. Administrative Requirement

- P-Staff will be trained in the whole family approach as well as motivational interviewing, trauma informed care and safety care
- P-The whole family approach engages the entire family unit in the process of change or intervention. This approach involves providing support and resources that promote communication, problem solving and understanding
- P-Motivational interviewing focuses on creating a non-judgmental environment where individuals explore their own reason for change
- P-Trauma informed care is evidenced based approach that recognizes widespread impact of trauma and promotes safety, trust, and healing
- P-Safety care for individuals in vulnerable situations creates an environment for the individual to feel physically and emotionally safe
- P-Staff will meet with individuals on terms tailored to the individuals needs considering any barriers that may exist
- P-Bidder will engage with the Department six months prior to site-based Housing First property becoming available for tenancy by entering a standard service contract and by complying with all pre-contract requirements
- P-Bidder agrees to supply all the above information to the Department
- P-Bidder agrees to work with the Department openly and promptly by submitting required informational documents, will respond to questions or concerns by the Department, and will meet regularly as determined by the Department
- P-Bidder will complete all standard service contract reports and meet or exceed performance measure requirements
- P-Bidder provided MaineCare provider agreement
- P-Bidder has initiated the process with MaineCare to provide section 13 and 91 services
- N-Bidder doesn't currently provide case management services
- P-Bidder partners with multiple organizations to ensure complete wrap around services to include Community action and mental health organizations and substance abuse, local healthcare services, hospitals, community clinical services, sexual assault prevention and Immigrant Resource Center of Maine

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and Maine Immigrant and Refugee services. They also partner with multiple non-profit agencies, and they also contract with a Crisis service agency.
<ul style="list-style-type: none"> <li>• P-Bidder has a strong understanding of the requirement as they are currently providing these services to individuals receiving any type of behavioral health service within their programs</li> <li>• P-Bidders treatment oversight and care coordination is supervised by a clinical manager and Director who are licensed clinicians. These individuals will ensure that there is collaboration across agency programs in the form of integrated service plans and crisis plans</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder is in partnership with Lewiston Housing Authority (LHA) and will coordinate closely to ensure readiness of HFSSS are aligned</li> <li>• P-Bidder will initiate the hiring of staff and training well in advance of the building opening to allow new staff to be present and available to start immediately</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder in collaboration with the Department will hire and train staff and begin outreach within an agreed timeline with the Department</li> <li>• N-Bidder copied and pasted a different question in the response</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder currently complies with all program manuals, contracts, federal and state statutes, and rules. Bidder is willing to comply with any additional HFSSS program rules</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• P-Bidder will ensure the Housing First Property is staffed to provide 24/7/365 care</li> <li>• P-Staffing patterns will include full time, and per diem staff supervised by an on-site manager to ensure two staff are always present</li> <li>• P-On call staff policies will be put in place to cover call outs</li> <li>• P-The program will be supported by a Medical Director and licensed clinical clinician 24/7/365 days a year</li> </ul>
<ul style="list-style-type: none"> <li>• N-Bidder answered this question with a copy and paste from answer above</li> <li>• P-Staff will be trained in the whole family approach as well as motivational interviewing, trauma informed care, and safety care</li> <li>• N-Bidder agrees to A-D but does not advise on how this will be achieved</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder will provide case management services utilizing the whole family approach, motivational interviewing, trauma informed care, and safety care to meet the needs of the tenants</li> <li>• P-Bidder will provide continuum of community-based services to include family services, early education, childcare services, mental health and substance use services</li> </ul>

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<ul style="list-style-type: none"> <li>• P-Bidder has valuable working relationships with multiple external partners to provide wrap around services to tenants</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder state the currently maintains clear policy guidelines for current Mental Health Organization</li> <li>• N-Bidder agrees to this for HFSSS but doesn't explain how they will achieve this requirement</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder state they protect the rights of individuals in current programs</li> <li>• N-Bidder agrees to protect the rights of HFSSS tenants, but does not elaborate on how they will achieve this</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder advises they will provide individuals receiving HSFFF referral and coordination to appropriate community based clinical resources to include but not limited to health care, substance use, and mental health care services on the individuals voice and choice</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• P-Individuals will only receive HFSSS through an informed signed consent by the individual which will describe the services rendered by the program</li> <li>• P-enrolled tenants can terminate services at any time</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder will meet with all voluntary enrolled HFSSS tenants in person to complete a comprehensive assessment that evaluates Health Related Social Needs (HRSN)</li> <li>• P-Through these assessments, individual service plans and crisis plans will be developed. These plans will meet individualized goals and needs of the tenant. Plans will be reviewed regularly and updated as needed</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder will offer all required sections of service to any eligible HFSSS tenant and/or refer to internal or external partners to access needed MaineCare services. The staff will advocate and help tenants overcome any barriers to care to include transportation</li> <li>• P-Bidders staff will be knowledgeable in how to navigate social services and benefits including but not limited to completing applications, overcoming barriers and providing advocacy. Staff will assist tenants with social security disability, MaineCare transportation, food access, and BH services including substance use treatment and more</li> <li>• N-Bidder agrees to C-D, but doesn't explain how they will achieve any of these requirements</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder will offer case management services to all HFSSS tenants which may include, as applicable, other appropriate service providers</li> <li>• P-HFSSS staff will provide internal and external referrals for tenants to access services to meet tenants' goals and needs</li> </ul>

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| <ul style="list-style-type: none"><li>• P-Bidder currently offers and has experience with harm reduction services and education on overdose prevention</li><li>• P-Bidder will provide to HFSSS tenants including but not limited to community meals, art/music, memorials, and cook outs. They will host monthly meetings to identify alternative activities. Staff will help tenants overcome barriers to participate in activities</li><li>• P-Bidder will be trained in the use of Naloxone by OPTIONS Clinicians</li><li>• P-Bidder currently provides referrals to the local syringe service programs and will do the same for HFSSS tenants</li></ul> |
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**STATE OF MAINE  
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**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Community Concepts, Inc.

**DATE:** 2/18/2025 and 2/19/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Founded in 1965, is a Community Action Agency and is a licensed Mental Health Organization and Substance Abuse Agency that primarily serves Androscoggin, Oxford and Franklin Counties.</li><li>• Stated they have provided programs for housing, energy support, behavioral health services, children and family services, financial coaching and economic development.</li><li>• Described their October 2024 merge with Oxford County Mental Health Services (OCMHS), which is now a department under their organization.</li><li>• Stated they are a MaineCare provider and a current Maine CoC HMIS participating agency; and stated they own and operate an Affordable Housing Portfolio, with two hundred two affordable rental units across Androscoggin, Oxford and Franklin counties.</li><li>• Bidder partners with the Lewiston Housing Authority (LHA) for portfolio management, with LHA providing property management services for their buildings.</li><li>• Stated they bridge access needs to wraparound services for residents living in their affordable housing buildings; noting that their programming and services are accessible to their residents and support the self-sufficiency path.</li><li>• Stated they have experience providing temporary and permanent housing to individuals, including on-site service provision and support.</li><li>• In addition to resident services, Bidder operated emergency shelters for adults and children; temporary COVID shelters; and winter warming centers. Stated that their wrap-around support in these settings includes care planning, case management, assistance with independent living skills, and access to community-based services.</li><li>• Stated they have an Exemplary Rating from NeighborWorks America; and they are also a network member of NeighborWorks America. Stated, as a network member, they have to participate in scheduled program reviews for charter membership standards and performance compliance in six (6) key areas, including production/program services, resource and finance management and staffing and personnel management.</li><li>• Stated they serve communities outside of their primary catchment area, and referred to their Self-Help Housing Program which gives families the</li></ul>	

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**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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opportunity to build their own home in their choice of Androscoggin, Cumberland, Franklin, Kennebec Oxford or Sagadahoc counties.

- Stated they have a lead abatement program that serves families across the state.

Experience providing supportive services to individuals experiencing Chronic Homelessness:

- Have provided supportive services over the last four (4) years through Emergency Rental Assistance (ERA) programming; Family Development Coaching; and a Home-ARP Grant from the City of Auburn that funds a Homeless Outreach Coordinator position.
- Stated that once the ERA program ended, they continued and currently provide housing stability coordination under their Family Development Coaching Program.
- Stated they were awarded a contract in January 2025 in partnership with Lewiston Public Schools to provide services to youth and families experiencing homelessness through the Maine State Housing's Student Homelessness Prevention Pilot.
- Their Housing Stability Coordinator ensures clients are connected to basic resources and makes referrals to address gaps.
- They assist clients with applications for subsidized housing, including determining eligible housing vouchers, and provide follow-up and ongoing accessibility after applications are submitted, especially once a landlord reaches out.
- Further details regarding housing application support was also provided, including indication that turnaround time from when they start working with a client to actual securing of affordable housing ranges from six (6) months to a year.
- Bidder provided additional detail regarding their Home-American Rescue Plan (ARP) Grant from Auburn City for Homeless Outreach Services' provision.
- Stated in September 2024, they were one (1) of eight (8) national Community Action Agencies that received an Affordable Housing and Supportive Services Demonstration (AHSSD) Grant, which supports implementation of an AHSSD program to test the outcomes of wraparound supportive services for residents of affordable housing on individual and family self-sufficiency.
- Stated they used their AHSSSD grant to implement a Resident Services Program that supports up to forty-five (45) individuals living in Supportive Housing Units and HUD Section 811 Units from their affordable housing



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portfolio. Bidder indicated clients of this service include those with a history of chronic homelessness.

- Bidder provided further details on their Resident Services Program.

Experience providing services in 24/7/365 setting:

- Stated extensive experience with 24/7/365 service provision, including through mobile crisis services (section 65), crisis residential unit services (CRU)(section 65) and management of a private non-medical institution (PNMI)(section 97 appendix E); with all services provided through a client-centered, strength-based and trauma-informed approach and supported by a medical director and an independently licensed clinician 24/7/365.
- Stated all staff are trained in Safety-Care to assist with preventing and managing crisis situations.
- Bidder provided extensive detail regarding their provision of 24/7/365, including staffing related details for their residential programming.
- Bidder's CRU has five (5) adult residential treatment beds in Rumford and their PNMI is a four (4) bed Community Residence for those with "Mental Illness", also located in Rumford.

Experience providing health and behavioral health services to the intended population:

- Stated extensive experience providing health and behavioral health services for the population, including Community Integration Services (CIS) (Section 17) and Behavioral Health Home Services (BHH) (Section 92); both of which utilize a client-centered, strength-based and trauma-informed approach to service delivery.
- Stated peer support services are provided as part of their BHH and through their Beacon House Peer Recovery Center.
- Bidder provided comprehensive detail and information regarding their CIS and BHH service provision.

Knowledge of community-based resources in service area and related experience:

- Stated they have an extensive knowledge of community-based resources in their service area and that they have experience helping clients navigate access and care receipt from providers in the area.
- Stated they utilize the Whole Family Approach in addressing poverty conditions in their area, a family-led strategy that provides tools to set, plan for and achieve goals together as a family.

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- Stated programming is based on a bi-annual Community Needs Assessment that is completed in partnership with the Maine Community Action Partnership to determine highest needs and services in communities.
- Bidder referenced provision of their Family Development Coaching Program, Housing and Financial Counselling, Head Start programs and behavioral health services', which all include assisting clients daily with navigating access and receiving care.
- Partner with and collaborate with organizations in their region, with community partners representing other non-profits, businesses and anti-poverty organizations.
- Stated they engage and partner with Promise Early Head Start, administrator of Androscoggin County's Head Start and Early Head Start programming.
- Stated the Immigrant Resource Center of Maine also collaborates with the Bidder to support the New Mainer population with cultural sensitivity, including translation and attending meetings to increase access to services.
- Stated they have previously established temporary shelters, warming shelters and homeless encampment services.
- Stated they have been routinely asked to present at national conferences as subject matter experts and "as an organization considered the benchmark for others to strive to attain", throughout the past decade.
- Stated requests to present at national conferences include Housing and NeighborGood Partners (formerly the NCALL); National Head Start; Office of Head Start; Department of Education; and NeighborWorks America.
- Stated they received the highest level of performance as an "Exemplary Organization" from NeighborWorks America; have received accreditation for their Head Start programming through the Office of Head Start; and their Gauvreau Place Real Estate Development project, in partnership with Avesta Housing, was chosen as a Notable Project by the Maine Real Estate Development Association in 2022.
- Stated members of their executive and leadership teams are on many boards and coalitions in their region, including on the Board of Directors of Central Maine Healthcare; on the Educate Maine Board of Directors; serving as an interim leader of the Maine Community Action Partnership (MeCAP); on the Boards of the YWCA Central Maine in Lewiston and the Auburn-Lewiston YMCA; on the HoMEworks board for homebuyer education courses; participate in the River Valley Healthy Community Coalition; and participate in the Friends at Rumford Hospital Collaborative.

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Staff recruitment and retention policies, and plans to ensure optimal staffing for Housing First Rental Homes:

- Stated their HR department has a Human Resources Recruitment and Training Manager that supports all departments with recruitment and hiring.
- Stated their Director of Behavioral Services, HR Recruitment and Training Manager; and their HR team will ensure open positions are filled on a timely basis; with HFSSS staff to receive compensation and benefits that are competitive with industry standards.
- Stated they have a Recruitment and Retention Plan for their agency and listed their recruitment and retention goals. Bidder also included specific retention and recruitment-related objectives.
- Stated that working toward and meeting their indicated goals and objectives will ensure they are in a strong position to ensure optimal staffing levels at Housing First Rental Homes.

Knowledge of common barriers to maintaining permanent housing:

- Listed some common barriers to maintaining permanent housing for the referenced population, in general.
- Additionally, listed common barriers their clients have experienced when working on housing stability goals: logistical barriers (communication, transportation, documentation and fees); rental history; literacy, mental health and “substance abuse”; and availability of vouchers/subsidized units.
- Stated they have experience providing services and advocacy to those experiencing chronic homelessness and facing the aforementioned barriers.
- Stated their existing programming includes small reserves/allotments of discretionary funding that they have used to combat financial barriers, including purchasing of post office boxes; phone cards; bus passes; gas cards; copies of records or identification; pet vaccinations; application fees; security deposits; and outstanding arrears. Bidder indicated that they have found the financial support to be critical in overcoming major logistical barriers.
- Stated strong relationships with housing authorities and other community programming/agencies that support staff with obtaining professional references and connecting clients to supportive services and temporary shelter. Bidder also indicated landlords tend to be more willing to work with prospective tenants who have professionals supporting them, and their staff ensure clients have the necessary resources to submit the strongest possible housing applications.

Experience navigating benefits’ maintenance:

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- Stated extensive experience assisting individuals with navigating benefits' maintenance, including insurance and eligibility for housing assistance payments.
- Stated they evaluate health and well-being at their initial assessment, then make any necessary initial referrals and assist with ensuring client receives or has applied for health insurance and/or MaineCare, as applicable.
- Stated their Customer and Prevention Services team are versed in the State's Bridging Rental Assistance Program (BRAP); the Permanent Supportive Housing Program (PSHP) (formerly Shelter Plus Care), and subsidized housing units.
- Listed some current services provided through Section 17, Section 65, Section 92 and Section 97E.
- Stated their Housing Stability Coordinator ensures clients are connected to basic resources and makes referrals to address gaps in needs.
- Stated they work with clients to piece together timelines/rental history and assist with ensuring sufficient supporting documentation for housing applications for all household members, including IDs, social security cards and birth certificates.
- Described process for assisting clients with housing applications, including appeal process and supporting such if an application is denied.

Experience evaluating HRSN and incorporating such into service plan development:

- Stated extensive experience with evaluating HRSN, including experience with incorporating such into service plan development.
- Stated all admitted clients receive a trauma-informed, individualized, culturally responsive, strengths-focused comprehensive assessment completed by a licensed clinician that includes a co-occurring focus and involves direct encounter with the client, including family members, natural supports and/or guardian, as appropriate.
- Bidder described their comprehensive assessment and information captured through such; including the need for further assessment based on client symptomology.
- Stated their client centered, strengths-based service plan is developed with the client and family/guardians, as appropriate, based on needs identified by the comprehensive assessment.
- Stated service plans encourage harm-reduction and least restrictive services to meet individualized goals and needs.

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- Stated they ensure Service plans goals and objectives are measurable and attainable; with service plan developed and reviewed following a schedule, or if there is a change in treatment course and/or upon client request.
- Stated clinicians may also conduct expedited service planning with clients should an urgent need be identified, as needed or applicable.

Interagency coordination:

- Stated staff regularly coordinate with local healthcare and behavioral health agencies, including hospitals under Central Maine Healthcare, Sweetser and Andwell; housing authorities, including Lewiston and Auburn Housing Authorities; other nonprofit agencies including Promise Early Education; and the local municipalities they serve.
- Stated they also subcontract for crisis services in District 3 for mobile crisis and CRU service provision in Oxford County.

On-site experience in affordable housing developments:

- Referred to their affordable housing portfolio with two hundred two (202) affordable rental units across Androscoggin, Oxford and Franklin Counties.
- Stated they have extensive experience working on-site in affordable housing developments and recently developed a Resident Services Program to support up to forty-five (45) individuals living in their Supportive Housing and HUD Section 811 Units, funded through an Affordable Housing and Supportive Services Demonstration (AHSSD) grant.
- Their Resident Services Program includes a newly hired Care Coordinator and the program supports provision of wraparound supportive services to seven (7) properties, aiming to fill gaps in existing services through a comprehensive and holistic approach to housing and support through provision of necessary resources and support systems to address underlying factors that contribute to housing instability and homelessness.
- Stated their Resident Services team will coordinate with applicable departments at the organization and community partners for referral provision; scheduling of needed appointments with residents; or for bringing of services directly to residents, per top identified needs.
- Bidder stated they intend to bring an approach similar to their Resident Services Program for HFSSS.
- Indicated the staff responsible for oversight and management of their affordable housing portfolio.

Experience working collaboratively with landlords and property managers:

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- Stated their staff work collaboratively with landlords and property managers across several of their programs; and they have strong relationships with Lewiston, Auburn and Maine State Housing (MaineHousing) authorities.
- Stated they participate in Lewiston-Auburn's Homeless Response Hub's coordinated entry process and are an identified community support site for the process, with access to HMIS.
- Stated their Housing Stability Coordinator, Customer and Prevention Services staff and other staff are dedicated to growing relationships with area landlords and property managers.
- Bidder referred to a recent experience assisting a client who was "deep in the eviction process", where bidder indicated they were able to negotiate a payment plan with the housing authority and lawyers to keep the family safely housed.
- Stated they collaborate daily with MaineHousing and work closely with the MaineHousing team as Bidder's Housing and Energy Department administers several MaineHousing programs in their region, including fuel assistance through the Home Energy Assistance Program (HEAP); weatherization through the Central Heating Improvement Program (CHIP); and the Low Income Assistance Program (LIAP).
- Stated the Lewiston Housing Authority is their property management partner for their affordable housing portfolio across Androscoggin, Franklin and Oxford counties.

Experience collaborating and partnering with other providers:

- Stated extensive experience collaborating and partnering with other providers to ensure on-site or community-based service provision.
- Stated they offer programs that support individuals and families with low-to-moderate income to increase self-sufficiency and stability, and indicated many of their programming can be supported on-site.
- Stated staff assist with finding resources and services within the community to meet needs unable to be met by the organization.
- Stated, as a result of their subcontract with Sweetser for crisis service delivery in District 3, they are connected to providers throughout District 3, including Androscoggin county.
- Stated they have relationships with shelters, recovery houses, case management agencies and general assistance offices throughout their catchment areas.

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- Stated they are well connected with all Community Action Agencies across Maine, ensuring ability to connect individuals outside their service area with close available services.
- Stated they recently engaged with the social work team at the Androscoggin County Jail to support releasing clients into a recovery house in a different town.
- Bidder demonstrated an understanding of the importance of a team of providers, even to successfully house just one individual or family.

Approach to handling financial, IT and compliance functions:

- Bidder provided a comprehensive detailed response for each function.
- For financial – stated they have a dedicated Financial Department led by their Chief Financial Officer and their Finance Director, with accounting systems governed by their organization's Agency Financial Policies. Stated use of a General Ledger and Chart of Accounts for all financial accounting tasks.
- For IT – All agency systems and data are governed by their Information Technology policies and HR policies specified in their employee handbook, including all confidentiality obligations. Indicated use of “least privilege” for their security approach with access restricted unless needed. Stated their IT department arranges for periodic security audits of their internal and external systems and services. Will utilize a HIPAA-compliant EHR for participant records, and participants will have the right to review their records at any time.
- For compliance – Indicated their Chief Quality and Compliance Officer (CQCO) leads and oversees activities related to risk management, regulations adherence, contract obligations, external audits, licensing and client records; and serves as the agency's Privacy Officer.
- Stated they are monitored once per year through a private auditing firm to ensure they meet all federal Office of Management and Budget (OMB) requirements, and State and local monitoring of individual programs ensuring they meet all funding requirements.

Examples of core administrative procedures improved over the last three (3) years:

- Stated examples include eliminating paper files in their Head Start Program through transition to fully electronic systems; process improvement work related to incoming agency calls; and implementation of an online ticketing/work order system for their facilities.
- Bidder indicated one of the factors leading to their electronic systems transition for their Head Start program was staff recognizing that parents and caregivers in the program were consistently using electronic means to engage with staff.

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In terms of the transition, Bidder indicated the full application process can now be completed virtually as opposed to on paper, and paper copies of documentation and paper documents are available upon request, and as needed.

- Stated their offices receive thousands of monthly calls and have improved processes to increase the number of calls answered on first contact and improve call turnaround time.
- Stated their Property Maintenance Department took on a fee-for-service role in 2023 to provide maintenance service for a property management company, and as a result of this work, created their work order system in early 2024.
- Stated they also implemented a new budgeting software and have made a coordinated effort to improve their hiring and orientation process for staff across their departments and programming.

Experience raising private funds to cover expenses:

- Stated their Development team raises funds for their operating budget, including private funds and researching and applying for Federal, State and foundational grant opportunities.
- Stated they hold an Annual Appeal each December where they outreach to current and potential donors to request unrestricted donation support to cover expenses that exceed their publicly funded operating budgets.
- Stated they started a Sponsorship Menu for their Annual Appeal where area businesses can partner with their organization throughout the coming year under various sponsorship categories, from their \$10,000 highest level to a \$1,000 Partner Sponsorship.
- Stated they conduct an annual Town Campaign where they submit donation requests to municipalities they serve for local match on Federal, State or private grants to help fill funding gaps.
- Stated they host two (2) core fundraising events annually, their Paul Gauvreau Legacy Event every spring and their fall Annual Golf Tournament, that includes more than twenty (20) participating teams each year.
- Stated their Development and leadership team has been dedicated to raising funds over the last year for the Maine Resiliency Center (MRC), that is operated by the Bidder and provides free community connection, support, advocacy and resources to those impacted by the October 2023 Lewiston tragedy.
- Stated that their MRC is primarily funded through a federal grant, and they have raised over \$300,000 in additional funding to support the services, programming and resources provided that are not covered by the federal grant.



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- Stated their Development team also shares stories and programming information with their customers, community members and community partners through newsletters, social media and community events conducted throughout the year, ensuring additional opportunities for donations outside of their direct fundraising campaigns and specific fundraising events.

**Project 1:**

- Referred to the ARP Program Grant they received from the City of Auburn in 2023 to provide Homeless Outreach Services through employment of a Homeless Outreach Coordinator for case management-based outreach to those experiencing homelessness in Androscoggin County.
- Stated their Homeless Outreach Coordinator provides street-level outreach to unhoused individuals, including going to encampments
- The Coordinator also provides quarterly data reporting via the federal Integrated Disbursement and Information System (IDIS) and concurrent data reporting in the HMIS/Coordinated Entry on behalf of Auburn City for collection of data on the number of unhoused individuals served.
- Described referral and linkage service provision to needed services and supports.
- Stated their Coordinator created an Encampment Mapping System for Auburn City to track active and inactive encampments in Androscoggin County, and has also served as a first responder and co-responder to almost fifty (50) encampments.

**Project 2:**

- Referred to their receipt of the AHSSD grant to support implementation of an AHSSD program (Resident Services Program) testing the outcomes of strengthening wraparound supportive services for residents of affordable housing regarding individual and family self-sufficiency.
- Bidder described their Resident Services Program and noted that the program is supervised by their Director of Behavioral Health Services (LCSW), who provides weekly clinical supervision.
- The Resident Services Program includes 24/7 access to an independently licensed clinician and medical director, with the goal of reducing homelessness; improving housing stability; improving health and wellbeing outcomes; enhancing community integration and social support; and promotion of “self-sufficiency and economic stability for individuals with chronic mental health symptoms and disabilities”.

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- Indicated their hope of securing funding to expand the program to their entire affordable housing portfolio.

**Project 3:**

- Referred to their subcontract from Sweetser for 24/7/365 mobile crisis and CRU provision in District 3 (Androscoggin, Franklin and Oxford Counties), and described services provided.
- Bidder noted that their mobile crisis staff assist individuals with completing insurance and housing applications and vouchers; and they partner with local law enforcement for co-response to mental health calls.
- Stated their CRU has five (5) adult residential beds for short-term residency, and services also include assisting with insurance paperwork completion and housing applications and vouchers.
- Stated they maintain a high occupancy rate at their CRU, with a ninety-five percent (95%) occupancy rate in the past year.

**2. Organizational Chart**

- Provided, met requirement.

**3. Litigation**

- Five (5) cases included, all settled in mediation.

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Stated HFSSS staff will be trained in the Whole Family Approach, Motivational Interviewing, Trauma-Informed Care and Safety Crae.
- Bidder provided a description of each of the intended staff trainings.
- Plans to provide HFSSS through an integrated individualized support simultaneously to all family members based on desired goals and vision for themselves and their family unit to achieve greater well-being and economic stability.
- Stated staff will meet with individuals and families on terms that are tailored to their needs, in consideration of any existing barriers or challenges.
- Stated they will foster their anticipated coaching relationship for as long as the individual and/or family desires.
- Referred to their prior nearly fifty (50) years of history receiving and maintaining contracts across complex healthcare systems, which includes family services;

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<p>early education and childcare services; energy and weatherization programs; affordable housing and mental health and substance use services.</p> <ul style="list-style-type: none"><li>• Stated they will work with the Department openly and promptly for any required information or documents and will ensure programming is available to clients in a timely manner.</li><li>• Bidder explicitly agreed to meet each indicated requirement.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will meet regularly with the Department as determined by the contract and requested by the Department and intend to complete all reporting requirements and meet or exceed performance measurement requirements.</li></ul>
<ul style="list-style-type: none"><li>• MaineCare provider agreement included.</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• Stated they will become a HOME and TCM provider prior to contract execution and HFSSS delivery.</li><li>• Stated their current license includes the modules required to be a HOME provider (section 91) and TCM agency (section 13) and Bidder has initiated the process with OMS to provide section 13 and section 91 services to eligible individuals, with the plan to complete all necessary paperwork for enrolment as soon as possible.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have established relationships with other health and community-based agencies, and local healthcare and behavioral health agencies including: hospitals under Central Maine Healthcare; Community Clinical Services; Safe Voices; Sexual Assault Prevention and Response Services (SAPRS); Spurwink; Sweetser; Andwell; Immigrant Resource Center of Maine; and Maine Immigrant and Refugee Services (MEIRS).</li><li>• Stated they also partner with other nonprofit agencies, including Promise Early Education, and the local municipalities they serve.</li><li>• Stated as a member of the Maine Community Action Partnership, their staff are versed in programs and services offered throughout the state.</li><li>• Stated their Department of Oxford County Mental Health Services also subcontracts with Sweetser for crisis services in district 3.</li></ul>
<ul style="list-style-type: none"><li>• Stated their HFSSS will provide treatment oversight and care coordination with all providers in their service area that support HFSSS tenants.</li><li>• Stated their HFSSS staff and program manager will be supervised by a Clinical manager and Director, and staff will receive individual and group supervision for a total of at least four (4) hours per month.</li><li>• Stated their Clinical manager and Director will ensure interagency collaboration via integrated service plans and crisis plans; and they will provide a minimum</li></ul>

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<p>of monthly clinical case consultation, and also available more frequently as needed.</p> <ul style="list-style-type: none"> <li>• Stated their clinical case consultations will include meeting with all providers involved in the person's care to ensure needed services are in place and that they are providing high quality services and continuity of care.</li> <li>• Stated their HFSSS will be supported by a medical director and independently licensed clinician 24/7/365.</li> </ul>
<ul style="list-style-type: none"> <li>• Stated they understand and will ensure HFSSS is provided as soon as the Property is ready for occupancy.</li> <li>• Stated they have started planning with the Lewiston Housing Authority (LHA) regarding the details of developing and building a Housing First property.</li> <li>• Stated LHA has submitted an application to Maine State Housing Authority for approval on their application to construct a Housing First Property.</li> <li>• Stated, in partnership with LHA, they will coordinate closely to ensure HFSSS readiness, in alignment with building/property availability/readiness, such as initiating staff hiring and training processes in advance of building opening to ensure new staff are present and able to start providing services immediately, including outreach.</li> </ul>
<ul style="list-style-type: none"> <li>• Stated they will hire and train staff prior to the Property being open for residency, within a timeline agreed upon with the Department.</li> </ul>
<ul style="list-style-type: none"> <li>• Met requirement.</li> </ul>
<p><b>B. Housing First Support and Stabilization Services (HFSSS)</b></p>
<ul style="list-style-type: none"> <li>• Plans to include full-time and per diem direct care staff in their staff pattern, with staff supervised by an on-site program manager.</li> <li>• Stated they will ensure sufficient staffing such that two (2) staff are always in-person at the Property, including during training, supervision and callouts.</li> <li>• Stated that, for emergencies, they will have an on-call staffing procedure in place to ensure compliance.</li> </ul>
<ul style="list-style-type: none"> <li>• Met requirement.</li> </ul>
<ul style="list-style-type: none"> <li>• Stated staff will be trained in the Whole Family Approach, motivational interviewing, trauma-informed care and Safety Care.</li> </ul>
<ul style="list-style-type: none"> <li>• Stated they will provide case management and supportive services using the Whole Family Approach, motivational interviewing, trauma-informed care and Safety Care.</li> <li>• Bidder referred to a list of agencies they have working relationships with.</li> <li>• Stated HFSSS staff will complete internal and external referrals to meet tenant needs for accessing necessary community-based services.</li> </ul>
<ul style="list-style-type: none"> <li>• Met requirement.</li> </ul>

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<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<ul style="list-style-type: none"><li>• Stated referrals are made internally or externally, per the individuals' needs, voice, choice and service availability.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Stated all tenants at the Property will have access to HFSSS as an open enrollment, with services only provided to tenants who have given full consent, documented in a Service Agreement Document.</li><li>• Stated their Service Agreement will describe the services rendered by HFSSS; the tenant's voluntary participation and rights; grievance policy and procedure; and process for termination.</li><li>• Bidder stated HFSSS will be voluntary and enrolled tenants can terminate services at any time.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will meet in-person with tenants that voluntary enrolled in HFSSS to complete a comprehensive assessment to evaluate HRSN.</li><li>• Stated individual service plans and crisis plans will be developed from the comprehensive assessment, and plans will be client centered, strengths-based and encourage harm reduction and least restrictive services for meeting individualized goals and needs.</li><li>• Stated they will ensure goals and objectives identified will be attainable and measurable, ensuring progress toward treatment plan goals can be monitored and evaluated.</li><li>• Stated service plans and crisis plans will be developed and reviewed following a schedule, per client request, and/or if there is a change in treatment course. Should an urgent need be identified, staff may conducted expedited service planning.</li><li>• Plans to have HFSSS staff and tenants review and modify individual service plans and/or crisis plans following any crisis episode.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have initiated the process with MaineCare to become HOME and TCM providers.</li><li>• HFSSS staff will make internal and external referrals to access needed MaineCare services, and staff will also advocate and assist tenants with overcoming barriers, such as transportation.</li><li>• Stated staff will have full knowledge in navigating social services and benefits, including completing applications, overcoming barriers and providing advocacy.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have extensive experience with case management provision that helps adults with mental health challenges and/or co-occurring disorders live independently and receive coordinated needed services.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Community Concepts, Inc.

**DATE:** 2/18/2025 and 2/19/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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<ul style="list-style-type: none"><li>• Stated their process of assessment and treatment plan development ensures tailored interventions that meet individual needs; and staff will incorporate natural supports, to the degree desired by the individual.</li><li>• Stated their HFSSS supports will include identifying medical, social, housing, educational, vocational, financial, emotional and other needs.</li></ul>
<ul style="list-style-type: none"><li>• Stated they currently offer Harm Reduction services and education through their Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) Program.</li><li>• Plans to host monthly community meetings to identify alternative activities, times and frequencies that meet tenant needs. As a result of tenant choice and input, HFSSS staff will create and post monthly event calendars.</li><li>• Stated staff will encourage and assist tenants with overcoming barriers to participating in alternative activities.</li><li>• Stated they will have OPTIONS clinicians train their HFSSS staff on using and dispensing naloxone.</li><li>• Stated they currently provide referrals to local syringe service programs, and HFSSS staff will do so as well.</li></ul>

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- Signed by CEO.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Community Concepts, Inc.

**DATE:** 02/20/2025 – 02/21/2025

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• P – Bidder has been a provider of behavioral health and substance use disorder services in several counties in the State.</li><li>• P – Bidder's organization assists clients by providing many of the services required by HFSSS including experience in successfully linking clients to other providers.</li><li>• P – Bidder currently operates behavioral health services funded by or monitored by the Department.</li><li>• P – Bidder has experience providing residential services to clients.</li><li>• P – Bidder currently operates as the owner of approx. 200 affordable subsidized rental units with dedicated supportive services.</li><li>• P – Bidder has experience operating temporary residential housing (shelters) and permanent residential housing.</li><li>• P – Bidder has experience providing initial outreach to chronically homeless persons. Assisting clients in obtaining necessary documentation in preparation for assessments for health, housing, benefit, and other services is incorporated when the client indicates a desire to participate in such services that require eligibility documentation.</li><li>• I – Many of the bidders programs were designed to assist people with unstable housing secure stable affordable permanent housing.</li><li>• P – when clients served by the Bidder are awarded a housing resource, the bidder's programs assist clients with securing a lease.</li><li>• I – Bidder had previous funding for provision of services similar to HFSSS to tenants of permanent housing who previously experienced chronic homelessness. It was not clear how many staff were involved in these programs.</li><li>• P – Bidder has experience providing 24/7/365 services in short-term treatment programs such as mobile crisis services, crisis residential unit services, and PNMI management.</li><li>• Bidder's current services include community integration services and behavioral health home services.</li><li>• P – Bidder's programs utilize trained peer support staff where appropriate.</li></ul>	

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- P – Bidder has experience providing services via in person meetings, follow-up phone calls, home visits, educating via written or other means, and developing creative strategies with clients.
- P – In addition to MaineCare service care plans, Bidder is experienced utilizing other community-based needs assessments tools should clients not be engaged with MaineCare services at any time during their participation in HFSSS.
- P – Bidder is knowledgeable about the services offered by other providers in the communities they are located. Bidder is knowledgeable about how to assist clients in learning about and accessing services they are interested in.
- P – Bidder cites their experience in developing and implementing services to address emerging needs or leveraging new opportunities in the community.
- P – Bidder has dedicated HR department for continual hiring and staff retention policies to be implemented. Efforts to provide competitive compensations are ongoing.
- P – Regarding barriers to maintaining housing and how to mitigate them, the bidder listed income instability, mental health or substance use issues and several other client-level barriers to maintaining permanent housing. Bidder intends to ensure each client's individual barriers are identified and mitigation plans acceptable to the client are developed and implemented with as much support from the bidder as required.
- P – Bidder is adept at assisting clients with maintaining enrollment in health insurance and meeting treatment requirements. Regular review of eligibility for all benefits and programs the client currently receives or needs is conducted.
- P – Bidder currently includes evaluation of Health Related Social Needs in service plan development for many of their current programs. These will be used as a model/template for delivery of HFSSS.
- P – Bidder is prepared to meet urgent shifting needs and priorities of clients.
- P – Bidder relies on interagency coordination in attainment of client and agency goals.
- P – Bidder currently engages in regular communication and formal collaboration with many community-based and governmental agencies in several counties in the State including housing authorities.
- P – Bidder provided details about financial accounting reconciliation and tracking systems.
- I – Bidder complies with regulations as a covered entity under HIPPA (1996).
- P – Bidder has a dedicated quality and compliance officer.



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- P – Bidder has annual audit and complies with all federal and State requirements of its programs.
- P – Internal audits and monitoring are ongoing.
- I – Recent administrative procedure improvements are eliminating paper files at some programs, process improvement of incoming telephone calls, implementation of an online work-order system. There have also been improvements to the hiring and orientation processes.
- I – Bidder engages in regular fundraising from the public and business sponsorship, and via grant applications.
- I – 2 recent relevant projects of the bidder are outreach positions serving as outreach coordinators to chronically homeless persons focused on securing permanent subsidized housing for the clients, care coordinators or peer support personnel for individuals with mental health disabilities living in affordable subsidized permanent housing units. A 3<sup>rd</sup> project was to provide crisis services via mobile crisis services and a crisis residential unit.

## **2. Organizational Chart**

- P – the organizational charts provided clearly showed the staff affiliated with the HFSSS program and where they fit in the chain of command for the agency as a whole.

## **3. Litigation**

- I – 4 cases listed. All settled. Complaints withdrawn.

## **Part IV, Section III. Proposed Services**

### **1. Services to be Provided**

#### **Part II**

#### **A. Administrative Requirement**

- P – bidder states all staff will be trained with the service approach embraced by the bidder that encompasses a person-centered strengths-based manner.
- P- Bidder described motivational interviewing and trauma-informed care as other approaches taught and utilized by the bidder's staff.
- P – Bidder utilizes approaches focused on deliberately creating environments where people feel safe.
- P – Bidder recognizes clients must be involved in development of care, support, and treatment plans and focus on individual strengths of each client.
- P – Bidder is prepared to collaborate with the Department and provide all required documents and programmatic descriptions according to established timelines.

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

**RFP #: 202412212**

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**EVALUATOR DEPARTMENT:** DHHS OBH

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<ul style="list-style-type: none"> <li>• P – Bidder has experience with establishing contracts and invoicing with the Department.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder reports extensive success developing and implementing new services and programs in collaboration with other agencies.</li> </ul>
<ul style="list-style-type: none"> <li>• I – Bidder currently provides MaineCare services under CH. 17, 65, 92, 97E and is licensed to provide others.</li> </ul>
<ul style="list-style-type: none"> <li>• I – Already a MaineCare provider</li> </ul>
<ul style="list-style-type: none"> <li>• I – already a participating agency</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder has engaged with the Office of MaineCare Services to contract to provide HOME and TCM services. Ch. 91 and 13.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder recognizes their agency cannot provide all services a client may need and has established a wide range of relationships with providers in the areas they provide services.</li> <li>• P – Bidder provides mobile crisis services and operates a crisis residential unit. Many linkages to services HF clients may need could be internal agency referrals.</li> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder has experience providing treatment and care coordination with all providers a client may seek services from.</li> <li>• P - Review of collaborative efforts across agency programs is part of integrated service plans the bidder maintains for all units of the bidder's agency.</li> <li>• P – Collaborative case review is done regularly for each client.</li> <li>• I – Not too much detail about collaborating with credentialed providers outside the bidder agency.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder reports success in other service projects under contract with the Department as evidence of their successful track record providing timely implementation of new services.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder will collaborate with the Department on a timeline for hiring and training staff as part of the overall implementation plan.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder cites current compliance with program manuals, contracts and rules of all programs they participate in.</li> <li>• P – Bidder will comply with all Department requirements.</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• P – Bidder gave a detailed response committing to having regular on-site staff all all times with adequate plans to ensure the site is continuously staffed with at least 2 trained persons.</li> <li>• P – HFSSS staff will be supported by senior medical and licensed clinical staff 24/7/365.</li> </ul>

**STATE OF MAINE  
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<ul style="list-style-type: none"> <li>• P – Bidder will develop staffing plans that incorporate core full-time staff and have available per diem staff to provide on-site staffing to supplement full-time staff.</li> <li>• P - On-call emergency staffing will also be available.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder provides all staff training on a formal model of care that is person-centered and strengths based.</li> <li>• I – Bidder cited they have experience providing a wide continuum of services and collaborating with other providers.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder cites experience successfully assisting clients in accessing community-based services.</li> <li>• P – Successful linkages to external services is a standard expectation across all agency programs.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder currently meets the State’s licensing requirements for a Mental Health Organization Substance Abuse Agency and MaineCare Provider.</li> <li>• P – Bidder states that the HFSSS program will also maintain clear guidelines for decision making, program operations, and monitoring.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder will ensure rights in individuals will be protected in accordance with all rules and regulations as they do for all current programs they provide.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder currently has processes in place for referring to external providers based on the choice and preference of clients.</li> <li>• P – Bidder maintains relationships with external providers to establish regular referral processes.</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• P – Services will be offered to all tenants at the property but will only be provided to tenants who have given their full voluntary consent via a service agreement.</li> <li>• P – Tenants at all times may choose their level of participation in any HFSSS service that is offered or provided.</li> </ul>
<ul style="list-style-type: none"> <li>• P – The response was detailed about what development of an ISP entails.</li> </ul>
<ul style="list-style-type: none"> <li>• P - Bidder has experience providing all of these services to clients and will incorporate them into HFSSS.</li> <li>• P – Bidder currently provides the following MaineCare services; CH. 17, 65, 92, 97E</li> <li>• P – Bidder seeking contracts to provide Ch. 13 and 91.</li> <li>• P – Bidder has experiencing training staff on navigating external services and the processes clients encounter when seeking services and benefits.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder’s HFSSS staff will provide case management services to HFSSS clients, in concert with other service providers as applicable.</li> </ul>

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| <ul style="list-style-type: none"><li>• I – Bidder has other units in the agency that provide services that also provide case management services.</li></ul>   |
| <ul style="list-style-type: none"><li>• P – Bidder currently offers harm reduction services and education via outreach programs.</li><li>• P – Bidder will provide alternative activities at times and frequencies that meet the needs of the tenants.</li><li>• P – HFSSS staff will be educated on use and dispensing of naloxone.</li><li>• P – Bidder currently provides referrals to local syringe service programs and will incorporate this into HFSSS.</li></ul> |

<b><i>Part IV, Section IV. Cost Proposal and Budget Narrative</i></b>
<ul style="list-style-type: none"><li>• P – Cost Structure Reimbursement Acknowledgement Form was submitted.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**DATE:** 02.25.25

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH DHHS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Founded in 1965</li><li>• Community Action Agency and licensed Mental Health Organization and Substance Abuse Agency</li><li>• Androscoggin, Oxford, and Franklin Counties</li><li>• more than 13,000 individuals with low-to-moderate income increase their self-sufficiency and stability through dozens of programs</li><li>• housing, energy support, behavioral health services, children and family services, financial coaching, and economic development</li><li>• MaineCare Provider and a Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency</li><li>• owns and operates an Affordable Housing Portfolio providing 202 affordable rental units to more than 600 residents across Androscoggin, Oxford, and Franklin Counties</li><li>• All of CCI's programs/services are accessible to residents and support their path to self-sufficiency</li><li>• wrap-around support in these settings includes individual care planning, case management, help with independent living skills, and access to community-based services such as outpatient therapy and substance use services.</li><li>• Exemplary Rating from NeighborWorks America</li><li>• Our Self-Help Housing Program provides families the opportunity to build their own home in their choice of Androscoggin, Cumberland, Franklin, Kennebec, Oxford, or Sagadahoc Counties</li><li>• CCI has provided supportive services to individuals experiencing chronic</li><li>• homelessness through Emergency Rental Assistance (ERA) programming (funded by MaineHousing under two separate federal coronavirus relief bills), Family Development Coaching, and a Home-ARP Grant from the City of Auburn</li><li>• CCI outlines process by which they address unhoused clients, from intake through to housing.</li><li>• CCI is an access point for Coordinated Entry</li><li>• CCI's Housing Stability Coordinator has provided housing stability services for more than 200 households, helping a total of 98 families secure housing</li></ul>	

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- in November of 2023, CCI received a Home-American Rescue Plan (ARP) Grant from the City of Auburn to provide Homeless Outreach Services
- CCI provided these services through October 2024, serving 212 individuals in 164 households
- In September 2024, CCI was one (1) of eight (8) Community Action Agencies nationally to receive an Affordable Housing and Supportive Services Demonstration (AHSSD) Grant. Grant funds are used to strengthen, expand, and enhance wraparound supportive services available to affordable housing residents to increase stability, economic mobility, and well-being.
- 24/7/365 experience: Crisis Intervention Mobile Response Services (Mobile Crisis Services), Crisis Residential Unit (CRU) Services, and the management of a Private Non-medical Institution (PNMI) “supported by a medical director and an independently licensed clinical [blank].”
- extensive experience in providing health and behavioral health services for this population, incl Community Integration Services (CIS) and Behavioral Health Home Services (BHH). Peer Support Services offered through their BHH.
- CCI is a Community Action Agency. Serving Western Maine since 1965. Extensive knowledge of community-based resources in service area.
- Whole Family Approach to address poverty conditions in their area
- programming is also based on a Community Needs Assessment, conducted on a bi-annual basis
- Partnerships include: Early Head Start, Immigrant Resource Center of Maine, , cities of Lewiston and Auburn, staff serve on many boards incl Central Maine Healthcare
- 300 staff; CCI shared recruitment and retention goals in application
- Extensive experience navigating application and maintenance of benefits
- All clients admitted to programs have an initial assessment conducted by a licensed clinician; service plan based on assessment, goals are measurable and attainable.
- Staff regularly coordinate with local healthcare and behavioral health agencies, including the hospitals under Central Maine Healthcare’s umbrella, Sweetser, and Andwell, housing authorities (such as Lewiston and Auburn Housing Authorities), other nonprofit agencies including Promise Early Education, and the local municipalities
- CCI developed a Resident Services Program to support up to forty-five (45) individuals living in the Supportive Housing Units and HUD Section 811 Units of our affordable housing portfolio

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- strong relationships with Lewiston, Auburn, and Maine State Housing (MaineHousing) authorities
- financial and OIT policies, HIPAA covered, EHR system, CFO, CQCO
- 3 improvements: moving away from paper-based work in Early Head Start; improving call answer times; ticketing system for maintenance work orders; new budgeting software
- Annual fundraising appeal, Town Campaign for matching funds, events to raise money for unrestricted funds, fundraises for MRC,
- CCI operates Maine Resiliency Center in Lewiston
  - 3 projects: (1) Homeless Outreach Coordinator to perform case management-based outreach providing referrals including but not limited to housing navigators, case managers, health care providers, housing resource coordinators, financial literacy classes, legal help, employment training or searches, educational services, and financial support for move-in costs, transportation, and follow-up support (2) AHSSD Program to test the outcomes of strengthening wraparound supportive services for residents of affordable housing on individual and family self-sufficiency (3) Crisis Intervention Mobile Response Services (Mobile Crisis Services) and Crisis Residential Unit (CRU) in Oxford County

**2. Organizational Chart**

- Provided, sensible; HFSSS org chart included, unclear who the Clinical manager reports to (Clinical Director?)

**3. Litigation**

- 5 cases settled thru mediation: 3 past employees, 2 people who fell outside on property

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Staff will be trained in the Whole Family Approach, as well as Motivational Interviewing, Trauma-Informed Care, and Safety Care
- proven track record of implementing new services and programs
- will work with the Department openly and promptly to submit any required information or documents, and to ensure that programming is available for clients in a timely manner
- CCI agrees to each request in this section

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<ul style="list-style-type: none"><li>• CCI will collaborate with and take direction from the Department when awarded a standard service contract with the Department as part of a Housing First Team. CCI will meet with the Department regularly as determined by the standard service contract and as requested by the Department. CCI will complete all standard service contract reports and meet or exceed performance measurement requirements.</li></ul>
<ul style="list-style-type: none"><li>• CCI will become a HOME Provider and TCM agency prior to contract execution and HFSSS service delivery. CCI's Mental Health Organization License includes the modules required to be a HOME Provider (Section 91) and TCM Agency (Section 13). CCI has initiated the process with the Office of Maine Care Services of contracting with MaineCare to provide Section 13 and 91 Services to eligible individuals. CCI will complete any and all necessary paperwork to become approved to provide these services as soon as possible.</li></ul>
<ul style="list-style-type: none"><li>• CCI has established relationships with local healthcare and behavioral health agencies, including but not limited to the hospitals under Central Maine Healthcare's umbrella, Community Clinical Services, Safe Voices, Sexual Assault Prevention and Response Services (SAPRS), Spurwink, Sweetser, Andwell, Immigrant Resource Center of Maine, and Maine Immigrant and Refugee Services (MEIRS).</li><li>• Also partner with other nonprofit agencies including Promise Early Education and the local municipalities to connect customers with available services to meet their needs.</li><li>• I: Are these relationships formal?</li></ul>
<ul style="list-style-type: none"><li>• CCI accepts responsibility for providing treatment oversight and care coordination with all providers for each HFSSS client. CCI has deep experience providing wrap-around services and care coordination for individuals, children, and families across Western Maine. CCI currently provides such services to clients receiving behavioral health care services from our agency including behavioral health home services, community integration services, outpatient, crisis mobile response, adult residential treatment, and resident services.</li><li>• The CCI's Housing First Support and Stabilization Services staff and program manager will also be supervised by a Clinical Manager and Director and will receive individual and group supervision totaling at least four (4) hours a month.</li><li>• CCI's Housing First Support and Stabilization Services will be supported by a medical director and an independently licensed clinician twenty-four (24), seven (7), three hundred and sixty-five (365) days a year.</li></ul>



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<ul style="list-style-type: none"><li>• CCI has an understanding of and will ensure that HFSSS will be provided as soon as the Site-based Housing First Property is ready for occupancy, which may occur months and/or years after the contract initiation.</li><li>• CCI has started planning with Lewiston Housing Authority (LHA) as the local public housing entity on the details of developing and building a Housing First property. LHA has submitted an application to Maine State Housing Authority seeking approval on their application to construct a building for this purpose. In partnership with LHA, CCI will coordinate closely to ensure readiness of HFSSS are aligned with the readiness of the building/ property. For example, CCI will initiate the staff hiring and training process well in advance of the building opening to allow for new staff to be present and available to start providing services immediately, including outreach.</li></ul>
<ul style="list-style-type: none"><li>• CCI in collaboration with the Department, prior to the Site-Based Housing First Property opening for residency, will hire and train staff and begin outreach, within a timeline agreed upon with the Department, in preparation for the residency.</li></ul>
<ul style="list-style-type: none"><li>• CCI currently complies with all program manuals, executed contracts, federal and State statute and rule(s), and agreements with the Department across more than a dozen different services lines and programs. CCI will comply with all additional agency requirements and the HFSSS program manual, as defined in any executed contract, federal and State statute and Rule(s) and/or other agreements between the Department and CCI.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• Agreed to by CCI</li></ul>
<ul style="list-style-type: none"><li>• Agreed to by CCI</li></ul>
<ul style="list-style-type: none"><li>• Agreed to by CCI</li></ul>
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<ul style="list-style-type: none"><li>• Agreed to by CCI</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• CCI's Housing First Support and Stabilization Services will only be provided to tenants that have given full consent in a Service Agreement Document.</li><li>• CCI's Housing First Support and Stabilization Services provided at Site-based Housing First Property shall remain voluntary to the tenants and enrolled tenants can terminate services at any time.</li></ul>
<ul style="list-style-type: none"><li>• Housing First Support and Stabilization Services Staff will meet in-person with tenants who are voluntary and enrolled in this service to complete a</li></ul>

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comprehensive assessment that evaluates health-Related Social Needs (HRSN). Individual Service Plans and Crisis Plans will be developed from the comprehensive assessment.
<ul style="list-style-type: none"><li>• will review and modify Individual Service Plans and/or Crisis Plans following a crisis episode</li></ul>
<ul style="list-style-type: none"><li>• Agreed to by CCI</li><li>• I: Do they currently have Peer Services? I don't recall seeing it called out in this application</li></ul>
<ul style="list-style-type: none"><li>• Agreed to by CCI</li></ul>
<ul style="list-style-type: none"><li>• They have an OPTIONS program</li><li>• Will ensure naloxone is available on site 24/7/365</li><li>• I: They call OPTIONS workers "clinicians"</li><li>• Will host meetings to determine alternative times / frequencies</li><li>• Does and will provide referrals to SSPs</li></ul>

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- ***Cost structure signed, MaineCare provider agreement attached***

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Community Concepts

**DATE:** 02/20/2025, 02/21/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

\*\*\*\*\*

**Individual Evaluator Comments:**

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• P-Founded in 1965</li><li>• P-Providing Mental Health and Substance Abuse services in Androscoggin, Oxford and Franklin Counties</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• P-Provided and services outlined</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• 5-settled, unsure of relevance for this RFP.</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• P-Staff will be trained in the Whole-Family Approach, to include Motivational Interviewing, Trauma-Informed and Safety Care.</li></ul>
<ul style="list-style-type: none"><li>• P-Will provide to the Department.</li></ul>
<ul style="list-style-type: none"><li>• P-Has received and maintained contracts from a variety of providers for services to include the Department.</li></ul>
<ul style="list-style-type: none"><li>• P-Current MaineCare provider</li></ul>
<ul style="list-style-type: none"><li>• I-Mental Health Organizational License includes requirements for HOME provider (section 91) and Targeted Case Management, section 13.</li><li>• P-Will complete requirements</li></ul>
<ul style="list-style-type: none"><li>• P-Maine Community Action Partnership</li><li>• Q-Collaborate with community agencies, clarification of MOU with agencies</li><li>• P-Understanding of contract requirements with the Department</li></ul>
<ul style="list-style-type: none"><li>• P-Service supported by a medical director and independently licensed clinician 24/7/365</li><li>• P-Knowledge of providing services 24/7/365</li></ul>
<ul style="list-style-type: none"><li>• I-Has started the planning process with the local public housing entity</li><li>• Q-Details of the development of this process</li></ul>
<ul style="list-style-type: none"><li>• P-Collaboration with the Department an agreed upon timeline</li><li>• Q-Recruitment and retention policies</li></ul>
<ul style="list-style-type: none"><li>• P-Knowledge of Federal and State statutes</li></ul>

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

**RFP #:** 202412212

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<ul style="list-style-type: none"> <li>• P-Knowledge of State contract procedures and requirements</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• P-Full-time and per diem staff, oversight done by on-site program manager.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Staffing to include full-time and per diem to ensure consistency with 2 staff available 24/7/365</li> </ul>
<ul style="list-style-type: none"> <li>• I-Whole Family Approach.</li> </ul>
<ul style="list-style-type: none"> <li>• I-Tenant needs will be met utilizing Whole Family Approach and other identified services to meet needs.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Agency is maintaining policy guidelines that meet State of Maine licensing requirements of a Mental Health Organization.</li> </ul>
<ul style="list-style-type: none"> <li>• Q-Are staff reviewing policies and procedures with tenants.</li> </ul>
<ul style="list-style-type: none"> <li>• Q-Access to Housing First Support and Stabilization Services as open enrollment</li> </ul>
<ul style="list-style-type: none"> <li>• P-Providing Service Agreement to tenants for full consent</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• P-Property will be voluntary to the tenants</li> </ul>
<ul style="list-style-type: none"> <li>• Q-Are Services being reviewed and explained.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Housing First Support and Stabilization Services Staff will develop service and crisis plans.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Individual service plans can be changed depending on needs of client</li> </ul>
<ul style="list-style-type: none"> <li>• Q-Identified staff to provide service.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Ongoing provider of case management services.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Currently offered. Services and education through Overdose Prevention</li> </ul>
<ul style="list-style-type: none"> <li>• P-OPTIONS provider</li> </ul>

<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"> <li>• <b>Signed Acknowledgement of the Cost Structure Reimbursement Acknowledgment Form</b></li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Mercy Hospital dba Northern Light Mercy Hospital

**DATE:** 2/19/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• P-Bidder has been in service for more than 100 years</li><li>• P-Bidder has over 30 years of experience providing services to unhoused individuals through Francis Warde and McAuley Residence programs which offers 24/7/365 care. These programs offer integrated health and BH services to women and families experiencing chronic homelessness, substance use disorders, and complex mental health challenges. This also provides experience working with landlords and property managers</li><li>• P-Bidder has formal partnerships with many community-based organizations</li><li>• P-Bidder prioritizes recruitment and retention to maintain optimal staffing levels at all programs</li><li>• P-Bidder helps to mitigate barriers by providing financial assistance and budget support, mental health and recovery support, advocating against discrimination, and helping to develop life skills</li><li>• P-Bidders hospital staff have extensive experience assisting individuals in applying for and maintaining eligibility with MaineCare and Residence staff help individuals apply and maintain eligibility for housing programs</li><li>• P-Residence programs have a strong track record of successfully addressing HRSN through their service plan model</li><li>• P-Bidder has on-site collaborative services including parenting support, mental health counseling, peer support programs, job readiness workshops, financial readiness, and wellness and healing</li><li>• P-Bidder has improved re-working with the phase system, behavioral modification plans, and Increased education and response to trauma</li><li>• P-Bidder has a dedicated finance, IT, and Compliance Department</li><li>• P-Bidder receives a mix of public and private funding or through state contracts to offset operating expenses</li></ul>	
2. Organizational Chart	
<ul style="list-style-type: none"><li>• P-Organizational chart is attached and easy to understand</li></ul>	
3. Litigation	
<ul style="list-style-type: none"><li>• N-multiple open litigation cases</li><li>• N-multiple closed litigation cases</li></ul>	

**STATE OF MAINE  
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**EVALUATOR DEPARTMENT:** DHHS-OMS

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Part IV, Section III. Proposed Services
1. Services to be Provided
Part II
A. Administrative Requirement
<ul style="list-style-type: none"><li>• P-These services will be provided by focusing on the unique needs, preferences, and capabilities of each individual and allowing the individual to be actively involved in their own support plan</li><li>• P-Bidder and individual will focus on the individualized services, individual capabilities, comprehensive assistance, and continuous monitoring to update goals and review progress</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder is positioned to enter a standard contract with the Department in compliance with pre-contract requirements and will provide all required documentation noted above</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has a long standing history working with the Department as evidenced by such programs as Francis Warde and McAuley Residence</li></ul>
<ul style="list-style-type: none"><li>• N-Bidder did not attach MaineCare Provider Agreement</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder routinely uses a variety of State of Maine reporting systems and can enroll in HMIS as part of HFSSS requirements</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will enroll and adhere to this requirement</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder established and has maintained formal relationships with other qualified providers by conducting a strong network of partnerships, formal agreement development, coordination and continuity of care, capacity to identify qualified providers, sustained collaboration, and quality assurance and evaluation</li><li>• P-Bidder has many relationships to include NL primary care, PCHC, NL Acadia hospital and more</li><li>• P-Bidder has regular collaboration with local hospitals, clinics, mental health organizations, etc.</li><li>• P-Bidder partners with Bangor Public Health overdose prevention program and public health nursing provide workshops on CPR, first aid, and Naloxone administration</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder acknowledges the importance of open communication with partnering agencies, conducting regular case coordination meetings, and establishing defined roles and responsibilities</li><li>• P-Bidder will leverage in experience with interagency coordination to facilitate gaps in service and alignment of care plans ensuring all services are tailored to meet the individual's need</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<ul style="list-style-type: none"><li>• P-Bider has a long history of readying sites in advance of occupancy, to include actions like preparedness for service delivery, program development, staff acquisition, and partner agreement</li></ul>
<ul style="list-style-type: none"><li>• P-Bidders current program has an established hiring and onboarding process, contract templates for use with external partners, program details and policies, and procedures established that can be replicated at other sites</li><li>• P-Bidder will prepare for occupancy and service delivery three months in advance</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has a long history of adhering to requirements of state and federal agencies</li><li>• P-Bidder has appointed Chief Compliance Officer and Privacy Officer to establish policies and procedures. Bidder also has a compliance program to ensure all locations are comply with federal and state laws</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• N-Bidder does not explain how they will ensure all HFSSS are provided on site, 24/7/365. Bidder does provide information regarding McAuley Residence, which operates Monday-Friday from 7:30am to 4:00pm and a staff member is on call 24/7 if needed. This is not 24/7/365 care</li></ul>
<ul style="list-style-type: none"><li>• N-Bidder plans to follow the same design as McAuley Residence stated above. Bidder states staff models will be re-evaluated as needed to ensure HFSSS requirements are met</li></ul>
<ul style="list-style-type: none"><li>• P-Bidders staff will provide focused outreach and nonjudgemental engagement by engaging in trauma informed communication, proactive outreach, strengths-based conversations, and consistency and reliability</li><li>• P-Bidder will ensure tenants feel safe by creating a sense of safety both physical and emotional by providing a secure housing environment, trust building with staff, regular check-ins, cultural sensitivity and exclusivity, and resident empowerment</li><li>• P-Bidder will provide individual emotional support by building authentic relationships, regular 1:1 session, trauma informed interventions, and offering crisis support</li><li>• P-Bidder will have flexibility and adaptation to participant needs by offering individualized service plans, participant led pacing (moving at their own pace), flexible delivery methods to include services delivered on-site or in their homes, or virtually, and they will provide responsive and collaborative problem-solving skills</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will incorporate skill-building initiatives to include life skill education, employment readiness, and parenting support to help tenants gain confidence</li></ul>



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<ul style="list-style-type: none"><li>• P-Bidder will provide supporting housing stability by offering proactive rent and budget management, crisis intervention &amp; problem solving, and housing education to make sure tenants have the tools and resources needed to maintain long term housing</li><li>• P-Bidder will support access to community-based services to include physical and mental health, substance use treatment, childcare, and transportation</li><li>• P-Bidder will use a holistic tenant-centered approach by creating individualized service plans with the tenant</li></ul>
<ul style="list-style-type: none"><li>• N-Bidder advises how this is done for McAuley Residence but doesn't advise how they will do this for HFSSS</li></ul>
<ul style="list-style-type: none"><li>• N-Bidder advises how this is done for McAuley Residence but doesn't advise how they will do this for HFSSS</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder is committed to providing referrals and coordination of services to connect tenants with appropriate resources</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• P-Bidder is committed to only delivering HFSSS to willing participants</li><li>• P-Promoting autonomy is one of the Bidders' core values. Bidder fosters empowerment and freedom of choice</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder is committed to providing person-centered strengths-based approach to empower tenants by offering the development of ISPs and ICPs</li><li>• P-Bidder will provide a comprehensive assessment upon entry of the program, tenants will be actively involved with collaborative goal setting and tailored action plans. Bidder and tenant will have regular reviews and updates to the ISP as needed</li><li>• P-Bidder will develop ICPs with tenant by identifying triggers and risks, which includes strategies to mitigate crisis before they escalate, allowing the tenant to identify in the ICP emergency contacts and support systems, and the ICP will outline the necessary steps for tenant and staff to take during a crisis</li></ul>
<ul style="list-style-type: none"><li>• P-The bidder is currently and will ensure with MFSSS tenants that they have full access to MaineCare services such as outlined in sections 13, 17, and 91 of the MBM to include maintaining MainCare eligibility status</li><li>• P-Bidder will assist tenants with social security disability by providing application support. MaineCare transportation by assisting with scheduling and trouble shooting for non-emergency transports. Food access by connecting tenants to SNAP, WIC, food pantries, etc. And BH services by facilitating access to mental health services through partnerships with community providers</li></ul>



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<ul style="list-style-type: none"><li>• P-Bidder offers life skill development by assisting with lease comprehension and dispute resolution. Bidder will provide workshops and 1:1 coaching on financial management. Bidder will assist tenants to create and maintain daily schedules to improve productivity. Bidder offers education and counseling on meal planning. The Bidder will support family reunification. The Bidder will assist with job searches, resume building, and interview prep. The Bidder will encourage volunteer opportunities to build skills and foster connections. The Bidder will provide employment support to assist tenants in overcoming challenges by identifying barriers not related to competency or demand so participants can experience economic stability</li><li>• P-Bidder will guide tenants through the move in process and ensure the space meets their specific needs. The Bidder will address and resolve tenant disputes to maintain a safe and respectful living environment. The Bidder will connect tenants to peer mentors for guidance and encouragement. The Bidder will offer immediate support to de-escalate emergent situations. The Bidder will empower tenants to set and achieve goals. The Bidder will establish clear protocols to ensure tenants feel safe and secure during visits from friends / family and outside providers</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will offer case management services through a person-centered strengths-based approach and may include referral to appropriate service providers as applicable.</li><li>• P-Bidder currently partners with NL Acadia hospital and Crossroads case management to make sure case management needs are met</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder understands the importance of activities that foster connection and reduce isolation. The Bidder regularly hosts communal meals to promote socialization and a sense of belonging. Art and music activities such as painting workshops and group music sessions that support self-expression. And community-based events such as memorial services and neighborhood cookouts to foster community connection.</li><li>• P-Bidder is committed to always providing Naloxone on-site which includes placing it in easily assessable locations, instructions for use, training and awareness for staff and participants, and by providing a system to monitor the inventory to ensure Naloxone is replenished.</li><li>• N-Bidder did not comment on Syringe service program</li></ul>

**STATE OF MAINE  
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**BIDDER NAME:** Mercy Hospital dba Northern Light Mercy Hospital

**DATE:** 2/19/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Stated their organization has existed for over a century.</li><li>• Mercy Hospital joined Northern Light in 2013 and noted that Northern Light Health is one of Maine's largest healthcare systems.</li><li>• Stated they have long-standing partnerships, including with the City of Portland; Milestone Recovery; Penquis; Spurwink; The Opportunity Alliance; Sweetser; Community Housing of Maine; and community cultural organizations.</li><li>• Stated they have mission-based community programs: Gary's House, that provides accommodations for families with loved ones receiving treatment at any area healthcare facility; Bruni Family-Centered Integrated Behavioral Health Program, for provision of pediatric behavioral health needs; Francis Warde, which provides housing, education, access to care, and support for pregnant unhoused immigrant women; and their McAuley Residence, a two-generation program for families that are affected by substance use disorder.</li><li>• Stated their McAuley Residence is one of the few residential programs in Maine that allow women in recovery to live with their children, with both the mother and children receiving essential support, treatment and therapies.</li></ul> <p>Supportive service provision to those experiencing Chronic Homelessness:</p> <ul style="list-style-type: none"><li>• Stated they have over three (3) decades of experience addressing needs of individuals and families experiencing chronic homelessness.</li><li>• Stated that their comprehensive, trauma-informed and strengths-based Francis Warde and McAuley Residence programs consistently support individuals who have histories of chronic instability and complex barriers to housing, including substance use, mental health challenges and severe trauma.</li></ul> <p>24/7/365 service provision experience:</p> <ul style="list-style-type: none"><li>• Stated they have 24/7 staffing at their Francis Warde location, and their McAuley Residence(s) includes an office that's open during business hours, with a staff person on call 24/7.</li><li>• Stated they also have a Recovery Coach, Peer Support Specialist and other critical staff who conduct after-hours team checks.</li><li>• Stated they are committed to adhering to service requirements and will re-evaluate staffing models as necessary to meet requirements.</li></ul>	

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**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

Experience providing health and behavioral health services to the intended population:

- Stated their McAuley Residence program has a history of delivering integrated health and behavioral health services to women and families that are experiencing chronic homelessness, substance use disorders (SUDs) and complex mental health challenges.
- Stated their McAuley Residence program uses a holistic and evidence-based approach to ensure comprehensive, individualized care tailored to individual needs.
- Bidder described in detail the services provided at their McAuley Residence, including: access to medication-assisted treatment through partnerships with SUD providers; connecting women with mental health providers for individualized therapy and group counseling, including on-site trauma-informed, capacity-building groups and narrative therapy; on-site family and play therapy services; access to coaching and education services; access to comprehensive primary and pediatric care; care coordination; and targeted case management.

Knowledge of community-based resources in service area and related experience:

- Stated they have established formal relationships with community-based organizations, including: Northern Light Primary Care; "PCHC"; Northern Light Acadia Hospital; Savida Health; Bangor "CTC"; Better Life Partners; Eastern Maine Development Cooperation; local Career Centers; Pine Tree Legal; Penquis Law Project; Community Housing of Maine; Preservation management; Bangor Housing; Maine Development Associate; local Housing Authorities; and In her Presence.
- Did not address experience with helping clients navigate accessing and receiving care from area providers.

Staff recruitment and retention policies, and plans to ensure optimal staffing for Housing First Rental Homes:

- Stated they prioritize retention and recruitment strategies to ensure optimal staffing levels, and key elements include comprehensive recruitment strategies; competitive compensation and benefits; "robust" onboarding and training; professional development opportunities; employee wellness programs; and retention incentives.

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INDIVIDUAL EVALUATION NOTES**

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- Stated to maintain optimal staffing for their programs, they: maintain a staff reserve of on-call staff; monitor staffing needs to ensure sufficient coverage; and foster a supportive work environment.

Knowledge of common barriers to maintaining permanent housing:

- Stated they are familiar with barriers to maintaining permanent housing, and common challenges include: financial instability; mental health and SUDs; discrimination and stigma; and lack of life skills.
- Described how they help individuals mitigate barriers, including provision of financial assistance and budgeting support (e.g., financial counseling services and rental assistance programs), offering mental health and recovery support, advocating against discrimination and assisting with developing life skills through workshops and one-on-one coaching.

Experience navigating benefits' maintenance:

- Stated extensive experience assisting participants with applying for and maintaining MaineCare coverage.
- Stated staff provide step-by-step support for initial enrollment, renewals and troubleshooting issues related to eligibility changes or coverage gaps.
- Stated their program works closely with participants to advocate for health insurance benefit continuation, especially for individuals navigating life changes such as housing instability, employment transitions or family structure changes.
- Stated their McAuley Residence staff help participants apply for and maintain eligibility for housing assistance programs, and they are guided through the application process, including attending eligibility interviews, compiling needed documentation and complying with ongoing requirements.
- Stated that phase three of their McAuley Residence program shifts the focus to securing permanent housing and staff work with participants to maintain their housing benefits as they transition out of the Residence; including ensuring continued eligibility for rental assistance and preparing individuals for independent living.

Experience evaluating HRSN and incorporating such into service plan development:

- Stated they have experience evaluating HRSN and incorporating such into their comprehensive individualized service plans, through their McAuley Residence program.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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- Stated they evaluate HRSN for each participant upon entry into their McAuley Residence program and continually reassess needs throughout program participation.
- Described key components of their HRSN evaluations; and noted service plans are updated to reflect new goals.

Interagency coordination:

- Noted experience in fostering interagency collaboration.
- Stated their programs engage in regular case meetings with external service providers where progress is reviewed, and care plans are aligned; with the Program Director serving as primary liaison.
- Stated program staff participate in joint training programs with their partner organizations to enhance expertise in trauma-informed care, recovery practices and family-centered approaches to service delivery.

On-site experience in affordable housing developments:

- Stated they have experience with Low Income Housing and the LIHTC program through their McAuley Residence program and have formed strong partnerships with housing organizations.
- Stated they have maintained a formal relationship with Community Housing of Maine (CHOM) since 2012, a partner of their McAuley Residences who owns three (3) of the locations and provides property management services for the properties.
- Bidder noted CHOM also provides property management services at a fourth location of Northern Light Hospital where the McAuley Residence has a 100-year lease agreement.
- Stated CHOM is a partner for future McAuley sites currently in development.
- Stated they also work closely with subsidized housing partners, including local housing authorities, housing vouchers and landlords.

Experience working collaboratively with landlords and property managers:

- Stated they have extensive experience working with landlords and property managers to secure and maintain stable housing for individuals.
- Bidder described key aspects of their approach to working collaboratively with landlords, including use of tenant education workshops to ensure tenancy readiness.

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- Stated they work collaboratively with Community Housing of Maine; Preservation Management; Ascend Property Management; R&K Property Management; and Hughes Property Management.

Experience collaborating and partnering with other providers:

- Stated they have a history of effective collaboration and strong partnerships with a diverse range of service providers to ensure access to comprehensive care.
- Bidder described their on-site collaborative services, including parenting support; mental health counseling; peer support programs; job readiness workshops; financial readiness; and wellness and healing, with various partner organizations indicated for each topic.
- Described their community-based partnerships, with partner organizations indicated for healthcare providers; housing support; child development and family enrichment; and coordinated care approach.

Approach to handling financial, IT and compliance functions:

- Provided a detailed response.
- For financial – indicate all Northern Light Health member organizations including Mercy hospital share a common treasury. Stated they have a centralized grant services and grants accounting departments with staff trained on uniform administrative requirements, accounting principles and audit requirements for federal awards. Stated they have an annual audit completed by independent auditors.
- For IT – stated they are required to and comply with all federal and state laws, rules and regulations for protection of protected health information. Stated they conduct regular security audits of their systems and facilities to ensure security of protected health information.
- For compliance – stated their parent corporation, Eastern Maine Health Care Systems dba Northern Light Health, has an appointed Vice President/Chief Compliance and Internal Audit Officer and a Vice President of Compliance and Privacy Officer for establishment of policies, procedures and a compliance program ensuring all member hospitals comply with all applicable federal, state and local rules, laws and regulations regarding confidentiality of protected health information. Stated they also have a Compliance Officer at each hospital to oversee compliance at the hospital.

Examples of core administrative procedures improved over the last three (3) years:

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- Stated they have implemented significant improvements to their core administrative procedures, enhancing the effectiveness and responsiveness of their McAuley Residence services.
- Stated their improvements for McAuley Residence services include: re-working of their phase system; use of behavioral modification plans; increased education and response to trauma-informed care, with expansion made to training for staff on trauma-informed care principles; have embedded community college courses on-site, and also refined their on-site services; and added youth mental health services support as a result of the increased need for youth mental health support in the Penobscot region.

Experience raising private funds to cover expenses:

- Stated they embrace braided financial strategies, including a mix of public and private funding.
- Stated they receive funding from several Maine foundations to offset their operating expenses for Francis Ward and their McAuley Residence in Bangor.
- Stated Mercy Hospital provides leadership and support as in-kind contribution and fundraising is currently underway for an endowment for McAuley Residence.

Project 1:

- Referred to their residential programming, Francis Ward, a two-generation approach for unhoused pregnant immigrant women, and included historical description.
- Stated they engaged with In Her Presence (IHP), “an ethnic-based community organization that is expert in empowering women” for onsite 24/7 support staff.
- Included the University of new Hampshire’s Carsey School of Public Policy’s evaluation plan for measuring outcomes of their program.
- Bidder indicated on-site services are offered at the location, including weekly health clinics, weekly women’s health education, community health worker and patient navigation services, language acquisition classes with multiple partners and behavioral health services.
- Stated a critical barrier for New Americans is English language acquisition and digital literacy proficiency; as a result of this need, they received a \$1,000,000 Congressionally Directed Spending Award to advance a comprehensive education and training approach for New Mainers, including their Frances Warde residents. Stated the program will be based at their Francis Warde property.

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- Stated they provide trauma-informed care training to IHP staff and offer on-site group and individual counseling at the residence on Tuesdays and Thursdays; with clinical educators, midwives and nurses from the organization delivering weekly educational sessions.

**Project 2:**

- Bidder referred to their McAuley Residence in Portland; and indicated they redesigned their McAuley Residence in 2010 in response to the opioid crisis.
- Stated their McAuley Residence is a two-year program focusing on SUD, for pregnant, postpartum and parenting women and their children.
- Stated they are currently leasing apartments for their second Portland location, to increase capacity in order to serve up to forty (40) families across their four (4) locations.
- Bidder described services provided; and referenced data related to the need for a residence that allows women and their children both reside, especially for youth/teens.

**Project 3:**

- Bidder referred to their McAuley Residences in Bangor, which was initially created in 2020 to expand their McAuley Residence programming; with a second location added in 2024 through partnership with CHOM that has four (4) two-bedroom apartments for women transitioning to Phase 3 of their program.
- Bidder described the program in detail, and noted women are expected to participate for at least thirty-five (35) hours per week in the program.
- Indicated on-site cooking classes are available with fresh fruits and vegetables; and they hold weekly women's seminars on financial self-sufficiency, employment tactics and educational opportunities.
- Bidder described collaboration with other agencies in the area for development of a detailed financial recovery plan.
- Bidder described the three phases of their programming and stated narrative therapy is woven throughout their programming.

**2. Organizational Chart**

- Provided, project team for HFSSS is unclear, Bidder highlighted the staff for their McAuley Residence programming in the provided organizational chart.

**3. Litigation**

- Included 11 cases, 5 of which were closed.



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Part IV, Section III. Proposed Services
1. Services to be Provided
Part II
A. Administrative Requirement
<ul style="list-style-type: none"><li>Bidder described how they will provide a person-centered approach and strengths-based approach, including cultural and social sensitivity for the person-centered approach.</li><li>Bidder also included a description of how they would provide holistic and flexible support; and outcome-oriented practices.</li></ul>
<ul style="list-style-type: none"><li>Met requirement.</li></ul>
<ul style="list-style-type: none"><li>Met requirement.</li></ul>
<ul style="list-style-type: none"><li>Reader could not identify a copy of the Bidder's MaineCare Provider Agreement in the submitted proposal.</li></ul>
<ul style="list-style-type: none"><li>N/A, however, Bidder indicated they will incorporate any necessary additional requirements "as a result of becoming a qualified housing vendor and HFSSS partner".</li></ul>
<ul style="list-style-type: none"><li>Stated they routinely use a variety of Maine State reporting systems and can enroll in HMIS as part of HFSSS requirements; Bidder did not describe the steps they will take to become a CoC HMIS participating agency.</li></ul>
<ul style="list-style-type: none"><li>Stated they will enroll and adhere to the requirements as requested; and that they currently provide case management services as part of McAuley Residence and currently collaborate with various entities to provide case management.</li></ul>
<ul style="list-style-type: none"><li>Stated they are equipped to establish and maintain formal relationships.</li><li>Stated they currently have a strong network of partners with established relationships and listed some of the organizations they partner with.</li><li>Stated they regularly collaborate with and engage with the community; create customized contracts or MOUs with clearly defined expectations; use integrated care models and establish streamlined referral pathways; screen and evaluate partner organizations to ensure quality; maintain sustained collaboration and ongoing communication with partners; and engage in quality assurance and evaluation through regular performance review of contracted providers via participant feedback, outcome measurements and periodic audits, and have a focus on continuous improvement.</li></ul>
<ul style="list-style-type: none"><li>Met requirement.</li></ul>
<ul style="list-style-type: none"><li>Stated they have experience and history preparing sites for occupancy, including housing preparation; renovation; site furnishment; and preparation for</li></ul>

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<p>service delivery, including program development, staff acquisition and partner engagement.</p> <ul style="list-style-type: none"><li>• Stated they will recruit essential staff for any new McAuley Residence to ensure coordinated internal and external support services are available at time of occupancy. Unclear why Bidder referred to new McAuley Residence locations, as opposed to the Site-based Housing First Property.</li></ul>
<ul style="list-style-type: none"><li>• Stated they anticipate expanding to add four (4) new McAuley Residences in 2026.</li><li>• Stated that three (3) months prior to occupancy, their McAuley program leaders will prepare for residency and service delivery at each site location.</li><li>• Stated their McAuley Residence programming has an established hiring and onboarding process, contract templates they use with external partners, and have established program details, processes , policies and procedures that can easily be replicated at new locations.</li><li>• Unclear why Bidder referred to new McAuley Residence locations, as opposed to the Site-based Housing First Property.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• Stated their McAuley Residence program office(s) are currently in operation Monday through Friday from 7:30am to 4:00pm, with a staff member on call 24/7 and Recovery, Peer and other critical staff conducting after-hours team checks.</li><li>• Indicated they will re-evaluate staffing models as needed to meet requirements.</li></ul>
<ul style="list-style-type: none"><li>• Stated their McAuley Residence(s) maintain reserve and on-call staff in their staffing model and will use this design with HFSSS.</li><li>• Stated staffing models will be re-evaluated as needed to meet HFSSS requirements.</li></ul>
<ul style="list-style-type: none"><li>• Plans to integrate person-centered, strengths-based philosophy for all aspects of HFSSS.</li><li>• Provided a detailed response to 3a.-d.</li><li>• Plans to use trauma-informed communication; proactive outreach; and strengths-based conversations for focused outreach and nonjudgemental engagement.</li><li>• Staff will be trained in cultural competence and inclusive practices.</li><li>• Staff to use trauma-informed interventions and curriculum.</li><li>• Plan to have participant-led pacing for service provision, and flexible delivery methods via on-site, in a tenant's home or virtually, per individual request.</li></ul>

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<ul style="list-style-type: none"><li>• Referred to their McAuley Residence program as it pertains to building independent living skills; supporting housing stability; facilitating access to community-based services; and their holistic, tenant-centered approach.</li><li>• Although assumed that some or most of description will be utilized for HFSSS, language is unclear and does not explicitly state such.</li></ul>
<ul style="list-style-type: none"><li>• Stated their McAuley Residence(s) decision making authority is their hospital board.</li><li>• Their VP of Mission Integration manages program and financial oversight and community partnerships.</li><li>• Stated decision making is done through collaborative input from their McAuley Resident Program Manager(s) who oversee daily operations.</li><li>• Did not address policy guidelines for HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• Stated policies will be grounded in a person-centered, trauma-informed approach prioritizing dignity, autonomy and well-being.</li><li>• Stated staff currently meet monthly to review coordinated roles, responsibilities, confidentiality, quality measures, policies and reporting metrics.</li><li>• Stated their McAuley program participants are introduced to program policies and expectations during intake and at each phase of the program; and they hold weekly meetings with individual residents to assess progress, goals, needs and concerns.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<ul style="list-style-type: none"><li>• Described in detail how they plan to develop individual service plans and individual crisis plans; with plans to be created using a person-centered, strengths-based approach.</li></ul>
<ul style="list-style-type: none"><li>• Provided a comprehensive, detailed response on how they will provide each of the listed services.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will provide case management through a person-centered, strengths-based approach.</li><li>• Stated they currently work with Northern Light Acadia Hospital and Crossroads Case Management for their participants' case management needs.</li><li>• Stated they have utilized housing navigators through Penquis CAP but will also provide a comprehensive list of agencies to participants so they can make an informed choice on where to receive services.</li></ul>
<ul style="list-style-type: none"><li>• Included examples of activities they offer: community meals, art and music activities and community-building events.</li></ul>

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- Indicated alternative activities will be participant-driven, aligned with participant schedules and will also use flexible scheduling to maximize accessibility.
- Stated they will include visual aids and multilingual resources with their naloxone kit instructions.
- Plans to have staff and participants receive regular training on proper naloxone use and overdose response protocols.
- Stated participants will also be educated on naloxone use during harm reduction workshops and one-on-one interactions.
- Will offer multiple opportunities for CPR/First Aid training.
- Plans to have a system in place to monitor naloxone inventory and ensure supplies are replenished promptly.

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- Signed by President.

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**DATE:** 02/21/2025

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
	<ul style="list-style-type: none"><li>• P – Bidder strives to solve complex social and health challenges people may face.</li><li>• P – Bidder has experience providing services to chronically homeless persons.</li><li>• P – Bidder has experience providing treatment based short-term residential services.</li><li>• P – Bidder's services utilize recognized evidenced-based approaches to treatment and care.</li><li>• P – Bidder has experience assisting clients with mitigating barriers to maintaining housing.</li><li>• P – Bidder has experience providing integrated health and behavioral health services.</li><li>• P – Bidder has experience managing effective communication between external treatment teams.</li><li>• P – Bidder reports multiple formal partnerships with providers of diverse services.</li><li>• P – Bidder's programs are focused on long-term stability for clients.</li><li>• P – Bidder has staff recruitment and retention strategies. There is extensive onboarding activity and training for new staff.</li><li>• P – Bidder maintains staffing plans agency wide to ensure full staffing of programs.</li><li>• P – Bidder cited many examples of common barriers and described how they have worked with clients in other programs to mitigate these barriers.</li><li>• P – Bidder has experience engaging with landlords on behalf of clients.</li><li>• I – Not clear on bidder's experience assisting clients who secure a permanent affordable housing lease.</li><li>• P – Bidder incorporates assessment of health related social needs into every client's case.</li><li>• I – Current programs are primarily short-term treatment/recovery focused, with permanent housing being a goal.</li><li>• P – Bidder cites family reunification as being a primary area of expertise.</li><li>• P – Bidder's current programs maintain partnerships with a multitude of local organizations to ensure client needs are fully met.</li></ul>

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- P – Bidder communicates with local providers regularly regarding perceived gaps in the local service delivery system.
- P – Bidder has extensive experience collaborating with subsidized housing owners/operators.
- P – Bidder has experience engaging with local housing authorities and landlords. Bidder has a formal approach to working collaboratively with owners and property managers, clearly defining the role of each.
- P – Bidder understands how housing infrastructure can impact service delivery.
- P – Bidder has experience providing services in office settings, in community, in-home, and via telehealth services.
- P – Bidder maintains awareness of specialized health services provided in the local area and engages with local clinics and hospitals.
- P – Bidder has structured financial accounting processes in accordance with a wide range of State and federal regulations and rules.
- P – Bidder complies with HIPPA and all other regulations regarding information technology.
- P – Bidder has senior staff dedicated to ensuring all programs are in compliance with all applicable laws.
- I – Five administrative procedural improvements were cited. They encompassed revised practices for some behavioral health services, increased training, community education access, beginning to provide mental health services to youth.
- P – Bidder had fundraising strategies in place for public and private funding.
- I – 3 recent related projects of the bidder are related to improving maternal and child health outcomes via residential and supportive services and other treatment oriented residential and support service programs.

**2. Organizational Chart**

- Q – The organization chart showed a flow of staff of one of the bidder's residential facilities.

**3. Litigation**

- 10 cases listed (6 open). All were related to medical services.

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- P – Bidder will provide services that are tailored to each client's circumstances, priorities, goals, and strengths.

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<ul style="list-style-type: none"><li>• P – Bidder trains staff to be respectful of individuals, background, values, and cultural preferences.</li><li>• P – Bidder includes natural supports when possible.</li><li>• P – Bidder adjusts service delivery intensity and range as the client’s needs and goals evolve.</li><li>• P – Bidder gears treatment and services toward outcomes the client has established.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder will be able to meet all established deadlines and will provide all documentation as required by the department.</li><li>• P – Bidder is experienced with complying with Department invoicing systems.</li><li>• P – Bidder agrees to rates set by the Department.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder current collaborates with the Department on other projects and will continue to do son.</li></ul>
<ul style="list-style-type: none"><li>• P – Biddder provides a wide range of medical and other health services under MaineCare.</li></ul>
<ul style="list-style-type: none"><li>• P – already a MaineCare provider.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder is familiar with other data systems and will agree to become an HMIS participating agency.</li></ul>
<ul style="list-style-type: none"><li>• I - Bidder can provide comprehensive case management or in collaboration with other entities without TCM or HOME.</li><li>• P – Bidder will enroll as either TCM or HOME.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder’s current residential programs are engaged with an existing network of health and behavioral health providers.</li><li>• P – Some provider relationships have formal agreements.</li><li>• P – Role of partners in treatment/service plans is determined with the input and approval of the clients.</li><li>• P – Bidder maintains ongoing relationships with partner organizations to monitor service delivery, service gaps, and individual client service needs.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder is aware of the importance of seamless treatment oversight and care coordination.</li><li>• P – Bidder strives to maintain open lines of communication with partnering agencies.</li><li>• P – Bidder seeks to maintain continuity of care for clients.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder has experiencing preparing properties for occupancy and timely implementation of service delivery.</li><li>• P – Process templates exist for program implementation.</li></ul>

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<ul style="list-style-type: none"> <li>• P – Bidder has plans in place to begin the hiring and training of staff well in advance of when properties will be ready for occupancy.</li> <li>• P – previous projects of the bidder's will provide a template to build from.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder engages senior staff in the role of compliance and internal audits to ensure compliance with all applicable federal, state, and local laws, rules, and regulations.</li> <li>• P – Bidder adheres to a formal contract process.</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• Q – Bidder's current residential programs do not have on-site staff 24/7/365. Bidder will develop new staffing models to accommodate this requirement.</li> </ul>
<ul style="list-style-type: none"> <li>• Q – Bidder will ensure this criteria is met, utilizing on-call staff as needed to fill staffing gaps created during the absence of dedicated staff.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder will provide services in a way that builds relationships and trust, recognizing client strengths</li> <li>• P – Bidder will adapt services to meet each client's unique needs and goals.</li> <li>• P – Bidder will actively create a sense of safety at the property.</li> <li>• P - Bidder will incorporate cultural sensitivity into service delivery.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Bidder will provide educational workshops as well as one-on-one services.</li> <li>• P – Service offerings will be based on interests and abilities of the clients.</li> <li>• P – Crisis intervention and safety plans will be developed with all clients.</li> </ul>
<ul style="list-style-type: none"> <li>• I – policy decisions fall ultimately to the hospital board. Program managers provide input into policy decision making.</li> </ul>
<ul style="list-style-type: none"> <li>• P - Staff currently meet monthly, and review coordinated roles, responsibilities, confidentiality, quality measures, policies, and reporting metrics.</li> <li>• P – Participants are regularly informed of their rights as clients and patients and participants.</li> </ul>
<ul style="list-style-type: none"> <li>• P Bidder is committed to providing referral and coordination services to connect</li> <li>• participants with appropriate community-based clinical resources, ensuring their health, substance use, and mental health needs are addressed effectively.</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• P – Bidder will provide HFSSS only with the full and informed consent of the participant.</li> <li>• P – Bidder Recognizing the principles of autonomy and voluntary engagement in services.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Client participation is vital.</li> </ul>



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<ul style="list-style-type: none"><li>• P – Detailed description of what assessment and service plan development and implementation entails.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder trains staff on assisting clients with accessing and maintaining all MaineCare services.</li><li>• P – Bidder experienced with navigating benefit programs such as social security disability, food access, and transportation.</li><li>• P – Bidder experienced working with landlords and property managers and teaching varied lifeskills.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder is qualified to train HFSSS staff to provide provide comprehensive case management services if other providers are not available to do so.</li></ul>
<ul style="list-style-type: none"><li>• P – Bidder will provide alternative activities at a variety of times and at frequencies conducive to tenant participation.</li><li>• P – Bidder's current residential facilities current provide for education and distribution of Naloxone.</li></ul>

<b><i>Part IV, Section IV. Cost Proposal and Budget Narrative</i></b>
<ul style="list-style-type: none"><li>• Cost Structure Reimbursement Acknowledgement Form was submitted.</li></ul>

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**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Mercy Hospital

**DATE:** 2.26.25 and 2.27.25

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>Established more than 100 years ago</li><li>Greater Portland's community hospital</li><li>pursues innovative solutions to solve complex social and health challenges that affect marginalized persons</li><li>In 2013, Mercy Hospital joined Northern Light Health, one of Maine's largest healthcare systems serving two-thirds of the state's geographical region and almost half of its population.</li><li>mission-based community programs</li><li>longstanding partnerships with the City of Portland, Milestone Recovery, Penquis, Spurwink, The Opportunity Alliance, Sweetser, Community Housing of Maine, community cultural organizations, and many others.</li><li>three decades of experience addressing the unique and multifaceted needs of individuals and families experiencing chronic homelessness: Francis Warde and McAuley Residence programs</li><li>Francis Warde provides 24/7 staffing; McAuley Residence(s) housing, include an office open Monday through Friday, 7:30 a.m. - 4:00 p.m., as well as a staff member on call 24/7.</li><li>Northern Light Mercy Hospital and McAuley Residence are committed to adhering to the 24/7/365 service requirements of becoming a qualified housing vendor of the HFSSS program and will re-evaluate staffing models as necessary to meet requirements.</li><li>Northern Light Mercy Hospital's McAuley Residence program is a proven leader in providing health and behavioral health services for women and families experiencing chronic homelessness, substance use disorders, and trauma</li><li>established formal partnerships with numerous community-based organizations, including:<ul style="list-style-type: none"><li>Northern Light Primary Care, PCHC, Northern Light Acadia Hospital, Savida Health, Bangor CTC, and Better Life Partners: Offering primary care and MAT services.</li><li>Eastern Maine Development Corporation and local Career Centers: Providing vocational training and job placement.</li></ul></li></ul>	

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- Pine Tree Legal and Penquis Law Project: Delivering legal support for housing, criminal record expungement, and other challenges.
- Community Housing of Maine, Preservation Management, Bangor Housing, Maine Development Associate, and local Housing Authorities: Assisting residents with longterm housing transitions.
- In Her Presence: Providing women with health, education, social, language, and community supports as well as access to vital systems.
- Typical staff recruitment and retention
- I: staff reserve pool
- Good identification of housing barriers and list of mitigation activities.
- Mercy's program staff have experience assisting participants in applying for and maintaining MaineCare coverage
- McAuley Residence helps participants apply for and maintain eligibility for housing assistance programs, then helps them transition to permanent housing.
- McAuley uses HRSN evaluations as the foundation for developing individualized, participant-centered service plans; conduct regular reassessments to monitor progress and adjust service plans as needed
- McAuley Residence, Francis Warde and other programs maintain partnerships with a wide range of local organizations
- formal relationship with Community Housing of Maine (CHOM) since 2012. CHOM is a partner of all McAuley Residences, owning three of the locations and provider of property management services, as well as at a fourth location of NLH in which McAuley Residence has a 100-year lease agreement. CHOM is also a partner of future McAuley sites, currently in development. In addition to CHOM, staff work closely with subsidized housing partners such as local housing authorities, housing vouchers, and landlords to ensure future housing stability for residents once they leave the McAuley locations.
- Mercy Hospital and program staff work collaboratively with Community Housing of Maine, Preservation Management, Ascend Property Management, R&K Property Management, and Hughes Property Management.
- Extensive list / network of on-site and community-based partnerships delivering services, including physical health care, wellness, employment, peer support.
- Strong administrative infrastructure; Finance and Compliance functions
- N: 3 improvements: examples are programmatic as opposed to core administrative.
- Braided funding sources; fundraising is underway for an endowment for McAuley Residence

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Mercy Hospital

**DATE:** 2.26.25 and 2.27.25

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

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- 3 projects: (1) Francis Warde: repurposed a former convent of the Sisters of Mercy to launch a two-generation approach for homeless pregnant immigrant women (2) McAuley Residence - Portland: comprehensive two-year program focusing on substance use disorder, that offers safe housing and wraparound services for pregnant, postpartum, and parenting women and their children; serve up to 40 families across its four locations (3) McAuley Residence – Bangor: has served 47 women and 81 children; The two-generation model links families to evidence-based treatment and services, community resources, and provides the necessary on-site trauma-informed capacity-building groups, parenting coaching, and family and play therapy for children with the goal of empowering its participants and their children to embrace recovery and overall well-being.

**2. Organizational Chart**

- Provided; looks like they'd replicate the McAuley structure for HFSSS

**3. Litigation**

- 11 cases, 5 open, largely related to surgeries / operations

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Housing First Support and Stabilization Services (HFSSS) will be delivered in a person-centered, strengths-based manner by focusing on the unique needs, preferences, and capabilities of each individual.
- Meets requirement
- Meets requirement
- Northern Light Mercy Hospital and McAuley Residence(s) routinely use a variety of State of Maine reporting systems and can enroll in HMIS as part of HFSSS requirements.
- As part of McAuley Residence, case management services are provided, as well as collaboration with a variety of entities to provide case management. Mercy Hospital will enroll and adhere to this requirement as requested.
- Established Relationships: McAuley has an existing network of trusted health and behavioral health providers with proven expertise in delivering comprehensive services. Some of these providers are: Northern Light Primary Care, PCHC, Northern Light Acadia Hospital, Savida Health, Bangor CTC, Better Life Partners, Plum Tree Services, The Opportunity Alliance, Penquis CAP, Wellspring, A Time to Rise, and Higher Ground Services.

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<ul style="list-style-type: none"> <li>Northern Light Mercy Hospital understands that Service Providers entering a contract with the Department to provide Housing First Support and Stabilization Services (HFSSS) must ensure seamless treatment oversight and care coordination for all providers supporting HFSSS participants in the designated service area.</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement; 4 new McAuley Residences opening in 2026</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>McAuley Residence program office(s) currently operate Monday through Friday, 7:30 a.m. - 4:00 p.m.; however, a McAuley staff member is on call 24/7. Additionally, the Recovery Coach, Peer Support Specialist, and other critical staff conduct after-hours team checks. Northern Light Mercy Hospital and McAuley Residence are committed to adhering to the service requirements of becoming a qualified housing vendor of the HFSSS program and will re-evaluate staffing models as necessary to meet requirements.</li> </ul>
<ul style="list-style-type: none"> <li>McAuley houses do not have 24/7/365 on site</li> <li>Northern Light Mercy Hospital and McAuley Residence are committed to adhering to the service requirements of becoming a qualified housing vendor of the program. Staff models will be re-evaluated as needed to ensure HFSSS requirements are met.</li> </ul>
<ul style="list-style-type: none"> <li>Good detail; meets requirements</li> </ul>
<ul style="list-style-type: none"> <li>Good detail; meets requirements</li> </ul>
<ul style="list-style-type: none"> <li>Northern Light Mercy Hospital McAuley Residence(s) decision making authority befalls the hospital board. The VP of Mission Integration manages overall program and financial oversight as well as community partnerships to ensure the vast array of services provided.</li> <li>Decision making embraces collaborative input from McAuley Resident Program Manager(s) who oversee the daily operations of the Residence, comprehensive programming, and external service partners.</li> <li>I: any input from residents?</li> </ul>
<ul style="list-style-type: none"> <li>Northern Light Mercy Hospital McAuley Residence(s) are committed to ensuring that all policies and procedures protect the rights of individuals receiving Housing First Support and Stabilization Services (HFSSS). These policies will be grounded in a person-centered, trauma-informed approach that prioritizes the dignity, autonomy, and well-being of each participant.</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement</li> </ul>
<b>C. Available HFSSS for Tenants</b>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<ul style="list-style-type: none"><li>• Meets requirement</li></ul>
<ul style="list-style-type: none"><li>• Meets requirement</li><li>• P: Individual Crisis Plans</li></ul>
<ul style="list-style-type: none"><li>• Meets requirement; good detail</li></ul>
<ul style="list-style-type: none"><li>• currently work with Northern Light Acadia Hospital and Crossroads Case Management to ensure participants' case management needs are being met.</li><li>• Meets requirement</li></ul>
<ul style="list-style-type: none"><li>• Meets requirement for (a) and (b). Does not address (c)</li></ul>

<b><i>Part IV, Section IV. Cost Proposal and Budget Narrative</i></b>
<ul style="list-style-type: none"><li>• <b><i>Signed cost proposal, did not include MaineCare agreement</i></b></li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Mercy Hospital dba Northern Light Mercy Hospital

**DATE:** 02/20/2025, 02/21/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• P-Mercy Hospital joined Northern Light Health</li><li>• P-Serves two-thirds of the geographic region</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Q-Chart provided, focus on Mission Integration</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• I-5 closed, 6 open-Unsure of relevance to this RFP.</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• P-Focus on individualized services, person-centered approach</li></ul>
<ul style="list-style-type: none"><li>• P-Available to provide requested documentation as needed</li></ul>
<ul style="list-style-type: none"><li>• P-History of working with the Department with other service contracts</li></ul>
<ul style="list-style-type: none"><li>• P-Will complete the necessary requirements to qualify as a housing vendor and HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• P-Knowledge of State of Maine reporting systems.</li><li>• Q-Is aware and will complete requirements for enrollment process with HMIS.</li></ul>
<ul style="list-style-type: none"><li>• P-Case management services are provided in a residential program.</li><li>• I-Collaboration with providers to provide case management.</li><li>• P-Will enroll as part of requirement.</li></ul>
<ul style="list-style-type: none"><li>• P-History of collaborative partnerships with an array of services across the state</li><li>• I-Customized agreements, MOU's with agencies and service contracts</li></ul>
<ul style="list-style-type: none"><li>• I-Identified the role of consistent communication</li><li>• Q-Utilizing interagency coordination</li><li>• I-Identifying staff as central point of contact</li></ul>
<ul style="list-style-type: none"><li>• P-Employ proactive planning in advance of occupancy to property.</li></ul>
<ul style="list-style-type: none"><li>• P-Familiarity with residential services and requirements</li><li>• Q-Established hiring process and staff training</li></ul>

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

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**EVALUATOR DEPARTMENT:** DHHS/OBH

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<ul style="list-style-type: none"> <li>P-Agency parent corporation have established policies and procedures to comply with Federal and State guidelines</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>P-Knowledge of staffing in residential programs 7:30am-4pm</li> <li>Q-Additional staffing requirements to adhere to HFSSS staffing requirements.</li> </ul>
<ul style="list-style-type: none"> <li>P-Staffing model to include regular staff</li> <li>P-Staffing includes reserve and on-call to allow for planned or PTO</li> </ul>
<ul style="list-style-type: none"> <li>P-Focus on individualized services, person-centered approach</li> </ul>
<ul style="list-style-type: none"> <li>Q-Staff creating a sense of safety in the HFSSS physical property</li> <li>P-Staff providing outreach, positive focus interventions</li> <li>P-Person-centered, focus identified client/tenant needs</li> <li>I-Strengths/needs approach, life-skills</li> </ul>
<ul style="list-style-type: none"> <li>Q-Residential decision-making falls to the hospital board.</li> <li>P-Program leadership provides oversight of program with collaboration of program manager.</li> </ul>
<ul style="list-style-type: none"> <li>P-Policies and procedures designed to protect client/tenant rights</li> <li>I-Policies and procedures reviewed during intake process and during each phase advancement.</li> </ul>
<ul style="list-style-type: none"> <li>Q-What is included in comprehensive programming</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>Q-Information provided to client/tenant to inform of full consent.</li> </ul>
<ul style="list-style-type: none"> <li>Q-Will all staff be able to complete individualized service plans and individualized crisis plans.</li> <li>P-Description of collaborative approach and development of identifying needs.</li> </ul>
<ul style="list-style-type: none"> <li>P-Staff will ensure access to MaineCare services.</li> <li>Q-Staff knowledge of all MaineCare services individuals accessing HFSSS services are eligible for.</li> </ul>
<ul style="list-style-type: none"> <li>P-Providing comprehensive case management services.</li> <li>I-Utilization of continued supportive services, to include Housing Navigators</li> <li>P-Collaboration with current providers for case management services.</li> </ul>
<ul style="list-style-type: none"> <li>I-Integrating positive community engagement in the residence</li> <li>P-On-site Narcan accessibility</li> </ul>

<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"> <li><b>Signed Acknowledgement of the Cost Structure Reimbursement Acknowledgment Form</b></li> </ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Mid Maine Homeless Shelter & Services

**DATE:** 2/19/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• P-Bidder offers a variety of programs to include low-barrier shelter which is a 56-bed unit open 24/7/365 for the last four years. A 25-bed overnight warming shelter that operates six months out of the year for the last three years. TCM, Rapid Re-housing, the state's first Housing First Initiative, and Youth Empowerment Supports which is an 11-unit program that has been successful for the last seven years targeting formerly unhoused youth.</li><li>• P-Bidder currently works with more than 30 landlords in the Waterville area in assisting with housing and re-housing of chronically homeless individuals</li><li>• P-Bidder offers Targeted Case Management services for over 10 years</li><li>• P-Bidder requires all frontline staff to be certified in MANDT, CPR, First Aid, Narcan, AED, Mental Health First Aid, Boundaries, Person-Centered approach, and Harm Reduction.</li><li>• P-Bidder has strong relationships in their service area to include the City of Waterville</li><li>• P-Bidder is an active participant in HUB 6, and prioritizes homeless services by greatest need for those in Kennebec and Somerset</li><li>• P-Bidders relationship with the City of Waterville has resulted in the city being the only one of its size that does not have unhoused individuals during the winter months for the past three years</li><li>• P-Bidder partners with organizations such as Maine General, Colby College and others as part of the Poverty Action Coalition</li><li>• P-Bidder recruits a diverse workforce and offers significant training employees and focus on employee welfare</li><li>• P-Bidders experienced case management team is well versed in applying and maintaining benefits such as MaineCare. Bidder also specializes in helping clients qualify for housing assistance including section 8, BRAP, Supported Housing, HUD, VASH, and many more</li><li>• P-Bidder is well versed in evaluation access to HRSNs to include food, education, and transportation</li><li>• P-Bidder collaborates with Waterville Fire Dept to provide paramedicine on-site. Collaborate with Common Ground Friends to deliver IOP on-site. Bidder works with KBHs PATH program to bring people into the shelter and the Bidder also collaborates with KVCAP for transportation assistance to mention a few</li></ul>	

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<ul style="list-style-type: none"><li>• P-Bidder has a small financial team that consists of four people, Bidder has a complex IT. Compliance is overseen by the Operations team which is also in charge of billing and finances</li><li>• P-Bidder has improved financial reporting, disability rights compliance, and OSHA bloodborne pathogens compliance</li><li>• P-Bidders CEO and development team have raised over \$4 million through private philanthropy, donations, and advocacy</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Q-Bidder did not provide</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• Q-Bidder did not provide</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• P-Bidder currently operates 11-unit young adult site-based Housing First apartments for several years</li><li>• P-This program benefits from 24-hour operations of the shelter which the tenants can access at any time if needed as well as on call services for moments of crisis. Tenants have access to 40 hours of on-site case management per week and more importantly tenants can take these services with them when they are ready to leave, which aligns with the Housing First requirement to offer mobile services</li><li>• P-Bidder has a long history of providing person-centered, strengths-based services and they have also adopted the core tenants of Housing First including client choice, recovery orientation, and community integration across of their programs</li></ul>
<ul style="list-style-type: none"><li>• N-Bidder does not answer question in relation to HFSSS program. They spoke of their section 13 TCM services</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder feels well prepared to collaborate and take direction form the Department due to the fact they currently partner with several organizations that oversight of their programs to include MaineCare's oversight of TCM. They are also recipients of a federal emergency shelter housing assistance program (ESHAP) which grants Maine housing the authority to inspect client files and facilities for program compliance</li></ul>
<ul style="list-style-type: none"><li>• P-Provider supplied the MaineCare Provider agreement</li></ul>

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<ul style="list-style-type: none"><li>• P-Bidder has recently formalized an MOU with Common Ground Friends serving Bangor. The Bidder will operate under their addiction and BH health license to deliver IOP as well and additional services for people experiencing addiction, homelessness, and BH needs</li></ul>
<ul style="list-style-type: none"><li>• N-Bidder does not provide understanding, other to say they are aware of these obligations and are well resourced to undertake the work</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder believes their existing programs and services provide a solid foundation to meet the requirements of a Housing First property.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder believes they are in a strong position to expand their services because they already offer similar services, many on a 24-hour basis.</li><li>• P-Bidder believes they possess the knowledge, skills, and experience to hire and train staff and to engage in outreach preparation because they already participate in Coordinated entry and are involved in the Maine Continuum of Care due to low barrier shelter</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has a strong understanding as they have been engaged with Housing First program for more than a decade and have also been the recipient of ESHAP</li><li>• P-Bidder is an existing provider of TCM and are accustomed to meeting all agency requirements as defined by their contract</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• P-Bidder currently operates a 24-hours low barrier shelter</li><li>• P-The Bidder staffs the shelter with as many as four employees per shift every eight hours</li><li>• Q-Bidder also operates an 11- bed unit of site-based housing first apartments using the ACT model. It was stated previously this program benefits from 24-hour operations of the shelter which the tenants can access at any time if needed as well as on call services for moments of crisis. I don't believe this qualifies as 24/7/365 care</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder currently runs a 24-hour low barrier shelter and understands the need for 24/7/365 to provide HFSSS</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder states they are already doing these things with their emergency shelter and YES program</li><li>• Q-Bidder does not advise how they will provide these through a person-centered strengths-based approach in regard to HFSSS</li><li>• I-Bidder states tenants that overdose are not evicted from the program, instead they are supported and encouraged</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder advises they are currently doing this with their YES tenants. Bidder has community support workers that help the tenants with learning to cook or</li></ul>

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clean. Their case manager helps the tenants to develop personal goals and care plans and help tenants pay rent in full and on time (not sure how they do this). Bidder states their team builds trust and rapport with the tenants, and some tenants move on to higher education and careers in other parts of the state. Bidder looks forward to extending this to tenants in HFSSS
<ul style="list-style-type: none"> <li>• P-Bidder adheres to Housing First Fidelity Scales, these principles are incorporated into their policies and procedures</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder believes in protecting the rights of tenants even when tenancy is beyond repair. For example, if there is a significant disagreement between the organization and tenant, they have a defined complaint procedure and will refer the tenant to Pine Tree Legal and to the Maine Human Rights Commission</li> <li>• P-Bidder provides training to staff in maintaining boundaries</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder will provide a referral for services. Bidder states they are also on track to provide some services on-site like IOP. It will be tenant choice to utilize external or internal services</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• P-Bidder currently does this with shelter and YES program. Tenants are not required to utilize on-site services and tenants have the right to decline all services without penalty</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidders TCM program does this for the tenants as well as working with outside case managers that have followed their clients into the program</li> <li>• Q-Bidder currently only develops ICPs with tenants at lease-up and again if/when a tenant gains an assistance animal (questioning what lease-up means)</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder states all the above is in their wheelhouse of their existing TCM program which will be expanding to include section 17 and 91 services. This is standard work for their current team and will continue as a HFSSS provider</li> <li>• N-Bidder states list is extensive and can provide data examples but doesn't add anything else except for family reunification. They have a case manager that drives a tenant to Brunswick so they can maintain a relationship with their child</li> </ul>
<ul style="list-style-type: none"> <li>• P-these services can be provided through the TCM program</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder currently provides activities for their tenants to include community meals, cookouts, and holiday gatherings</li> <li>• P-Naloxone is on-site, and all staff are trained in the administration. It is available on all floors.</li> <li>• P-Bidder also has a type of motion sensor set up in public bathrooms, staff will be alerted if someone is in the bathroom and there is no movement.</li> </ul>

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| <ul style="list-style-type: none"><li>• P-Bidder does participate in the Syringe Service Program through Maine General</li></ul> |
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**STATE OF MAINE  
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**BIDDER NAME:** Mid Maine Homeless Shelter & Services

**DATE:** 2/19/25

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Stated they provide a variety of programs including low-barrier shelter, TCM, Rapid Rehousing, Prevention and Youth Empowerment Supports (a Housing First initiative).</li><li>• Stated their Youth Empowerment Supports program has eleven (11) units and has been running for over seven (7) years, specifically targeting formerly unhoused youth; and the program is supported by a case manager and housing coordinator.</li><li>• Stated tenants of their Youth Empowerment Supports program are encouraged to volunteer on-site and a tenant committee is in place to address concerns and review policies and procedures.</li><li>• Stated they operate a 56-bed Emergency Shelter and Housing Assistance Program (ESHAP), open 24/7/365; and has been a low-barrier shelter for the past four (4) years. Prior to that, bidder stated their ESHAP was a high-barrier singles and family shelter since its inception in 1989.</li><li>• Stated they also run a 25-bed overnight warming center that's open for six (6) months of the year, operational for the last three (3) years.</li><li>• Stated they have expanded harm reduction practices over the last four years, including incorporation of Narcan use; CPR/First Aid training; non-judgmental approaches; test strips; wound care kits; and needle disposal.</li><li>• Stated they have a no-turn-away policy for those seeking shelter during the winter months.</li><li>• Stated they have a "presumption of assistance animal status" for guests with animals, and work to ensure they have the necessary documentation, vaccinations and registration.</li><li>• Stated they use "risk stratification" to identify and prioritize guests at their shelter that are at higher risk.</li><li>• Use a "no-movement detection system" in their shelter bathrooms to monitor any potential medical emergencies, including overdoses; with Bidder able to successfully reverse forty-seven (47) overdoses as a result of installing this system in last year.</li><li>• Stated their Advisory Committee is comprised of current and former guests that actively contribute to shelter operations, policy decisions and event planning.</li></ul>	

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**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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Supportive service provision to those experiencing Chronic Homelessness:

- Stated they have provided support to those experiencing Chronic Homelessness for the last five (5) years; and, in addition to their three (3) low-barrier shelters, have provided TCM, Housing Navigation and Rent Smart classes designed to assist the population.
- Stated they are currently working with over thirty (30) landlords in the Waterville area to assist with housing and rehousing individuals experiencing Chronic Homelessness.

24/7/365 service provision experience:

- Stated they operate an ESHAP shelter open 24/7/365, in continuous operation for the past seven (7) years; and have staffing on all shifts, including 24/7 on-call support.

Experience providing health and behavioral health services to the intended population:

- Stated they have offered TCM services for over ten (10) years and has been a leader in shelter training provision for front line staff.
- Stated their TCM and shelter teams receive clinical supervision from licensed practitioners.
- Stated their frontline staff are all required to receive certification for: "MANDT"; CPR/First Aid, Narcan and AED; Mental Health First Aid; Boundaries: Person-Centered Approach; and Harm Reduction.

Knowledge of community-based resources in service area and related experience:

- Stated they maintain strong partnerships with agencies in their service area, including Waterville City.
- Stated they are an active participant in HUB 6 and prioritize homeless services for those with greatest need in Kennebec and Somerset counties.
- Stated they are the leading agency in their region for Coordinated Entry.
- Stated their collaboration with the City of Waterville has resulted in the city experiencing no unsheltered homelessness during the winter months for the past three (3) years.
- Stated they partner with organizations including Maine General; Colby College; KBH; The Act Team; KVCAP as part of the Poverty Action Coalition; and with the Waterville Chamber of Commerce.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

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- Stated their case managers are regularly updated on local resources, assist clients with accessing services through referrals and coordinated entry and often provide transportation to assist clients with reaching services.

Staff recruitment and retention policies, and plans to ensure optimal staffing for Housing First Rental Homes:

- Stated they recruit a diverse workforce and focus on skills and experience over degrees and formal qualifications, where appropriate.
- Stated they appreciate the importance of peer support, and demonstrated understanding that formal qualifications can often exclude quality staff.
- Stated they seek diverse applicants with strong client skills that embrace the service orientation founded on Harm Reduction and Housing First.
- Stated they consider retention a key priority and offer training for employees and they focus on employee welfare.
- Stated they have clinical supervision for all front-line staff; have a “robust paid time off policy; offer an Employee Assistance Program; allow for flexible scheduling; and stated they invest in their team’s long-term success, recognizing the importance of workforce consistency for trust and rapport building.
- Stated they track employee turnover and seek feedback regularly to improve their terms and conditions.
- Stated their policies ensure ability to recruit and retain staff, including for 24/7 service provision, which they plan to continue as a HFSSS provider.

Knowledge of common barriers to maintaining permanent housing:

- Referenced poor communication as a frequent factor to eviction, per research and their observations.
- Stated their teams proactively engage with tenants and landlords to ensure clear communication and offer mediation support when issues arise.
- Stated they have successfully provided housing navigation services for eight (8) years, with a focus on housing stabilization.
- Stated their approach emphasizes financial stability; fostering positive landlord relationships; promotion of good neighbor practices; and ensuring of property maintenance.
- Stated they also offer Rent Smart classes to clients for skill development to maintain stable housing.
- Stated they are also Housing First landlords and will bring this approach to their Housing First program.



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Experience navigating benefits' maintenance:

- Stated they frequently assist clients with limited or no benefits, due to their low-barrier shelter operation.
- Stated they specialize in assisting clients qualify for housing assistance, including Section 8 "(HCV)", BRAP, Supported Housing (formerly Shelter Plus), HUD VASH, and other project-based voucher programs.

Experience evaluating HRSN and incorporating such into service plan development:

- Stated they are versed in evaluating access to HRSNs; and include HRSN assessments in service plan development and with assisting clients in navigating systems and applications for programs/services including benefits; setting up transportation services through Kennebec Valley CAP; and Educare.

Interagency coordination:

- Stated their CEO just completed a 3-year gubernatorial appointment to the Maine Statewide Homeless Council and is also an active member of the Maine Continuum of Care.
- Stated their CEO also serves on various board of directors, including Penobscot Community Health Care and Inland Northern Light (chair of governance committee).
- Stated CEO also participates in a Rural Community Health Improvement plan to improve HRSN access across Kennebec County.
- Stated they host a monthly homelessness task force for Waterville City, with the aim to end homelessness, and includes city council members; mayor; city manager; police and fire chiefs; and other agencies.
- Stated they have staff participate in other meetings and collaborations, including the homeless Hub 6 case conference and the KVCC Poverty Action Committee.

On-site experience in affordable housing developments:

- Stated they are an operator of affordable housing and currently operate eleven (11) units of site-based Housing First apartments.
- Stated their service team has a separate reporting chain from property management, allowing service providers in their case management team to fully implement their role of client advocacy; while the property management side works on establishing trust, rapport and positive landlord and tenant relations related to full rent paid on time, maintaining the unit and avoiding or mitigating "nuisance behavior".

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- Stated they are the service provider for Community Housing of Maine in Waterville and help CHOM's tenants with maintaining their housing stability and assist with working on community integration.

Experience working collaboratively with landlords and property managers:

- Stated they have their own experience as landlords and have worked with over thirty (30) area landlords through their Rapid Rehousing, housing placement and navigation services.
- Stated they believe strong, positive relationships with landlords is critical to their clients' success.

Experience collaborating and partnering with other providers:

- Stated they engage with a number of services and providers.
- Stated they established a strong collaboration with the Waterville Fire Department last year to provide paramedicine onsite for their shelter guests.
- Are collaborating with Common Ground Friends to start delivery of IOP on-site.
- Stated they work with KBH's PATH program to bring people into shelter and KVCAP to coordinate transportation and childcare.
- Stated they have a collaboration with a local vet that provides free care and services to their animal guests and tenants.
- Stated they have engaged with art organizations, student groups, advocacy organizations and the faith community; and when guests or tenants express a service need, Bidder will try to connect them to such, and when community access is difficult, they attempt to bring the service onsite instead.

Approach to handling financial, IT and compliance functions:

- For financial – stated they have a team of four (4) in their financial accounting team, with each responsible for a different task, all supervised by their Operations director.
- For IT – stated they have a complex IT network, and the core of such is maintained and operated by MTG, a vendor specializing in whole system network integration. Stated MTG provides them with security training and updates, supplies all equipment and maintains their server. Stated use of encrypted email where appropriate and use of an external audit company to review and submit MaineCare billing and accountability.
- Stated they have a HMIS specialist that is responsible for all HUD-related data submissions.

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- For compliance – stated building, employment and technology compliance is overseen by their operations team; and oversee billing, reporting, annual audit of finances and corrective action plans related to operations.

Examples of core administrative procedures improved over the last three (3) years:

- Stated they hired a finance manager two (2) years ago to oversee their financial reporting and strengthen their internal controls.
- Stated they updated their financial policies manual, and grant management and reporting – and stated their government grant system for financial reporting is now more robust.
- Stated they instituted a new reporting framework last year for all reasonable adjustments, in compliance with Fair Housing and Disability Discrimination law.
- Stated they hired a building maintenance specialist over the last three (3) years that has expertise in OSHA compliance, specifically development and implementation of protocols for Bloodborne Pathogens.

Experience raising private funds to cover expenses:

- Stated in the last five (5) years, their CEO and development team have raised over \$4,000,000 in additional funding through private philanthropy, donations and advocacy.

Project 1:

- Referred to their operation of the Youth Empowerment Supports (YES) program, an 11-unit young adult site-based Housing First program.
- Stated YES is located above their shelter and benefits from their 24/7 shelter operations, where on-call services and crisis support are available for access.
- Stated tenants have access to forty (40) hours of on-site case management weekly, and have support for activities of daily living.
- Stated tenants are able to take services with them when they are ready to move out of the community, aligning with the Housing First requirement to offer mobile services.

Project 2:

- Referred to their Rapid Rehousing service, engaging landlords and providing housing stabilization services, including case management , housing navigation and landlord mediation.

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- Stated participants are required to meet with a case manager monthly, at minimum, and have access to additional services to assist with housing maintenance.
- Stated services are available up to six (6) months after the end of rental assistance.

**Project 3:**

- Referred to their work with Community Housing of Maine Services where they offer and assist tenants with accessing and maintaining needed MaineCare services, as applicable; and assist with navigating social services and benefits, including social security disability, MaineCare transportation, food access and behavioral health services, including substance use treatment.
- Stated they also connect clients to life skill development services, if requested, including tenant and landlord communication support.
- Stated they provide 24/7/365 tenancy support services, including new tenant orientation and move-in assistance; and tenant guest management.

**2. Organizational Chart**

- Reader could not identify an organizational chart in the submitted proposal documentation.

**3. Litigation**

- Reader could not identify a litigation form in the submitted proposal documentation.

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- Referenced a long history of person-centered strengths-based service provision.
- Stated they have also embraced the core tenants of Housing First, including client choice, recovery orientation and community integration across their programming.
- Stated they've operated a homeless shelter for thirty (30) years, with the shelter being low-barrier during the last three (3) years.
- Indicated their shelter has no program requirements and guests may access their case management services, housing navigation and any other available supports, as desired.

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<ul style="list-style-type: none"><li>• Stated they welcome guests that are actively using and provide a supportive environment that focuses on harm reduction using a recovery orientation.</li><li>• Bidder referred to their 11 units of young adult site-based Housing First apartments work and described such.</li></ul>
<ul style="list-style-type: none"><li>• Stated they are section 13 case managers and have submitted necessary documentation for such and agreed to the established reimbursement rates.</li><li>• Stated they are also in the process of establishing an Intensive Outpatient Program (IOP) at their Colby Street location and have hired an additional manager with clinical qualifications to expand their services.</li><li>• Bidder referenced their enrollment in section 13 services in their response to #2; but did not address this item as it pertains to HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<ul style="list-style-type: none"><li>• Provided copy of MaineCare Provider Agreement.</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• Bidder provided a screenshot of their enrollment as a TCM agency.</li></ul>
<ul style="list-style-type: none"><li>• Stated they are in the process of formalizing an MOU with Common Ground Friends, a behavioral health agency that primarily serves Bangor; and indicated they will be operating under their addiction and behavioral health license to provide IOP and additional services for those “experiencing addiction, homelessness or behavioral health needs”.</li><li>• Stated they passed their site inspection January 2025, and hope to formalize their collaboration in February, with the goal of delivering additional programming and services in March 2025.</li><li>• Stated they have collaborated with Maine General on a research project, and indicated there is an attending physician at Waterville’s Maine General that is ready to offer additional support.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<ul style="list-style-type: none"><li>• Stated their existing programming and services provide a solid foundation for them to expand staffing to meet Housing First requirements.</li><li>• Plans to begin their hiring process once “the certificate of occupancy seems realistic”.</li></ul>
<ul style="list-style-type: none"><li>• Stated, since they already offer similar services on a 24-hour basis, they are in a strong position to expand services to incorporate an additional service location.</li><li>• Stated as a low barrier shelter provider that participates in Coordinated Entry and is involved in the Maine Continuum of Care, they have the relevant</li></ul>

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knowledge, skills and experience to hire and train staff and engage in outreach in preparation for residency.
<ul style="list-style-type: none"> <li>• Stated they have engaged in Housing First programming for over a decade, including site-based Housing First and are a recipient of ESHAP that uses a Housing First orientation and requires collaboration with MaineHousing.</li> <li>• Stated that as an existing provider of TCM they are accustomed to meeting all agency requirements, per contract and federal, state and Department requirements.</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• Referred to their staffing model for their 24-hour low barrier shelter, which uses three (3) 8-hour shifts, which they plan to do for HFSSS as well.</li> <li>• Stated their 11 units of site-based Housing First apartments use the assertive community treatment model; with 40 hours of on-site case management and 24/7 on-call backup.</li> <li>• Plans to use their experiences with the low barrier shelter and site-based Housing First apartments to ensure HFSSS is efficiently staffed for 24/7/365 service provision.</li> </ul>
<ul style="list-style-type: none"> <li>• Reiterated plan to use their experience and approach with their 24-hour low barrier shelter (up to 4 staff per shift) and site-based Housing First apartments in their HFSSS work.</li> </ul>
<ul style="list-style-type: none"> <li>• Stated they are currently doing all indicated requirements in their emergency shelter and YES programs; and noted all programming is designed and operated through Housing First principles of consumer choice; separation of housing and services; mobile service provision; and harm reduction and recovery orientation implementation in all programming and services.</li> <li>• Stated individuals that overdose are not asked to leave but instead supported and encouraged per stated goals.</li> <li>• Plans to lean into harm reduction and recovery principles in their HFSSS provision.</li> <li>• Stated they are one of the only shelters in the state that uses a “robust approach to assistance animals” in their shelter and housing programs.</li> </ul>
<ul style="list-style-type: none"> <li>• Stated they are already doing this in their YES program; and have a dedicated community support worker that helps their tenants with activities of daily living.</li> <li>• Stated their case manager helps tenants with developing personal goals and care plans and works with tenants to help pay timely rent in full, maintain the unit, “and not be a nuisance”.</li> <li>• Stated some of their tenants in the YES program have gone onto higher education and careers in other parts of the state.</li> </ul>

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<ul style="list-style-type: none"> <li>As necessary and desired, they will make community-based referrals and assist with navigating issues such as transportation and childcare.</li> </ul>
<ul style="list-style-type: none"> <li>Stated they adhere to the Housing First Fidelity Scales that were developed by Tsemberis et al. and incorporate the principles into their policies and procedures, tenant agreement and their program operations and monitoring.</li> </ul>
<ul style="list-style-type: none"> <li>Stated they believe in protecting tenant rights, even when they feel as though tenancy may be beyond repair; and in these situations, though few, they continue to provide information and make appropriate referrals.</li> <li>Stated they have a defined complaints procedure when there is disagreement between the organization and a guest/tenant; and make sure the guest/tenant is aware of their legal rights and refer them to both Pine Tree Legal and the Maine Human Rights Commission.</li> <li>Stated they provide detailed training to all staff on boundary maintenance; “working with people with disabilities”; and on housing law and policy.</li> <li>Stated they have a Guest Advisory Committee which reviews and approves all policies and procedures related to their shelter and housing programs.</li> </ul>
<ul style="list-style-type: none"> <li>Stated they currently provide the indicated referrals, and per client demand and feedback, are also in the process of offering many of the indicated services (health care, substance use treatment and mental health care) on site.</li> <li>Stated they are launching new services onsite, like IOP, to mitigate transportation needs.</li> <li>Stated they will not require any tenant to use site-based services and will strive to support them with accessing relevant services, per their choice.</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>Stated tenant consent for service provision is currently done in their YES program and their shelter.</li> <li>Stated they believe all services are voluntary and client choice is paramount and referred to their YES program where tenants who decline all services are not penalized for external service-use or no service use.</li> </ul>
<ul style="list-style-type: none"> <li>Stated their TCM program is adept at crisis and service plan development, and experience with working with outside case managers that followed their client to Bidder’s programming.</li> <li>Stated they develop crisis plans at lease-up, and again, if or when a tenant or guest gains an assistance animal.</li> </ul>
<ul style="list-style-type: none"> <li>Stated provision of C.3. is in alignment with their existing TCM program, with plans to expand to include section 17 and section 91 services; and they will continue doing so as a HFSSS provider.</li> </ul>

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<ul style="list-style-type: none"><li>Regarding family reunification, Bidder provided an example of their case manager regularly driving a tenant from Waterville to Brunswick to maintain their connection to their child.</li></ul>
<ul style="list-style-type: none"><li>Stated they currently have this available through their TCM program.</li></ul>
<ul style="list-style-type: none"><li>Stated the Harm Reduction services indicated are all currently available to their guests and clients; and their YES program includes regular community meals and activities such as cookouts, holiday get togethers and excursions.</li><li>Stated naloxone is onsite at their current locations, with staff trained in administration of such; and have equipped reverse motion sensors in their bathrooms.</li><li>Stated they currently participate in a Syringe Service Program through Maine General.</li></ul>

<b><i>Part IV, Section IV. Cost Proposal and Budget Narrative</i></b>
<ul style="list-style-type: none"><li>Reader could not identify a Cost Structure Reimbursement Acknowledgement Form in the submitted proposal documentation.</li></ul>



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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• I – providing support to chronically homeless persons for 5 years.</li><li>• P – operates a low-barrier shelter where Targeted Case Management, housing navigation and educational classes are offered.</li><li>• P – Engaged with over 30 landlord in their service area to house chronically homeless individuals.</li><li>• P – Operates an ESHAP shelter 24/7/365 for the past 7 years. Shelter is staffed 24/7/365.</li><li>• I – Has provided Targeted Case Management for 10 years.</li><li>• I – Staff are certified in the following: MANDT, CPR/First Aid/Narcan/AED, Mental Health First Aid, Boundaries, Person-Centered Approach, Harm Reduction</li><li>• P – Collaborates with the City of Waterville to eliminate unsheltered homelessness during the winter months.</li><li>• I – Partners with Maine General, Colby College, KBH, The Act Team, KVCAP as part of the Poverty Action Coalition, and the Waterville Chamber of Commerce, but details of these partnerships were not provided.</li><li>• P – Participates in the Coordinated Entry System</li><li>• P – Case Managers are updated on local resources and assist clients with referrals. Transportation may be provided.</li><li>• P – Staff recruitment policies recognize the value of skills and experience and a diverse workforce.</li><li>• I – Front line staff are supported by clinical supervision and significant training.</li><li>• I – Robust paid time off policy and flexible schedules.</li><li>• I – Employee Assistance Program is offered.</li><li>• I – Employee turnover is tracked but no data was provided.</li><li>• I – Regularly seeks feedback from staff.</li><li>• P – Approach to mitigating barriers emphasizes financial stability, fostering positive landlord relationships, promoting good neighbor practices, and ensuring property maintenance.</li><li>• P – Staff engage with tenants and landlords to ensure clear communication. Provides mediation services</li><li>• P – Offers Rent Smart classes to help clients develop the skills necessary for maintaining stable housing.</li></ul>	

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- P – Case managers are skilled in applying for and maintaining various benefits.
- P – Experienced in helping clients qualify for many tenant and project based housing assistance programs.
- P – Health-Related Social Needs are assessed while developing service plans.
- P – CEO recently member of Statewide Homeless Council and active in the Maine Continuum of Care. CEO also serves on boards related to healthcare.
- I - CEO participates in a Rural Community Health Improvement Plan to improve access to HRSNs across Kennebec County.
- P – Hosts a monthly homelessness taskforce for Waterville including government representatives and non-specified others.
- P – Staff participate in the Coordinated Entry Systems case conferencing and a local poverty action committee.
- N – The response did not include information demonstrating a working knowledge of the types of services offered to clients and any service limitations
- P – Operates affordable housing for 11 young adults in one-bedroom and efficiency apartments and single room occupancy units.
- I/Q – At the affordable housing units, service providers and property management staff have different reporting chains of command.
- P – At the affordable housing units case managers and property management work collaboratively on housing matters such as paying rent in full and on time, maintaining the unit, and avoiding or mitigating nuisance behavior.
- P – Provides housing stability services for a housing organization called Community Housing of Maine. Community integration is an aspect of their work with Community Housing of Maine.
- P – Experienced engaging with over 30 landlords while assisting participants in a Rapid Rehousing program, housing placement, and navigation services.
- P – Collaborates with the Waterville Fire Department for provision of on-site paramedicine to shelter guests.
- P – Collaborates with Common Ground Friends to begin delivering IOP onsite.
- P – Work with KBH's PATH program to bring people into shelter
- P – Work KVCAP to coordinate transportation and childcare.
- P – Collaborates with a local vet who provides free care and services to our animal guests.
- P - Engaged with arts organizations, student groups, and advocacy organizations, as well as the faith community.
- P – Tries to bring desired services on-site when community access is difficult

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- I – Core administrative functions (fiscal) include a 4 person financial accounting team with different roles and responsibilities supervised by an operations director.
- I – Information technology and hardware is maintained by a whole system integration contractor.
- I – IT contractor provides security training and updates, supplies all equipment, and maintains bidder's server.
- P – Uses encrypted email where appropriate
- P – Uses an electronic client record that is HIPPA and HUD compliant.
- P – Engages an external audit company to review and submit MaineCare billing and accountability
- I – Has an HMIS specialist who is responsible for all of our HUD related data submissions to MaineHousing which is the core system we use for monitoring and evaluation of our HUD funded programs.
- P - Compliance for building, employment, and technology is overseen by our operations team. They make sure we maintain OSHA compliance, meet building codes and maintenance requirements, facilitate on-site visits from MaineHousing, DHHS, and the City of Waterville Fire Department.
- I – Operations team also oversees billing, reporting, the annual audit of our finances, and corrective action plans related to the above.
- I - Core administrative procedure improvement: are hiring a finance manager to oversee financial reporting and strengthen internal controls. This included updating the financial policy manual and grant management and reporting.
- I – Core administrative procedure improvement: instituted a new reporting framework to be in compliance with Fair Housing and Discrimination law.
- I – Core administrative procedure improvement: hired a building maintenance specialist with expertise in OSHA compliance, specifically regarding protocols for bloodborne pathogens.
- I – Has raised over \$4M in the past 5 years through private philanthropy, donations, and advocacy.
- Related project one is the YES program, which is 11 units of recovery oriented apartments located above the shelter that adhere to a Housing First model.
- Related project two is Rapid Rehousing. This is short-term rental assistance. The bidder provides case management, housing navigation, and landlord mediation and additional services to help clients maintain housing such as referrals to food assistance, transportation, childcare, job training, behavioral health. Program participants are required to meet with a case manager at least once a month.

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<ul style="list-style-type: none"> <li>Related project three is Community Housing of Maine Services where the bidder offers and assists tenants with accessing and maintaining needed MaineCare services, as applicable, navigating social services and benefits, including but not limited to navigating and/or accessing social security disability, transportation, food access, and behavioral health services, including substance use treatment. Connects clients to life skill development, as requested, including tenant/landlord communication support; 24/7/365 tenancy support services including, at a minimum new tenant orientation and move-in assistance; and tenant guest (friends, family, service providers, etc.) management to ensure security and safety of all tenants.</li> </ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"> <li>N – Did not provide an enterprise-wide organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP and to whom the project team reports.</li> </ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"> <li>N – Did not submit a Litigation Form</li> </ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"> <li>P – Embraces core tenants of Housing First including client choice,</li> <li>I – Programs have a recovery orientation and include community integration</li> <li>I – Shelter in operation 30 years; last 3 as a low-barrier shelter serving people without regard to criminal convictions, treatment for mental illness, or addiction.</li> <li>Supportive services are voluntary</li> <li>I – Clients who are actively addicted are provided a supportive environment focusing on harm reduction with a recovery orientation</li> <li>Supportive housing apartments utilize housing first principles.</li> </ul>
<ul style="list-style-type: none"> <li>Q – Response gave details about the agency's CH 13 Targeted Case Management program's success in position titles and qualifications, staffing plans, and implementation plans, and insurance certificates and adherence to reimbursement rates.</li> <li>I – In process of establishing an addiction Intensive Outpatient Program</li> </ul>
<ul style="list-style-type: none"> <li>Currently receives oversight from the Department via Targeted Case Management.</li> <li>P – Is in compliance with federal shelter grant</li> <li>P – States prepared to collaborate and take direction from the Department</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Mid-Maine Homeless Shelter & Services

**DATE:** 02/25/2025

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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<ul style="list-style-type: none"> <li>• N/A.</li> </ul>
<ul style="list-style-type: none"> <li>• N/A.</li> </ul>
<ul style="list-style-type: none"> <li>• N/A.</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• I – Developing a formal partnership to deliver Intensive Outpatient Program under the license of a local behavioral health agency</li> <li>• I – Collaborating with Maine General hospital on a research project and provision of the services of a physician.</li> </ul>
<ul style="list-style-type: none"> <li>• I – Stated aware of the obligations required of treatment oversight and care coordination and have adequate resources to undertake this work.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Will begin the hiring process for HFSSS as soon as the certificate of occupancy seems realistic.</li> </ul>
<ul style="list-style-type: none"> <li>• P - Possess the relevant knowledge, skills, and experience to hire and train staff, and engage in outreach in preparation for the residency.</li> </ul>
<ul style="list-style-type: none"> <li>• Cited current success complying with rules statutes, and agreements for federal grants and Targeted Case Management.</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• I Similar to agency's current shelter program, will operate three 8-hour shifts.</li> <li>• I – Shelter may have 4 staff per shift at times.</li> <li>• I – current apartment program uses an assertive community treatment model providing 40 hours of on-site case management, and on-call services available 24/7/365.</li> </ul>
<ul style="list-style-type: none"> <li>• Q – Did not commit to ensuring at least two HFSSS staff on-site 24/7/365.</li> <li>• I – will run three 8-hour shifts.</li> </ul>
<ul style="list-style-type: none"> <li>• P – All programs are designed and operate using the Housing First principles of consumer choice and separation of housing and services</li> <li>• I – Agency tries to embody nonjudgemental engagement, emotional support, and flexibility to meet tenant needs.</li> <li>• I – Allows assistance animals in the shelter and current housing programs</li> </ul>
<ul style="list-style-type: none"> <li>• I – Has a dedicated community support worker who helps tenants with such activities of daily living as learning to cook, clean, shop, and navigate common community issues.</li> <li>• I - Case managers help tenants develop personal goals and care plans and work to help tenants pay the rent in full and on time, maintain the unit, and not be a nuisance</li> <li>• I – builds trust and rapport at the client's pace</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<ul style="list-style-type: none"> <li>• I – Makes community-based referrals and helps clients navigate issues such as transportation and childcare in order to facilitate achieving personal goals</li> </ul>
<ul style="list-style-type: none"> <li>• I – Adheres to the Housing First Fidelity Scales developed by Tsemberis et. Al. and incorporate these principles into agency policies and procedures, including our tenant agreement, program operations, and monitoring.</li> </ul>
<ul style="list-style-type: none"> <li>• I – Agency has a defined complaints procedure for when there is a significant I - disagreement between the organization and a guest/tenant.</li> <li>• I – Inform guests/tenants that they have legal rights and make referrals to legal programs and the Maine Human Rights commission.</li> <li>• P – Staff are trained on maintaining boundaries housing law and policy, and working with people with disabilities.</li> <li>• I – A Guest Advisory Committee reviews and approves all policies and procedures related to the shelter and housing programs.</li> </ul>
<ul style="list-style-type: none"> <li>• I – Stated currently providing such referrals but did not provide details.</li> <li>• I – Has plans to offer more services on-site.</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• P – Current young adult apartment program does not require any participation in case management, housing navigation, or other services</li> <li>• P – no penalty is imposed on tenants when outside services or no services at all are utilized.</li> </ul>
<ul style="list-style-type: none"> <li>• P – current Targeted Case Management program is skilled at developing individual service and crisis plans with tenants.</li> <li>• P – Provider works with client case managers who work at different agencies.</li> </ul>
<ul style="list-style-type: none"> <li>• I – Stated all of the items related to accessing MaineCare services, social services and benefits, Life skill development, and 24/7/365 tenancy support services are standard work for their existing programs and will be included in their HFSSS program but did not explain in detail how it will be done.</li> <li>• P - Provided an example of a case where family reunification was supported by driving a tenant to another city for a family encounter.</li> <li>• I – Intends to provide service under Ch. 17 and 91 in the future.</li> </ul>
<ul style="list-style-type: none"> <li>• Q – Currently provides case management services via the agency's Targeted Case Management program but provided no description of case management services for shelter guests or tenants who do not qualify for or receive Targeted Case Management services from their own agency.</li> </ul>
<ul style="list-style-type: none"> <li>• P – YES program (apartments) have regular community meals and activities and community excursions</li> <li>• P – Naloxone is currently available on-site on every floor of the building and staff are trained in its administration</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**DATE:** 02/25/2025

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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- |   |
|---|
| <ul style="list-style-type: none"><li>• I – Agency reversed more than 50 otherwise fatal overdoses since May 2023</li><li>• P – Currently participates in a Syringe Service Program through Maine General</li></ul> |
|---|

<b><i>Part IV, Section IV. Cost Proposal and Budget Narrative</i></b>
<ul style="list-style-type: none"><li>• N – Did not submit a Cost Proposal and Budget Narrative.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Mid Maine Homeless Shelter and Services

**DATE:** 02.27.25

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• variety of programs, including low-barrier shelter, TCM, Rapid Rehousing, Prevention, and the state's first Housing First initiative, Youth Empowerment Supports.</li><li>• Youth Empowerment Supports is an 11-unit program that has been running for over 7 years, specifically targeting formerly homeless youth. Case Management and Housing Coordinator. Participants create a treatment plan centered on self-directed goals aimed at increasing their independence. Tenants remain in the program until they are prepared to transition to standard housing, with continued support from services</li><li>• 56-bed Emergency Shelter and Housing Assistance Program (ESHAP) that is open 24/7, year-round.</li><li>• 25-bed overnight warming center, open for six months a year, which has been operational for the past three years.</li><li>• significantly expanded harm reduction practices, incorporating Narcan use, CPR/First Aid training, non-judgmental approaches, test strips, wound care kits, needle disposal, and more</li><li>• focused on providing support to individuals experiencing Chronic Homelessness for the past 5 years.</li><li>• one of only 3 low-barrier shelter providers in the state</li><li>• provided TCM, Housing Navigation, as well as Rent Smart classes, designed to assist chronically homeless</li><li>• working with over 30 landlords in the Waterville area to assist with housing and rehousing</li><li>• MMHSS has been offering TCM services for over 10 years</li><li>• TCM and Shelter teams receive clinical supervision from licensed practitioners</li><li>• the leading agency in our region [Kennebec and Somerset counties] for Coordinated Entry.</li><li>• P: collaboration with the City of Waterville has resulted in the city being the only one of its size experiencing no unsheltered homelessness during the winter months for the past three years</li><li>• partners with organizations such as Maine General, Colby College, KBH, The Act Team, KVCAP as part of the Poverty Action Coalition, and the Waterville Chamber of Commerce</li></ul>	



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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- focus on skills and experience over degrees and formal qualifications
- P: relevant qualifications for regulated positions (e.g. Targeted Case Manager), also appreciate that peer support is important, and that formal qualifications are often used to exclude people with disabilities, people of color, and other applicants from diverse backgrounds
- P: Retention is a key priority; offer significant training for employees and focus on employee welfare; this includes offering clinical supervision to all front-line staff, not just those in regulated positions; this has added significantly to staff satisfaction
- operates on a 24-hour basis
- providing housing navigation for 8 years, focusing on housing stabilization; emphasizes financial stability, fostering positive landlord relationships, promoting good neighbor practices, and ensuring property maintenance; offer Rent Smart classes
- I: “we are also Housing First landlords. We bring this same approach to our Housing First program.”
- case management team helps clients apply for and maintain various benefits; specialize in helping clients qualify for housing assistance, including Section 8 (HCV), BRAP, Supported Housing (formerly Shelter Plus), HUD VASH, and numerous project-based voucher programs
- include HRSNs assessments in developing service plans and assist clients in navigating systems and applications for SNAP benefits, setting up transportation services through Kennebec Valley Community Action, Educare, and other providers of resources. A bit brief.
- CEO Dr Katie White on boards / involved in many cross agency orgs (Maine Statewide Homeless Council, Maine Continuum of Care, Penobscot Community Health Care, Inland Northern Light), participates in a Rural Community Health Improvement Plan to improve access to HRSNs across Kennebec County.
- MMHSS hosts a monthly homelessness task force for the City of Waterville which brings to the table city council members, the mayor, the city manager, the police and fire chiefs, and others in a multi-sector collaboration to end homelessness
- Staff participates in KVCC Poverty Action Committee.
- P: MMHSS is an operator of affordable housing and operates 11 units of site-based Housing First apartments
- the service team has a different reporting chain from property management; allows case management team to fully implement their role of client advocate

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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while property management works to establish trust, rapport, and positive landlord/tenant relations.

- P: MMHSS is the service provider for Community Housing of Maine in Waterville; helps CHOM's tenants maintain their housing stability and work on community integration
- MMHSS is a landlord; also works with over 30 area landlords through Rapid Rehousing, housing placement, and navigation services.
- "we work hard so landlords don't have to."
- strong collaboration with the Waterville Fire Department for onsite paramedicine; collaborating with Common Ground Friends to begin delivering IOP onsite, KBH's PATH program to bring people into shelter, KVCAP to coordinate transportation and childcare, local vet who provides free care and services to animal guests and tenants; arts organizations, student groups, and advocacy organizations, as well as the faith community.
- when guests and tenants express a need for a desired service, try to connect them with it, and where community access is difficult, try to bring it onsite.
- Finance team of 4 within Operations; IT outsourced to MTG, a vendor that specializes in whole system network integration, client records that are HIPAA and HUD compliant; external audit; HMIS specialist; Operations also responsible for compliance
- 3 improvements: (1) Financial reporting (2) Disability Rights compliance (3) OSHA compliance esp re bloodborne pathogens
- P: raised over \$4 million in additional funding through private philanthropy, donations, and advocacy.
- 3 projects: (1) Youth Empowerment Services (YES) Program: 11 units of young adult site-based Housing First apartments combining Housing First and permanent supportive housing; located above the shelter and benefits from the 24-hour operations of the shelter; tenants have access to 40 hours of on-site case management per week, as well as support with activities of daily living; when tenants move into community, they can take services with them, aligning with Housing First requirement to offer mobile services; "We go wherever our clients take us."; (2) Rapid Rehousing: engage landlords and provide housing stabilization services including case management, housing navigation, and landlord mediation; participants meet with a case manager at least once a month and access services to maintain housing (e.g. referrals to food assistance, transportation, childcare, job training, behavioral health, addiction, etc.); services provided for up to 6 months after the rental assistance ends; (3) Community Housing of Maine Services: assist tenants with accessing and maintaining needed MaineCare services, navigating social services and

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benefits (incl. navigating and/or accessing social security disability, MaineCare transportation, food access, and BH / SUD services), connect clients to life skill development, as requested, including tenant/landlord communication support; 24/7/365 tenancy support services including, at a minimum new tenant orientation and move-in assistance; and tenant guest (friends, family, service providers, etc.) management to ensure security and safety of all tenants.
•
<b>2. Organizational Chart</b>
• N: Not provided
<b>3. Litigation</b>
• N: Not provided

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"> <li>Follows Housing First model already with YES Program</li> <li>Meets requirements</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirements</li> <li>in the process of establishing an addiction Intensive Outpatient Program (IOP) at 19 Colby Street location and have hired an additional manager with relevant clinical qualifications for the expansion of services</li> <li>I: Unfinished sentence?</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirements</li> </ul>
<ul style="list-style-type: none"> <li>in the process of formalizing an MOU with Common Ground Friends, and a new behavioral health agency primarily serving Bangor; MMSS will be operating under their addiction and behavioral health license to deliver IOP as well as additional services for people experiencing addiction, homelessness, or behavioral health needs.</li> <li>collaborated with Maine General on a research project and an attending physician at Maine General in Waterville is ready to offer additional support.</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement; answer doesn't provide much description</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement; answer doesn't provide much description</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement; leaning on CoC experience</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>MMHSS currently operates a 24-hour Low Barrier shelter staffed with as many as 4 staff per shift; run 3 8-hour shifts; will follow same model for HFSSS.</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<ul style="list-style-type: none"><li>operates 11 units of site-based Housing First using the assertive community treatment model, providing 40 hours of on-site case management, with on-call backup provided out of hours, seven days a week.</li><li>Will use these experiences to ensure the Housing First site is efficiently staffed to provide 24-hour support and stabilization services.</li></ul>
<ul style="list-style-type: none"><li>Answered as above</li></ul>
<ul style="list-style-type: none"><li>Meets requirement; emphasis on SUD supports</li></ul>
<ul style="list-style-type: none"><li>Meets requirement; YES experience</li></ul>
<ul style="list-style-type: none"><li>P: adhere to the Housing First Fidelity Scales developed by Tsemberis et. al.; incorporate these principles into policies and procedures, including tenant agreement, program operations, and monitoring</li></ul>
<ul style="list-style-type: none"><li>Meets requirement</li><li>I: Guest Advisory Committee that reviews and approves all policies and procedures related to the shelter and housing programs</li></ul>
<ul style="list-style-type: none"><li>Meets requirement; looking to add more on-site</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>Meets requirement</li></ul>
<ul style="list-style-type: none"><li>Meets requirement: TCM, crisis plans at lease-up</li></ul>
<ul style="list-style-type: none"><li>Meets requirement; TCM; answer brief</li></ul>
<ul style="list-style-type: none"><li>Meets requirement; TCM; answer brief</li></ul>
<ul style="list-style-type: none"><li>Meets requirement; strong harm reduction; participates in a Syringe Service Program through Maine General</li></ul>

<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"><li><b><i>No signed cost proposal form</i></b></li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Mid Maine Homeless Shelter & Services

**DATE:** 02/26/2025, 02/27/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• P-Services offered, low-barrier shelter, TCM, Rapid Rehousing, Prevention and state's first Housing First initiative, Youth Empowerment Supports.</li><li>• P-Youth program is 11-unit that has operated for over 7 years.</li><li>• P-P-Operates 56-bed Emergency Shelter and Housing Assistance Program (24/7)-low-barrier</li><li>• P-Case Manager and Housing Coordinator on site at shelter</li><li>• P-Operate a 25-bed overnight warming center, open six months a year for the last three years</li><li>• P-Expanded harm reduction practices, Narcan use, CPR/First Aid training, non-judgmental approaches, test strips, wound care kits, needle disposal.</li><li>• Q-No turn-away policy at shelter during winter months.</li><li>• Q-Presumption of assistance animal status for guests with animals</li><li>• Q-Risk stratification to prioritize higher risk at shelter</li><li>• I-No movement detection system in shelter bathrooms. Monitors medical emergencies, successfully reversed 47 overdoses with this system.</li><li>• P-Agency familiar with fund raising outside funds through private philanthropy, donations and advocacy.</li></ul>	
2. Organizational Chart	
<ul style="list-style-type: none"><li>• N-Could not locate within information that was provided</li></ul>	
3. Litigation	
<ul style="list-style-type: none"><li>• N-Could not locate within the information that was provided</li></ul>	

Part IV, Section III. Proposed Services	
1. Services to be Provided	
Part II	
A. Administrative Requirement	
<ul style="list-style-type: none"><li>• P-Experience providing person-centered, strength-based services.</li><li>• P-Operated homeless shelter for 30 years, the last three years as a low-barrier shelter</li><li>• I-Shelter has no program requirements. Guests may access case management services and other supportive services offered.</li><li>• I-Focus on harm reduction with recovery orientation</li></ul>	

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<ul style="list-style-type: none"> <li>• P-Operate 11 units of young adult site-based Housing First apartments. YES program, also offers mobile services.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Familiar with providing MaineCare services and contract process.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Familiar with working with the Department for oversight of services.</li> <li>• P-Recipient of a federal Emergency Shelter Housing Assistance Program (ESHAP)</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• P-Familiar with MOU process with community agencies</li> <li>• I-Will be delivering IOP services as well as behavioral health needs, services for homelessness and individuals experiencing addiction</li> </ul>
<ul style="list-style-type: none"> <li>• Q-Limited response, aware of obligations.</li> </ul>
<ul style="list-style-type: none"> <li>• Q-Limited information provided regarding the process of how the program will be ready for occupancy</li> </ul>
<ul style="list-style-type: none"> <li>• P-Experience with providing similar services that utilize 24-hour staffing</li> <li>• P-Low barrier shelter participating in Coordinated Entry and involved in the Continuum of Care.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Has been providing Housing First programming for over a decade</li> <li>• P-Recipient of ESHAP, a federal grant supporting individuals with housing</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• P-Currently operating a 24-hour low barrier shelter</li> <li>• P-Providing case management services in other programs</li> <li>• P-Operating 11 units of site-based Housing First with ACT -Assertive Community Treatment model</li> </ul>
<ul style="list-style-type: none"> <li>• P-Currently providing 24-hour staffing in programs.</li> <li>• P-Shelter program is staffed with as many as four staff per 8 hour shift.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Current services are being provided in emergency shelter and YES programs.</li> <li>• I-Property manager and building manager report to a separate chain of command to ensure separation of delivery of services</li> <li>• I-Implemented harm reduction/recovery orientation with all programs and services.</li> <li>• I-One of the only shelters in the state that offers assistance with animals in the shelter and housing programs.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Providing this in the Yes program.</li> <li>• I-Identified staff position to assist with daily living skills</li> </ul>
<ul style="list-style-type: none"> <li>• Q-Adhere to Housing First Fidelity Scales?</li> </ul>
<ul style="list-style-type: none"> <li>• Q-Defined complaints procedure?</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Mid Maine Homeless Shelter & Services

**DATE:** 02/26/2025, 02/27/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<ul style="list-style-type: none"><li>• I-Provide information regarding legal rights to include Pine Tree Legal and Maine Human Rights commission.</li></ul>
<ul style="list-style-type: none"><li>• P-Services for referrals are being provided.</li><li>• I-Due to location, transportation services are limited</li><li>• P-Incorporating services on-site due to transportation barrier</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Q-Unclear who completes the referrals.</li><li>• P-All services are voluntary</li></ul>
<ul style="list-style-type: none"><li>• Q-Limited information, Targeted Case Management program can complete</li><li>• I-Crisis plans developed at lease-up and if tenant or guests gains an assistance animal.</li></ul>
<ul style="list-style-type: none"><li>• I-Services exist with Targeted Case Management program.</li><li>• I-Expanding to include Section 17 and 91.</li><li>• P-Provided example of case management functions</li></ul>
<ul style="list-style-type: none"><li>• P-Service is available through the Targeted Case Management program.</li></ul>
<ul style="list-style-type: none"><li>• P-Currently available to all guests and clients</li><li>• P-YES program offers community meals, activities during holidays and excursions.</li><li>• Q-Naloxone on site?</li><li>• P-All staff trained in Naloxone administration.</li><li>• P-Participation in Syringe Service Program through Maine General.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Preble Street

**DATE:** 2/19/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• P-The organization has been in service for 50 years, and during that time has been providing support to the chronically homeless community through a wide variety of programs</li><li>• P-Bidder currently services three site-based Housing First locations that provide permanent supportive housing. Logan Place-2005, Florence House-2010, and Huston Commons-2017.</li><li>• P-These three programs combined have provided 24/7/365 onsite support to 85 formerly chronically homeless individuals</li><li>• P-Bidder established a Veterans Housing Service program to try ending Veteran homelessness in Maine</li><li>• P-Bidder has been providing 24/7/365 support services since 2004</li><li>• P-Bidder has more than 10 years' experience offering Section 13-TCM services</li><li>• P-Bidder has many existing relationships to include a few, Greater Portland Health which supplies onsite health care, Spurwink which provides ACT teams for tenants, Frannie Peabody center which does HIV testing, Maine Mobile Health Program, Pine Tree Legal, The Opportunity Alliance and Food Program Partners, RTP / Modivcare which assists in transportation, and many more</li><li>• P-Bidder provides a robust salary package to their employees and provides opportunities for staff training and career advancement</li><li>• P-Bidder partners with Avesta Housing for their permanent housing programs</li><li>• P-Bidders finance department is responsible for budgeting, compliance, sub-recipient monitoring, and financial reporting</li><li>• P-Bidder currently manages 50 different awards from state, federal, and municipal government agencies</li><li>• P-Bidder has a dedicated Finance, IT, and Compliance team</li><li>• P-Bidder conducts quality auditing for all of its service programs</li><li>• P-Bidders Development team has met or exceeded fundraising goals to generate over \$5 million annually to cover expenses over the last three years</li><li>• I-Bidder has a dedicated Grants team to manage multiple grants received annually</li><li>• I-Bidder implemented a Learning Management System (LMS) through Microsoft 365 to streamline the training program for employees</li></ul>	



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<ul style="list-style-type: none"><li>• P-Bidder raises additional needed funds through the Development team, coming from private grants, individual donors, corporations, and the United Way</li><li>• P-Bidder has raised \$5 million annually to cover additional expenses in the last three years</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• P-Bidders chart provides a visual representation of the organization's structure, and is easy to read and follow</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• Q-There are no litigation cases noted, and the Bidder didn't reply with the word none as instructed, the page was left blank</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• P-Bidder currently and will provide HFSSS to tenants with the goal of promoting housing stability through individualized person-centered care</li><li>• P-Bidder employees Caseworkers, Housing Support Staff, Supervisors, and a Program Director. The staff will engage tenants through non-judgmental relationship-building to develop trust, support, and collaborative relationships between the tenants and staff</li><li>• P-Bidders employees undergo quite a bit of training to work with individuals experiencing substance use, HIV, complex trauma, sexual assault, trafficking and many other forms of exploitation</li><li>• P-Bidder builds trusting relationships with a harm reduction model, they offer life skills training, transportation support, wrap around services, family reunification, facilitate connections to food resources, MaineCare, SSI / SSDI and many more connections</li><li>• P-Bidder collaborates with community providers and offers referrals to services outside of the HFSSS</li><li>• P-Tenants are to achieve a sense of safety and work toward stability, community integration and connections to mainstream services. Tenants experience decreased interactions with ERs and the legal system</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder is willing to engage with the Department at least six months prior to property becoming available by entering into a standard service contract</li><li>• P-Bidder will provide within the required timeframe Position titles and descriptions for all HFSSS staff including the project lead</li></ul>

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<ul style="list-style-type: none"><li>• P-Bidder will provide within the required timeframe a detailed staffing plan necessary to meet the requirement of the contract</li><li>• P-Bidder will provide within the required timeframe a detailed description of how subcontractors/consultants will interact with Bidder and tenants</li><li>• P-Bidder will provide within the required timeframe a detailed realistic implementation and work plan for the initial period of performance, displayed on a timeline which will describe each program development and implementation task</li><li>• P-Bidder will provide within the required timeframe a valid certificate on a standard ACORD form, Bidder will retain valid insurance throughout the terms of service</li><li>• P-Bidder will invoice the Department for HFSSS based on the Departments established rates</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder is willing to collaborate with and take directions from the Department when/if awarded the standard service contract</li><li>• P-Bidder has a long-standing history of collaboration with the Department</li></ul>
<ul style="list-style-type: none"><li>• P-MaineCare Provider agreements is attached</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will maintain an active agreement while providing HFSSS and will continue to bill MaineCare for reimbursable services</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has both historical and current experience with existing relationships including an MOU with Greater Portland Health for on-site primary care as well as an agreement with MaineHealth Maine Medical Center for tenants at the Huston Commons site</li><li>• P-Bidder has a subcontract to Maine Mobile Health Program for survivors of human trafficking and exploitation</li><li>• P-Bidder has an MOU with Veterans Housing and Spurwink to connect Veterans to crisis services, case management, and substance use treatment</li><li>• P-Bidder has MOU with MaineHealths CONNECT Outreach van</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder acknowledges they will be required to provide treatment oversight and care coordination with all providers working with HFSSS tenants</li><li>• P-Bidder already has many collaborative working relationships with external providers currently at their three permanent housing locations</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder understands and is committed to providing HFSSS for tenants as soon as the property is ready for tenancy.</li><li>• P-Bidder is already providing services to individuals experiencing chronic homelessness and they understand that delayed occupancy prolongs hardship.</li><li>• P-Bidder understands comprehensive support throughout the entire tenancy, especially in the initial days is crucial for tenant success within the program</li></ul>

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<ul style="list-style-type: none"><li>• P-With three existing site-based Housing First programs they have a significant number of already trained qualified employees to cover any gaps that may occur during the hiring process</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has the needed infrastructure to collaborate with the Department prior to the opening of the program by hiring and training staff to provide HFSSS</li><li>• P-Bidder has an established orientation and training curriculum and can provide an opportunity for new staff to shadow an experienced employee in one of their three current site-based HF locations</li><li>• P-Bidder has direct access to many clients eligible and appropriate for a site-based HF program through their location Elena's Way, which is a low barrier emergency shelter</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has a strong understanding and agrees to comply with additional agency requirements as defined by any executed contract, federal or state statute and rules between the Department and Bidder</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• P-Bidder ensures HFSSS will be provided to tenants on site 24/7/365 through a team that will include Caseworkers and Housing Support Specialists that are trained to provide HFSSS specifically</li><li>• P-Staff are always present in the common areas of the building monitoring guest entry.</li><li>• P-Staff are also available to meet tenants in staff offices or tenant apartments promoting confidentiality and allowing firsthand observation into tenants' strengths and challenges</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will ensure there is 24/7/365 coverage with a minimum of two staff per shift which is consistent with their current three locations</li></ul>
<ul style="list-style-type: none"><li>• P-Bidders provides a comprehensive orientation and training for staff that includes topics such as person-centered care, trauma informed services, de-escalation and harm reduction to mention a few</li><li>• P-Bidder provides weekly individual supervision for full and part-time staff which includes professional development and supports staff to provide creative intervention and emotional support to tenants</li><li>• P-Bidder has monthly staff meetings that foster team alignment and shared approaches to individual tenant challenges</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder ensures HFSSS will be provided as they are now to adequately meet the needs of tenants building independent living skills, maintaining housing, and access to all necessary community-based services</li><li>• P-Current examples of needs and associated interventions include staff support for the tenant in setting boundaries with certain guests. Challenges</li></ul>

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<p>related to apartment cleanliness can be addressed by ensuring the tenant has access to cleaning supplies, scheduled check-ins to from staff prompting the tenant to clean etc. Challenges to housing stability related to mental health could be addressed through facilitation of connection to a mental health provider or support with transportation.</p> <ul style="list-style-type: none"><li>• P-Bidder works collaboratively with the tenant to identify and enact solutions that promote independent living skills, housing stability, and wellness</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder maintains agency and individual program policies and procedures</li><li>• P-Each program has a training manual and resource guide used to train new staff</li><li>• P-Staff maintains individual tenant case notes and daily program log to ensure communication across shifts</li><li>• P-Staff meet monthly to review changes to the agency and/or program policy or practice</li><li>• P-Program outcomes are reviewed annually to note trends and identify areas of improvement</li><li>• P-A member of the management team also meets weekly with the property manager of the program to ensure concerns regarding safety and building operations are addressed in a timely manner</li></ul>
<ul style="list-style-type: none"><li>• P-Bidders programs are rooted in basic tenant of social work and ethics including the tenants right to self-determination, safety, and confidentiality</li><li>• P-Bidders policies and procedures operationalize core commitments including confidentiality, non-discrimination, client access to records and the grievance policies</li><li>• P-All staff receive training in the principles of trauma0informed care</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder maintains strong collaborative relationships with community-based providers ensuring tenants have access to these services</li><li>• P-Bidder provides care coordination with these service providers as appropriate. A few organizations they collaborate with are, Spurwink ACT team, Greater Portland Health, Maine Behavioral Health, and Portland Recovery Center</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• P-HFSSS services are entirely voluntary to the tenant and continued tenancy is not dependent on the utilization of services</li><li>• P-Tenants can pick and choose services as they see fit, and can change their minds at any point</li></ul>

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<ul style="list-style-type: none"><li>• P-Staff will work to build trust and rapport with tenants and then the staff and tenant will identify potential interventions or external resources needed to support the housing stability and wellness of the tenant</li><li>• P-ITPs and ICPs are re-evaluated and updated periodically as tenant circumstances and personal goals change</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder Caseworkers will determine a tenant's individual needs and eligibility for specific MaineCare benefits (to include but not limited to sections 13,17, and 91) and assist tenants complete all necessary MaineCare paperwork. They will also guide tenants through the MaineCare system including appointments, authorizations, and appeals, they will also advocate for necessary services on the tenant's behalf ensuring they receive appropriate care</li><li>• P-Bidder will assist with navigation of social services including but not limited to Caseworkers guiding tenants thorough applying for social security disability, MaineCare transportation, connecting tenants to food resources such as SNAP, collaborating with local agencies for BH services and support groups.</li><li>• P-Bidder is committed to promoting housing stability and preventing tenants from returning to homelessness. Offering and providing life skill development will ensure tenants achieve and maintain long-term housing stability. Bidder will ensure staff are appropriately trained to provide services as requested to include all life skills named in this document</li><li>• P-Bidder staff are available 24/7/365, they ensure all services are and responsive to the need of the tenant population, as well as accessible to tenants with disabilities by maintain strong collaborations and partnerships with community partners</li></ul>
<ul style="list-style-type: none"><li>• P-All tenants in the Bidders programs are offered case management services based on the tenants' needs and desires. Case management services can be provided onsite or by an external community partner, staff will support the relationship</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder staff are trained in harm reduction and integrate it into daily life of the program</li><li>• P-Staff host community meals multiple times per week mitigating risks of food insecurity and reducing isolation. Staff offer group sessions on a variety of topics including gardening, art, or a movie/sports game. This provides alternatives for the tenants using substances and helps tenants explore different interests</li><li>• P-Naxolone is available on-site 24/7/365 with instructions for use, and all staff are trained in the distribution of Naxolone</li></ul>

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|---|
| <ul style="list-style-type: none"><li>• P-Bidder partners with local harm reduction programs including the City of Portland Health Harm Reduction Services program which includes a syringe service program</li></ul> |
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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Stated they were founded in 1975 by Joe Kreisler as a real-world training ground for his University of Southern Maine School of Social Work students; and their organization has continued to respond to “urgent social problems” since then, including advocacy to end homelessness and hunger in Maine.</li><li>• Stated they opened a shelter and service center for teens; grew food programs and currently have a Food Security Hub providing over a million meals annually; established three (3) Site-based Housing First (SBHF) locations for permanent supportive housing; have launched a Veterans Housing Services to end Veteran homelessness in Maine; created an Anti-Trafficking Services program; and have expanded their Health Services, Street Outreach and emergency shelter programs.</li><li>• Stated they are now Maine’s largest nonprofit provider of homeless services to adults and youth and are a leader in statewide planning for both populations.</li><li>• Stated they operate the only 24/7/365 SBHF programs currently in Maine: Logan Place, established in 2005; Florence House, established in 2010; and Huston Commons, established in 2017. With 24/7 on-site supportive services provided to eighty-five (85) formerly chronically homeless individuals.</li><li>• Stated they have 20 years of experience operating these programs.</li><li>• Stated their workforce has experience and expertise in trauma-informed care, harm reduction strategies and work related to housing stability.</li><li>• Stated they maintain strong relationships with other community organizations for efficient referrals and care coordination; resource sharing; and collaborative advocacy work.</li><li>• Stated, aside from housing, they also offer services including food, healthcare, support services, street outreach and emergency shelters.</li></ul> <p>Supportive service provision to those experiencing Chronic Homelessness:</p> <ul style="list-style-type: none"><li>• Stated they have been providing services to this population for fifty (50) years.</li><li>• Stated they provide services statewide out of their Portland, Lewiston and Bangor locations.</li><li>• Indicated some social services they offer for homelessness prevention and crisis response.</li></ul>	

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24/7/365 service provision experience:

- Stated they have provided 24/7/365 services since 2004 when they received ownership of the Lighthouse Shelter for teens.
- Stated in 2005 they opened the first SBHF program in New England, Logan Place.
- Stated they have three (3) SBHF programs and three (3) emergency shelters for teens, women and adults; with round the clock staffing.
- Stated, in addition to their intensive social work services offerings, they also connect with and refer to their network of in-house programs and services, and other community-based providers for on-site and off-site services.

Experience providing health and behavioral health services to the intended population:

- Stated they operate a robust Health Services program that includes their Maine Health- Preble Street Learning Collaborative (MH-PSLC), and the state's first recuperative care program.
- Stated MH-PSLC was created to bridge gaps in healthcare services for those experiencing homelessness in Portland; and serves as the "hook and hub" location for barrier-free and low-barrier access to health services, care coordination services and education.
- Stated they have an on-site health care provider that provides limited clinical services, including triage; urgent and follow-up care; and wound care.
- Stated MaineHealth's Homeless Health Partners (HHP) case management team is co-located at their MH-PSLC site; who identifies and engages high-risk patients and communicates such with Bidder's Health Services staff and MH-PSLC colleagues to coordinate care and address any serious health issues before emergency or extended medical care is needed.
- Stated their 15-bed Recuperative Care Program includes partnership between the bidder, Maine Medical Center and Greater Portland Health; providing a 4-6-week space for individuals experiencing homelessness to rest, health and connect with social work providers and medical care after a hospital stay release.
- Stated their recuperative care services, also known as medical respite care, include short-term medical care and case management to those recovering from an acute illness or injury that doesn't require hospitalization, but could be exacerbated due to living conditions.
- Stated almost all their programs include provision of care coordination, referrals and warm hand-offs.



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- Stated they provide housing support services under HOME (section 91) at their two (2) adult-serving emergency shelters and plan to expand such to their SBHF programs.
- Stated they have over a decade of experience providing TCM to clients in their adult and youth emergency shelters.

Knowledge of community-based resources in service area and related experience:

- Stated they have a deep knowledge of the local and statewide service landscape and of area providers that support individuals' mental and physical health needs, legal aid needs, and treatment of substance use disorders (SUDs).
- Stated their knowledge of community-based resources extends past Southern Maine, to their service hubs in Lewiston and Bangor, and throughout rural Maine communities served by their Mobile Diversion, Veterans Housing and Anti-trafficking programs.
- Stated they assist with referrals and appointments and advocate for clients with other agencies.
- Stated their SBHF programs collaborate regularly with: Greater Portland Health; Maine Health; Milestone Recovery; Maine Medical Center's Geriatric Program; Portland Community Assisted Living; Portland Police Department's Behavioral Health Team; ACT team; University of Southern Maine; local methadone clinics; Maine Needs; The Opportunity Alliance; Catholic Charities; Avesta Housing; Furniture Friends; and other Preble Street programs, including their Street Outreach Collaborative, to access needed services and programs for their clients.
- Bidder included a recent case study on a new tenant at one of their SBHF sites, demonstrating how their client linkage to services and collaboration with local service providers is fully integrated into their programming; and the importance of said collaboration in ensuring individuals receive necessary services and supports.
- Included a list and description of existing formal relationships with the following: Greater Portland Health and Maine Medical Center; MaineHealth's Homeless Health Partners; Spurwink; Maine Mobile Health Program; MaineHealth's CONNECT Outreach Van; Pine Tree Legal Associates (PTLA); Day One; The Opportunity Alliance; Portland Adult Education Street Academy; Penobscot Community Healthcare; and Food Program Partners to create a food security system for those experiencing homeless or hunger that includes formal agreements with the City of Portland Homeless Services Center,

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Greater Portland Family Promise, Boys and Girls Club of Southern Maine and the YMCA Men's Dormitory.

Staff recruitment and retention policies, and plans to ensure optimal staffing for Housing First Rental Homes:

- Stated they provide a comprehensive health and benefits package, competitive salaries and generous paid time off.
- Stated they have full, part-time, as-needed and internship positions available; and ensure their job postings are accessible to all, including recognition of the value of lived experience.
- Stated they have two health insurance plan options available, either at no cost or minimal cost to the employee, dependent on their plan, with dental insurance provided at no cost and low-cost dependents' enrollment.
- Stated all employees receive a no-cost policy for life, short-term disability and long-term disability service.
- Stated they have a section 403(b) retirement plan available, including a partial employer match; and stated employees are fully vested as of their first day of work.
- Stated they have training, mentorship, and career advancement opportunities for staff; and all full and part-time staff receive one (1) hour of individual supervision per week.
- Stated they have programs that recognize and appreciate staff contributions, including employee-of-the-month award; team-building activities; and staff appreciation events.
- Stated they have resources for burnout and compassion fatigue via access to mental health supports, an Employee Assistance Program (EAP) and peer support.
- Stated they will draw on their twenty (20) years of experience operating 24/7/365 housing programs to recruit, hire, orient and place a strong team of case managers and housing support staff in the new SBHF program.
- Plans to have three (3) shifts, with each shift overseen by a supervisor.
- Stated their full HFSSS team will be supported by a 40hrs/week on site director level position.

Knowledge of common barriers to maintaining permanent housing:

- Referred to their three (3) operational SBHF programs; and stated Housing First is a proven approach to ending chronic homelessness with the coupled 24/7 on-site service provision to address common barriers including chronic

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health issues, trauma, mental illness, SUDs, “education and vocational deficits and disabilities”.

- Described how they assist individuals with overcoming individual barriers, including supporting stabilization from trauma; connecting to resources and community; and empowering tenants to pursue personal goals.
- Included description on how they specifically ensure maintenance of housing through life skills and tenancy support; community inclusion activities, reconnection with family, when appropriate; connection to critical resources; and assessment, intake, goal setting and ongoing case management and supportive counseling.
- Bidder included a separate case study from one of their SBHF sites illustrating how they support tenants with overcoming barriers to accessing permanent housing; and the effect of such on the individual. In the provided example, Bidder stated their staff continued to support this individual to achieve other goals as they settled into their new permanent home.

Experience navigating benefits’ maintenance:

- Stated they have trained, skilled social work staff with extensive experience supporting individuals with navigating complexities of maintaining essential benefits.
- Stated they guide individuals through application and renewal processes for health insurance programs; including assisting with paperwork, understanding eligibility requirements and resolving any issues that may arise.
- Stated they assist individuals with maintaining eligibility for housing assistance programs, help with re-certifications, address income changes and ensure compliance with program rules.
- Stated they advocate for individuals with government agencies to assist with resolving benefit-related issues and ensure access to needed support services; which may involve navigating bureaucratic hurdles, communicating with case workers and ensuring individuals’ rights are protected.

Experience evaluating HRSN and incorporating such into service plan development:

- Stated all services are grounded in person-centered care planning.
- Stated all SBHF tenants are assigned a lead case worker that works with the tenant to identify social and economic needs that affect their ability to maintain health and wellbeing; with specific needs addressed in their service plan, should a tenant choose to engage in formal service planning.

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- Stated their caseworkers and housing support specialists also outreach to tenants who choose not to complete a formal service plan on the needs identified from the HRSN and tailor interventions to reflect tenant needs.
- Stated their caseworkers and housing support specialists utilize unconditional positive regard, non-judgmental curiosity and active listening to inform care planning and identify effective interventions.
- Stated examples of interventions related to HRSN include providing support with contacting family or navigating family relationships; wake-up calls prior to healthcare appointments; providing assistance with securing transportation to and from appointments; assistance completing benefit and health insurance recertification documents; assist with securing food from local pantry and/or through ordering food from a local grocery store; outreach by staff prior to an on-site medical outreach by a medical provider partner; regular community meals in their SBHF programs; medical care coordination; and assistance with employment search or SSI/SSDI applications.

**Interagency coordination:**

- Stated they regularly collaborate with: Greater Portland Health; Maine Health; Milestone Recovery; Maine Medical Center's Geriatric Program; Portland Community Assisted Living; Portland Police Department Behavioral Health Team; Act Team; University of Southern Maine; local methadone clinics; Maine Needs; The Opportunity Alliance; Catholic Charities; Avesta Housing; Furniture Friends; and other Bidder programs.
- Stated they actively engage in cross-agency communication to fully understand services offered by each partner; ensuring appropriate referrals.
- Stated effective interagency coordination helps with ensuring a holistic approach to meeting client needs in their SBHF programs and included an example of one of their SBHF programs bringing The Opportunity Alliance's Heating Assistance department on-site for HEAP sign-up.
- Also included an interagency experience example of working with the Maine Association for New Americans to provide transportation to eligible tenants for medical appointments.

**On-site experience in affordable housing developments:**

- Stated they have twenty (20) years of experience working on-site in affordable housing developments to provide services to individuals that have experienced Chronic Homelessness.
- Stated that in addition to their SBHF programming, they also provided housing support services to tenants with a history or risk of homelessness in local

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Portland Housing Authority and Westbrook Housing Authority affordable housing developments through contracts with those agencies.

- Stated they have developed a toolkit of practices, policies and procedures for services in the indicated spaces, including appropriate staffing, harm reduction practices, building strong relationships with neighbors, casework approaches, client activities and recreation, and tenant selection.

Experience working collaboratively with landlords and property managers:

- Stated they have partnered with Avesta Housing for operation of 24/7/365 SBHF programming for twenty (20) years.
- Stated Avesta develops and manages the housing units while Bidder provides on-site comprehensive support services.
- Stated they work closely with Avesta, supporting processes for location securing; working with city and neighborhood leaders through construction approval process; and assisted with preparing the location for opening through recruitment, hiring, orientation and training of a SBHF team for service provision.
- Stated they work closely with property managers and landlords in some of their community-based programming, including Veterans Housing Services and the Rapid Re-Housing Program, to ensure a referral from the Bidder once the tenant is placed in an apartment.

Experience collaborating and partnering with other providers:

- Stated their three (3) SBHF programs all collaborate and partner with other providers to ensure needed services are available on-site or in the community.
- Bidder included some example partnerships with other providers for each of their three (3) SBHF programs, including regular on-site services.

Approach to handling financial, IT and compliance functions:

- Provided a detailed, comprehensive response.
- For financial – indicated their Finance Department is responsible for budgeting, compliance, sub-recipient monitoring, and financial oversight; with oversight provided by the Vice President of Finance; Senior Director of Public Grants; and Director of Budgets and Reporting.
- Stated they also assign a grants specialist to each public revenue source for expenditure tracking and production of monthly budget variance reports, and any financial reports required by the funder.

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- Stated they undergo annual independent audits of their financial statements, ensuring compliance with Uniform Guidance and the Maine Uniform Accounting and Auditing Practices for Community Agencies (MAAP).
- For IT – stated their approach focuses first on confidentiality and data security, they have a comprehensive Confidentiality Policy, with all staff trained on such at orientation and annually to ensure proper technology use.
- Stated their Information Technology and Systems Department creates and maintains data encryption and protection standards to safeguard all confidential data shared between Bidder and any other agency.
- Stated use of ClientTrack for case management software and use of HMIS for managing and reporting on client data.
- For compliance – Bidder stated they dedicate significant resources to ensure compliance and quality in service delivery and referred to two (2) of their Maine DHHS licenses' compliance as examples to their approaches on compliance and quality; indicating no concerns with audits.
- Stated they conduct routine internal quality audits for their service programs.

Examples of core administrative procedures improved over the last three (3) years:

- Stated they received a major increase in grants and contracts during and after the COVID-19 pandemic, with number of public grants and contracts doubling from twenty-two (22) in 2019 to fifty (50) current grants and contracts. Stated that because of the rapid growth, they had to grow their administrative capacity through a dedicated Public Grants Team within their Finance Department in 2022, and newly added Senior Director of Public Grants position to lead the team.
- Stated their Public Grants Team improved agency standard operating procedures for grant management to ensure a consistent approach; create more efficient reporting workflows; and ensure Bidder is meeting all requirements for each award.
- Bidder described some specific process improvements made, including implementation of kick-off meetings at the start of each award where program managers and relevant Finance Department staff gather to review necessary requirements and budgeting; and monthly and/or weekly meetings between program managers and their Public Grants Team.
- Stated they completed a project in 2024 to improve their internal capacity for staff training provision.
- Stated training was previously centralized in their HR department; and in early summer 2024, they implemented a learning management system (LMS) through their Microsoft 365 license package to streamline their training

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program, ensuring training registration can be done online and added ability of online, synchronous and asynchronous trainings.

- Stated because of their new LMS, they are able to staff their training program with only one (1) coordinator, offer more trainings and achieve higher training standardization across their organization.
- Bidder included some examples of their more than one hundred (100) available asynchronous trainings on their LMS.
- Are currently organizing instructor-led, synchronous trainings through their LMS on Navigating End-of-Life Care for Vulnerable Populations; Housing First; De-escalation; and Safety.

Experience raising private funds to cover expenses:

- Referred to their current “gap”/private revenue need for this state fiscal year, noting that their Development Team will be working on raising the needed additional funding, with one fifth to come from private grant revenue and the remaining to come from individual donors, corporations and the United Way.
- Stated that, for the past three (3) years, their Development Team has been able to meet or exceed their fundraising goals.

Project 1:

- Referred to their partnership with Avesta Housing and the Portland Housing Authority in 2005 to open the first SBHF apartment community in Maine, Logan Place, providing housing and on-site services to thirty (30) individuals experiencing Chronic Homelessness.
- Bidder stated Logan Place was also one (1) of the first in the nation.
- Described services provided at Logan Place.

Project 2:

- Referred to their partnership with Avesta Housing and the Portland Housing Authority in 2010, building on success of Logan Place, to create Florence House; a second SBHF community with twenty-five (25) apartments that is co-located with a forty (40) bed emergency shelter.
- Indicated Florence House is specifically for women who have experienced Chronic Homelessness.
- Described services provided at Florence House.

Project 3:

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<ul style="list-style-type: none"><li>• Referred to their partnership with Avesta in 2017 to open their third SBHF program in Portland, Huston Commons, providing housing and on-site services to thirty (30) tenants experiencing Chronic Homelessness “and have disabilities”.</li><li>• Described services provided at Huston Commons.</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Met requirement, including anticipated potential FTE staffing pattern for the Program Administrator and Shift Supervisors; with note indicated that total FTE for staff under Shift Supervisors will be determined based on number of clients to be serviced (i.e., case workers, peer support staff and housing support specialists).</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• No litigation included.</li></ul>

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

<ul style="list-style-type: none"><li>• Stated they will provide individualized, person-centered care and engage with tenants through non-judgmental relationship-building and assertive outreach.</li><li>• Stated staff will receive training to ensure service provision to those with challenges related to substance use disorders (SUDs); complex trauma; HIV/Aids; mental illness; co-occurring disorders; other disabilities; and histories of domestic violence, sexual assault, trafficking, and other exploitation forms. Stated training topics will include unconditional positive regard; person-centered care; trauma informed care; de-escalation; and agency mission and values.</li><li>• Stated there are no preconditions for housing, aside from state/local restrictions, and tenants will not be required to “accept” services.</li><li>• Described intended services to be provided, and plan to utilize strategic partnerships for comprehensive wraparound services and included some anticipated partnerships.</li><li>• Bidder did not address/describe ensuring HFSSS ins provided in a strengths-based manner in response to this item, however, did indicate they will ensure HFSSS is provided through a strengths-based approach in their response to Part II, B.3.</li></ul>
<ul style="list-style-type: none"><li>• Stated that job descriptions will reflect the HFSSS they currently provide in their three (3) existing SBHF programs.</li></ul>



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<ul style="list-style-type: none"><li>• Stated they have an established staffing pattern for their existing SBHF programs, ensuring adequate 24/7/365 staffing with at least two (2) staff on-site at all times.</li><li>• Stated they do not anticipate subcontracting with any agency and plans to continue their longstanding partnership with Greater Portland Health to provide medical outreach on-site (currently provided at their Portland area SBHF locations).</li><li>• Stated, due to prior experience with tasks necessary for opening a SBHF program, Bidder has a realistic understanding of necessary tasks and timeline.</li><li>• Stated they will ensure their existing insurance for HFSSS work extends to any new SBHF programming they will operate in the future.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• Stated their MaineCare Provider Agreement is in the process of being revalidated and Bidder included their pending agreement, and their agreement as of July 2024.</li><li>• Stated they will maintain an active MaineCare Provider Agreement while providing HFSSS and will continue to bill MaineCare for TCM and HOME services.</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• Included documentation indicating Bidder is a current HOME Provider and TCM agency.</li></ul>
<ul style="list-style-type: none"><li>• Stated historical and current experience with establishing and maintaining relationships in their existing SBHF programs, including: an MOU with Greater Portland Health for on-site primary care and medical outreach in their three (3) SBHF programs; and a match agreement with MaineHealth Maine Medical Center for medical case management for tenants at their Huston Commons location.</li><li>• Stated they also have formal partnerships to serve clients within their other programming, including: subcontract to Maine Mobile Health Program for medical outreach to survivors of human trafficking and exploitation; an MOU between their Veterans Housing Services and Spurwink to connect veterans to crisis services, case management and substance use treatment; and an MOU with MaineHealth's CONNECT Outreach Van for those served by their Street Outreach Collaborative.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<ul style="list-style-type: none"><li>• Stated commitment to providing HFSSS as soon as the Property is ready for occupancy.</li></ul>

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<ul style="list-style-type: none"><li>• Included language indicating recognition of the need to avoid delayed occupancy.; with commitment to have full, on-site support available from the program's first day of operation.</li><li>• Stated that, due to their three (3) existing SBHF programs, they will have sufficient trained staff to address any potential scheduling gaps during the hiring process.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have the necessary infrastructure to successfully meet this deliverable; with an established orientation and training, including the opportunity for new staff to shadow and train in vivo within their existing SBHF programs.</li><li>• Stated they have direct access to many eligible appropriate SBHF participants through their Elena's Way Wellness Shelter that provides low barrier emergency shelter to those that have been unhoused; and through their Street Outreach Collaborative that provides basic needs outreach and triage case management to currently unhoused individuals.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• Stated they will provide 24/7/365 HFSSS through a team of site-based HFSSS-trained Caseworkers and Housing Support Specialists.</li><li>• Stated staff will be consistently present in building common areas to monitor guest entry and will be available to meet tenants in staff offices for privacy and confidentiality or in tenants' apartments for first-hand observation and insight into client strengths and challenges.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement, and indicated staffing pattern is consistent with their existing three (3) SBHF programs.</li></ul>
<ul style="list-style-type: none"><li>• Stated their comprehensive orientation and training will include topics such as unconditional positive regard; person-centered care; trauma informed services; mission and values; de-escalation; professional boundaries; and harm reduction.</li><li>• Stated they will have weekly individual supervision for all full and part-time staff, including professional development and support to ensure provision of flexible, creative intervention and emotional support for tenants; and monthly all staff meetings for team alignment and to develop shared approaches to client challenges.</li></ul>
<ul style="list-style-type: none"><li>• Stated staff and tenants identify potential program interventions or external resources to support their housing stability and wellness and will work to implement those plans and/or secure relevant resources.</li></ul>

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<ul style="list-style-type: none"><li>• Bidder included three (3) examples of potential needs and associated potential interventions.</li><li>• Stated staff make an individualized assessment based on tenant strengths and needs, informed by the tenant, and work collaboratively with the tenant to identify and enact solutions to promote independent living skills, housing stability and wellness.</li></ul>
<ul style="list-style-type: none"><li>• Stated in addition to their agency-wide policies, they have a separate training manual and resource guide for each SBHF program to train new staff and act as an ongoing resource for existing staff.</li><li>• Stated staff maintain individual tenant case notes and a daily program log for effective communication across shifts; and program management (supervisors and program director) are present at the program during most open hours, with an on-call manager available 24/7 should acute needs arise.</li><li>• Stated program outcomes are reviewed annually, at minimum, to note trends and identify areas for improvement.</li><li>• Stated a member of their SBHF program management meets weekly with SBHF program Property Managers to timely address any concerns related to safety or building operations.</li></ul>
<ul style="list-style-type: none"><li>• Stated their programming is rooted in the basic tenets of social work practice and ethics, including client's right to self-determination, safety and confidentiality; and they operationalize these tenets in their agency policies and procedures, including within their Confidentiality Policy; Non-Discrimination Policy; Client Access to Records Policy; and Grievance Policy.</li><li>• Stated service plans are developed collaboratively using a strengths-based framework and all staff receive training in trauma-informed care principles.</li></ul>
<ul style="list-style-type: none"><li>• Stated their SBHF staff maintain strong collaborative relationships with critical community-based organizations, and included the following examples: Community Case Management through Spurwink ACT team or Gateway Community Services; health care services through Greater Portland Health and MaineHealth; mental health care through Spurwink ACT and Maine Behavioral Health; and substance use treatment and recovery support through Portland Recovery Center, Milestone for detoxification services, and Southern Comprehensive Treatment Center (formerly Discovery House) for Medication Assisted Treatment.</li><li>• Stated staff also provide support to the tenant in successfully engaging with services.</li></ul>
<b>C. Available HFSSS for Tenants</b>

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<ul style="list-style-type: none"><li>• Stated continued tenancy is not dependent on service utilization; with the plan to outreach and invite tenants to engage in services, but not require such of them, with tenants able to change their mind regarding accessing services at any time.</li></ul>
<ul style="list-style-type: none"><li>• Stated individual service plans and crisis plans will be re-assessed periodically as circumstances and personal goals change.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement, with detail provided on how they intend to assist with navigating and/or accessing benefits and services, including MaineCare enrollment, maintenance and advocacy.</li><li>• Stated they will ensure all services are responsive to the needs of the tenant population and accessible to tenants with disabilities.</li></ul>
<ul style="list-style-type: none"><li>• Stated if a tenant has a community-based case manager, their on-site staff will support ensuring success of that relationship through appointment reminders; supporting with follow-up; and assist with facilitating communication between the tenant and their provider.</li></ul>
<ul style="list-style-type: none"><li>• Stated their SBHF staff are trained in Harm Reduction and integrate such into daily programming.</li><li>• Stated staff host community meals multiple times each week at different times of the day to assist with food security and isolation.</li><li>• Stated staff offer groups on topics that reflect tenant needs and interests, including gardening; art; star gazing; and community movie or sports-watching.</li><li>• Stated they partner with local harm reduction programs to ensure tenant access to harm reduction supplies, including with the City of Portland Public health Harm Reduction Services program that includes syringe exchange.</li></ul>

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
	<ul style="list-style-type: none"><li>• P – Has been providing services to chronically homeless persons for 50 years.</li><li>• P – Provides emergency services, long-term solutions, and advocacy addressing housing and hunger and poverty</li><li>• P - Opened a shelter and service center for teens</li><li>• P – Has developed large food security networks; provides over 1M meals annually.</li><li>• P – Operates site-based housing first projects provide permanent, supportive housing</li><li>• P - launched a Veterans Housing Services program serving homeless veterans</li><li>• P - Created an Antitrafficking Services program to meet the needs of survivors</li><li>• P - Expanded health services, street outreach, and emergency shelter programs.</li><li>• I – Response cites agency is the largest nonprofit provider of homeless services to youth and adults in the State.</li><li>• I – Is a leader in statewide planning for homeless services.</li><li>• P –Throughout agency’s history focus has been on serving people experiencing problems with homelessness, hunger, and poverty</li><li>• P – Provides accessible, barrier free services</li><li>• P – Serves some of the State’s most vulnerable residents</li><li>• P – Experienced with clients with multiple and complex barriers, including mental illness, substance use disorder, chronic illness, lack of job skills, language deficits, and learning disabilities.</li><li>• I – Provides services in Portland, Lewiston, and Bangor</li><li>• I – Has provided 24/7/365 services since 2004 (21 years).</li><li>• I – First 24/7/365 program was a shelter for teens.</li><li>• I – Opened a site-based housing first property in 2005</li><li>• I – Currently operates six 24/7/265 programs, 3 housing first properties (permanent supportive housing) and 3 shelters (men, women, teens)</li><li>• P – Staff at 24/7/265 programs are trained social workers providing intensive case management, and other supportive services</li><li>• P – Provides an environment that allows clients to stabilize, meet their basic needs, and begin to make an individualized plan to support the client’s objectives.</li></ul>

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- P – Offers extensive community-building activities
- P – Community-based and other agency services are leveraged in the operation of the six 24/7/365 programs.
- I – Health and behavioral health programs operated by the agency include a learning collaborative that bridges health care gaps for homeless persons to provide health services, care coordination and education; and a recuperative care program focused on short-term specialized support for homeless persons exiting hospital stays.
- Provides HOME Ch. 91 services. Will incorporate them into HFSSS
- P – Most programs provide care coordination, referrals and warm handoffs to other providers caring for clients' complex needs
- P – Have provided Targeted Case Management Ch. 13 to clients in the shelters for 10 years.
- P – The variety of programs provided over the years has resulted in an extensive knowledge of the service landscape in the areas they serve (Portland, Lewiston, Bangor)
- P – Also have knowledge of rural service systems via some programs (Mobile Diversion, Veterans Housing, and Anti-Trafficking programs)
- P – Help client understand the service options available in the client's area, within and without the agency.
- P – Assists the clients in navigating service access processes after learning the client's individual needs and preferences. Support is personalized.
- P – Goal is to assist clients in increasing ability of clients to navigate service systems independently
- Listed Greater Portland Health, Maine Health,
- Milestone Recovery, Maine Medical Center's Geriatric Program, Portland Community Assisted
- I – Current site-based housing first properties collaborate formally with more than 10 organizations to access the services and programs needed (a detailed list of the partners and description of the services was included)
- I – Staff recruitment and retention policies include generous time-off, competitive salaries, and comprehensive health and other benefits (details of health benefits were provided)
- I – Offers full and part-time positions, flexible work schedules.
- I – Advertises job openings widely.
- I – 24/7/365 programs have dedicated teams working in three staffing shifts, each with a supervisor
- I – all staff are supervised by a director who works full-time on-site

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- P – Have extensive experience operating 24/7/265 staffing patterns. Clear roles and responsibilities are in place and understood by staff.
- P – Mitigates common barriers such as chronic health issues, trauma and mental illness, substance use disorders, educational and vocational deficits, and disabilities
- I – Services are trauma-informed, client centered and designed to overcome each client's individual barriers to maintaining housing.
- Mitigation services include stabilization from the traumas of chronic homelessness, connection to services that were difficult to access while homeless, building a sense of belonging in the community and building, empowering clients to pursue own goals.
- Mitigation efforts include assessment, intake, goal setting, ongoing case management and supportive counseling
- Mitigation efforts include connection to resources such as health care, mental health care, treatment for substance use disorders, food, entitlement programs such as SNAP, social security, MaineCare)
- I – teaches and supports development of life skills such as problem solving, neighbor mediation, housekeeping skills, budgeting, money management support, access to food.
- P – Counters isolation by promoting community inclusion and reconnection with family when appropriate.
- P – Highly trained, skilled social work staff has extensive experience supporting individuals in navigating the complexities of maintaining essential benefits.
- Staff guide individuals through the application and renewal processes for health insurance programs like MaineCare, Medicare, and private insurance options. This process involves assisting with paperwork, understanding eligibility requirements, and resolving any enrollment issues
- P – Help individuals maintain eligibility for housing assistance programs such as rental assistance vouchers and other subsidies. We help with re-certifications, address income changes, and ensure compliance with program rules.
- P – Advocate for individuals with government agencies to resolve benefit-related issues and ensure access to necessary support services
- P -navigating bureaucratic hurdles, communicating effectively with case workers, and ensuring that individuals' rights are protected are part of case management

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- P – HRSN are evaluated using an approach grounded in person-centered care planning and establishing trusting relationships with clients that allow the caseworker and client to work collaboratively to identify client needs and goals, and consider potential strategies and solutions that reflect the strengths of the individual client, the barriers that individual faces, and the (internal and external, natural and professional) resources available to each client
- P – Tenants are not pressured to complete a formal service plan and continue to be offered supports the Tenant can choose to participate in
- P – Provided an extensive list of specific interventions related to HRSN
- I – Interagency coordination includes dozens of organizations including crisis intervention.
- P – New collaborations are developed when tenants' needs evolve. An example was given of securing housing keeping assistance for aging tenants.
- P – Example of assisting tenants apply for housing related benefits such as heating assistance programs.
- I – Other examples of interagency coordination to ensure vital services were obtained by clients were provided.
- P – Has 20 years of experience working on-site in affordable housing developments including developments managed by local housing authorities.
- P - Has developed a comprehensive toolkit of practices, policies, and procedures for effective social work services in affordable housing developments, including appropriate staffing patterns, harm reduction practices, building strong relationships with neighbors, casework approaches, client activities and recreation, and tenant selection.
- Has partnered with the landlord/property manager entity Avesta Housing for 20 years. Avesta develops and manages the housing units, while Preble Street provides comprehensive on-site support services
- P – Significant effort is employed to ensure seamless integration of housing and support services to create stable and supportive communities.
- P – Skilled at supporting clients with tenant-based housing resources by assisting clients in engaging with landlords, understanding leases, and confirming eligibility.
- P – Builds relationships with landlords and are available to respond to concerns about a client's tenancy.
- Examples of more than ten community partners collaborations to provide specific and varied on-site services regularly at the bidder's current site-based housing programs were included.



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- Core administrative function approach for financial accounting includes a dedicated financial department responsible for budgeting, compliance, sub-recipient monitoring, and financial reporting
- I – Finance department receives oversight from the Vice President of Finance, the Senior Director of Public Grants, and the Director of Budgets and Reporting.
- I – Grants specialists monitor each public revenue source to track expenditures and produce monthly budget variance reports as well as all financial reports required by the funder.
- P – Undergoes annual audits to ensure compliance with both Uniform Guidance and the Maine Uniform Accounting and Auditing Practices for Community Agencies (MAAP) and participates in audits of individual grant awards as scheduled
- I – Additional details of financial accounting practices were included
- I – Information technology focuses on confidentiality and data security. Staff are trained annually on the proper use of technology to ensure client information is stored securely, safeguarded, and properly handled.
- I - The Confidentiality Policy covers interoffice communication.
- P - Any inter-agency sharing of data must be governed by a formal agreement such as a contract or memorandum of understanding and must also align with
- relevant state or federal requirements.
- I – Creates and maintains data encryption and protection standards to safeguard all confidential data shared between Preble Street and any other agency.
- I – Uses third-party case management software for data tracking purposes for high-need individuals and also utilizes the Maine CoC HMIS system for managing and reporting client data
- I – Dedicated staff are responsible for managing and updating client data.
- I – A dedicated Information Technology and Systems Department manages all aspects of the bidder's information technology needs, including providing in-house help desk, hardware purchasing, HIPAA compliance, and ClientTrack support.
- I –The Information Technology and Systems Department also provides oversight of a third-party information technology management vendor which manages bidder's network infrastructure and security.
- I – Has a two-tier backup system for its on-premises server data, as well as a third-party backup for hosted data. Additionally, all Microsoft Office 365 data including emails, calendars, Teams activity, and file storage—is backed up to a

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third-party hosted service, ensuring remote access to client data in the event of damage to a bidder facility.

- I – Client data is stored in secure, HIPAA compliant databases.
- P – Dedicates significant resources to compliance and quality in every aspect of its service delivery and in its core administrative functions.
- I – examples of compliance listed included examples of food preparation safety licensing requirements and meeting documentation requirements for individuals receiving Targeted Case Management services.
- I – Programs are built around training, standard operating procedures, policies, internal auditing, and corrective action
- I – States have not had major findings by the Department in their delivery of services overseen by the Department.
- I – Ensure compliance with all licensing standards and best practices by following a comprehensive set of standard operating procedures and policy manuals covering all licensure requirements, including human resources, finances, leadership, physical plant, and client records
- I – Approach to quality includes conducting routine internal audits to identify and address any non-conformances through root cause analyses and prompt corrective action.
- Recently renewed license as a Mental Health Services provider under the Behavioral Health Organizations licensing rules
- I – has well established billing practices for all programs including sufficient training for staff.
- I – Conducts regular utilization reviews to ensure billing is being done correctly and any errors are addressed promptly
- I – Data reporting is handled by staff who have expertise in ClientTrack (bidder's client tracking application) or HMIS. All data are reviewed by managers and supervisors to ensure their quality and compliance with report requirements.
- I – Performance and progress reporting is generally led by program directors and managers and reviewed by senior leadership before submission or publication.
- I – The finance team takes the lead on all financial reports with financial reporting for grant awards or contracts generated by the grants specialist assigned to the grant.
- I – All financial reports are reviewed by the finance team senior leadership before submission

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- I – obtains an annual independent audit of financial statements that express an opinion on compliance under Government Auditing Standards and audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).
- I - Received a clean audit in our most recent fiscal year with no findings reported and follows ASU Nos. 2018-08 and 2016-14.
- I – A management team, led by the Executive Director, monitors program quality, clinical needs, budget, outcomes, and mission adherence.
- I – The Board of Directors supports and evaluates the Executive Director; ensures effective planning and adequate resources; monitors programs; and ensures legal and ethical integrity.
- I – audits and corrective actions are a routine practice normalized into agency's culture of quality to improve services, identify training needs, identify and
- address gaps in policies and procedures
- Core administrative procedural improvement example 1 related to success in doubling administrative capacity in response to a doubling of the number of contracts awarded to the bidder during and after the Covid-19 pandemic by creating a dedicated grants team, improving the standard operating procedures the agency uses to manage its grants, ensuring a consistent approach to managing awards, creating more efficient workflows for reporting, and ensuring the agency was meeting the requirements for all awards.
- Core administrative procedural improvement example 2 related to success improving internal capacity to provide staff training by implemented a learning management system (LMS) to streamline the training program into an online rather than manual process
- I – Now has ability to offer online, synchronous, and asynchronous trainings.
- I - The new LMS is able to send out reminders and track trainings completed
- I – Able to staff its training program with a single coordinator, offer more trainings, and have a higher standardization of training across the organization.
- I – A few examples of the more than 100 trainings available to staff were listed.
- I – Private revenue needed to meet gaps comes from private grant revenue, individual donors, corporations, and the United Way. For the past three years, Preble Street's development team
- I – Development team as met or exceeded our fundraising goals for expenses that exceed publicly funded operating budgets for the past three years.

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<ul style="list-style-type: none"><li>Q – The descriptions of the three projects (Logan Place, Florence House, Huston Commons) indicate bidder has the needed experience and expertise but the projects were begun 20, 15, and 7 years ago respectively.</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>P – Organizational charts were provided clearly showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. The charts indicated to whom the project team reports.</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>I – Form was submitted. There is no current litigation.</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>P – HFSSS services will be available on-site in the SBHF program 24/7/365 to all tenants who consent to receiving services.</li><li>P - Staff (Caseworkers, Housing Support Staff, Supervisors, and the Program Director) will engage tenants through non-judgmental relationship-building to develop a trusting, supportive, and collaborative relationship between staff and tenants and through assertive outreach to tenants.</li><li>P –Staff receive training to provide effective, competent services to vulnerable individuals with challenges such as substance use disorders, complex trauma, HIV/AIDS, mental illness, co-occurring disorders, other disabilities, and histories of domestic violence, sexual assault, trafficking and other forms of exploitation. Training topics include unconditional positive regard, person-centered care, trauma informed care, de-escalation, agency mission and values, and others.</li><li>P – Staff ensure tenant safety through trauma informed services</li><li>P – Build trusting relationships with a harm reduction mode</li><li></li></ul>
<ul style="list-style-type: none"><li>I - Able and willing to engage with the Department at least six (6) months prior to the SBHF Property becoming available for tenancy by entering into a standard service contract with the Department and complying with all pre-contract requirements when selected as part of a Housing First Team as a Service Provider for HFSSS including providing the Department with the requested position titles and job descriptions, a staffing plan, description of</li></ul>

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<p>subcontractor/consultant interactions, a detailed and realistic work plan, list of responsible parties, and a valid certificate of insurance.</p> <ul style="list-style-type: none"> <li>• I – Agrees to invoice the Department for HFSSS based on the established reimbursement rates.</li> </ul>
<ul style="list-style-type: none"> <li>• P – Willing and able to collaborate with the Department.</li> <li>• P – Has a history of successfully collaborating and partnering with and taking direction from the Department including current service contracts.</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• Provides both HOME and TCM services.</li> </ul>
<ul style="list-style-type: none"> <li>• I – Has past and current experience establishing formal relationships with other providers including with hospitals and other health providers. Able to develop more formal relationships to ensure access to needed services for clients.</li> </ul>
<ul style="list-style-type: none"> <li>• Has collaborative working relationships with numerous providers of medical, mental health, and substance use treatment services, and will provide collaborative treatment oversight and care collaboration with all providers that support HFSSS tenants.</li> </ul>
<ul style="list-style-type: none"> <li>• Recognizes that delayed occupancy prolongs the hardship experienced by chronically homeless individuals.</li> <li>• Understand that comprehensive support throughout the entire tenancy, especially during the crucial initial days, weeks, and months, is essential for tenant success.</li> <li>• Committed to providing full, on-site support from the program's first day of operation/date ready for occupancy</li> <li>• Has a sufficient number of trained staff at current site-based programs to address potential scheduling gaps during the hiring process. These gaps will be filled by qualified staff competent in the provision of HFSSS.</li> </ul>
<ul style="list-style-type: none"> <li>• Has an established orientation and training curriculum and will provide the opportunity for new staff to shadow and train in vivo in bidder's three existing SBHF programs.</li> <li>• Street Outreach Collaborative (which provides basic needs outreach and triage case management to currently unsheltered individuals)</li> <li>• Outreach to chronically homeless individuals eligible for the HFSSS program will begin in advance to ensure tenancy can begin as soon as possible after property is ready for occupancy.</li> </ul>

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<ul style="list-style-type: none"><li>• I – Agrees to comply with all additional agency requirements and the HFSSS program manual, as defined in any executed contract, federal and State statute and Rule(s) and/or other agreements between the Department and the bidder.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• P – Will ensure that HFSSS are provided to tenants on site in the SBHF program</li><li>• 24/7/365 through a team of site-based social work staff that includes Caseworkers and Housing Support Specialists who are trained to provide HFSSS services.</li><li>• P – Staff will be consistently present in the common areas of the building to monitor guest entry and are also available to meet with tenants in staff offices, promoting privacy and confidentiality, or in tenants' apartments, allowing first-hand observation and insight into client strengths and challenges.</li></ul>
<ul style="list-style-type: none"><li>• P – Will ensure adequate on-site staff coverage in the SBHF program 24/7/365, always including a minimum of two staff on site as is done at current SBHF projects.</li></ul>
<ul style="list-style-type: none"><li>• I - Approach to service delivery includes assertive outreach, non-judgmental engagement, relational safety and trust, emotional support, and flexibility to tenant needs.</li><li>• I – Approach also includes a comprehensive orientation and training for SBHF staff with topics such as unconditional positive regard, person-centered care, trauma informed services, mission &amp; values, de-escalation, professional boundaries, and harm reduction</li><li>• P – Weekly individual supervision is provided for all full- and part-time staff that includes professional development and supports staff capacity to provide flexible, creative intervention and emotional support to tenants</li><li>• P – Monthly all staff meetings are conducted that foster team alignment and develop shared approaches to individual client challenges</li></ul>
<ul style="list-style-type: none"><li>• I - Individualized service planning will be built around staff working collaboratively with tenants to build trust and identify needs related to housing stability and wellness that the tenant would like to work on.</li><li>• I – Staff and tenants identify potential program interventions or external resources needed to support housing stability and wellness and work to implement those plans and/or secure those resources.</li><li>• I – Three examples of interventions associated with meeting specific client needs related to guest management, apartment cleanliness, and mental health access were included.</li></ul>

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<ul style="list-style-type: none"><li>• I – Staff consistently make an individualized assessment that is based on the strengths and needs of the tenant and informed by the tenant themselves, and then work collaboratively with the tenant to identify and enact solutions that promote independent living skills, housing stability, and wellness.</li></ul>
<ul style="list-style-type: none"><li>• P – Maintains agency and individual program policies and procedures.</li><li>• P – In addition to agency-wide policies, each program has a training manual and resource guide used to train new staff and serve as an ongoing resource for existing staff.</li><li>• I – Staff maintain individual tenant case notes and a daily program log to ensure communication across shifts</li><li>• P – Program management (supervisors and program director) are present in the program during the majority of open hours, and an on-call manager is available 24/7 to support staff when acute needs arise.</li><li>• I – Full- and part-time staff providing HFSSS services receive weekly supervision to ensure quality service provision</li><li>• I – Program staff meet monthly to review changes to agency or program policy or practice.</li><li>• I – Program outcomes are reviewed at least annually to note trends and identify areas of improvement.</li><li>• P – A member of SBHF program management meets weekly with the Property Manager of the SBHF program(s) to ensure that concerns related to building operations or safety are addressed in a timely way</li></ul>
<ul style="list-style-type: none"><li>• I – Programs are rooted in basic tenets of social work practice and ethics, including the client's right to self-determination, safety, and confidentiality.</li><li>• I – Policies and procedures operationalize these core commitments, including bidder's Confidentiality Policy, Non-discrimination Policy, Client Access to Records Policy, and Grievance Policy</li><li>• I – Client service plans are collaboratively developed using a strengths-based Framework</li><li>• I – All staff receive training on the principles of trauma-informed care.</li></ul>
<ul style="list-style-type: none"><li>• I – Maintain strong collaborative relationships with community-based organizations to ensure SBHF tenants have ready access to critical resources. Examples include Community Case Management through the Spurwink ACT Team, Gateway Community Services and other providers of substance use treatment and recovery support, detoxification services, and other health treatments.</li><li>• P – Staff provide support to the tenant in successfully engaging those services to which they are referred to or are seek services from.</li></ul>

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**C. Available HFSSS for Tenants**

- P - Services will be provided at the SBHF program are entirely voluntary to the tenant, and continued tenancy will not be dependent on the utilization of offered services.
  - P – Tenants are outreached and invited—but not required—to engage in services
  - P – Tenants may choose to accept some HFSSS services but not others. Tenants may change their mind about accessing services (or which services they choose to access) at any time.
- 
- P – Staff work to build trust with each tenant so they can work collaboratively to identify needs related to housing stability and wellness that the tenant would like to work on.
  - P – The staff and each tenant identify potential program interventions or external resources needed to support housing stability and wellness (including planning around mental health, medical, and substance-related crises as appropriate) and work to implement those plans and/or secure those resources
  - I – Individual service plans and individual crisis plans are re-assessed periodically as tenant circumstances and personal goals change.
- 
- P – Caseworkers will determine tenants' individual needs and eligibility for specific MaineCare benefits, help tenants complete and submit necessary paperwork for MaineCare enrollment and benefit applications, guide tenants through the MaineCare system, including appointments, authorizations, and appeals, advocate for necessary services on behalf of tenants, ensuring they receive appropriate care, and regularly communicate with tenants, healthcare providers, and other relevant parties to monitor progress and address any concerns.
  - P – Support in Navigating social services and benefits, including but not limited to accessing social security disability, MaineCare transportation for medical appointments and other essential needs, food access, and behavioral health services, including substance use treatment, mental health counseling, and support groups.
  - P – Caseworkers will guide tenants through Social Security Disability (SSD) applications, including gathering necessary documentation and attending appointments,
  - P - Connects tenants to food resources such as SNAP
  - P – Will offer and providing life skill development upon request
  - P - On-site staff are appropriately trained to provide Tenant/landlord communication support, including individual support and coaching to address



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specific tenant-landlord conflicts; education, coaching and support on budgeting/financial management education, basic money and income management training, and/or connection to a community-based representative payee, as applicable, desired and appropriate; education, time management; nutritional services and counseling; family reunification support, job search and retention services (e.g., individual support and coaching to assist tenants with job searches and career development); connections to volunteer opportunities external to and within the HFSSS; and develop individualized plans to support tenants' income, employment and vocational goals.
<ul style="list-style-type: none"><li>• P – All tenants in Preble Street SBHF programs are offered case management services</li><li>• P – Staff can provide on-site case management or refer the tenant to a community-based Case Manager.</li><li>• I – If a tenant has a community-based Case Manager, on-site staff support the success of that relationship through appointment reminders, support with follow up, and facilitating communication between tenant and provider.</li></ul>
<ul style="list-style-type: none"><li>• I – Harm reduction activities will be integrated into the daily structure of the program.</li><li>• I – Examples are regularly scheduled community meals, discussion groups and activities interesting to the tenants</li><li>• P – Naloxone will be available on-site and staff will be trained in its use.</li><li>• P – Will partner with local harm reduction program including syringe exchange programs</li></ul>

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- P – Cost Structure Reimbursement Acknowledgement Form was submitted.

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• founded in 1975</li><li>• real-world training ground for his students at the University of Southern Maine School of Social Work</li><li>• emergency services, long-term solutions, and advocacy that seeks to end homelessness and hunger in Maine</li><li>• shelter and service center for teens; grew food programs from our first soup kitchens to a Food Security Hub that provides over one million meals a year; established three Site-based Housing First (SBHF) locations that provide permanent, supportive housing; launched a Veterans Housing Services program to end Veteran homelessness in Maine; created an Anti-Trafficking Services program to meet the needs of survivors; and expanded our Health Services, Street Outreach, and emergency shelter programs.</li><li>• Maine's largest nonprofit provider of homeless services to youth and adults and a leader in statewide planning for both populations.</li><li>• I: Is this true? "Preble Street operates Maine's only 24/7/365 SBHF programs: Logan Place (est. 2005), Florence House (est. 2010), and Huston Commons (est. 2017)."</li><li>• provide housing with 24/7 on-site supportive services to 85 formerly chronically homeless individuals</li><li>• 20 years of experience IN HFSSS</li><li>• workforce has experience and expertise in trauma-informed care, harm reduction strategies, and housing stability work.</li><li>• strong relationships with other community organizations</li><li>• wide range of services beyond housing that includes food, healthcare, support services, street outreach, and emergency shelters</li><li>• addressing the root causes of their homelessness, and reducing barriers to the care</li><li>• serve over 10,500 people statewide each year through our direct service programs</li><li>• services provided statewide out of our locations in Portland, Lewiston, and Bangor</li><li>• comprehensive social services offer a spectrum of homelessness prevention and crisis response for community members from soup kitchens to health services, from shelters to permanent housing, from street outreach to healing centers</li><li>• has provided services in a 24/7/365 setting since 2004,</li></ul>	

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- opened the first SBHF program in northern New England, Logan Place
- provide support to 650
- clients annually across six 24/7/365 programs, including three SBHF programs and three emergency shelters for teens, women, and adults
- provide on-site and off-site services for clients' physical and mental health and housing needs
- Maine Health-Preble Street Learning Collaborative (MH-PSLC): "hook and hub" location for low-barrier and barrier-free access to health services, care-coordination services and education; An on-site health care provider conducts limited clinical services, including triage, urgent and follow-up care, and wound care; MaineHealth's Homeless HealthPartners (HHP) case management team is co-located at the MH-PSLC site, offering individuals experiencing homelessness short-term case management and coordinating access to primary care and other medical providers
- Recuperative Care Program is partnership between Maine Medical Center, Greater Portland Health, and Preble Street, provides space for people experiencing homelessness to rest, heal, and connect with medical care and social work providers after being released from a hospital stay; 15-bed program serves people with acute medical needs, and most stays last approximately 4 to 6 weeks
- nearly all Preble Street programs provide care coordination, referrals and warm handoffs to additional care to support clients' complex physical and mental health needs
- provide housing support services under MaineCare HOME Services (Section 91) at two adult-serving emergency shelters and will soon expand that reimbursement model to SBHF programs.
- more than a decade of experience providing Targeted Case Management to clients in our adult- and youth-serving emergency shelters
- SBHF programs regularly collaborate with Greater Portland Health, Maine Health, Milestone Recovery, Maine Medical Center's Geriatric Program, Portland Community Assisted Living, Portland Police Department Behavioral Health Team, ACT Team, University of Southern Maine, local methadone clinics, Maine Needs, The Opportunity Alliance, Catholic Charities, Avesta Housing, Furniture Friends, and other Preble Street programs—the Maine Health-Preble Street Learning Collaborative, Anti-Trafficking Services, Street Outreach Collaborative, Veterans Housing Services—to access needed services and programs for SBHF clients
- Penobscot Community Healthcare: Receive low-barrier referrals for Substance Use Disorder treatment services from Bangor-based Hope House Emergency

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Shelter

- Food Program Partners: formal agreements with several partners to create a food security system
- Flexible schedule, strong benefits, one hour weekly supervision, HFSSS team will be supported by a director level position on site at the facility 40 hours/week
- common barriers to maintaining permanent housing, including chronic health issues, trauma and mental illness, Substance Use Disorders, educational and vocational deficits, and disabilities
- guide individuals through the application and renewal processes for health insurance programs like MaineCare, Medicare, and private insurance options; maintain eligibility for housing assistance programs; help with re-certifications;
- If the tenant chooses to engage in formal service planning, their service plan includes dimensions such as housing, employment/income, health/wellness, education, substance use/abuse, relationships/social/family. Caseworkers and housing support specialists utilize unconditional positive regard, non-judgmental curiosity, and active listening to inform care planning and identify effective interventions
- I: Is an assessment done before a plan?
- Provided Housing Support Services at several local Portland Housing Authority and Westbrook Housing Authority affordable housing developments through contract with those agencies
- Has partnered with Avesta Housing to operate 24/7/365 SBHF programs for 20 years. Avesta, a leading non-profit affordable housing provider, develops and manages the housing units, while Preble Street provides comprehensive on-site support services.
- collaborative approach ensures that the housing and support services are seamlessly integrated
- P: excellent examples of how three SBHF programs, Logan Place, Florence House, and Huston Commons, all collaborate and partner with other providers to ensure needed services are provided on-site or in the community
- Finance: strong structure, 50 different grants, Sage Intacct is acting system; payroll system is PayCom; BVRs, monthly monitoring by grants and program; two contracts with Maine DHHS
- IT and Systems: focuses first and foremost on confidentiality and data security; ClientTrack, a third-party case management software application, for client tracking purposes, and uses the Homeless Management Information System (HMIS), for managing and reporting client data.

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- Compliance: P→ seeing quality compliance beyond just licensing (food prep, etc.); two licenses with DHHS; annual external audit, routine internal audits
- 3 improvements: (1) created a Public Grants Team then set about improving the standard operating procedures the agency uses to manage its grants to ensure a consistent approach to managing awards, create more efficient workflows for reporting, and ensure the agency was meeting the requirements for all awards (2) In 2024, Preble Street completed a project to improve its internal capacity to provide staff training (3) Implemented an LMS through Microsoft 365; able to staff its training program with a single coordinator, offer more trainings, and have a higher standardization of training across the organization
- For the past three years, Preble Street's development team has met or exceeded our fundraising goals to generate over \$5 million annually to cover expenses that exceed publicly funded operating budgets
- 3 projects: Logan Place, Florence House, Huston Commons. All Site base Housing First services.

## 2. Organizational Chart

- provided, HFSSS included

## 3. Litigation

- I: no litigation or not completed?

## Part IV, Section III. Proposed Services

### 1. Services to be Provided

## Part II

### A. Administrative Requirement

- Meets requirement
- I: "Preble Street does not anticipate subcontracting with any agencies or consultants for services, Preble Street will continue a longstanding partnership with Greater Portland Health to provide on-site medical outreach to clients residing in SBHF locations in the Portland Area." Also: "If applicable, all tasks to be delegated to subcontractors/consultants will be noted."
- Meets requirement
- Meets requirement
- I: contracts with DHHS for Teen Services (for housing, Emergency Shelter, and Teen Center and outreach services) and Florence House (SBHF and Emergency Shelter services).
- I: Preble Street's MaineCare Provider Agreement is in the process of being revalidated
- Meets requirement

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<ul style="list-style-type: none"> <li>Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>Preble Street has both historical and current experience with these relationships in existing SBHF programs, including: <ul style="list-style-type: none"> <li>an MOU with Greater Portland Health for on-site primary care and medical outreach to tenants in all three SBHF programs;</li> <li>a match agreement with MaineHealth Maine Medical Center for medical case management for tenants at Huston Commons.</li> </ul> </li> <li>formal partnerships serving clients at Preble Street's other social service programs</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>Preble Street is committed to providing full, on-site support from the program's first day of operation.</li> </ul>
<ul style="list-style-type: none"> <li>P: an established orientation and training curriculum and provide the opportunity for new staff to shadow and train in vivo in our three existing SBHF programs.</li> <li>N: Expectation that the new HFSSS will be serving only those that come from Preble Street shelters? Cherry picking? "direct access to many clients who are eligible and appropriate for a SBHF program through our Elena's Way Wellness Shelter (which provides low barrier emergency shelter to people who have been unsheltered) and Street Outreach Collaborative (which provides basic needs outreach and triage case management to currently unsheltered individuals)"</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>through a team of site-based social work staff that includes Caseworkers and Housing Support Specialists who are trained to provide HFSSS services</li> </ul>
<ul style="list-style-type: none"> <li>Staff are consistently present in the common areas of the building</li> </ul>
<ul style="list-style-type: none"> <li>This staffing pattern is consistent with three existing SBHF programs.</li> </ul>
<ul style="list-style-type: none"> <li>Meets expectations</li> </ul>
<ul style="list-style-type: none"> <li>I: Preble staff consistently make an individualized assessment "that is based on the strengths and needs of the tenant and informed by the tenant themselves, and then work collaboratively with the tenant to identify and enact solutions that promote independent living skills, housing stability, and wellness."</li> </ul>
<ul style="list-style-type: none"> <li>In addition to agency-wide policies, each SBHF program has a training manual and resource guide used to train new staff and serve as an ongoing resource for existing staff.</li> </ul>

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<ul style="list-style-type: none"><li>• A member of SBHF program management also meets weekly with the Property Manager of the SBHF program(s) to ensure that concerns related to building operations or safety are addressed in a timely way.</li><li>• I: Is this frequently enough? “program outcomes are reviewed at least annually to note trends and identify areas of improvement”</li></ul>
<ul style="list-style-type: none"><li>• I: No mention of Rights of Recipients</li><li>• Meets requirements</li></ul>
<ul style="list-style-type: none"><li>• Meets requirements</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• N: No mention of a tenant agreement that codifies the voluntary aspect</li></ul>
<ul style="list-style-type: none"><li>• Develop plans with willing tenants</li><li>• N: No mention of formal assessment to inform plans</li></ul>
<ul style="list-style-type: none"><li>• Meets requirement</li><li>• I: No mention of referrals to mobile crisis services or CRCs. “Crisis intervention—staff are equipped with the skills and resources to effectively respond to tenant crises, and there is a clear crisis intervention plan for responding to tenant crises, including procedures for contacting emergency services and providing immediate support.”</li></ul>
<ul style="list-style-type: none"><li>• Meets requirement</li></ul>
<ul style="list-style-type: none"><li>• Naloxone is available on-site 24/7 in Preble Street SBHF programs with instructions for use, and the 24/7 staff on site are trained in its use.</li><li>• Preble Street SBHF programs partners incl. with City of Portland SSP to ensure tenant access to harm reduction supplies (and SSP).</li></ul>

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- ***MaineCare agreement provided; cost structure form provided.***

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Preble Street

**DATE:** 03/03/2025, 03/04/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• P-Founded in 1975</li><li>• P-Respond to urgent social problems through emergency services, long-term solutions and advocacy that seeks to end homelessness and hunger.</li><li>• P-Shelter and service center for teens.</li><li>• P-Soup kitchens to food security hubs that provide over a million meals a year</li><li>• P-Three Site-Based Housing First (SBHF) locations</li><li>• P-Veterans housing Services program to end veteran homelessness</li><li>• P-Anti-Trafficking Services program, to meet needs of survivors</li><li>• P-Largest non-profit provider of homeless services to youth and adults</li><li>• P-Operates 24/7/365 SBHF programs, Logan Place, Florence House and Huston Commons.</li><li>• P-Combined these programs provide on-site services to 85 formerly chronically homeless individuals.</li><li>• P-20 years' experience operating programs.</li><li>• P-Workforce experience with trauma-informed care, harm reduction strategies and housing stability.</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• P-Chart was provided</li><li>• P-Chart provided clarity of where the Housing First would fit into the Org structure</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• Q-None provided.</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• P-Service will be provided to tenants of Site-based Housing First.</li><li>• P-Staff will engage tenants through non-judgmental relationship-building.</li><li>• P-Staff receive training in trauma informed services to promote housing stability, provide housing counseling, address housing barriers, and build relationships utilizing a harm-reduction model.</li></ul>



**STATE OF MAINE  
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<ul style="list-style-type: none"> <li>• P-Utilizing strategic partnerships to provide comprehensive wraparound services are available to tenants. Partnerships include Maine Medical Center for outpatient medical support, Greater Portland Health for onsite primary care and medical outreach and collaboration with other providers for community services.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder is able and willing to engage at least six months prior with the Dept.</li> <li>• P-Bidder will title and job descriptions, including minimum qualification for all positions assigned to a new SBHF. This is shown on the organizational chart that was provided.</li> <li>• P-Detailed staffing plan necessary to meet the requirement.</li> <li>• P-Established staffing pattern for existing SBHF programs that ensure staffing 24/7/365 for tenant and staff safety. No fewer than two staff on-site at all times.</li> <li>• P-Description of how subcontractors and consultants will collaborate with Preble St.</li> <li>• P-Bidder will submit valid certificate of insurance and will maintain valid insurance.</li> <li>• P-Acknowledged the process of the Dept currently working to establish rates.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder is wiling to collaborate with Dept.</li> <li>• P-Bidder has a history of collaboration with the Dept with contracts with DHHS for Teen Services for housing, Emergency Shelter, and Teen Center to include outreach services. This also include Florence House (SBHF and Emergency Shelter Services)</li> </ul>
<ul style="list-style-type: none"> <li>• <b>N/A</b></li> </ul>
<ul style="list-style-type: none"> <li>• P-Current provider agreement is in the process of being revalidated. Included pending agreement and current agreement as of July 2024.</li> <li>• P-Bidder will continue providing services and billing MaineCare for Targeted case Management (Section 13) and Home services (Section 91)</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder is current provider of services</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder has current MOU agreements with community providers to include Greater Portland Health for on-site primary care and medical outreach to tenants in all three SBHF programs</li> <li>• P-Match agreement with MaineHealth for medical case management for tenants at housing complex.</li> </ul>
<ul style="list-style-type: none"> <li>• P-Bidder has current MOU's with community providers</li> <li>• P-Bidder has partnerships with other social service programs, this includes Maine Mobile Health Program, Preble Street Veteran Housing Services, Spurwink and MaineHealth's CONNECT outreach van and other community services.</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<ul style="list-style-type: none"><li>• P-Bidder has three SBHF programs and have sufficient number of trained staff to address staffing needs during the hiring process.</li><li>• P-Bidder provided explanation of staffing and program needs during the initial days.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will collaborate with the Dept prior to program opening regarding hiring and training process for staff to provide HFSSS services in the SBHF program and to engage in outreach to potential SBHF tenants.</li><li>• Q-Bidder has an established orientation and training curriculum to allow staff to shadow in the three existing SBHF programs.</li><li>• I-Direct access to clients in the Elena's Way Wellness Shelter and Street Outreach Collaborative.</li></ul>
<ul style="list-style-type: none"><li>• Q-Bidder agrees to comply with agency requirements.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• P-Bidder is providing 24/7/365 services in existing SBHF programs.</li><li>• P-Caseworkers and Housing Supports Specialists are trained to provide HFSSS services.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder is providing 24/7/365 services in existing SBHF programs.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will ensure that HFSSS services are provided through a person-centered. Strengths-based approach. This includes comprehensive orientation and training for SBHF staff.</li><li>• P-Bidder will provide weekly supervision to staff</li><li>• P-Bidder will provide monthly staff meetings</li></ul>
<ul style="list-style-type: none"><li>• P-HFSSS staff will provide services to meet the needs of tenants to build independent living skills, maintain housing and access community based-services that will be individualized to each tenant.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder maintains agency and individual program policies and procedures. This also includes agency-wide policies.</li><li>• P-Each SBHF program utilized a training and resource guide to train staff and serve as an on-going resource.</li><li>• P-Program management are present in the program during the majority of open hours and on-call manager is available.</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder acknowledges the basic tenants of social work practice and ethics, including client's right to self-determination, safety and confidentiality.</li><li>• P-Bidder Agency policies and procedures with core commitments, including Confidentiality Policy, Non-discrimination Policy, Client Access to Records Policy and Grievance Policy among others.</li><li>• P-Plans are developed using strengths-based framework.</li></ul>

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<ul style="list-style-type: none"><li>• P-Bidder has collaboration with Community Case Management providers, Health Care Services, Mental Health Care, Substance Use treatment</li><li>• P-Bidder will provide support to the to the tenant with engaging with services.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• P-HFSSS services provided at SBHF program are entirely voluntary to the tenant.</li><li>• I-Continued tenancy is not based on the utilization of offered services.</li></ul>
<ul style="list-style-type: none"><li>• I-Staff will work with tenants to collaborate on identified needs related to housing stability and wellness.</li><li>• P-Individual service plans and individual crisis plans are re-assessed periodically as tenant goals change.</li></ul>
<ul style="list-style-type: none"><li>• P-SBHF staff offer and assist tenants with accessing services to include assisting applying for MaineCare benefits if this is an identified need.</li><li>• P-HFSSS geared with promoting housing stability and preventing a return to homelessness.</li><li>• P-Caseworkers are available to guide tenants through benefits process to include, SSD/SSDI, available to attend appointments, provide tenants resources with accessing food resources such as SNAP and local food security services.</li><li>• P-Bidder will ensure that staff are trained to provide services with tenant/landlord communication, budgeting needs, Education needs, Nutrition, Family support, and Job search resources.</li><li>• P-On-site staff are available 24/7/365 for tenants</li><li>• P-Motivational Interviewing is provided for staff and integrated into all interactions with tenants.</li></ul>
<ul style="list-style-type: none"><li>• P-Tenants in SBHF (Site-Based Housing First) programs are offered case management services. Service are based on tenant needs and desires. Staff can provide case management services or refer to a community-based case manager.</li></ul>
<ul style="list-style-type: none"><li>• P-SBHF staff are trained in Harm Reduction.</li><li>• P-Community meals are hosted multiple times during the week and at different times to accommodate tenants.</li><li>• P-Staff also offer groups on an array of topics.</li><li>• P-Naloxone is available 24/7 in SBHF programs with instructions for use and the 24/7 staff on site are trained.</li><li>• P-Bidder SBHF programs partner with community harm reduction programs, to include the City of Portland Public Heath Harm Reduction Services which includes the syringe exchange.</li></ul>

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<b><i>Part IV, Section IV. Cost Proposal and Budget Narrative</i></b>
<ul style="list-style-type: none"><li><b><i>P-Signed the COST STRUCTURE REIMBURSEMENT ACKNOWLEDGMENT FORM</i></b></li></ul>

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**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Spurwink Services

**DATE:** 2/20/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• P-Bidder is a non-profit agency with 65 years of experience providing BH, substance use disorder, and support services for people of all ages</li><li>• P-Bidder is licensed by the State of Maine as a mental health agency at the full-service level</li><li>• P-Bidder programs include outpatient and community services, regional services, Child welfare and foster care services, adult BH services, adult residential services, and children's education and residential programs</li><li>• P-Bidder is a service provider at a low barrier shelter and operates a Living Room Crisis center for individuals experiencing BH crisis</li><li>• P-Bidder provides TCM and care coordination</li><li>• P-Bidder has an administrative system in place to implement, monitor, bill, evaluate, and comply with state and federal grant funding sources</li><li>• P-Bidder utilizes Arctic Wolf Managed Detection and Response with 24x7 monitoring of their networks</li><li>• P-Bidder maintains all licensure requirements and meets all Council on Accreditation standards</li><li>• P-Bidder has improved by initiating ContractWorks, a document management software. Bidder created a Contract Administrator position as part of the FY2025 budget to support contract management. Bidder has also improved cybersecurity protocols</li><li>• P-Bidder has secured additional needed funding through grant programs from foundations, corporations, United Way, local government, state and federal funders</li></ul>	
2. Organizational Chart	
<ul style="list-style-type: none"><li>• P-Organizational chart is included</li><li>• N-Organizational chart is convoluted and not easy to read</li></ul>	
3. Litigation	
<ul style="list-style-type: none"><li>• N-Bidder has multiple open litigation cases pending</li><li>• N-Bidder has multiple closed litigation cases that were settled</li></ul>	
Part IV, Section III. Proposed Services	
1. Services to be Provided	
Part II	

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**DATE:** 2/20/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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A. Administrative Requirement
<ul style="list-style-type: none"><li>• Q-Bidder states they will provide HFSSS to individuals with complex mental health and substance use disorder needs because these clients are typically those that have been unsuccessful at all other levels of care by offering BH services and support services through partnering providers</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has a lot of experience with the start-up process for site-based care</li><li>• N-Bidder position titles, job descriptions, staffing plan within the RFP, this information is to be provided to the Department if the Bidder is awarded the contract</li><li>• N-Bidder does not anticipate the need for subcontractors or consultants for this project. This does not allow the tenant to choose</li><li>• P-Bidder will supply all required certificates of insurance and will comply with needs to maintain insurance. Bidder agrees to invoice the Department for HFSSS services</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has many contracts with the Department currently and expresses understanding in the need to take direction and collaborate with the Department and the Housing Authority</li></ul>
<ul style="list-style-type: none"><li>• P-MaineCare Provider agreement is attached</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has submitted an application to become HMIS participating agency</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has multiple MOU agreements to include but not limited to Pediatric Assoc., school districts, City Government, and law enforcement</li></ul>
<ul style="list-style-type: none"><li>• Q-Bidder states they understand they will be required to provide mental health and substance use disorder treatment oversight and care coordination with all providers to support all tenants (Bidder calls out mental health and sub use disorder only in respect to treatment oversight, does this cover the whole person)?</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder is experienced with state contracts and understand site-based housing projects do not have an exact start date</li><li>• Q-Bidder states they will start preparing sooner with a Director and Supervisor who will attend collaborative meetings to establish decision making processes on intake and tenant occupancy, provide input on design, discuss tolerance for eviction, set schedules for services and begin outreach (tolerance for eviction is concerning, these are supposed to be permanent housing solutions for unhoused individuals. There are no strict guidelines these tenants must live by to maintain tenancy except for chronic violent behavior or if a tenant needs a higher level of care and can longer take care of themselves, things of that nature).</li></ul>

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<ul style="list-style-type: none"><li>• P-Bidder has an HR Department, and they will work closely with program managers to post open positions for the HFSSS program as soon as necessary</li><li>• P-Positions are often filled within 4-6 weeks for direct care positions and longer for clinical staff</li><li>• Q-Training starts within 90 days of hire, and the training curriculum depends on the job description, position, and program of given employee (will employees be working with tenants prior to any training)?</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder manages a robust grants program from foundation, corporation, United Way, local government, states, and federal funders</li><li>• P-Bidder launched a medication assistance program and received state contract funds to pilot the state's first crisis receiving center, and many more funded initiatives</li><li>• P-Bidder has 64 years' experience complying with agency requirements</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• P-Bidder will adequately staff the HFSSS 24/7/365 with experienced trained staff</li><li>• Q-Supervision will be provided by the Outpatient and Community Services Clinical Supervisor who will provide oversight and weekly clinical supervision (Why wouldn't this program have its own supervisor for oversight and clinical needs)?</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will staff site-based housing with two staff members for all three shifts providing 24/7/365 HFSSS</li></ul>
<ul style="list-style-type: none"><li>• P-Staff have been trained to treat clients with dignity and respect under all circumstances to include client choice with non-judgmental approaches. Clinicians use evidence-based practices, selecting the most appropriate model to address each tenant's needs and goals</li><li>• P-Building trust with tenants is a foundational goal for staff. Five principles of Housing First model are Immediate access to permanent housing with no housing readiness requirements, consumer choice, recovery orientation, individualized support, and social &amp; community integration</li></ul>
<ul style="list-style-type: none"><li>• P-Bidders strategy is to tenants integrate into their community which requires socially supportive engagement and the opportunity to participate in meaningful opportunities</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will work together with managers to create a decision-making process with partners and DHHS. Bidder has followed multiple policies and guidelines from funding sources in the past as well as their own policies and procedures</li></ul>

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**EVALUATOR DEPARTMENT:** DHHS-OMS

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<ul style="list-style-type: none"><li>• P-All staff will be trained in the rights of clients, and all tenants will receive information about their rights at the time of intake</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has a robust referral system to provide tenants with many options. Referring partners include primary care and health systems throughout the state</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• P-Bidder acknowledges the tenant's participation is voluntary in all accounts to include sobriety and abstinence and not a requirement of tenancy</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder staff will create individual service plans and individual crisis plans within the first week of tenancy stating client choice will be the priority.</li><li>• Q-These plans will be updated as needed or at the very least annually (annually seems unrealistic within the first year of tenancy)</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder has experience with section 13 and 17</li><li>• P-Bidder has years of expertise in navigation social services to include but not limited to navigating or accessing SS disability, MaineCare transportation, food access, BH and Substance use services</li><li>• P-The Bidders Director or Supervisor will develop an orientation process with the property manager that will include all support services listed above</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder will work with individual tenants to coordinate assessments of the tenants' strengths and needs to produce an ISP and Bidder will coordinate, advocate for, and develop services identified in the plan. Bidder will monitor the effectiveness of the services</li><li>• Q-Bidder will provide case management services, Tenants will be provided with multiple appropriate options to access evidence-based mental health and substance use treatment, medical services, benefits the tenants are eligible for and available community supports (Bidder states they provide case management services and allow the tenants to choose who to receive services from but does not state the member can choose an outside case manager. Will the tenants have a choice for case management)?</li></ul>
<ul style="list-style-type: none"><li>• P-Bidder provides many levels of harm reduction services including community meals, art groups, and opportunities to connect at both Lewiston and Portland sites. Some examples include bowling, movie theaters, and local entertainment</li><li>• P-Bidder has a steady supply of Naxolone and offers regular training in the administration. Bidder also has Nalox-Boxes that are wall mounted and include a rescue breathing barrier device and instructions</li><li>• P-Bidders Lewiston office has an on-site Syringe Service Program that could be extended to HFSSS tenants. Additionally, this program provides education</li></ul>



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and testing for HIV and Hep C and connects individuals with necessary treatments
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**BIDDER NAME:** Spurwink Services, Inc.

**DATE:** 2/21/2025 and 2/24/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Maine-based 501(c) 3 non-profit agency with sixty-five (65) years of experience providing behavioral health care; substance use disorder (SUD) services; and support services.</li><li>• Stated they have provided co-located services with OCFS through several initiatives over the last thirty (30) years.</li><li>• Licensed by the State as a Mental Health Facility at Full-Service Level; as a Substance Use Disorder Provider; as a Private Special Purpose School; and as a Children's Residential Care Facility.</li><li>• Stated they are accredited by the Council on the Accreditation for Children and Family Services; and is a member of the Child Welfare League of America and the American Association of Children's Residential Centers.</li><li>• Stated they are also licensed as a Foster-Care-CPA Level of Care Placing Facility Agency, and they maintain an Alcohol and Drug Treatment license.</li><li>• Described their mission and history.</li><li>• Listed and described services and programming they provide for: Outpatient and Community Services, separated by regional services, child welfare and foster care services, and adult behavioral health services; Adult Residential Services; and Children's Educational and Residential Programs.</li><li>• Stated services are provided via out-patient and community service hubs; a residential campus; day treatment schools; the Cumberland County Children's Advocacy Center in South Portland; statewide foster care recruitment and adoption matching in partnership with DHHS; and treatment foster homes.</li><li>• Stated they employ the only two (2) Child Abuse Pediatritions in the state at their Center for Safe And Health Families that provides Comprehensive Foster Care Assessments; and at their multi-disciplinary program to address Commercial Sexual Application of Children (CSEC) through the Cumberland County Children's Advocacy program.</li><li>• Provided a description of their Outpatient and Community Services (OCS) division, where HFSSS would be housed.</li><li>• Described services provided through their Adult Behavioral Health department, including launch of a Certified Community Behavioral Health Clinical (CCBHC) and opening of their Living Room Crisis Center in Portland.</li></ul>	

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**DATE:** 2/21/2025 and 2/24/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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- Described their trauma-informed clinical model, training and support, including that all clinical staff are trained in Attachment, Regulation and Competency (ARC), an evidence-based treatment model for youth and families that have experienced complex trauma.
- Stated they participated in Maine Behavioral Healthcare's Maine Children's Trauma Response Initiative and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) trainings.
- Described their client engagement in leadership and use of peers; including two (2) active consumer advisory groups, a parent and adult consumer group, that provide input on programming; employment of Care managers and Cultural Brokers from immigrant and refugee communities in their ShifaME TST-R program; and expansion of their peer team staff.
- Described commitment to person-centered model of recovery and experience with co-occurring treatment.
- Stated they are the service provider at Ashlea's Place, a Housing First Mental Health Recovery Residence in downtown Portland that provides housing, mental health services and substance use treatment for adults with serious mental illness (SMI) and co-occurring SUD that have struggled with long-term homelessness.
- Stated Ashlea's Place serves six (6) clients at a time who have been unsuccessful at other levels of care, with wraparound behavioral health and support services through partnering providers, including onsite care management and a house manager.
- Stated, in partnership with Community Housing of Maine (CHOM) and Milestone Recovery, Ashlea's Place helps address Portland's need to house individuals struggling with long-term homelessness, as identified by the Long-term Stayers Workgroup and Emergency Shelter Assessment Committee (ESAC). Bidder stated there are currently one hundred thirty-three (133) individuals on the long-term stayers list.
- Stated they recently launched two (2) residential programs for adults with co-occurring serious mental illness and SUD; Bigelow, a 12-bed residential treatment program launched in 2021 to support individuals with complex challenges due to co-occurring disorders; and Kineo, a residential behavioral health treatment program, with a focus on older adults with serious mental illness.
- Stated, through joining Tri-County Mental Health (TCMH), they have also integrated three additional programs in the TCMH service area.

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**DATE:** 2/21/2025 and 2/24/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

- Stated they are a comprehensive mental health center that utilizes their Critical Incident Stress Management (CISM) services in all communities where their services exist, as needed.
- Bidder provided an example of a CISM response completed recently in October 2023 in response to the Lewiston shooting tragedy, where Bidder stated they responded immediately with CISM to conduct debriefings and provide support with follow-up care to one of their internal programs and to an external provider in Auburn.
- Stated many of their Lewiston office staff provided support shortly after the tragedy and continue to provide ongoing care to twenty-five (25) individuals using trauma-informed care.
- Stated they also hold a statewide contract with the State to provide Clinical Consultation and Support Services to the State's DHHS.
- Stated they have offered Psychological First Aid for years through school and community support, and occurs when a suicide, drowning or other tragedy occurs in a community.

Supportive service provision to those experiencing Chronic Homelessness:

- Stated they have extensive experience providing supportive services to those experiencing chronic homelessness, with relevant programming described.
- A service provider for Ashlea's Place that targets Long Term Stayers (LTS) on the Emergency Shelter Assessment Committee (ESAC) LTS by-name list, or other means for determination, with CHOM as the property owner and property manager.
- Operates a 24/7/365 low-barrier Living Room Crisis Center, launched in 2022 as Maine's first Crisis Receiving Center for those fourteen (14) and older experiencing a behavioral health crisis.
- Collaborates with the Refugee Trauma and Resilience Center (RTRC) at Boston's Children's Hospital since 2012 to meet Maine's refugee population's trauma-related mental health needs through ShifaME Trauma Systems Therapy Groups, which often includes unhoused immigrant and refugee children and youth.
- Contracted by the City of Lewiston to employ a Landlord Liaison to act as a Housing Coordinator for their program working with unsheltered and at-risk of being unsheltered individuals find stable housing.
- Has a contract with the state for OPTIONS liaisons.
- Provides Harm Reduction Services.

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- Operates Project Support You (PSY), a ride-along partnership between the Auburn Police Department and/or Auburn Fire/EMS and the Bidder where a counselor attends with an officer/EMS worker when responding to calls from individuals living and struggling with substance misuse, homelessness and mental illness.

24/7/365 service provision experience:

- Stated extensive experience providing services in a 24/7/365 setting to adults and children with mental health challenges; SUD needs; and/or intellectual and developmental disabilities and autism spectrum disorder.
- Stated they have experience with 24-hour on-site service provision in the Housing First model to a similar population in Portland through Ashlea's Place; and have additional on-site experience as a result of their operation of five (5) residential facilities for adults with serious and persistent mental illness and/or co-occurring mental health and SUD, located in Portland, Rumford, Sabattus and Lisbon.
- Stated their Living Room Crisis Center in Portland, indicated as first of its kind in the state, also provides 24/7 on-site crisis recovery services for those fourteen (14) and older.
- Stated they provide round the clock services for adults with intellectual and developmental disabilities (IDD) at several residential facilities; and in a nursing facility for adults with IDD.

Experience providing health and behavioral health services to the intended population:

- Stated they have a long history of initially providing TCM and now also provide care coordination through their Adult, Child and Opioid Behavioral Health Homes.
- Described Behavioral Health Homes (BHH) using an integrated, team-based approach to care delivery, and described the makeup of a BHH team.
- Bidder also described service provision for BHH, including completion of a comprehensive psychosocial assessment within the first thirty (30) days of treatment and care coordination.
- In addition to care coordination provided through BHH, stated they also provide the following health and behavioral health services: OPTIONS programming; Harm Reduction Services; and Psychological First Aid and Critical Incident Stress Management provided as clinical services to over seventy (70) public schools throughout Maine.

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- Regarding their Psychological First Aid initiative, stated it was developed to help partners respond to a crisis, including an internal protocol and a team of experienced behavioral health providers that can be called upon in the immediate aftermath of a loss or disaster.
- Stated they utilize the Psychological First Aid Field Operations Guide developed by the National Child Traumatic Stress Network internally, and they have developed a template to help identify students that may need further follow-up.

Knowledge of community-based resources in service area and related experience:

- Bidder listed the following non-inclusive list of home and community-based services: BHH; ACT; Treatment Foster Care; Functional Family Therapy; Public School Counseling in public school settings; and their Center for Safe and Healthy Families.
- Stated their clinicians and care managers conduct behaviorally specific, interactive, ongoing and holistic assessments of clients, and use the evaluation for personalized service plan development, including recognizing and respecting client identity factors, including culture, values, systems of believe and interpersonal dynamics.
- Stated they are grounded in Motivational Interviewing training when working with clients.
- Referred to clinicians and care managers assisting clients with meeting basic needs.
- Stated they have strong partnerships with local hospitals and providers and social service and state agencies in the communities they serve.
- Stated they participate in numerous coalitions and planning groups to increase system integration and improve client outcomes.
- Stated they and their subcontracting agencies will work closely with other services providers and develop an understanding of the systems that clients may need to interact with, including legal, social service and health care, in order to develop and build relationships with the systems for consultation and advocacy, when appropriate, to help meet client goals.
- Stated their success at Ashlea's Place is due to the collaboration between police liaisons; the Milestone Home Team; CHOM; Spurwink; and the twenty (20) service provider agencies involved in the Emergency Shelter Assessment Long Term Stayer Committee.

Staff recruitment and retention policies, and plans to ensure optimal staffing for Housing First Rental Homes:

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- Stated their HR department will work closely with program managers to post open positions for HFSSS as soon as needed to fill positions for start-up.
- Stated their HR Department, in collaboration with Hiring Managers such as Program Directors and Associate Directors, handles all recruitment and hiring for the organization,
- Described their hiring process, including use of Applicant Pool for their internal Applicant Tracking System.
- Stated time to fill vacancies vary depending on the position; but they are often able to fill positions within 4-6 weeks for direct care positions, and it takes a little longer to hire for clinical staff.
- Stated they start training within ninety (90) days of hire, with training curriculum varying dependent on the position and program and indicated some across-the-board required annual employee trainings.
- Stated they will collaborate with the State and Housing Development offices locally to ensure adequate staff are hired prior to occupancy.
- Did not address retention policies.

Knowledge of common barriers to maintaining permanent housing:

- Bidder listed some barriers, including health challenges; substance abuse/use; mental health disorders; “inability to get along with others”; and “inability to cope”.
- Stated staff are trained in Motivational Interviewing to address the listed issues and assist tenants with mitigating barriers through growth and asset building.

Experience navigating benefits’ maintenance:

- Stated their care coordinators have experience helping individuals with navigating enrolment and maintenance of benefits through their current BHH programs and ACT.

Experience evaluating HRSN and incorporating such into service plan development:

- Stated they have experience evaluating HRSN through their Behavioral Health Home programs that provide care coordination and through ACT, “FFT” and their residential treatment programs for adults with co-occurring mental illness and SUD.
- Stated the adult clinical model is based on Person Centered Recovery Planning and all outpatient clients receive risk assessment and crisis planning, including a biopsychosocial assessment and/or psychiatric assessment; adult health questionnaire; smoking cessation; PHQ-9; risk assessment via the

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Columbia Suicide Severity Rating Scale and AC-OK for trauma and substance use screening.

- Stated use of Motivational Interviewing to assess client's needs, and incorporation of client responses and assessments into service plan development, in collaboration with the client.
- Listed the following principles that guide their interactions with clients: relationship-based; "developmentally-focused"; family-involved; competency-centered; trauma-informed; and ecologically oriented.

Interagency coordination:

- Stated they will offer case management services at Housing First Facilities; and indicated tenants will have multiple appropriate options to access evidence-based mental health and substance use treatment, medical services, eligible benefits and available community supports.
- Stated Bidder, their partner organizations, and the city the Housing First building is created will work to coordinate efforts and avoid duplication, with the plan to involve police liaisons; a variety of service providers and supports; the housing manager; and Bidder working together.
- Did not describe in this response their experience engaging in effective interagency coordination; however, did include description of some interagency coordination in earlier responses.

On-site experience in affordable housing developments:

- Stated they do a lot of collaborative work on-site at affordable housing developments in Lewiston/Auburn to support tenants; and currently has a contract with the City of Lewiston where Bidder employs a Landlord Liaison for the program to serve as the Housing Coordinator to assist unsheltered or at-risk of being unsheltered individuals find stable housing.
- Also referred to current service provision provided at Ashlea's Place, which uses the Housing First model.
- Stated they also employ Community Health Outreach Workers to connect individuals in need with housing support.

Experience working collaboratively with landlords and property managers:

- Stated they work collaboratively with landlords and property managers at Ashlea's Place and educate and discuss cases individually to meet tenant needs.
- Stated they work closely with the property manager, CHOM, at Ashlea's Place; and described CHOM's role in Ashlea's Place compared to Bidder's.



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- Stated that, as a referring agency and service provider, they are responsible for providing referrals of Long Term Stayers in conjunction with LTS committee members, and responsible for providing and/or coordinating support services to eligible populations who become residents of Ashlea's Place.
- Stated intent to have up to thirteen (13) staff providing services and indicated this will ensure property managers are able to coordinate their work 24/7.
- Described proposed anticipated staffing model for HFSSS, including three (3) personnel shifts, with description included regarding anticipated work to occur during each shift.
- Stated that they will coordinate with staff during business hours, after hours for emergencies, and potentially include weekly meetings and have staff attend learning collaboratives regarding Housing First.

Experience collaborating and partnering with other providers:

- Stated experience collaborating and partnering with other providers to ensure provision of needed services on-site or in the community.
- Stated they have a "robust" referral system that provides many options for tenants to receive appropriate services and request such through their established partnerships in the community.
- Stated they have positive, collaborative working relationships with many primary care providers and health systems across the state that offer in depth health care services; and have staff embedded in some health care systems where Bidder is seen as an advocate and expert on client needs.
- Stated they work closely with the City of Portland, especially the Homeless Resource Center (formerly the Oxford Street Shelter), and other service providers including: The Preble Street Resource Center; Amistad; CHOM; Maine Health; Mercy Hospital; Greater Portland Health; and coalitions that find housing and employment for the unhoused to ensure client service coordination.
- To ensure knowledge of emerging and critical needs, and to collaborate with partners serving their population, Bidder stated they actively participate in: the Greater Portland Addiction Collaborative; Emergency Shelter Assessment Committee; Long Term Stayers Group; Languishing Committee; and the Cumberland County Overdose Prevention Group.
- Stated, to engage with communities in their work and establish ongoing project sustainability, they also have partnerships with Maine Medical Center; mercy hospital; Southern Maine Health Care; St. Mary's; Greater Portland Health; Preble Street; the Learning Collaborative; The Opportunity Alliance and

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Sweetser mobile crisis teams; cities of Portland, Lewiston/Auburn, and Biddeford; and local police departments.

- Stated they participate in the Sewall Foundation health and housing community cohorts in Lewiston/Auburn; and work collaboratively with law enforcement; area hospitals; homeless shelters; crisis services; veterans services and city management.

Approach to handling financial, IT and compliance functions:

- For financial – stated they use multiple bank accounts to track cash movement through operations, and if a specific cash account is needed for a specific purpose, a new account is created; with cash accounts reconciled and reviewed month. Bidder further described how they keep different funding sources separate; how they report to funders on how money was spent; how they track actual outlays against budget protections; and payroll process details, including use of ADP for payroll software.
- For IT – stated they utilize Systems Engineering as their Managed Services Provider, and uses Artic Wolf Managed Detection and Response (MDR) with 24/7 monitoring of their networks, endpoints and cloud environments to detect, respond and recover from cyber-attacks.
- Stated they monitor their cloud-based performance and network resources and report on their support ticket volume monthly; and communicate regularly with all staff through email, their intranet, a monthly internal newsletter, a bi-monthly external newsletter and through bi-monthly agency integration meetings.
- For compliance – stated they maintain all required licensing and meets all Council on Accreditation (COA) standards, which requires bi-annual program site visits. Stated their Continuous Quality Improvement (CQI) division provides oversight on reporting and data; and their CQI and HR teams have developed protocols and policies around corrective action plans to monitor and improve program efficacy and to ensure staff compliance with program regulations.

Examples of core administrative procedures improved over the last three (3) years:

- Stated they purchased ContractWorks, a document management software that allows review and updating of documents within its system, with workflow functionality to ensure the correct people have access to contracts.
- Stated they created a Contract Administrator position as part of their FY2025 budget to support their contracts management process, and stated the position work with various agency staff to ensure contract deliverables are communicated, delegated and delivered.

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- Stated they have improved and implemented new cybersecurity protocols to protect client and staff data and worked with an expert cybersecurity firm to address potential gaps in their security, including: active MDR and Endpoint Detection and Response (EDR); daily multi-factor authentication; and improved firewalls and VPN.
- Stated they continuously work to improve their Electronic Health Record and data capacity, details not provided.
- Stated they recently restructured their Outpatient and Community Services division to meet their rapid program and services growth to align with the clinical continuum of care structure that serves youth to adult clients, and those with low to high acuity treatment needs.

Experience raising private funds to cover expenses:

- Stated they have demonstrated expertise with securing and managing a robust grants program from foundation; corporate; United Way local government; States; and Federal funders.
- Described various awarded contracts and grants Bidder received, all from City, State or federal grant or contract-related funding.
- Aside from mentioning they secure grants from “foundation, corporate, United Way”, Bidder did not describe their experience with raising private funds to cover expenses that exceed publicly funded operating budgets.

Project 1:

- Bidder referred to their on-site service provider work at Ashlea’s Place, a mental health recovery residence in downtown Portland that provides housing, mental health services and substance use treatment to adults with serious mental illness (SMI) and co-occurring SUD, built on the Housing First practice model, designed with low barriers.
- Stated project is a collaboration between Bidder, CHOM, and Milestone Recovery, and they all work closely with the City of Portland.
- Stated CHOM provides the building and pays for property’s operational expenses; Bidder provides on-site individualized support to residents; and Milestone assists with identification and prioritization of clients, client transportation and provides “daily rounds” through the Milestone Home Team.
- Stated Ashlea’s Place houses up to eight (8) clients, for a total of ten (10) to twelve (12) per year.
- Bidder included a description of the Housing First model, demonstrating an understanding of such.

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- Stated they are the primary on-site entity providing support services to clients, and use the following evidence-based practices as part of their person-centered, recovery-oriented and trauma informed model, with description provided for each practice: person-centered recovery planning; cognitive behavioral therapy (CBT); motivational interviewing (MI); assertive community treatment (ACT); medication assisted treatment (MAT); cognitive behavioral therapy for psychosis (CBT-P); and trauma systems therapy for refugees (TST-R).

**Project 2:**

- Bidder referred to their Spurwink Adult Behavioral Health (SABH) programming, formerly the Portland Help Center, that provides mental health care to vulnerable and low-moderate income populations in the greater Portland area.
- Stated SABH provides integrated outpatient psychiatric services to people with SMI and SUD; and described services provided through SABH.
- Awarded a grant from SAMHSA to launch CCBHC in Cumberland County in 2022, and stated current CCBHC services include: crisis mental health services; screening, assessment and diagnosis, including risk assessment; patient-centered treatment planning, including risk assessment and crisis planning; comprehensive outpatient mental health and substance use services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation services; peer support, counselor services and family supports; community-based mental health for veterans; and client advisory board.
- Referred to their Living Room Crisis Center (LRCC), opened in March 2022 as the state's first and only Crisis Receiving Center located in Portland's Bayside neighborhood. Bidder included a description of services provided at their LRCC.
- Stated their SABH also provides: ACT; Adult Behavioral Health Home; and outpatient psychiatric treatment and medication management.
- Stated they received the Preble Street Community Partner Award in 2005 for their collaboration with providers in serving unhoused individuals with SMI.

**Project 3:**

- Referred to their residential programs for adults with co-occurring mental health and SUD.
- Stated their fifteen (15) bed Bigelow Residential Treatment program, launched in 2021, combines mental health and substance use treatment services to

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meet the needs of individuals with complex challenges due to co-occurring SUD; with a one (1) year average length of stay, serving an average of thirty (30) clients per year.
<ul style="list-style-type: none"><li>• Stated, building on Bigelow's success, they opened a second Residential Treatment program spring 2023 called Kineo, with ten (10) beds focusing on serving adults aged fifty (50) or older with severe and persistent mental illness.</li><li>• Stated clients at Bigelow and Kineo are low-income and under-or uninsured, indicated many are isolated, unhoused or at risk of homelessness and have multiple systems' involvement, with current ages ranging from 22-70.</li><li>• Bidder further described services and components of their Kineo and Bigelow Residential Treatment programs, including opportunities for social connection and family reunification and connection.</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Highlighted project team includes Housing First-specific staff; however, it is unclear whether this project team is inclusive or exclusive of Bidder's current operations for Ashlea's Place as there was no specific indication for Ashlea's Place staffing in the provided organizational chart.</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• Eight (8) total cases included, with four (4) closed (settled).</li><li>• Did not include case #s.</li></ul>

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

<ul style="list-style-type: none"><li>• Proposed offering behavioral health and support services through partnering providers, with on-site care management and 24/7/365 staffing that involves the client in all decisions.</li><li>• Did not explicitly refer to providing services in a person-centered, strengths-based manner, however, did include language suggesting such.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have experience with start-up processes for site-based care and has the capacity and expertise to engage with the Department at least six (6) months prior to the Property becoming available and will provide the Department with all pre-contract requirements at least six (6) months prior to the Property becoming available to tenants.</li><li>• Bidder listed the staff from their outpatient clinical leadership team that will be working collaboratively with the Housing First property manager and Department to ensure smooth implementation of programming, with relevant</li></ul>

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<p>background educational and experiential qualifications provided for each: Sr. VP of Outpatient and Community Services (OCS); VP of Adult Behavioral Health; VP of OCS; Director of Adult Services and Sr. Director of Adult Services.</p> <ul style="list-style-type: none"><li>• Stated they have the capacity to include a nurse as a HFSSS staff member should there be tenant high acuity health care needs.</li><li>• Listed anticipated staff positions for the Housing First Property, dependent on client need and number of clients served, including minimum qualifications for each.</li><li>• Anticipated leadership staff are: one (1) Director of Adult Services; and two (2) Housing First Clinical Supervisors, with masters' level educational experience for clinical positions.</li><li>• Anticipated direct HFSSS staff are: four (4) FTE and .5 FTE of Care Coordinator/Case Manager, also referred to as "caseworker"; three (3) FTE and .5 FTE of Housing Support Specialists; and one (1) FTE and .5FTE of Certified Intentional Peer Support Specialists.</li><li>• Provided detail on "key area of focus" for each of their anticipated three (3) shifts.</li><li>• Included a detailed draft of their anticipated staffing plan for each shift, including actual anticipated timeframe worked for each day of the week, for each anticipated staff person listed.</li><li>• Stated they do not anticipate the need for subcontractors or consultants for HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<ul style="list-style-type: none"><li>• Provided their MaineCare Provider Agreement.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have been a MaineCare provider for around forty (40) years.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have submitted their application to become a HMIS participating agency.</li></ul>
<ul style="list-style-type: none"><li>• Provided documentation illustrating enrollment as a TCM agency.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have many MOU agreements with various service providers for their programming/services, including with: CHOM for Ashlea's Place; Central Maine Healthcare related to co-locating clinicians in primary care; Pediatric Association (Children's Behavioral Health Homes); school districts; City Government; and law enforcement agencies.</li><li>• Stated they will establish an MOU for HFSSS after contract award.</li></ul>
<ul style="list-style-type: none"><li>• Stated they currently provide treatment oversight and care coordination at Ashlea's Place and their Living Room Crisis Center.</li></ul>

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<ul style="list-style-type: none"><li>• Stated experience with providing Care Coordination through their BHH and Opioid Healthy Home services; and provide outpatient mental health and SUD services at their ten (10) locations.</li></ul>
<ul style="list-style-type: none"><li>• Stated, based on their prior experience with their Living Room Crisis Center, they are able to begin a future project with a Director and Supervisor, when and as needed, that will attend collaborative meetings for establishment of decision making processes on: intake, occupancy, input on design, eviction-related-requirements, service scheduling and begin staff outreach prior to clients occupying the Housing First Property.</li></ul>
<ul style="list-style-type: none"><li>• Stated their HR department will work closely with program managers to post HFSSS open positions as soon as needed to fill the positions for start-up.</li><li>• Bidder referred to their HR department handling all organizational recruitment and hiring and described process for recruitment.</li><li>• Stated training will begin within ninety (90) days of hire, with training curriculum dependent on position.</li><li>• Stated annual required trainings for all employees includes trainings on HIPAA; health and wellness; professionalism; mandatory reporting; and corporate compliance. Indicated all trainings are conducted internally or through their on-line learning management system.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have demonstrated expertise in managing grants programs from foundation, corporate, United Way, local government, States and Federal funders.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• Stated supervision will be provided by their Outpatient and Community Services Clinical Supervisor, who will provide oversight and weekly clinical supervision.</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<ul style="list-style-type: none"><li>• Stated their staff are trained to treat clients with dignity and respect in all circumstances, including involving clients in choice making.</li><li>• Stated their clinicians use appropriate evidence-based practices, according to client needs and goals, including, Cognitive Behavioral Therapy (CBT); Trauma-focused CBT; Dialectical Behavior Therapy; Collaborative Problem Solving; Motivational Interviewing; and Attachment, Regulation and Competency (ARC).</li><li>• Stated building trust with tenants/clients as a foundational goal for all staff and they will implement the five (5) principles of the Housing First model in service provision and listed such.</li></ul>

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<ul style="list-style-type: none"><li>• Stated they will ensure support is provided through a rights-based, client-centered approach, emphasizing client choice for housing and supports.</li><li>• Bidder described the intended recovery orientation to be used with service provision, including harm reduction.</li><li>• Unclear if Bidder addressed ensuring individual emotional support (3c) and flexibility and adaptation to tenant needs (3d).</li></ul>
<ul style="list-style-type: none"><li>• Met requirement.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will work with the site managers, housing development partners and the Department to create a decision-making process for HFSSS, including monitoring and following the Housing First model.</li><li>• Stated that, at the time of their proposal's submission, they have yet to meet to discuss details with housing agency applicants.</li></ul>
<ul style="list-style-type: none"><li>• Stated all staff are trained in client rights and all clients are aware of their rights through documentation presented at intake.</li><li>• Stated on-call support and supervision will be provided by their Outpatient and Community Services Clinical Supervisor, who will also provide oversight and weekly clinical supervision.</li><li>• Stated support for staff and clients, including escalation levels of support, is embedded in their service provision.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have a robust referral system that provides many options for tenant required and requested services.</li><li>• Stated they remain open to hiring a nurse for HFSSS sites due to "high acuity of this population", and stated this decision can be made with input from the Department and housing partners, per tenant intake information.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Described the Housing First model of voluntary participation and housing not being conditional on sobriety or abstinence; and stated they are supportive of such.</li></ul>
<ul style="list-style-type: none"><li>• Stated they plan to develop service/support plans and individual crisis plans within the first week to identify needs and services to maintain long term housing stability.</li><li>• Plans to review and update service plans and crisis plans annually, and as needed.</li><li>• Stated client choice will be the priority, and while Bidder is able to provide internal-to-agency behavioral health and SUD treatment modalities, client choice will decide where they receive treatment.</li><li>• Should tenants choose to become clients of Bidder's services, they will develop treatment care plans within thirty (30) days and will review such quarterly.</li></ul>



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**DATE:** 2/21/2025 and 2/24/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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<ul style="list-style-type: none"><li>• Stated they have experience with MaineCare Chapter 14 and Chapter 17 services through a contract with the Office of Aging and Disability and their ACT teams.</li><li>• Stated staff are trained in navigating social services and benefits and will meet with tenants to determine eligibility and provide education on available resources.</li><li>• Stated, should they identify a gap in availability of supports in a particular location, they will work with their care team to overcome that barrier for the tenant(s).</li><li>• Stated, when referrals are not possible, they will bridge services on behalf of the tenant with providers known to the Bidder, using their established structures.</li><li>• Stated their Director or Supervisor will develop an orientation process with the property manager specific to the Property location, including all required support services.</li></ul>
<ul style="list-style-type: none"><li>• Stated tenants will be given multiple appropriate options for accessing evidence-based mental health and substance use treatment, medical services, eligible benefits and available community supports.</li><li>• Stated their Case Workers and Housing Support staff will work with each tenant to conduct intake; coordinate comprehensive assessments; produce an individualized support plan (ISP); monitor progress; evaluate the appropriateness and effectiveness of services; and assist with development of a crisis plan. Stated this would be done through person-centered planning collaboration with the tenant to identify barriers and develop attainable goals.</li><li>• Stated they will work with family members to assist with advocacy and coordination of tenant services.</li><li>• Stated intent to intentionally coordinate services with partner organizations and the anticipated city of the Housing First property, versus duplicating efforts; and indicated this will involve Bidder coordination with police liaisons; variety of service providers and supports; and the housing manager.</li></ul>
<ul style="list-style-type: none"><li>• Provided some examples of alternative activities provided in existing harm reduction services, including: photography walks; excursions to local entertainment places, including bowling, amusement parks and movie theaters; and an annual Thanksgiving meal. Stated their examples could be implemented in a Housing First environment.</li><li>• Aside from describing examples, did not explicitly address ensuring provision of alternative activities (5a.).</li></ul>

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- Stated they offer regular training and online training at their Lewiston and Portland sites to ensure correct administration of naloxone; and stated their medication management providers co-prescribe naloxone with any MAT prescription.
- Stated they have Nalox-Boxes at their Lewiston and Portland sites.
- Did not specifically address ensuring 24/7/365 on-site naloxone, with easily available instructions for use; only referred to their current services/programming as it pertains to naloxone.
- Stated they have an on-site Syringe Service Program (SSP) at their Lewiston office that they could connect Housing First tenants to.

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- Signed by President/CEO.

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**EVALUATOR DEPARTMENT:** DHHS OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• I - 65 years of experience providing response to community needs</li><li>• I – Provides behavioral health care, substance use disorder services, and support services</li><li>• I – Has built a robust patient-centered, effective infrastructure</li><li>• P – Provides evidence-based treatment and service delivery</li><li>• P – Licensed as a Mental Health Facility at the Full-Service Level, a Substance Use Disorder Provider, a Private Special Purpose School, a Children’s Residential Care Facility, a Foster-Care-CPA Level of Care Placing Facility Agency and maintains an Alcohol and Drug Treatment license</li><li>• I – Accredited by the Council on the Accreditation for Children and Family</li><li>• I – Member of the Child Welfare League of America and the American Association of Children’s Residential Centers</li><li>• I – Mission is to respond to community needs by providing behavioral health care, substance use disorder services, and support services for people of all ages, abilities, and backgrounds, and their families, helping them lead engaged, connected, and meaningful lives in their communities.</li><li>• I – Assists clients throughout Maine in achieving their potential in the least restrictive environment possible.</li><li>• I – Currently serves nearly 10,000 individuals, half aged 20 or younger (not clear on timeframe)</li><li>• I – 1,000 employees</li><li>• I – Multitude of programs and services are currently provided<ul style="list-style-type: none"><li>○ Outpatient and community services provided by psychiatrists, pediatricians, social workers, substance use counselors, psychologists, nurse practitioners, and peers<ul style="list-style-type: none"><li>▪ Regional Services including refugees and immigrant youth and families, public school counseling in 70 schools, Child behavioral health homes, Functional Family Therapy</li><li>▪ Child Welfare and Foster Care Services including treatment foster care, Center for Safe and Health Families, Cumberland County Children’s Advocacy Center, Project Now</li><li>▪ Adult Behavioral Health serving adults with serious mental illness and/or co-occurring substance use disorder including a Certified</li></ul></li></ul></li></ul>	

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<p style="text-align: center;">Community Behavioral Health Clinic, the Living Room Crisis Center, Opioid health homes, Medication Assistance Treatment, and adult residential care</p> <ul style="list-style-type: none"><li>○ Adult Residential Services supporting adults with intellectual and developmental disabilities and behavioral health needs and Adult Community Case Management</li><li>○ Children’s Educational and Residential Programs including Day treatment schools, a therapeutic preschool, and residential treatment for children and youth with trauma and developmental and behavioral disorders.</li></ul> <ul style="list-style-type: none"><li>• P – Services and interventions take place in out-patient and community service hubs, and residential treatment settings in many communities in the State.</li><li>• I – Employee the only two Child Abuse Pediatricians in the State</li><li>• I – Outpatient and Community Services (OCS) division of the bidder agency offers an array of programs for children, adults, and families across the State.</li><li>• I - Masters- level clinicians provide individual and family counseling, parent support/skill training, crisis intervention, and consultation with schools/providers when needed, with the goals of reducing emotional and behavioral issues and promoting successful functioning.</li><li>• I – Clinicians have expertise providing grief, loss, and crisis management training and support with staff.</li><li>• P - Clinicians use evidence-based practices, including Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Dialectical Behavior Therapy, Collaborative Problem Solving, Motivational Interviewing, and Attachment, Regulation, and Competency (ARC) selecting the most appropriate therapeutic model to address each client’s needs and goals.</li><li>• case managers provide strengths and needs assessment, psychosocial assessment, individualized service plan coordination, advocacy, and assistance in identifying and accessing appropriate services and resources. Decisions, solutions, and problem solving are achieved through collaboration that offers individuals and families thoughtful options for the best outcome</li><li>• has deep experience providing mental health care for vulnerable and low-moderate income populations and has built a robust, patient-centered, effective infrastructure</li><li>• Fosters a culture of care and treatment that recognizes the impact of traumatic events on individuals.</li><li>• In 2011, developed and implemented a trauma- informed clinical model and a Trauma-Informed System of Care. The agency’s Trauma- Informed System of Care is comprehensive in its approach and includes: a definition of trauma,</li></ul>
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trauma as a co-occurring condition, a commitment and process to stay current with research and best practices, COA standards, staff training and supervision, physical and emotional safety, consumer choice, clear boundaries, empowerment and skill building, prevention of re-traumatization, and understanding difficult/challenging behaviors as a response to trauma.

- Clinical leadership provides training and supervision to agency clinicians on several trauma-focused approaches selected for their efficacy with children and adults with complex trauma histories
- I – Diverse Board of Directors, two active consumer advisory boards, and consumer groups
- I – Expanded use of peer team members
- I – recently awarded a Certified Community Behavioral Health Clinic (CCBHC)
- SAMHSA grant for Cumberland County.
- I – Service provider to a Housing First low-barrier permanent supportive housing location in Portland called Ashlea's Place. The housing targets Long Term Stayers (LTS) on the Emergency Shelter Assessment Committee (ESAC) LTS by-name list, or as otherwise determined as long-term homeless populations, specifically the most challenging LTS to house. Community Housing of Maine (CHOM) is the property owner and property manager.
- Through Ashlea's Place has experience providing 24-hour on-site service provision in the Housing First model
- P - additional experience with 24/7/365 service provision at 5 residential facilities for adults with serious and persistent mental illness and/or co occurring mental health and substance use disorder
- I – Operates the Living Room Crisis Center, Maine's first Crisis Receiving Center launched in 2022, which has to date served 2,257 individuals ages 14 and older who are experiencing a behavioral health crisis in a low-barrier 24/7/365 alternative to emergency room or hospital level of care. Clients at the Living Room can stay at the facility for 23 hours where counselors and peer recovery coaches are available to listen and strategize solutions to the current crisis.
- I - Provides round the clock services for adults with Intellectual and Developmental Disabilities (IDD) at several residential facilities, and one nursing facility for adults with IDD
- I – Opened two other residential treatment programs for adults with co-occurring disorders.
- I – Utilizes our Critical Incident Stress Management (CISM) services in all of the communities where our services exist, as needed

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- I –Contract with the City of Lewiston where we employ a Landlord Liaison for their program, designed to have our employee serve as the Housing Coordinator with the City working with unsheltered and at-risk of being unsheltered individuals to find stable housing.
- I –Operates a program of the Maine Office of Behavioral Health called OPTIONS created to help people who use drugs stay alive and safe, and to connect them with harm reduction supplies, medically assisted treatment, and recovery programs. OPTIONS liaisons are licensed behavioral health clinicians who work alongside local law enforcement agencies and emergency medical services (EMS) in every Maine county to provide short-term clinical interventions, reach at-risk communities, de-escalate behavioral health crises, engage in post-overdose follow-up, provide Naloxone leave-behind kits and help families and individuals with referrals.
- I –Project Support You (PSY) is a unique ride-along partnership between the Auburn Police Department, and/or Auburn Fire/EMS with Spurwink Services. An officer/EMS worker and counselor respond to calls from individuals living with and struggling with substance misuse, homelessness and mental illness. PSY ensures people get help when and where they need it. Since PSY began, the program has saved lives by reducing repeat overdose incidents. It has reduced visits to emergency departments and has encouraged family members, landlords and bystanders to contact PSY to help others in need
- I – Initially provided Targeted Case Management, currently also provides Care Coordination through Adult, Child, and Opioid Behavioral Health Homes.
- I Behavioral Health Homes (BHH) build on the existing care coordination and behavioral health expertise of community mental health providers by focusing on an integrated, team-based approach to care delivery.
- I - A BHH team consists of a Psychiatric Consultant, a Medical Consultant, a Nurse Care Manager, a Clinical Team Leader, a Family/Youth Support Partner (FSP) or Certified Intentional Peer Support Specialist (CIPSS), and a Care Coordinator.
- I – Provided detailed information about their Behavioral Health Homes programs for clients with a diagnosis of a Serious and Persistent Mental Illness or a Serious Emotional Disturbance including that program's assessment and plan of care development processes at these programs
- I – Participates in numerous coalitions and planning groups to increase system integration and improve outcomes for clients
- I –Will work closely with other service providers and will develop an understanding of the systems that clients may need to interact with including legal, social service, and health care and will develop and build relationships

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with the systems to consult with them and advocate with them when appropriate to help them meet goals.

- I – Understands that building relationships with other providers and entities is critical to the success in meeting needs and goals.
- Cited Aslea's Place as a project where they successfully collaborate to ensure integrated treatment across multiple treatment providers
- Q - Ashlea's Place houses people who have been asked to leave other Housing First models, other recovery residences, or local shelters due to their behaviors and clinical acuity
- I – Has a robust Human Resources Department that handles all recruitment and hiring for the organization, in collaboration with Hiring Managers such as Program Directors and Associate Directors.
- I – The hiring process is a team process that begins with a meeting with stakeholders to fully understand the open position, qualifications and timing of the need. A job description is created if one does not already exist. The job is posted on multiple job boards.
- I – The time to fill vacancies varies depending on the position and required expectations; positions direct care positions are often filled within 4-6 weeks, longer for clinical staff, recognizing that some positions require certification and that the current hiring climate is challenging statewide.
- I – Training begins within 90 days of hire, and the training curriculum varies depending on the job description, position, and program of a given employee. Some trainings are required for all employees annually, such as trainings on HIPAA, Health and Wellness, Professionalism, Mandatory Reporting, Corporate Compliance, etc., and trainings are conducted either internally or through our contract with Relias' on-line learning management system.
- I – Internal training program is designed to meet the needs of each individual position and program; topics such as treatment modalities, program regulation requirements, and specific behavioral interventions are built into position-specific curricula.
- I – Trainings such as CPR are provided at required intervals to ensure consistent certification; for CPR, this is every two years, while de-escalation techniques such as Therapeutic Crisis Intervention or the Mandt
- System® are made available annually.
- I - Barriers could involve health challenges, substance abuse/use, mental health disorders, inability to get along with others, inability to cope, etc.
- P – Staff are trained in Motivational Interviewing to address these issues and help tenants mitigate these barriers through growth and asset building.

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- I - Has experience with helping tenants successfully mitigate these barriers through our extensive experience with care coordination and case management for similar populations
- I – Core of programming is a focus on building successful relationships with individuals, service providers, primary care providers, communities, and state agencies.
- I – Through current BHH programs and ACT (Assertive Community Treatment), care coordinators have experience helping individuals navigate enrollment and maintenance of benefit such as health insurance and eligibility for housing assistance payments
- P – Staff members have a breadth of knowledge of how these systems function, close working relationships with staff at all system levels, and a strong capacity for communicating across systems to engage in planning with individuals and families experiencing complex needs.
- I – Has a long history of working closely with the Department as well as the Department of Corrections (DOC)
- I – assist individuals and partners in understanding client needs and the impact of trauma, helping them set reasonable expectations utilizing interventions that decrease the risk of harm.
- I - Participates in numerous coalitions and planning groups to increase system integration and improve outcomes for children and families
- I – Experience evaluating Health-Related Social Needs (HRSN) through Behavioral Health Home programs that provide care coordination for clients, as well as ACT, and residential treatment programs for adults with co-occurring mental illness and SUD
- Through Motivational Interviewing, care coordinators assess client's broad health needs, and incorporate responses and assessments into the development of service plans in collaboration with clients
- I – Interactions with clients are the following principles:
  - Relationship-based—service providers will build connections with clients that demonstrate transparency, mutuality, and unconditional positive regard.
  - Developmentally-focused—service providers will guide clients in setting treatment goals that reflect the client's emotional and social development, understanding that adverse childhood experiences may have impacted neurological and behavioral functioning.
  - Family-involved—whenever possible, involve the family in the client's treatment plan, so that family members can manage their expectations for and support the client's progress.



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- Competency-centered—treatment focuses on helping clients to acquire practical skills and to manage their level of emotional arousal, enabling them to perform daily tasks and interact with others.
  - Trauma-informed—many clients have experienced trauma as victims or witnesses of abuse, neglect, domestic conflict, or community violence. Service providers respond rather than react to behaviors caused by adverse experiences and take care not to re-traumatize the client.
  - Ecologically-oriented—Understands that mental and behavioral disorders occur within the context of family, school, work, and community interactions that must be taken into account in the treatment plan.
- I - Will offer case management services at the Housing First Facilities, helping clients manage their symptoms, successfully navigate the service delivery system, and accessing and sustaining safe, stable, and supportive housing.
- I – Stated that housing first programs involve many providers working together to house people who are chronically unhoused in a strategic and coordinated way.
- I – Will continue to intentionally coordinate efforts, versus duplicating service efforts.
- Conducts outreach, provides harm reduction services, and many other treatment modalities for substance use and mental health disorders.
- Collaborates onsite at affordable housing developments in Lewiston/Auburn to support tenants.
- Works closely with the property manager at Ashlea's Place, Community Housing of Maine (CHOM), who is responsible for the ongoing management and maintenance of the property, including ensuring the property continues to meet Housing Quality Standards (HQS) and City of Portland standards
- I – Property management will be able to coordinate their work 24/7 given that there may be up to 13 staff members to provide services
- I – Based on other Housing First models, positions may include a Director, two (2) Supervisors, eight (8) full-time and two (2) part-time Caseworkers/Housing Support Staff/Peers.
- I – Initial thoughts are that three (3) shifts of personnel will be employed to address all aspects of tenant support with the primary goal of helping tenants remain housed.
- I –Crisis intervention, harm reduction, life skill development, guest management, facilitating and supporting connections with community resources will be provided across all shifts. Some tasks/interventions will show up more often on some shifts than others.

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- First shift is where the bulk of casework happens. While other providers are open and available, staff are active in facilitating and supporting tenants' connections with community resources, navigating challenges such as transportation or communication.
  - Second shift is an ideal time for Harm Reduction activities: community meals, arts and music, community-building activities: human connection rather than isolation to prevent crises, build community, and increase success in housing.
  - Third shift includes relationship building (especially with tenants who struggle with insomnia or have challenges setting boundaries with guests), harm reduction, and community resource support (ex. early wake ups for MAT appointments).
- I – In addition to coordinating with staff during business hours, and after hours for emergencies, may incorporate weekly meetings.
- I – Will ensure tenants have access to a full range of provider and community services.
- I – Has a robust referral system, which provides many options for tenants to receive the appropriate services that they require and request through established partnerships in the community.
- I – Has positive, collaborative, and important working relationships with many primary care providers and health systems throughout the state, which offer in depth health care services.
- I – Has staff embedded in some health care systems acting as an advocate and expert on client needs.
- P - Works closely with the City of Portland, especially the Homeless Resource Center (formerly the Oxford Street Shelter), and other service providers such as The Preble Street Resource Center, Amistad, Community Housing of Maine (CHOM), Maine Health, Mercy Hospital, Greater Portland Health, and coalitions that work to find housing and employment for the homeless to ensure service coordination for clients, increasing efficiency in service provision.
- I – Actively participates with the Greater Portland Addiction Collaborative, Emergency Shelter Assessment Committee, Long Term Stayers Group, Languishing Committee, and the Cumberland County Overdose Prevention Group to stay abreast of emerging and critical needs and collaborate with partners.
- I – Partnerships with Maine Medical Center, Mercy Hospital, Southern Maine Health Care, St. Mary's, Greater Portland Health, Preble Street, the Learning Collaborative, the Opportunity Alliance and Sweetser Mobile Crises teams, the

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cities of Portland, Lewiston/Auburn, and Biddeford, and local police departments

- I - Has administrative systems in place to implement, monitor, bill, evaluate, and comply with state and federal grant funding sources with extensive experience in grants management.
- I – Follows several policies that outline proper accounting practices that support a robust internal control environment.
- I - Keeps different funding sources separate – maintains a chart of accounts within a general ledger accounting software package Financials are prepared monthly and provided to the full Board
- I - Quarterly meetings are held where the Chief Financial Officer, a CPA presents financial results to the Finance and Audit Committee of the Board and the full Board.
- I – Independent Public Accountants audit financial statements on an annual basis and perform compliance testing to ensure compliance with rules, regulations, and funder requirements
- I – Reports are easily generated from the accounting system in summary and detailed formats for issuance to funders at their desired frequency
- payroll software is ADP. Employees, including salaried staff, document
- how they have spent their time in activities and programs/departments using Reporting Units
- as described above. All time entered is approved by a supervisor before payroll is finalized. If
- an employee is designated to a specific grant or contract, then Financial Analysts gather the
- I - Payroll and benefit information using specific employee identification for grant/contract reporting. Payroll accounts are reconciled monthly to ADP reports and reviewed by the Payroll Manager or the Assistant Controller
- I – Utilizes Systems Engineering as our Managed Services Provider (MSP) and utilizes Arctic Wolf® Managed Detection and Response (MDR) with 24x7 monitoring of our networks, endpoints, and cloud environments to help detect, respond, and recover from cyber-attacks.
- I – Data and reporting occur on both a routine scheduled basis as well as on-demand.
- I – Communicates regularly with all staff through email, intranet “The Loop”, a monthly internal newsletter, and bi-monthly external newsletter, as well as bi-monthly Agency Integration Meetings

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- I – Intranet and Electronic Health Record are HIPAA-compliant, with our EHR tracking client data
- I – Maintains all required licensing and meets all Council on Accreditation (COA) standards, an independent verification of best practice standards for human service organizations and programs, which requires bi-annual site visits of programs.
- I – Continuous Quality Improvement division provides oversight of all reporting and data. CQI and HR teams have developed protocols and policies around corrective action plans to monitor and improve program efficacy, and with staff to ensure compliance with program regulations
- I – Improvements to core administrative procedures over the last three years included: purchased a document management software that allows documents to be reviewed and updated within its system, created a Contract Administrator position as part of the FY2025 budget to support the contracts management process, improved and implemented a new cybersecurity protocols to protect the data of clients and staff, working with an expert cybersecurity firm to address potential gaps in our security, restructured our Outpatient & Community Services division to meet the rapid growth of programs and services to align with the continuum of care clinical structure that serves clients from youth to adults, and those with low to high acuity treatment needs.
- I - Expertise in securing and managing a robust grants program from
- foundation, corporate, United Way, local government, States, and Federal funders. Several examples of funding were provided.

## **2. Organizational Chart**

- I – Provided detailed organizational charts showing an enterprise-wide organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. The chart indicated to whom the project team reports
- The identified director who supervises the supervisors and other HFSSS staff is not full time on HFSSS.
- Q – Some positions were highlighted on the organizational charts but it was not clear what role they will play in delivery of HFSSS

## **3. Litigation**

- 4 open cases, 4 closed cases. All closed cases had financial payouts.

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Part IV, Section III. Proposed Services
1. Services to be Provided
Part II
A. Administrative Requirement
<ul style="list-style-type: none"><li>• I – Will provide Housing First Support and Stabilization Services (HFSSS) by supporting clients with complex mental health and substance use disorder needs who are struggling with long-term homelessness.</li><li>• I – Clients are typically those who have been unsuccessful at all other levels of care, thus we propose offering behavioral health and support services through the partnering providers, with onsite care management and 24/7/365 staffing which involves the client in all decisions. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues.</li><li>• I – Housing First is based on the understanding that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. As team members begin to explore the many barriers that kept the client unhoused, they emphasize the strengths each individual has to explore ways to expand those protective factors and eliminate the risks to stable housing and individual success.</li></ul>
<ul style="list-style-type: none"><li>• I – Has the capacity and expertise to engage the Department at least six (6) months prior to the Site-based Housing First Property becoming available to tenants, and will provide the Department with all pre-contract requirements at least 6 months prior to the Housing First property becoming available for tenants.</li><li>• I – Provided names, titles, and backgrounds of Sr. Mgmt. who will be engaged in HFSSS.</li><li>• I – Described staffing as 8 (eight) FT &amp; 3 (three) PT Caseworkers/Housing Support Staff/Peer Support and proposed experience and education requirements.</li></ul>
<ul style="list-style-type: none"><li>• I – Has many contracts with the Department and fully understands the need to collaborate with and take direction from the Department</li></ul>
<ul style="list-style-type: none"><li>• Attachment X provided.</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• Has submitted our application to become a HMIS participating agency.</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>

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<ul style="list-style-type: none"> <li>Has many MOU agreements with various service providers, such as CHOM for Ashlea's Place, Central ME Healthcare related to co-located clinicians in primary care, Pediatric Assoc. (Children's Behavioral Health Homes), school districts, City Government, and law enforcement agencies for our many services. We will establish one for the HFSSS</li> </ul>
<ul style="list-style-type: none"> <li>Understands that if awarded an HFSSS contract with the Department will be required to provide mental health and substance use disorder treatment oversight and care coordination with all providers to support all tenants and their individual needs</li> </ul>
<ul style="list-style-type: none"> <li>Familiar with contracts through the State and fully understands that with building projects, such as site-based housing, this project does not have an exact start date.</li> <li>Given the prior experiences with the Living Room Crisis Center, can begin a future project with a Director and Supervisor (when, and as needed) who will attend collaborative meetings to establish decision making processes on intake and tenant occupancy, provide input on design, discuss tolerance for eviction, set schedules for services, and begin outreach for staff prior to clients occupying the Housing First Property.</li> </ul>
<ul style="list-style-type: none"> <li>Human Resource department will work closely with program managers to post open positions for the HFSSS as soon as necessary to fill the positions for start-up</li> </ul>
<ul style="list-style-type: none"> <li>Has 64 years of experience of complying with agency requirements and will do the same with the conditions and guidelines of the HFSSS program manual, and other agreements with the Department for the HFSSS contract</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>Q – Will adequately staff 24/7/365 but did not describe in detail how they will. Cited experience at other properties.</li> <li>Q – Supervision will be provided by the Outpatient &amp; Community Services Clinical Supervisor who will provide oversight and weekly clinical supervision</li> </ul>
<ul style="list-style-type: none"> <li>I – Will operate with three work shifts, including minimum two staff members at the property at all times.</li> </ul>
<ul style="list-style-type: none"> <li>I – Treating clients with dignity and respect is included in training of staff.</li> <li>P – Clinicians use evidence-based practices, including Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Dialectical Behavior Therapy, Collaborative</li> <li>I – nonjudgemental treatment approaches and continual outreach for the</li> <li>stabilization and healing of clients</li> </ul>

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INDIVIDUAL EVALUATION NOTES**

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**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Spurwink Services, Inc.

**DATE:** 02/28/2025 and 03/03/2025

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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<ul style="list-style-type: none"><li>• Problem Solving, Motivational Interviewing, and Attachment, Regulation, and Competency (ARC)</li><li>• I – The five principles of the Housing First model will be implemented:<ul style="list-style-type: none"><li>○ Immediate access to permanent housing with no housing readiness requirements,</li><li>○ Consumer choice and self-determination,</li><li>○ Recovery orientation,</li><li>○ Individualized and client-driven support, and</li><li>○ Social and community integration</li></ul></li><li>• Q – Will not simply focus on meeting basic client needs but on supporting recovery. A recovery orientation focuses on individual well-being and ensures that clients have access to a range of supports that enables them to nurture and maintain social, recreational, educational, occupational, and vocational activities.</li><li>• Q – A recovery orientation also means access to a harm reduction environment. Harm reduction aims to reduce the risks and harmful effects of substance use and addictive behaviors for the individual, the community, and society as a whole, without requiring abstinence. However, as part of the spectrum of choices that underlies both Housing First and harm reduction, people may desire and choose ‘abstinence-only’ housing</li></ul>
<ul style="list-style-type: none"><li>• I – Staff are skilled in utilizing motivational interviewing techniques that allow tenants the ability to think long term about their choices when helping them build living skills and maintaining housing. Staff are also informed about what is available for community-based services</li></ul>
<ul style="list-style-type: none"><li>• Together with the managers of the sites, will create a decision making process with the housing development partners and the Department which will include monitoring, following the Housing First model</li></ul>
<ul style="list-style-type: none"><li>• I - Has a long history of ethical practices and will follow the guidelines for programs based on our current mission and vision.</li><li>• P – All staff are trained in the rights of clients, and all clients are aware of their rights through documents presented at the time of intake.</li><li>• Q – Provides on-call support</li><li>• Q – Supervision will be provided by the Outpatient &amp; Community Services Clinical Supervisor who will provide oversight and weekly clinical supervision.</li><li>• Q - This support for staff and clients, which includes escalation levels of support, is embedded in the service provisions at all locations</li></ul>

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<ul style="list-style-type: none"><li>• I – Has positive, collaborative, and important working relationships with many primary care providers and health systems throughout the state, which offer in depth health care services</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• N – Did not provide information showing HFSSS will only be provided with the full consent of the tenant</li><li>• I/Q - Housing is not conditional on sobriety or abstinence. Program participation is also voluntary</li></ul>
<ul style="list-style-type: none"><li>• I – Service/support plans and individual crisis plans will be created within the first week to identify needs and services that are necessary for long term housing stability</li><li>• Q – Service plans and crisis plans will be reviewed and updated as needed, at least annually</li><li>• Q - Can provide behavioral health and substance use disorder treatment modalities, it will be the choice of the client as to where they receive treatment.</li><li>• Q –If tenants become behavioral health or substance use disorder treatment clients of bidder, treatment care plans will be developed within 30 days and reviewed quarterly.</li></ul>
<ul style="list-style-type: none"><li>• P – Has experience with Chapter 13 through a contract with the Office of Aging and Disability, as well as Chapter 17 through our multiple ACT Teams</li><li>• I – Has expertise in navigating social services and benefits, including but not limited to navigating and/or accessing social security disability, MaineCare transportation, food access, and behavioral health services, including substance use treatment.</li><li>• P – Program staff are trained in these efforts and will meet with residents to determine eligibility and educate them in the process to apply for all benefits and services that are appropriate.</li><li>• Q – Will communicate with the landlord and provide education on the resources available in the communities served</li><li>• Q –When referrals are not possible will bridge services on behalf of the tenant, with providers known to us such as local Vocational Rehab, primary care providers, etc. by utilizing established structures we already use</li><li>• The HDSSS Director or Supervisor will develop an orientation process with the property manager that is specific to the location of the Housing First Program and will include all support services listed above.</li></ul>
<ul style="list-style-type: none"><li>• Will offer case management services at the Housing First Facilities, helping clients manage their symptoms, successfully navigate the service delivery system, and accessing and sustaining safe, stable, and supportive housing</li></ul>



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- |   |
|---|
| <ul style="list-style-type: none"><li>• I –Will work with each individual to conduct intake, coordinate comprehensive assessments of the individual's strengths and needs, produce an individualized support plan (ISP) to address those needs, coordinate, advocate for and develop services identified in the plan, monitor the individual's progress, and evaluate the appropriateness and effectiveness of services.</li><li>• I –Will assist the tenant in developing a crisis plan.</li><li>• Will also work with family members to assist with the coordination and advocacy of services for the tenant</li><li>• Q – Did not indicate acknowledgement that tenants may receive case management services from other providers.</li></ul> |
| <ul style="list-style-type: none"><li>• Experience providing alternative activities such as community meals, art groups, photography walks, local excursions and annual events.</li><li>• Naloxone is available for all staff to carry. Offers regular training. Available on site at some facilities currently.</li><li>• Lewiston office has an on-site Syringe Service Program funded by the Department that we could connect Housing First tenants to who are in need of this service.</li></ul>  |

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- |  |
|--|
| <ul style="list-style-type: none"><li>• P – Cost Structure Reimbursement Acknowledgement Form was submitted.</li></ul> |
|--|

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**BIDDER NAME:** Spurwink

**DATE:** 03.04.2025 and 03.05.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH DHHS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Maine-based non-profit agency</li><li>• 65 years of experience</li><li>• response to community needs by providing behavioral health care, substance use disorder services, and support services for people of all ages, abilities, and backgrounds, and their families</li><li>• licensed by the State of Maine as a Mental Health Facility at the Full-Service Level, as a Substance Use Disorder Provider, as a Private Special Purpose School, and as a Children's Residential Care Facility. Spurwink is accredited by the Council on the Accreditation for Children and Family Services (COA and the Alliance for Strong Families and Communities have joined to form Social Current), is a member of the Child Welfare League of America and the American Association of Children's Residential Centers. Spurwink is also licensed as a Foster-Care-CPA Level of Care Placing Facility Agency and maintains an Alcohol and Drug Treatment license.</li><li>• agency has grown to serve nearly 10,000 individuals, with more than half aged 20 and younger</li><li>• nearly 1,000 caring and professional employees</li><li>• P: listing of all services and locations; throughout the state of Maine</li><li>• P: CCBHC and Portland Crisis Receiving Center</li><li>• The Housing First program would be housed in Spurwink's Outpatient and Community Services (OCS) division; Masters- level clinicians provide individual and family counseling, parent support/skill training, crisis intervention, and consultation with schools/providers; deep experience with the child welfare population; OCS serves nearly 7,000 youth, adults, and their families with mental health needs, including social, emotional, and behavioral difficulties, and substance use disorder; case managers provide strengths and needs</li><li>• assessment, psychosocial assessment, individualized service plan coordination, advocacy, and assistance in identifying and accessing appropriate services and resources</li><li>• Many SABH clients live in poverty, are homeless or nearly homeless, suffer from the effects of childhood trauma and abuse, struggle with substance misuse and chronic medical issues, and have years of mental health system involvement</li></ul>	

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- culture of professional development and learning opportunities
- board includes a geographically diverse group reflective of primary service areas, parents with children who were or are clients, and medical and behavioral health professionals
- agency employs Care Managers and Cultural Brokers from immigrant and refugee communities in the ShifAME TST-R program
- use of peer team members including Family Support Partners, Peer Recovery Coaches, and Certified Intentional Peer Supports Specialist (CIPSS).
- P: Spurwink is the service provider at Ashlea's Place, a Housing First Mental Health Recovery Residence at 22 Park St. in downtown Portland, Maine. Ashlea's Place provides housing, mental health services, and substance use treatment for adults with serious mental illness (SMI) and cooccurring substance use disorder (SUD) struggling with long-term homelessness; serves 6 (six) clients at a time who have been unsuccessful at all other levels of care, providing additional levels of support, wrapping them into behavioral health and support services through the partnering providers, with onsite care management and a house manager; partnership with Community Housing of Maine (CHOM) and Milestone Recovery
- I: Re: Ashlea Place, what about connections to physical health services?
  - two residential programs for adults with co-occurring serious mental illness and substance use disorder: Bigelow and Kineo. Integration with TCMH includes programming for serving the mental health needs of the military and veteran community
  - has an OPTIONS program; Harm Reduction Services Program;
  - PSY: ride-along partnership between the Auburn Police Department, and/or Auburn Fire/EMS; officer/EMS worker and counselor respond to calls from individuals living with and struggling with substance misuse, homelessness and mental illness
  - 24/7/365 -- Ashlea's Place: 24-hour providing 24-hour on-site service provision in the Housing First model; Living Room Crisis Center in Portland provides 24/7 on-site crisis recovery services; round the clock services for adults with Intellectual and Developmental Disabilities (IDD) at several residential facilities, and one nursing facility for adults with IDD
- Long experience with TCM; now adopted BHH
- I: confusing BHH with OHH?
- comprehensive psychosocial assessment is completed within the first 30 days of treatment to identify the physical and behavioral health needs of the client and family. Services are driven by an individualized Plan of Care,

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- case managers provide strengths and needs assessment, psychosocial assessment, individualized service plan coordination, advocacy, and assistance in identifying and accessing appropriate services and resources
- teams work closely with local food pantries, primary care providers, and community housing hubs to help connect clients to community-based resources.
- strong partnerships with local hospitals and providers, as well as social service and state agencies in all the communities we serve. Spurwink also participates in numerous coalitions and planning groups to increase system integration and improve outcomes for clients
- success at Ashlea's Place involves the police liaisons, Milestone Home Team, CHOM, Spurwink, and all of the 20 service provider agencies involved in the Emergency Shelter Assessment Long Term Stayer Committee
- Ashlea's Place houses people who have been asked to leave other Housing First models, other recovery residences, or local shelters due to their behaviors and clinical acuity
- N: not many specific examples of their community-based partnerships
- Good description of recruitment process, policies but N: did not address retention nor how they would ensure optimal staffing levels at HFSSS
- focus on building successful relationships—with individuals, service providers, primary care providers, communities, and state agencies.
- "expensive" experience helping individuals navigate enrollment and maintenance of benefit such as health insurance and eligibility for housing assistance payments. N: short on details.
- All outpatient clients receive risk assessment and crisis planning that includes a biopsychosocial assessment and/or psychiatric assessment, adult health questionnaire, smoking cessation, PHQ-9, risk assessment with Columbia Suicide Severity Rating Scale, and AC-OK (Maine's trauma and substance use screening).
- will assist the tenant in developing a crisis plan
- Most, if not all, of the community-based organizations statewide are familiar with Spurwink's Services just as we are with theirs. While our focus is in behavioral health services, we conduct outreach, we provide harm reduction services, and many other treatment modalities for substance use and mental health disorders. Example of general response with few housing / inter-agency details.
- On-site experience: contract with the City of Lewiston to employ a Landlord Liaison for their program; they serve as the Housing Coordinator working with unsheltered and at-risk of being unsheltered individuals find stable housing;

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provide services at Ashlea's Place; employ Community Health Outreach Workers who effectively connect individuals in need with housing supports

- works collaboratively with landlords and property managers (CHOM) at Ashlea's Place; Spurwink provides referrals and support services include collaboration with other area service providers, including Milestone Recovery and the City of Portland; Spurwink provides the support services and 24/7/365 staffing
- Staffing info in the landlord question, but P: good detail on staffing structure and needs. may be up to 13 staff members from Spurwink to provide services, including a Director who will be the point person for the property management company; A Director, two Supervisors, eight (8) full-time and two (2) part-time Caseworkers/Housing Support Staff/Peers. Three (3) shifts of personnel will be employed by Spurwink to address all aspects of tenant support with the primary goal of helping tenants remain housed. Crisis intervention, harm reduction, life skill development, guest management, facilitating and supporting connections with community resources all will be provided across all shifts.
- Community partnerships: Spurwink works closely with the City of Portland, especially the Homeless Resource Center (formerly the Oxford Street Shelter), The Preble Street Resource Center, Amistad, Community Housing of Maine (CHOM), Maine Health, Mercy Hospital, Greater Portland Health, and homeless services coalitions; participate with the Greater Portland Addiction Collaborative, Emergency Shelter Assessment Committee, Long Term Stayers Group, Languishing Committee, and the Cumberland County Overdose Prevention Group; Partnerships with Maine Medical Center, Mercy Hospital, Southern Maine Health Care, St. Mary's, Greater Portland Health, Preble Street, the Learning Collaborative, the Opportunity Alliance and Sweetser Mobile Crises teams, the cities of Portland, Lewiston/Auburn, and Biddeford, and local police departments
- Provided requested info on Finance, IT, and Compliance
- 3 improvements: (1) purchased ContractWorks, a document management software that allows documents to be reviewed and updated within its system (2) created a position, Contract Administrator, as part of the FY2025 budget to support the contracts management process (3) new cybersecurity protocols to protect the data of clients and staff, working with an expert cybersecurity firm to address potential gaps in our security
- N: no fundraising. Answered question with list of government grants
- 3 projects (1) Ashlea's Place, Housing First (2) Adult Behavioral Health – a service division not a project, but CCBHC and Portland CRC within it (3) Adult Residential Treatment – a service division, not a project, but Bigelow and Kineo within it

**2. Organizational Chart**

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<ul style="list-style-type: none"> <li>• Provided org chart; HFSSS would be embedded within a particular region (Tri-County region / Western)</li> </ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"> <li>• 4 case ongoing; 4 cases settled</li> </ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"> <li>• we propose offering behavioral health and support services through the partnering providers, with onsite care management and 24/7/365 staffing which involves the client in all decisions</li> <li>• I: what about medical care and other support services?</li> </ul>
<ul style="list-style-type: none"> <li>• experience operating Ashlea's Place, a small Housing First site in Portland, and residential treatment for adults with co-occurring disorder to ensure a swift start to service delivery</li> <li>• Good staffing profile detail. Unfinished sentence in Ben Strick profile; use of OCSF instead of OCFS; Megan DuEst profile has some missing words</li> <li>• Good staffing plan / schedule detail.</li> <li>• I: "Spurwink does not anticipate the need for subcontractors or consultants for this project"</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• Spurwink has been a MaineCare provider for 40 years</li> </ul>
<ul style="list-style-type: none"> <li>• Spurwink has submitted an application to be an HMIS agency</li> </ul>
<ul style="list-style-type: none"> <li>• many MOU agreements with various service providers, such as CHOM for Ashlea's Place, Central ME Healthcare related to co-located clinicians in primary care, Pediatric Assoc. (Children's Behavioral Health Homes), school districts, City Government, and law enforcement agencies</li> <li>• I: what about medical providers, food pantries, employment support, etc.?</li> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>• "will be required to provide mental health and substance use disorder treatment oversight and care coordination with all providers to support all tenants and their individual needs."</li> <li>• Ashlea's Place, Portland CRC</li> <li>• I: again, a focus on BH and no mention of other services</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>

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<ul style="list-style-type: none"> <li>64 years of experience of complying with agency requirements and will do the same with the conditions and guidelines of the HFSSS program manual, and other agreements with the Department for the HFSSS contract.</li> <li>Meets requirement</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>"will assist tenants in maintaining housing with sufficient supports, from Spurwink and <u>other partnering providers</u>"</li> <li>Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>"The Team will not simply focus on meeting basic client needs but on supporting recovery. A recovery orientation focuses on individual well-being and ensures that clients have access to a range of supports that enables them to nurture and maintain social, recreational, educational, occupational, and vocational activities."</li> <li>Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>Response lacks detail</li> </ul>
<ul style="list-style-type: none"> <li>Response lacks detail</li> </ul>
<ul style="list-style-type: none"> <li>"All staff are trained in the rights of clients, and all clients are aware of their rights through documents presented at the time of intake"</li> <li>Response lacks detail, examples</li> </ul>
<ul style="list-style-type: none"> <li>"Spurwink has positive, collaborative, and important working relationships with many primary care providers and health systems throughout the state, which offer in depth health care services"</li> <li>Response lacks detail, examples</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>Response affirms understanding but lacks detail, examples</li> </ul>
<ul style="list-style-type: none"> <li>"Service/support plans and individual crisis plans will be created within the first week to identify needs and services that are necessary for long term housing stability. Service plans and crisis plans will be reviewed and updated as needed, at least annually."</li> <li>No mention of creating plans "with tenants"</li> </ul>
<ul style="list-style-type: none"> <li>have expertise in navigating social services and benefits, including but not limited to navigating and/or accessing social security disability, MaineCare transportation, food access, and behavioral health services, including substance use treatment</li> <li>will provide education on the resources available in the communities</li> </ul>

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<ul style="list-style-type: none"><li>• Housing Support Workers and Caseworkers will provide all life skill development</li><li>• support listed and will assess the needs of a tenant, making referrals when necessary and requested. When referrals are not possible, Spurwink will bridge services on behalf of the tenant, with known providers – e.g. Goodwill, “local Vocational Rehab, primary care providers, etc. by utilizing established structures” they already use</li><li>• will develop an orientation process with the property manager that is specific to the location of the Housing First Program and will include all support services listed</li><li>• process is collaborative at Ashlea’s Place, and Spurwink staff, specifically Certified Intentional Peer Support Specialists, conduct these services in other locations in ME</li><li>• Response lacks detail / examples</li></ul>
<ul style="list-style-type: none"><li>• Tenants will be provided with multiple appropriate options to access evidence-based mental health and substance use treatment, medical services, benefits they are eligible for, and available community supports</li><li>• “Spurwink Case Workers and Housing Support staff will work <u>with</u> each individual to conduct intake, coordinate comprehensive assessments of the individual's strengths and needs, produce an individualized support plan (ISP) to address those needs, coordinate, advocate for and develop services identified in the plan, monitor the individual's progress, and evaluate the appropriateness and effectiveness of services. In addition, we will assist the tenant in developing a crisis plan.”</li><li>• will continue to intentionally coordinate efforts; involve police liaisons, a variety of service providers and supports, the housing manager, and Spurwink working together</li><li>• Response lacks detail / examples</li></ul>
<ul style="list-style-type: none"><li>• many levels of harm reduction services including community meals, art groups, and opportunities to connect at both Lewiston and Portland sites. Some examples of activities include photography walks, excursions to local entertainment sites including bowling, amusement parks and movie theaters, and an annual Thanksgiving meal</li><li>• currently offer weekly groups that include the opportunity to engage in art projects or listen and play music as part of their healing and recovery</li><li>• “steady supply of naloxone available for all staff”</li></ul>



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- offer regular trainings and an on-line training at Lewiston and Portland sites to ensure correct administration
  - medication management providers co-prescribe naloxone with any MAT prescription
  - “Nalox-Boxes” at Lewiston and Portland sites with instructions in many languages
  - on-site Syringe Service Program in Lewiston to whom Housing First tenants could be referred.

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- ***MaineCare and TCM agreements attached, cost structure form signed***

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**BIDDER NAME:** Spurwink Services, Inc

**DATE:** 03/05/25, 03/06/25

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• Bidder has 65 years of experience providing services for behavioral health care, substance use disorder and support services for people of all ages.</li><li>• Partnered closely with the Dept. DHHS and OCFS</li><li>• Providing evidenced-based treatment and service delivery.</li><li>• 501 (c) 3 nonprofit</li><li>• Numerous services both children and adult.</li><li>• Mental Health Facility at the Full-Service Level, as a Substance Use Disorder Provider, as a Private Special Purpose School, and as a Children's Residential Care Facility</li><li>• Bidder is accredited with Council on the Accreditation for Children and Family Services</li><li>• Bidder provides Outpatient and residential services focused on Behavioral Health</li><li>• Bidder provided descriptions of all of their services.</li><li>• Bidder provides Housing First low barrier permanent supportive housing location in Portland-Ashlea's Place.</li><li>• Living Room Crisis Center, State's first receiving center launched in 2022.</li><li>• Bidder has the program, OPTIONS with the Office of Behavioral Health.</li><li>• Harm Reduction Services</li><li>• Project Support You-Ride along program with a Police Dept and /or Fire/EMS services</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Bidder provided Org chart.</li><li>• Chart provided how the HFSSS would be managed with the agency structure.</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• 4 cases on-going and 4 settled.</li></ul>
<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** Spurwink Services, Inc

**DATE:** 03/05/25, 03/06/25

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<ul style="list-style-type: none"><li>• P-Offering behavioral health and support services through partnering providers with onsite case management 24/7/365 staffing.</li><li>• Guided by the belief that individuals need basic necessities, food and housing before addressing anything less critical.</li><li>• Housing First values the client choice with housing selection and supportive service participation</li><li>• Emphasize on the strengths of each consumer and strengths for each consumer to explore as why they were unhoused.</li></ul>
<ul style="list-style-type: none"><li>• Bidder provided detailed description of current leadership and staff that will be involved with the HFSSS.</li><li>• Bidder provided a detailed staffing schedule to include the number of staff for each shift and credentials for the direct care staff.</li><li>• Staffing to include clinical staff as clinical supervisors and care coordinator/case managers</li><li>• Bidder identified not anticipating the need to use subcontractors or consultants for the program.</li><li>• Bidder agreed to provide valid certificate of insurance at least 6 months prior to Housing First tenancy.</li><li>• Bidder will comply with Dept requirements.</li></ul>
<ul style="list-style-type: none"><li>• Bidder currently has contracts with the Dept.</li><li>• Bidder acknowledges and fully understands the need for collaboration with the Dept and to take direction from the Housing Authority, Dept and Team members to accomplish a “collective goal of serving the most vulnerable in the State of Maine”.</li></ul>
<ul style="list-style-type: none"><li>• <b>Bidder currently has a MaineCare Provider Agreement</b></li></ul>
<ul style="list-style-type: none"><li>• Bidder has been a MaineCare provider for approximately 40 years.</li></ul>
<ul style="list-style-type: none"><li>• Bidder has submitted the application to become a HMIS participating agency.</li></ul>
<ul style="list-style-type: none"><li>• Bidder provided the TCM agency agreement.</li></ul>
<ul style="list-style-type: none"><li>• Bidder provided detail that they have several MOU's in place with various service providers.</li><li>• Bidder will establish one for the HFSSS once the award is announced.</li></ul>
<ul style="list-style-type: none"><li>• Bidder identified if they are awarded the HFSSS contract they will be required to provide mental health and substance use disorder treatment oversight and care coordination with providers.</li><li>• Bidder provides this type of oversight currently at their programs, Ashlea's Place and the Living Room Crisis Center.</li></ul>

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INDIVIDUAL EVALUATION NOTES**

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<ul style="list-style-type: none"><li>• Experience with care coordination through Behavioral Health Homes and Opioid Healthy Home services. Serving approximately 1000 youth and 600 adults statewide.</li><li>• Providing outpatient mental health and substance use disorder treatment at all ten (10) locations currently.</li></ul>
<ul style="list-style-type: none"><li>• Bidder is familiar with contracts with the State and acknowledged that projects don't always have an exact start date.</li><li>• Experience with the Living Room Crisis Center, Bidder would identify staff, Director and Supervisor that could attend collaborative meetings to establish decision and internal process for the development of the project and begin outreach for staff prior to clients occupying the Housing First Property. This design has been successful in the past with other projects.</li></ul>
<ul style="list-style-type: none"><li>• Bidder identified human resource department to work with program managers to post positions for HFSSS</li><li>• The hiring process is a team process that begins with a meeting with stakeholders to</li><li>• fully understand the open position, qualifications and timing of the need for the agency.</li><li>• Bidder will create a job description if one does not already exist.</li><li>• Bidder has an internal system for job postings, positions are also posted on multiple job boards.</li><li>• Bidder has developed an internal process for reviewing applications and qualifications for applicants.</li><li>• Varying time frame with filling positions, 4-6 weeks for direct care positions and additional time for clinical staff.</li><li>• Training will begin within 90 days of hire; curriculum varies on the job description.</li><li>• Trainings may be required annually, HIPAA, Health and Wellness, Professionalism, Mandatory reporting, Corporate Compliance, etc.</li><li>• Trainings will be conducted internally or online through Relias.</li><li>• Trainings such as CPR are provided at required intervals to ensure consistent certification; for CPR, this is every two years, while de-escalation techniques such as Therapeutic Crisis Intervention or the Mandt System® are made available annually.</li></ul>
<ul style="list-style-type: none"><li>• Bidder has experience with grants from foundation, corporate, United Way, local government, States and Federal funders.</li></ul>

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- Bidder was awarded a City of Portland Community Development Block Grant (CDBG) in 2019 that launched a Medication Assisted Treatment program.
- Bidder also received funds to pilot the state's first crisis receiving center (Living Room Crisis Center) in 2022.
- Bidder is managing contracts for manage for Treatment Foster Care, Functional Family Therapy in Cumberland, York, and Androscoggin counties, Statewide Adoption Foster and Resource Family Services, Clinical Consultation and Support Services to Maine's Office of Child and Family Services Child Protective Services.
- Bidder has 64 years of experience of complying with agency requirements and will do the same with the conditions and guidelines of the HFSSS program manual.

**B. Housing First Support and Stabilization Services (HFSSS)**

- Bidder will adequately staff the HFSSS 24/7/365 with trained staff.
- Bidder has experience with two other programs Ashlea's Place and Living Room Crisis Center.
- Bidder will have at least two staff members at each property for all three shifts that will provide the coverage for 24/7/365 for HFSSS.
- Bidder will have staff trained to treat clients with dignity and respect under all circumstances.
- Clinical will be using evidenced-based practices, including Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Dialectical Behavior Therapy (DBT) Collaborative Problem Solving, Motivational Interviewing and Attachment, Regulation and Competency (ARC).
- Building trust with tenants/clients is a foundational goal for Bidder.
- Utilizing the five principles of Housing First model will be implemented.
- Bidder is experienced with the Housing First model.
- Bidder ensures the support is a rights-based, client-centered approach that emphasizes the client choice for housing and supports.
- Bidders strategy is in line with the Housing First model to assist consumers integrate into the community which requires a socially supportive engagement and the opportunity to participate in activities.
- Staff will utilize motivational interviewing with consumers to assist with thinking long-term about choices while helping to build living skills and maintain housing.
- Bidder will create a decision-making process with the housing development partners and the Dept.
- Bidder will follow the Housing First model.

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<ul style="list-style-type: none"><li>• Bidder has a history of following multiple policies and guidelines.</li></ul>
<ul style="list-style-type: none"><li>• Staff are trained in the rights of clients, and all clients are aware of their rights through documents given at the time of intake. What documents are provided?</li><li>• On-call support and supervision provided by Outpatient and Community Services Clinical Supervisor.</li></ul>
<ul style="list-style-type: none"><li>• Bidder reports robust referral system, unclear ?</li><li>• Bidder is open to hiring nurse for HFSSS site.</li><li>• Bidder has working relationships with primary care providers and health systems.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Housing First philosophy, individuals are not required to demonstrate they are ready for housing</li><li>• Housing is not conditional on sobriety or abstinence. Program participation is also voluntary.</li></ul>
<ul style="list-style-type: none"><li>• Plans will be created within the first week to identify needs and the services that will be necessary for long-term housing stability.</li><li>• Plans will be reviewed and updated as needed. At least annually.</li><li>• Treatment plans are developed within 30 days and reviewed quarterly.</li></ul>
<ul style="list-style-type: none"><li>• Bidder is experienced with Chapter 13 and Chapter 17 through multiple ACT teams.</li><li>• Years of collaboration with the Dept.</li><li>• Program staff are trained in efforts of navigating services to include, SSD, MaineCare transportation, food access, and behavioral health services to include substance use treatment.</li><li>• Staff identified as Housing Support Workers and Caseworkers will be able to provide life skill development and will assist the tenant with making referrals when necessary and requested by the tenant.</li></ul>
<ul style="list-style-type: none"><li>• Bidder will offer case management services at the Housing First facilities.</li><li>• Tenants will be provided with multiple options to access evidence based mental health and substance use treatment, medical services and other resources that they may be eligible for.</li><li>• Bidder will work to coordinate efforts, versus duplicating service efforts.</li></ul>
<ul style="list-style-type: none"><li>• Bidder provides harm reduction services to include community meals, art groups and opportunities at different sites.</li><li>• Bidder has a steady supply of Naloxone available for all staff to carry on them at work and in the community.</li><li>• Regular trainings are provided and an on-line training at Lewiston and Portland locations.</li></ul>

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- Nalox-Boxes are located at two site locations (Opioid Rescue Kits) these are wall-mounted and include naloxone.
- Lewiston office has on-site Syringe Service Program that Bidder can connect Housing First tenants who need this service.
- Syringe Service Program is staffed by two Harm Reduction Specialists and one Recovery Coach with clinical oversight. Office is open daily.
- Bidder's program also provide education and testing for HIV and Hep C.

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- ***Bidder signed Cost Structure Reimbursement and Acknowledgment Form.***

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** VOA Norther New England

**DATE:** 3/5/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Bidder has been serving vulnerable communities for more than 30 years</li><li>• Bidder operates more than 18 programs and 13 affordable housing complexes across Maine and New Hampshire</li><li>• Homeless service programs are available to veterans and young adults</li><li>• They also offer low barrier permanent supportive housing for homeless male/female Veterans and families</li><li>• All BH services are provided in a 24/7/365 setting to include group homes, supportive apartments, and transitional housing</li><li>• Collaborating with MaineCare for over 20 years</li><li>• Bidder anticipates they will be a licensed Section 91 - HOME provider in early 2025</li><li>• Utilizes a Resident Service Coordinator at all affordable housing properties</li><li>• Regularly connect individuals to community-based resources, which has allowed the Bidder to establish relationships within the community</li><li>• They offer diverse shift options to include rotating, split shifts, and overnights</li><li>• Their recruitment process includes virtual and online assessments to streamline screening</li><li>• Bidder understands barriers are on a wide scale to include language, lack of advocacy tenant/landlord, lack of mental health/sub abuse within the community to name a few</li><li>• Bidder has historical success with connecting individuals to needed state benefits</li><li>• Bidder also will refer clients to Pine tree legal or other pro bon legal assistance to further their clients' legal rights</li><li>• Bidder has maintained an effective working relationship with Veterans Affairs for 16 years and also partners with other Veteran-serving organizations across the state</li><li>• Bidder works closely with many community partners, KBH and multiple shelters</li><li>• Bidder has provided quality housing to homeless individuals since 1996 to include 13 buildings and over 500 units</li><li>• Bidder has a separate division that manages their own properties, and they also provide third party property management services for a number of partners</li></ul>	



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- Bidder has an 8-person finance team of highly skilled professionals with extensive experience in managing funding sources including private, federal, state and local grants or contracts
- Bidder has implemented a Results-Based Accountability (RBA) system which develops scorecards for quality improvement
- Bidder has a Fund-Raising Department comprised of three full-time employees. This team raises approximately \$200,000 through private and corporate foundations and \$100,000 from individuals and local businesses. This work is done through capitol campaigns, mail solicitations, online fundraising and in-person and direct solicitation
- Project one - Providing Daily Living Support Services through the BH service line
- Project two - Young Adult Rapid Re-Housing (YARR) was launched in 2021, which is an initiative designed to prevent and end young adult homelessness in Maine
- Project three – Maine Homeless Response Systems Hub 06 Coordinator, helping to lead a collaborative effort to reduce homelessness through system wide strategies. This model shifts focus from program-level outcomes to population-level outcomes emphasizing sustained reductions in homelessness across the region

**2. Organizational Chart**

- Chart has been included, it's easy to understand and they have worked in the HFSSS

**3. Litigation**

- Litigation cases noted

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- HFSSS will be provided in a manner that utilizes meeting the individual where they are in the process and providing case management as needed. They will review the individuals ISP every 90 days. The ISP will include the input of the person served and utilize the strengths of the individual to overcome barriers to maintaining stability
- Bidder is currently a MaineCare funded provider and understands the expectations from the Department
- Bidder has agreed to supply the Department with job descriptions, staffing plans, projected time frames and detailed work plans

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

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<ul style="list-style-type: none"> <li>Bidder also agrees to supply the Department with all required licensure, and the Bidder finance team will invoice the Department accordingly for services rendered</li> </ul>
<ul style="list-style-type: none"> <li>Bidder has long-standing collaborations with DHHS and would continue this collaboration and take direction from the Department as a funded HFSSS vendor</li> </ul>
<ul style="list-style-type: none"> <li>Bidder attached MaineCare provider agreement</li> </ul>
<ul style="list-style-type: none"> <li>Bidder submitted application to MaineCare December 2024</li> </ul>
<ul style="list-style-type: none"> <li>Bidder had a formal MOU with VA Maine Medical Center 2018 - 2022</li> </ul>
<ul style="list-style-type: none"> <li>Bidder will follow the expectations of the Department in providing treatment oversight and care coordination</li> </ul>
<ul style="list-style-type: none"> <li>Bidder will ensure the site is fully staffed and services will be available prior to the property opening and the first tenant moving in</li> </ul>
<ul style="list-style-type: none"> <li>Bidder advises all staff will be trained in understanding trauma informed care and rent smart as well as MHRT-1 certification.</li> </ul>
<ul style="list-style-type: none"> <li>Bidder has an established relationship with the Department and OBH as contracted and has been complying with the rules, laws, regulations, and requirements put forth by the Department.</li> <li>Bidder maintains SOPs and compliance for all MaineCare funded programs they are involved with, and this would be extended to the HFSSS program</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>Bidder will follow an HFSSS project plan to ensure all offered, accepted, and provided services will be delivered on-site 24/7/365. All services will be documented in the tenant's chart to include accepted and rejected services and a reason as to why</li> </ul>
<ul style="list-style-type: none"> <li>Bidder ensures there will be a minimum of staff on site 24/7/365 to provide HFSSS. All staff will be supervised by a program manager and will address any staffing needs with the HR Department</li> </ul>
<ul style="list-style-type: none"> <li>Bidder has a history of meeting individuals where they are in their own process utilizing a non-judgmental, trauma informed care approach</li> <li>Staff will utilize Individual Service Support Plans with each tenant to establish tenant goals</li> <li>Bidder will establish policies, protocols, and procedures to ensure safety of the tenants and staff, which will be posted in common areas</li> <li>Bidder will also establish a meaningful relationship with local law enforcement</li> </ul>
<ul style="list-style-type: none"> <li>All staff will be trained in the Rent Smart program offered by Maine State Housing Authority</li> </ul>

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<ul style="list-style-type: none"><li>Bidder will offer case management services and will work with tenants to conduct a self-sufficiency matrix, and they will utilize Individualized Service Support Plans</li></ul>
<ul style="list-style-type: none"><li>Bidder will work collaboratively with the Department, property managers and on-site policies and procedures around decision making, program operations, and program monitoring</li></ul>
<ul style="list-style-type: none"><li>Bidder will establish an HFSSS Site Tenant Advisory Council comprised of tenants, staff, and community providers when and if appropriate</li></ul>
<ul style="list-style-type: none"><li>The need for services will be determined based on tenants' self-sufficiency assessment. The referrals will be established as goals and documented in the tenants ISSP. The tenant, staff, and community service providers will collaborate to ensure the tenants are receiving needed services in a timely fashion</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>Bidder confirms their understanding that the participation of the tenant is not a requirement of maintaining tenancy</li></ul>
<ul style="list-style-type: none"><li>Staff will work with all tenants to create an ISSP to all tenants choosing to accept HFSSS</li><li>Tenants that are accepting HFSSS will also have the opportunity to develop personalized crisis plans to help staff respond effectively during a crisis</li></ul>
<ul style="list-style-type: none"><li>Bidder has a clear and concise plan as to how the staff will provide assistance with the tenants</li></ul>
<ul style="list-style-type: none"><li>Bidder staff will be MHRT-1 certified and trained to offer and provide housing coordination and case management</li><li>Bidder staff will provide referrals to other service providers identified by the tenant</li></ul>
<ul style="list-style-type: none"><li>Bidder will leverage relationships within the community to utilize harm reduction services to include local food banks, grocery stores, cookouts, memorials and potluck events</li><li>Bidder has an RN on-site to provide Naloxone training to all staff who can then instruct tenants. Bidder has a strong dependable relationship with a Naloxone provider. This will ensure a readily available supply for the tenants</li><li>Bidder will ensure a process is established to provide referrals to a Syringe Service Program</li></ul>
<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"><li></li></ul>

**STATE OF MAINE  
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**BIDDER NAME:** VOA Northern New England (VOANNE)

**DATE:** 2/24/2025 and 2/25/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Stated they are an affiliate of Volunteers of America, a nonprofit services organization.</li><li>• Have provided services for over thirty (30) years and operates more than eighteen (18) programs and thirteen (13) affordable housing complexes across Northern New England, including Maine and New Hampshire.</li><li>• Described service population, including those experiencing homelessness.</li><li>• Stated they address social determinants that affect vulnerable groups through provision of affordable housing, social services, group homes, sobriety houses, transitional programs and youth camps.</li><li>• Stated extensive experience with providing services in a residential setting, including providing and/or coordinating with property management.</li><li>• Stated they have provided transitional housing and permanent supportive housing for Veterans experiencing chronic homelessness and their families for over ten (10) years.</li><li>• Stated they provide housing-focused supportive services to unhoused young adults between the ages of 18-24 throughout the state through their Young Adult Rapid Re-housing (YARR) program.</li><li>• Stated they are an employer of record for the Homeless Response Hub 06 covering Somerset and Kennebec and are well-versed in the statewide HMIS and coordinated entry system.</li><li>• Stated they are in the process of launching a Homelessness Response Team (HRT) within MaineCare Section 91 Housing Outreach and Member Engagement (HOME) program to provide daily living support services to adults with chronic mental health symptoms which interfere with their independent maintenance of daily living skills.</li><li>• Stated their indicated services, including support from their clinical behavioral health team, will be available to support Housing First residents.</li></ul>	
Supportive service provision to those experiencing Chronic Homelessness:	
<ul style="list-style-type: none"><li>• Stated their homeless services programming includes services for Veterans and young adults.</li></ul>	

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- Stated for YARR, after the young adult is approved for a Housing Choice Voucher (HCV), YARR then provides up to twenty-four (24) months of supportive services.
- Stated their homeless services for Veterans integrates case management, housing and transition services, including two (2) transitional housing programs: Aruther B. Huot House, first “Hospital to Home” program in Maine; and the first co-ed transitional housing facility for Maine Veterans, which offers transitional housing and supportive respite care.
- Stated their Veterans Career House offers Service Intensive Transitional Housing (SITH) using their clinical treatment model for unhoused Veteran men with a diagnosis of mental illness and/or substance use disorder (SUD).
- Stated they offer low barrier permanent supportive housing (PSH) to unhoused Veteran men and women and their families at their Cabin in the Woods facility.
- Stated their Homeless Response Hub 06 coordinator works with service providers in Central Maine to address area needs, including chronic homelessness.
- Referred to their in-process launching of a Homelessness Response Team (HRT), that includes a Community Care Team.
- Stated they have team members with experience serving individuals experiencing homelessness, including their president and CEO who has advocated and directed homeless services and permanent supportive housing programs for thirty (30) years; their Director of Homeless Services who has worked with veterans experiencing chronic homelessness for over a decade; and they have case managers with over a decade of experience working with unhoused individuals.

24/7/365 service provision experience:

- Stated all behavioral health services are provided in a 24/7/365 setting, including group homes and supportive apartments for adults diagnosed with persistent mental illness or co-occurring conditions.
- Stated they serve about fifty-five (55) to sixty (60) individuals across their programs in seven (7) locations across the state to assist with avoiding hospitalization and homelessness and creating a path to self-realization and community engagement.
- Stated they work with OBH for receipt of direct referrals to their mental health programs.
- Stated they run a group home and permanent supportive housing, providing services to 13-15 individuals with intellectual and developmental disabilities in a 24/7/365 setting.

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**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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- Stated they run two (2) transitional housing facilities and 16 units of permanent supportive housing for Veterans and their families, with 24/7 on-call supportive staff.

Experience providing health and behavioral health services to the intended population:

- Stated over twenty (20) years of experience as a MaineCare provider of behavioral health services, including community based and residential programming.
- Stated they are an approved provider of SUD services as part of their community justice diversion and deflection services.
- Stated they anticipate becoming a licensed MaineCare Section 91 HOME provider early 2025.

Knowledge of community-based resources in service area and related experience:

- Stated they provide access to a Resident Service Coordinator at their affordable housing properties for adults sixty-two (62) and older.
- Stated, as an employer of record for Homeless Response Hub 06, they regularly connect individuals to Bidder' and community-based resources.
- Stated their Veterans Homeless Services team has provided transitional and supportive housing for over a decade, are active in the Continuum of Care Statewide Homeless Council and work directly with network of community nonprofits that are devoted to ending homelessness.
- Stated they have formal relationships with law enforcement entities, including Knox County Sheriff's Office; Waldo County Sheriff's Office; and Rockland/Rockport/Camden Police Department where they act as Community Liaison Officers corresponding with police to help divert individuals from the traditional criminal justice system and redirect them to appropriate community resources.
- Stated they partner closely with case management providing community-based organizations in their behavioral health programs, including Assertive Community Treatment (ACT) and crisis stabilization services.
- Stated they maintain good working relationships with law enforcement liaisons, hospitals and Federally Qualified Health Centers (FQHC).
- Stated nurses also support care plan integration with medical providers, including primary care providers and psychiatrists.
- Stated their Director of Homeless Services is an active member of all three (3) Regional Homeless Councils: Vice President of the Maine Continuum of Care

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(MCoC) Board of Directors; co-chair of the MCoC DEIB Committee; and Board President for a nonprofit serving York County individuals experiencing homelessness.

- Stated their YARR program works closely with the statewide Youth Action Board, and they have a staff member on the Youth Action Board.

Staff recruitment and retention policies, and plans to ensure optimal staffing for Housing First Rental Homes:

- Stated they have a four (4) person HR team, including a Recruitment and Retention Leader.
- Stated they offer diverse shift options, including rotating, split and overnight shifts.
- Stated use of mobile-friendly platforms and prominent job boards (e.g., Indeed), social media and niche boards to attract candidates; with job postings emphasizing 24/7 nature of roles, irregular hours and benefits, including overtime opportunities, career advancement and work-life balance.
- Stated their HR team regularly evaluates pay structures and market trends to ensure equitable and competitive employee compensation.
- Stated they are also certified as a Great Place to Work.
- Indicated prompt response to hiring inquiries outside of regular business hours.
- Stated professional development, training and certifications are offered on the first day.
- Stated they partner with vetted staffing agencies, when needed.
- Stated they have a current workforce retention of 67% and have implemented an aggressive goal of reaching and sustaining a 70% agency-wide retention rate by June 30, 2025.

Knowledge of common barriers to maintaining permanent housing:

- Bidder provided a list indicating some barriers that affect maintaining successful housing, including: language barriers; lack of advocacy; lack of behavioral health services within the community; medical health needs; access to housing navigation/coordination; insufficient service funding; rental subsidy/voucher limits; financial instability; lack of tenant and landlord rights' education and access to legal representation; lack of natural supports; and conducting accurate, timely assessments and re-assessments.
- Stated they have successfully helped tenants with navigating the listed barriers through their permanent supportive housing for Veterans; transitional housing

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for unhoused Veterans; affordable housing for older adults; and their Young Adult Rapid Re-housing programs.

- Stated they address barriers through active engagement, education, and collaboration with the individual/tenant, landlords, services providers, subsidy entity, health providers and community organizations.

Experience navigating benefits' maintenance:

- Stated they have helped individuals with navigating benefits maintenance in their permanent supportive housing for Veterans programming; behavioral health/PNMI programs; their DLSS program; their Veterans transitional housing program; and their statewide Young Adult Rapid Re-Housing program.
- Stated they have assisted with applying for, obtaining and/or maintaining permanent housing; social security benefits; MaineCare benefits; WIC benefits; VA health care benefits; VA service-connected and non-service-connected benefits; housing subsidy vouchers; mental health and substance use assessments for service eligibility; and behavioral health treatment.
- Stated they work with and refer clients to Pine Tree Legal Services and other pro bono legal assistance program to ensure to client legal rights regarding income supports and housing.

Experience evaluating HRSN and incorporating such into service plan development:

- Stated they currently use the Arizona Self-Sufficiency Matrix (ASSM) to evaluate HRSN in their homeless services programs for Veterans.
- Stated their Community Justice program uses the Level of Service/Case Management Inventory (LSCMII), an assessment focused on criminal behavior and recidivism risk.
- Stated they develop a service plan based on identified needs.

Interagency coordination:

- Stated their Homeless Services team has maintained an effective working relationship with the VA for sixteen (16) years and they partner with other Veteran-serving organizations across Maine.
- Stated they work closely with several community-based partners, including: Kennebec Behavioral Health; Bread of Life Shelter; and Mid-Maine Homeless Shelter.
- Stated they rent space within their administrative office to the Maine Council on Aging and work closely with this Council to ensure rights and needs the older adults they serve are met and addressed.



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On-site experience in affordable housing developments:

- Stated their overarching organization is the largest provider of affordable housing in the country.
- Bidder has provided affordable housing in Maine and New Hampshire since 1996; with each property supported by a Housing Manager, Maintenance Specialist, and, as appropriate, a Residence Service Coordinator.
- Stated their Resident Service Coordinators establish and build relationships with residents, focusing on wellness, independent living and connecting to benefits.
- Stated they maintain thirteen (13) buildings and over five hundred (500) affordable housing units and offer direct residential services to all tenants.
- Described how they are a provider of affordable housing with minimal details included regarding experience working on-site in affordable housing.

Experience working collaboratively with landlords and property managers:

- Stated they provide third-party property management services to partners, including VOA National Services-owned properties in Maine, the Kimball Health Center in Saco and to supportive housing properties owned by other nonprofits.
- Stated they understand the importance of maintaining a clear distinction between landlord and tenant and service provider and client relationships.
- Stated they have a separate division which manages their properties, and their program services teams work collaboratively with the management team; with the two parties as separate entities from a resident perspective.
- Stated they work with Community Housing of Maine (CHOM) who manages a property in Bar Harbor which houses one of their residential disability services programs, and stated they rent two (2) houses from a third-party landlord in Bangor.

Experience collaborating and partnering with other providers:

- Stated they opened in 1991 and have worked/collaborated with community providers since inception to meet the needs of those served.
- Indicated some of their collaborative working relationships include the VA's HUD VASH department; Department of Labor; local financial institutions; McKinney-Vento liaisons; General Assistance offices; Community Case Management providers; technology inclusion, support, and equality organizations; university civic groups' food pantries; VA Community Based Outpatient Clinics; nutritionists; counselors and LCSWs; psychiatrists; ACT

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teams; Law Enforcement Community Liaisons; support groups' sobriety groups; criminal diversion and deflection organizations; Sweetser; and Spurwink.

Approach to handling financial, IT and compliance functions:

- For finance – stated they have an eight (8) person finance team led by a chief financial officer with qualifications and experience in nonprofit financial management; and indicated extensive experience with managing diverse funding sources: private, federal, state, and local grants and contracts.
- Stated they adhere to strict financial policies and procedures, including maintenance of a comprehensive financial manual.
- For IT – stated their VP-level head of technology reports directly to the CEO; and comprehensive IT policies are updated regularly.
- Stated they maintain no physical servers and have an Agency Emergency Response Plan for emergencies and natural disasters.
- For compliance – indicated each service area is led by a director of VP of operations who is responsible for licensing, compliance and quality, including license applications, renewals, inspections, reporting, deficiency tracking and corrective action plans; with COO included in communications with funders and critical incident reporting.
- Stated each service area also has dedicated roles for compliance tasks, including development and maintenance of standard operating procedures and policies; conducting internal review; managing quality improvement priorities; and tracking staff training and credentials.
- Stated they have applied to be a MaineCare Section 91 HOME provider.

Examples of core administrative procedures improved over the last three (3) years:

- Stated they are in the process of implementing a new continuous improvement system for agency program performance monitoring, based on the Results-Based Accountability (RBA) approach, including development of a performance scorecard for each program area which is reviewed monthly by the program leadership team, Quality Improvement Manager and COO.
- Bidder further described scorecards' development, and the three (3) data categories included.
- Stated their program teams develop action plans to address performance concerns and test strategies for performance improvement on key indicators.
- Stated new continuous improvement system and use of score cards have allowed them to improve their medication documentation compliance rate in their behavioral health program; reduce their turnaround time on resident

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service order requests for their housing programs; and has reduced the time needed to fill a vacant room in their transitional housing for Veterans programming.

Experience raising private funds to cover expenses:

- Stated they have raised private funds for programming and projects for over three (3) decades; and their professional fundraising department includes three (3) full-time staff.
- Stated the approximate annual amount they receive from private and corporate foundations, and from individuals and local businesses.
- Stated they engage in capital campaigns, direct mail solicitations, online and social media fundraising and communications, and use in-person and direct solicitation.

Project 1:

- Referred to their Daily Living Support Services (DLSS) programming provided to those eighteen (18) and older in Penobscot County, “with an eye towards eventual statewide expansion”.
- Stated they began offering this service in 2021, when other agencies were unable to provide such due to the COVID-19 pandemic; noted they had hiring challenges but received numerous requests to address the critical need.
- Stated they started expanding this service in 2024 and are on a growth trajectory, with consistent referrals due to ongoing demand.
- Stated they serve individuals with chronic mental health symptoms that interfere with independent maintenance of daily living skills who have a diagnosis of schizophrenia, schizoaffective disorder, or another serious mental illness.
- Work focuses on helping individuals achieve goals to maintain or enhance their independence and develop skills needed to live successfully in their local community.
- Stated service are provided in quarter hour units, individualized based on treatment plan needs, and completed in the individual’s home and in the community.

Project 2:

- Referred to their Young Adult Rapid Re-housing (YARR) programming, launched in 2021 with funding from the Youth Homelessness Demonstration Program (YHDP) through the MCoC; an initiative designed to prevent and end Young Adult (YA) homelessness in Maine.

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- Stated, since launching, they have secured additional funding from private donations to help program sustainment.
- Stated they serve approximately thirty (30) young adults between 18-24 annually that are experiencing or at risk of homelessness.
- Their YARR team includes a Lead Housing Coordinator, Housing Coordinator and Young Adult Peer Support for provision of housing-focused supportive services for up to twenty-four (24) months following a Housing Choice Voucher (HCV) approval by MaineHousing.
- Stated YARR is a low barrier program which incorporates individual choice; Fair Housing; Housing First; trauma-informed care; Positive Youth Development; and other evidence-based practices.
- Stated they receive referrals through the Youth Coordinated Entry System (YCES) and partner with MaineHousing and landlords to secure affordable apartments.
- Stated they offer Rent Smart training to all program participants.
- Stated participants can meet regularly with and utilize their Housing Navigator and Youth Advocate for client-driven housing needs and goals.
- Stated they assist with: connections to education, employment, job training, and counseling; social service assistance; benefits access; community resources; provider referrals; support system development; landlord relationships; lease renewal; MaineHousing coordination; and annual voucher recertification.

**Project 3:**

- Referred to their work/role as the Maine Homeless Response Systems Hub 06 Coordinator, focusing on establishing a “command center” approach for streamlining coordination, performance tracking and to drive impactful solutions across their region that includes Central Maine (Somerset and Kennebec Counties).
- Stated they facilitate a cross-agency collaboration team to ensure alignment of resources and strategies for addressing homelessness.
- Stated use of real-time data collection and analysis to monitor system performance and support targeted interventions to reduce homelessness.
- Stated they manage a centralized prioritization and housing referral process for equitable and efficient resource allocation.
- Stated the model focuses on population-level impacts, emphasizing sustained reductions in homelessness across their region.

**2. Organizational Chart**

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<ul style="list-style-type: none"><li>• Provided, indicated project team and plan to hire program manager and residential counselors for HFSSS.</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• Included four (4) cases: two (2) that were dismissed, one (1) settled, and one (1) that was settled and charged as dismissed.</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• Stated the goal-oriented, time oriented and person-centered Individualized Service Support Plan (ISSP) will be reviewed every ninety (90) days.</li><li>• Stated ISSP establishment will include input of the person served and utilize the individual's strengths to overcome barriers, maintain housing and meet identified needs.</li><li>• Stated offered and/or provided services will be tracked and documented utilizing the Maine HMIS platform and other case management platforms, as appropriate.</li><li>• Stated services will be listed in each ISSP and captured in progress and case manager notes.</li><li>• Described use of person-centered, strengths-based manner for HFSSS provision via ISSP, but did not explicitly indicate plan to provide HFSSS, in totality, in a person-centered, strengths-based manner.</li></ul>
<ul style="list-style-type: none"><li>• Stated after receipt of funding notification/contract, their Director of Homeless Services will work with agency leadership and HR to finalize a job description, recruit and hire for a full-time Program Manager.</li><li>• Stated once they hire and train the Program Manager, the Director and Program Manager will work with HR to recruit, hire and train full-time, part-time and per diem Residential Counselors who are or will become MHRT-1 certified for provision of housing coordination and case management.</li><li>• Stated they have standard operating procedures (SOPs) that will be reviewed and enhanced to accommodate HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• Referenced being a licensed provider of Department/MaineCare-funded behavioral health services, including PNMI residential; DLSS; OADS Home and Community Based Services (HCBS); residential programs for individuals with disabilities; and OBH recovery programs, including a contract with OBH for a recovery community center.</li></ul>

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<ul style="list-style-type: none"> <li>Stated their willingness to continue to take Department direction and continue positive collaborative engagement with the Department.</li> </ul>
<ul style="list-style-type: none"> <li>Provided a copy of their MaineCare Provider Agreement.</li> </ul>
<ul style="list-style-type: none"> <li>N/A</li> <li>Stated they are a current licensed provider of MaineCare behavioral health services and are current providers of PNMI (section 97, appendix E); mental health DLSS (section 17); Home and Community Based Services (section 21); OADS PNMI (appendix F) and section 21 Group Home.</li> </ul>
<ul style="list-style-type: none"> <li>N/A</li> </ul>
<ul style="list-style-type: none"> <li>Stated they recently applied to become a Section 91 HOME provider December 2024, with notice of funding pending as of 1/14/25; with expectation that they will be able to provide this service as of early 2025.</li> </ul>
<ul style="list-style-type: none"> <li>Stated they had a formal MOU with the VA Maine Medical Center and its Community Based Outpatient clinics from 2018 to 2022 while providing their Hospital to Home Grant and Per Diem program in one of the VA Maine Medical Center's transitional housing programs for unhoused Veterans.</li> <li>Stated staff are versed in available community-based resources around the state, including health and behavioral health services.</li> </ul>
<ul style="list-style-type: none"> <li>Stated they will continue to follow Department expectations regarding provision of treatment oversight and care coordination for those served and related service providers.</li> <li>Plan to have care/service providers, participant/tenant and HFSSS staff meet regularly to discuss participate needs and how to overcome barriers to meeting needs.</li> <li>Stated their behavioral health programs currently work closely with hospitals; Federally Qualified Health Centers (FQHCs); primary care providers (PCPs); ACT; and other service providers to coordinate care, and they anticipate using a similar approach for HFSSS.</li> </ul>
<ul style="list-style-type: none"> <li>Stated once awarded, they will start recruiting, interviewing, hiring and training HFSSS staff, prior to the Property opening.</li> <li>Stated they will ensure the site/program is fully staffed, with services available as soon as the first HFSSS participant moves in.</li> </ul>
<ul style="list-style-type: none"> <li>Prior to opening of the Property, they will utilize their internal departments, contract with Indeed and relationships with other service providers to hire and recruit staff.</li> <li>Stated their staff will have an understanding of- and experience working with and supporting the unhoused population through outreach and/or supportive/services environment.</li> </ul>

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<ul style="list-style-type: none"><li>• Plan to train staff in understanding Trauma-informed Care and Rent Smart and include cross training within their behavioral health programs and Veteran transitional housing programs and related service/care staff.</li><li>• Plan to have staff receive Mental Health Rehabilitation Technician – 1 (MHRT-1) certification.</li><li>• Stated HFSSS staff will collaborate with Bidder's HOME provider staff and will use existing relationships with local, county and state law enforcement for outreach.</li></ul>
<ul style="list-style-type: none"><li>• Referred to current established formal relationships with the Department as a contracted and licensed MaineCare service provider in reference to Bidder's plan to comply with all requirements for HFSSS.</li><li>• Plans to extend their SOPs and compliance framework to include HFSSS.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• Stated services will be provided via 1:1 meetings with tenants interested in offered services and will include any external-to-Bidder service provider choosing to be present at the meeting, as applicable.</li><li>• Stated meeting outcomes and services provided will be documented in logs, ISSPs, case notes and progress notes.</li><li>• Stated they will include document notes regarding why a service was not able to be delivered onsite; details regarding the community provider referral; and the outcome of the service or referral.</li></ul>
<ul style="list-style-type: none"><li>• Stated their hiring team and HFSSS Program Manager will ensure they include staff on-site 24/7/365.</li><li>• Stated they will have a combination of full-time and part-time staff and will develop and implement a per/diem on call staffing pool.</li><li>• Stated all staff will be supervised by their Program Manager, who will work with their HR department to address any staffing needs, including hiring temporary workers through their existing relationships with a staffing firm, as needed.</li></ul>
<ul style="list-style-type: none"><li>• Stated history of providing non-judgmental, Trauma-informed Care approach and will continue such with HFSSS.</li><li>• For tenants accepting HFSSS, they will use tenant driven Individual Service Support Plans (ISSPs) for establishment of time-oriented goals, utilizing tenant strengths to overcome barriers to meeting/completing those goals, with appropriate referrals made and resources offered, as applicable.</li><li>• Stated staff will interact with tenants daily using learned healthy conflict resolution, healthy relationship and healthy boundary skills, and will treat all tenants and guests with dignity and respect, regardless of HFSSS participation.</li></ul>

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<ul style="list-style-type: none"><li>• Stated they will establish or use already established agency/site policies, protocols and procedures to ensure staff and tenant safety; with policies to be posted in common areas at the Property and provided to tenants.</li><li>• Did not address 3b-d.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will train staff in the Rent Smart Program offered by Maine State Housing Authority and will use Rent Smart to offer rental skill training such as building and maintaining a relationship with a landlord or property manager; building credit; and Fair Housing Rights to tenants who identify as needing these skills.</li><li>• Stated they will offer or provide case management services to tenants and work with tenants to conduct a self-sufficiency matrix.</li><li>• Stated they will use assessment outcomes to work with the tenant in establishing an ISSP that identifies tenant needs; establishes time-oriented, reasonable goals; and utilizes tenant strengths to overcome barriers to obtaining referrals and community resources/services, while meeting tenant-established/centered/driven goals.</li></ul>
<ul style="list-style-type: none"><li>• Stated in addition to working with the Department, their HFSSS/Homeless Services staff will work with property management to utilize established guidelines, policies and procedures around decision making, program operations and site/program monitoring.</li><li>• Stated where there are no established SOPs/policies/guidelines, they will work with the appropriate entities to create HFSSS policies, guidelines and procedures.</li><li>• Stated, if/when appropriate, their HFSS team will also incorporate a Tenant Advisory Council to help inform creation of policies, guidelines and procedures.</li></ul>
<ul style="list-style-type: none"><li>• Stated when/if appropriate, they will establish an HFSSS Site Tenant Advisory Council (TAC) that is comprised of tenants, staff, and, if/when appropriate, community providers.</li><li>• Stated their newly established policies and procedures will include Fair Housing practices, a low barrier approach and offering supportive services at the forefront.</li><li>• Stated they will have their senior leadership and legal team review policies and procedures as/when necessary.</li><li>• Did not explicitly address ensuring policies protect the rights of individuals receiving HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will determine referral and care coordination to appropriate community-based clinical resources based on tenant's self-sufficiency assessment and expressed needs.</li></ul>



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- Referrals will be established as goals and documented in the ISSP developed collaboratively with the tenant; with progress and case notes reflecting efforts.
- Stated HFSSS staff, tenants and community services provider will collaborate to ensure identified, appropriate and needed services are obtained and provided in a timely fashion.
- Stated they will use their internal clinical team, as needed, to make outside referrals or provide assessments.

**C. Available HFSSS for Tenants**

- Stated understanding of HFSSS being voluntary and will ensure all tenants are provided information and documentation regarding voluntary HFSSS, including indication that housing is not contingent upon accepting and receiving HFSSS and that tenant may choose to accept or discontinue HFSSS at any time.
- Will have HFSSS staff work with tenants choosing to use HFSSS to establish an ISSP identifying tenant needs; establishing time-oriented, reasonable goals; and will utilize tenant strengths to overcome barriers to meeting goals/obtaining services.
- Stated goal areas will be identified through tenant's expressed needs and completion of a self-sufficiency assessment, and other assessments, as appropriate.
- Stated tenants seeking HFSSS will have the opportunity to develop personalized crisis plans to help staff respond effectively when in crisis.
- Staff will collaborate with tenants to determine need for a crisis or safety plan, and if need is determined, they will work with the tenant to create the plan.
- Crisis plans to include identification of what a mental health emergency or crisis looks like for the tenant; outlining specific steps to be taken during these situations; inclusion of contact information for crisis or emergency services; inclusion of a list of trusted individuals, supports and mental health professionals; and preparing for worst-case scenarios. Stated crisis plans will be implemented and steps followed, as appropriate and needed.
- Stated HFSSS staff will be trained and have knowledge of MaineCare services, MaineCare eligibility and the MaineCare Benefits Manual to help tenants with accessing and navigating application for MaineCare eligibility and services; and HFSSS staff will receive training in SSI/SSDI Outreach, Access and Recovery (SOAR) to assist tenants with applying for and understanding Social Security benefits.
- Stated they will assist tenants with receiving or making referrals to MaineCare-approved providers to ensure tenant needs are assessed and addressed.

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| <ul style="list-style-type: none"><li>• Stated referrals will be made to Bidder's agency and other MaineCare community providers.</li><li>• Plan to provide referrals via a collaborative "warm hand off/wraparound manner", including tenant and their supports.</li><li>• Stated HFSSS staff will be supported and aligned with their behavioral health clinicians to address mental health or substance/alcohol use concerns.</li><li>• Staff to be trained in local General Assistance office procedures to help tenants with accessing assistance, when needed.</li><li>• Stated they will leverage existing relationships with the Homeless Response System Hub Coordinators to coordinate efforts, establish connections and strengthen support networks with service providers such as transportation services and food banks to address tenant needs.</li><li>• Stated tenants will be offered the Rent Smart curriculum, which includes focus on how to be a successful renter and maintain a lease; communication with landlord/property manager; and how to be a "good neighbor".</li><li>• Stated tenants will be offered connection to and assistance in applying for a community-based representative payee service, if needed.</li><li>• Stated tenants will be offered curriculum around budgeting, which includes how to actively save money; setting up a savings or checking account; and how to build individual credit.</li><li>• Stated tenants can work with HFSSS staff to conduct an assessment and create an ISSP where service needs, including nutritional services, education, employment and family reunification, will be identified, goals established, and referrals made.</li><li>• Stated staffing will include a full-time Program Manager and full, part-time and per diem Residential Counselors, with all staff MHRT-1 certified, knowledgeable in Motivational Interviewing and trained in crisis intervention techniques.</li><li>• Plan to collaborate with external community service providers including legal aid, mediation and crisis intervention services.</li><li>• Stated policies and procedures for new tenant move-in assistance and tenant guest management will be finalized and available for use prior to the Property opening.</li><li>• Did not address 3.c.iii, 3.c.vi., 3.c.vii, 3.c.viii, 3.d. ii. and 3.d.iii.</li></ul> |
| <ul style="list-style-type: none"><li>• Met requirement.</li></ul>  |
| <ul style="list-style-type: none"><li>• Plans to leverage existing relationships with community and civic organizations to offer/utilize Harm Reduction services, including access/referrals to local food</li></ul>  |

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banks; and securing donations from organizations/grocery stores for cookout celebrations, memorial/holiday events and potlucks.

- Will offer the ability to create a Tenant Advisory Council (TAC) that will take part in creation and offering of alternative on-site Harm Reduction activities.
- Stated they have a Registered Nurse on their staff available to provide naloxone use and training to HFSSS staff who can then instruct tenants on naloxone use.
- Stated their Registered Nurse has established relationships with an organization that provides naloxone to service programs, and they will utilize this relationship to ensure easily accessible on-site naloxone, with instructions posted.
- Stated they will ensure establishment of a formal process for referrals to the local Syringe Service Program.

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- Signed by President/CEO.

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**DATE:** 03/03/2025 and 03/04/2025

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• I – serving vulnerable communities for over 30 years and operates more than 18 programs and 13 affordable housing complexes across Northern New England, including Maine and New Hampshire</li><li>• Provides services to people experiencing homelessness, those recovering from substance use disorder, previously incarcerated individuals, older adults, Veterans, adults diagnosed with intellectual and/or developmental disabilities, adults with chronic and persistent mental illness, and underserved youth.</li><li>• Addressing the social determinants that affect these vulnerable groups by providing affordable housing, social services, group homes, sobriety houses, transitional programs, and youth camps</li><li>• I – Extensive experience with program service provision within a residential setting, including providing and/or coordination with property management.</li><li>• I – Has successfully provided transitional housing and permanent supportive housing for chronically homeless Veterans and their families for over ten years.</li><li>• I - Young Adult Rapid Re-housing (YARR) program provides housing-focused supportive services to homeless YA ages 18-24 throughout the entire state of Maine (time-limited, 2 years)</li><li>• I –Well-versed in the statewide HMIS and coordinated entry system.</li><li>• I - In the process of launching a Homelessness Response Team (HRT) within the MaineCare Section 91 Housing Outreach and Member Engagement (HOME) program</li><li>• I – Provide Daily Living Support Services to adults with chronic mental health symptoms that interfere with their independent maintenance of daily living skills.</li><li>• I –Support from our clinical behavioral health team will be readily available to support the residents of the Housing First project</li><li>• I – Homeless Services programs include services for Veterans and young adults. There is a requirement for recipients to meet one of the HUD criteria of homelessness to be eligible for services.</li><li>• I – Prioritize those who meet the criteria for chronic homelessness</li><li>• I – Provides homeless services for Veterans integrates case management, housing, and transition services to help homeless Veterans including two transitional housing programs.</li></ul>	

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- I – Offers low barrier permanent supportive housing (PSH) for homeless male and female Veterans and their families at the Cabin in the Woods facility.
- I – Homeless Response Hub 06 coordinator works with service providers in Central Maine to address the needs of the area, including chronic homelessness.
- I – In the process of launching a Homelessness Response Team (HRT)
- Several case managers also have over a decade of experience in working with individuals experiencing homelessness.
- I – All behavioral health services are provided in a 24/7/365 setting. including group homes and supportive apartments for adults who have been diagnosed with persistent mental illness or co-occurring conditions. Serve an estimated 55-60 individuals through these programs in 7 locations across the state
- I – Also runs a group home and permanent supportive housing that provides services to 13-15 individuals with intellectual and developmental disabilities
- aaaaa
- I – Transitional housing (two facilities) and permanent supportive housing (16 units) for Veterans and their families offer supportive staff who are available on call 24 hours/day.
- I – Over twenty years of successful experience as a MaineCare approved provider of behavioral health services, including community based and residential programming.
- I – A DHHS approved provider of substance use disorder (SUD) services as part of our community justice diversion and deflection services
- I - Anticipate becoming a licensed Section 91 HOME program provider in early 2025
- I – Resident Service Coordinators establish and build relationships with residents. Coordinators focus on wellness, independent living and connection to benefits and are trained to recognize changes in residents' wellness, socialization status, and condition. They work directly with residents to maximize the use of benefits and find community-based resources.
- I – Behavioral health programs partner closely with other community-based organizations who provide case management services, Assertive Community Treatment (ACT), and crisis stabilization services.
- I – Maintain good working relationships with law enforcement liaisons as well as hospitals and Federally Qualified Health Centers (FQHC).
- I – staff nurses also support the integration of our care plans with medical providers such as primary care providers and psychiatrists.

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- I – Participate in statewide homeless councils and other homelessness organizations.
- I/Q - Employs a comprehensive strategy to maintain optimal staffing levels for 24/7 operations like Housing First Rental Homes. This approach prioritizes flexibility, accessibility, transparency, and inclusivity while fostering a positive work environment.
- I –Offers diverse shift options, including rotating, split, and overnight shifts, accommodating individual scheduling preferences.
- I – Expectations are clearly communicated during recruitment to align with candidate needs
- Job postings emphasize the 24/7 nature of roles, irregular hours, and benefits like overtime opportunities, career advancement, and work-life balance
- I – HR team regularly evaluates pay structures and market trends to ensure equitable and competitive employee compensation to maximize
- our competitive stance and eliminate any potential disparities.
- I – Is Great Place to Work-certified
- I – Professional development, training, and certifications are offered starting Day 1
- I – Partners with vetted staffing agencies that meet strict compliance and client support standards to supplement recruitment efforts.
- I – Workforce retention measure is currently at 67%.
- I – Goal of reaching and sustaining a 70% agency-wide retention rate by June 30, 2025.
- I – Thorough description of barriers that interfere with successful housing include language barriers; lack of advocacy between a tenant and landlord; lack of mental health/substance abuse services within the community, medical health needs, and access to housing navigation/coordination; insufficient service funding dollars; limits on rental subsidy/vouchers; financial instability; lack of tenant/landlord rights education; access to legal representation; absence of natural supports; conducting accurate/timely assessments/re-assessments.
- P – Barriers are mitigated by active engagement, education, and collaboration with the individual served/tenant, landlords, service providers, subsidy entity, health providers, and community organizations to work towards a successful outcome for those in the programs/housing.
- P – Experience in helping individuals apply for, obtain, and/or maintain permanent housing, Social Security benefits, MaineCare benefits, WIC benefits, Veterans Administration health care benefits, Veterans Administration

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service connected and non-service connected benefits, housing subsidy vouchers, mental health and substance abuse/use assessments for eligibility of services, mental health and/or SUD treatment

- I – Has maintained an effective working relationship with the Veterans Administration for 16 years and partners with other Veteran-serving organizations across Maine
- I – Kennebec Behavioral Health provides mental health and SUD treatment/services in Kennebec County.
- I – Veteran services refer to and receive referrals from Bread of Life Shelter and Mid-Maine Homeless Shelter.
- Q – YARR program also works with Mid-Maine Homeless Shelter to receive housing vouchers for young adults.
- Q – on-site experience in affordable housing cited each current affordable housing they operate is supported by a Housing Manager, Maintenance Specialist and, if appropriate, Residence Service Coordinator
- Q – 13 buildings and over 500 units of affordable housing that we maintain and offer direct residential services to all tenants.
- Q – provides third party property management services for a number of partners, including VOA National Services-owned
- properties in Maine, Kimball Health Center in Saco, and several supportive housing properties owned by other nonprofits
- Q –Hs a separate division that manages agency's own properties. The program services teams work collaboratively with the management team; however, from a resident perspective, they are considered a separate entity.
- I – Works with Community Housing of Maine (CHOM) who manages a property in Bar Harbor that houses a disability services residential program of the bidder's
- I – Rent two houses from a third-party landlord in Bangor
- I – Have regular communication with these landlords
- Collaborative/working relationships include the VA's HUD VASH department, Department of Labor, local financial institutions, McKinney-Vento liaisons, General Assistance offices, Community Case Management providers, technology, inclusion/support/equality organizations, university civic groups, food pantries, VA Community Based Outpatient Clinics, nutritionists, counselors/LCSWs, psychiatrists, ACT teams, Law Enforcement Community Liaisons, support groups, sobriety groups, criminal diversion and deflection organizations

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- I – Core administrative functional approach includes expertise in managing diverse funding sources, including private federal, state, and local grants and contracts. Our finance team ensures full compliance with the financial requirements of numerous funders, including the Department of Justice, Department of Veterans Affairs, Department of Health & Human Services/Medicaid, and Department of Housing & Urban Development
- I – Maintains good standing with all government and funding contracts and is not prohibited from receiving federal funds.
- I – Adheres to strict financial policies and procedures including maintaining a comprehensive financial manual
- I – Comprehensive IT policies are updated regularly to ensure security, HIPAA compliance, and acceptable use, with annual staff acknowledgment. Policies also address security breach response, and BAAs are maintained under HIPAA, with the head of IT as Security Officer
- I – Uses cloud-based, HIPAA-compliant enterprise systems for operational efficiency and data security, including HRIS, accounting/finance, donor management, HMIS, EHR, and case management systems. No physical servers are maintained. An Agency Emergency Response Plan outlines protocols for emergencies and natural disasters.
- I – service area is led by a director or VP of operations responsible for licensing, compliance, and quality, including license applications, renewals, inspections, reporting, deficiency tracking, and corrective plans.
- I – Holds an agency mental health provider license, an SUD license, and has applied to be a Section 91 HOME provider.
- I – A compliance team ensures adherence across all programs under these licenses. Our housing program compliance follows HUD and MSHA regulations.
- Q/I – One Core administrative procedural improvement was described in detail: implementing a new continuous improvement system to monitor program performance across the agency, based on a Results-Based Accountability (RBA) approach. This system includes the development of a performance scorecard for each program area, which is then reviewed monthly by the program leadership team, Quality Improvement Manager, and COO
- I – Has been raising private funds for programming and projects for over three decades.
- I – Raises approximately \$200,000 through private and corporate foundations and \$100,000 from individuals and local businesses annually via capital campaigns, direct mail solicitations, online and social media fundraising and communications, as well as in-person and direct solicitation



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- I – Recent relevant projects include
  - provision of Daily Living Support Services beginning in 2021 (4 years ago) providing services in quarter hour units and are individualized based on needs as identified in each person's treatment plan. Hours are completed both in an individual's home and in the community;
  - Young Adult Rapid Re-housing (beginning in 2021 (4 years ago) an initiative designed to prevent and end Young Adult (YA) homelessness in Maine; YARR team includes a Lead Housing Coordinator, Housing Coordinator, and Young Adult Peer Support who provide housing-focused supportive services for up to 24 months once MaineHousing approves a Housing Choice Voucher (HCV). YARR is a low barrier program that incorporates YA choice, Fair Housing, Housing First, Trauma-Informed Care, Positive Youth Development, and other evidence-based practices into its approach.
  - Maine Homeless Response System's Hub 6 Coordinator helping lead a collaborative effort to reduce homelessness through innovative, system-wide strategies (facilitates a cross-agency collaborative team, ensuring alignment of resources and strategies to address homelessness effectively). Managing a centralized prioritization and housing referral process to ensure equitable and efficient resource allocation. This model shifts the focus from program-level outcomes to population-level impacts

**2. Organizational Chart**

- I – Did provide an enterprise-wide organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. The chart did indicate to whom the project team reports.

**3. Litigation**

- I – 4 cases filed by Maine Human Rights Commission. 3 dismissed 1 settled.

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- I/P – Will provide HFSSS in a manner that utilizes meeting the individual served where they are in their process and providing access to Targeted Case Management, if needed/requested, and a person-centered Individualized Service Support Plan (ISSP) that is goal-orientated specific, reviewed every 90 days, and time orientated

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- P – The establishment of the ISSP will incorporate the input of the person served and utilize the strengths of the individual to overcome barriers to maintaining/retaining their PSH placement while getting their individual needs met, as identified within the ISSP. These services will also utilize the collaboration of the provider, individuals served, and other community service providers/organizations to ensure that all the needs of the individual are met.
- P – These services, whether offered or provided, will be tracked/documented utilizing the Maine HMIS platform and other case management platforms, as appropriate. The services will be listed on each ISSP and also captured within progress and case manager notes.

- I – Currently a Department funded provider and understands the requirements/expectations to engage with, meet the expectations of, and enter into a standard service contract with the Department at least six months prior to the Housing First Property being available for tenancy
- I – Upon notice of funding the Director of Homeless Services will work with agency leadership and VOANNE Human Resources (HR) to finalize a job description for and recruit and hire a full-time Program Manager who will work with VOANNE HR to recruit, hire, and train full-time, part-time, and per diem Residential Counselors who will be/become MHRT-1 certified and provide housing coordination and management of cases.
- P – A thorough staffing plan, project time frame, and detailed/realistic work plan will also be created/finalized. All required documentation and formal contracts/MOUs with contractors/sub-contractors will be provided and processes followed within the six-month time frame
- P – our standard operating procedures (SOPs), which support all current VOANE MaineCare funded programs, will be reviewed and enhanced to accommodate HFSSS
- I – Fully capable of providing a certification of insurance on a standard ACORD form to show evidence of the required liability insurance to provide HFSSS and to maintain the insurance throughout our contract with the Department
- I – Has processes in place to invoice contract partners including the Department at the established rates of reimbursement being established and finalized.

- I – Will continue to maintain a long-standing, ongoing and collaborative relationship with DHHS as a licensed provider of DHHS/MaineCare funded behavioral health services, including PNMI residential, DLSS, Office of Aging and Disability Services (OADS) Home and Community Based Services (HCBS) and residential programs for individuals with disabilities, and OBH recovery

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programs, including a collaborative contract with OBH for a recovery community center and continue to do so with HFSSS.
<ul style="list-style-type: none"> <li>• Already a MaineCare provider.</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• VOANNE applied to become a Section 91 HOME Provider in December 2024 and is awaiting the notice of funding as of 01/14/2025. VOANNE anticipates this licensure as a Section 91 HOME Provider.</li> </ul>
<ul style="list-style-type: none"> <li>• Q -Previous formal MOU were listed, but not current relationships</li> </ul>
<ul style="list-style-type: none"> <li>• I/P – Will follow the expectations of the Department in providing treatment oversight and care coordination with those being served and the service providers caring for the HFSSS participants in the designated service area.</li> <li>• I/P – This will include ensuring that care/service providers and HFSSS staff meet regularly to discuss the needs of the participants and how to overcome the barriers to those needs being met. These collaborative meetings will also include those being served so that their required level of care is attained with their input and guided by their needs and advocated for by VOANNE HFSSS staff.</li> <li>• P – Behavioral health programs already work closely with hospitals, Federally Qualified Health Centers (FQHCs), primary care providers (PCPs) and other service providers such as an ACT team to coordinate care, and we anticipate a similar approach with the HFSSS program.</li> </ul>
<ul style="list-style-type: none"> <li>• I – Once awarded HFSSS funding start the recruiting, interviewing, hiring, and training of the HFSSS staff prior to the Housing First Property opening</li> <li>• I – ensure that the site/program is fully staffed, and care/services can begin as soon as the first HFSSS participant moves in. Our aim is to achieve an as seamless as possible transition into permanent supportive housing for the new tenant(s).</li> <li>• P – Maintains SOPs and compliance framework for all our MaineCare funded programs. These procedures would also be updated/enhanced, as needed to include the new HFSSS service prior to opening.</li> </ul>
<ul style="list-style-type: none"> <li>• Prior to the Site-Based Housing First Property opening will recruit and hire HFSSS staff. Staff will have an understanding of and experience working with and supporting the unhoused population in either an outreach or supportive/services environment or a combination of both.</li> <li>• Staff will be trained in understanding Trauma-Informed Care and Rent Smart and will receive certification as a Mental Health Rehabilitation Technician - 1</li> </ul>

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<p>(MHRT-1) and cross training within the agency's behavioral health programs and Veteran services transitional housing programs and its service/care staff.</p> <ul style="list-style-type: none"><li>• HFSSS staff will also collaborate with the agency's HOME provider staff and utilize its positive relationships with local, county, and state law enforcement to ensure proper outreach is being conducted to eligible participants/potential participants</li></ul>
<ul style="list-style-type: none"><li>• I – Has an established formal relationship with the Department/Office of Behavioral Health as a contracted and licensed MaineCare service provider.</li><li>• Delivers services such as mental health residential homes, DLSS, and SUD services and anticipates providing Section 91 services in accordance with the rules, laws, regulations, and requirements governing these MaineCare funded programs and licenses.</li><li>• Will comply with all additional agency requirements, the HFSSS program manual, and any other agreements with the Department.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• I – To ensure 24/7/365 coverage at the HFSSS Housing First Site-based Property, the staffing team will include a full-time Program Manager and full-time, part-time, and per-dem Residential Counselors. All staff will be MHRT-1 certified, knowledgeable in Motivational Interviewing, and trained in crisis intervention techniques</li><li>• I – Will ensure that all offered, accepted, and provided services are delivered on site 24/7/365. These services will be offered via 1:1 meetings with the tenants who opt to receive the services offered and any service provider they choose to have present at the meeting.</li><li>• I – The outcomes of the meetings and services provided will be captured in logs, ISSPs, case notes, and progress notes. Notes will be documented to explain why a service could not be delivered onsite, detailing the referral made to a community provider and the outcome of the service or referral provided to the individual.</li></ul>
<ul style="list-style-type: none"><li>• I – Will ensure that the Housing First site includes staff who are on site 24/7/365 to provide HFSSS. This will be accomplished through a combination of full-time and part-time staff and the development/implementation of a per diem/on-call staffing pool as well.</li><li>• I – All staff will be supervised by the Program Manager, who can work with VOANNE's Human Resources department to address any staffing needs, including the hiring of temporary workers through an existing relationship with a staffing firm, as needed.</li></ul>

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| <ul style="list-style-type: none"><li>• I – Has a history of meeting individuals where they are in their process/journey in life utilizing a non-judgmental, Trauma-Informed Care approach which will continue with the HFSSS.</li><li>• I – For the tenants who accept the offer of HFSSS, HFSSS staff will utilize tenant driven Individual Service Support Plans (ISSPs) to establish time-orientated goals utilizing the strengths of the individual to overcome the barriers of the individual meeting/completing those goals.</li><li>• I – Staff will also utilize progress notes to track the progress of those engaged services receiving tenants.</li><li>• I – Staff will make appropriate referrals and offer resources to those tenants identifying needing emotional support and will leverage its established relationships with community providers to do so</li><li>• I – Staff will interface with the tenants daily and utilize their learned healthy conflict resolution, healthy relationships, and healthy boundaries skills and will treat all tenants and guests) with dignity and respect, regardless of a tenant opting to voluntarily receive the offered program services.</li><li>• I – Will establish agency/site policies, protocols, and procedures to ensure the safety of the tenants and staff. These policies will be posted in the common areas of the site as well as provided to the tenants.</li><li>• I –</li><li>• I – Will also establish a collaborative relationship with local law enforcement to ensure a healthy/helpful relationship between the site, staff, and tenants</li></ul> |
| <ul style="list-style-type: none"><li>• I – Staff will be trained in the Rent Smart program offered by Maine State Housing Authority and will utilize that training to offer rental skill training such as building and maintaining a relationship with a landlord/property manager, building credit, Fair Housing Rights etc., to the tenants who are identified as needing these skills</li><li>• I/P – Staff will also offer or provide case management services to the HFSSS tenants and will work with those tenants to conduct a self-sufficiency matrix</li><li>• I – Will utilize the outcomes of that assessment to work with the tenant to establish an</li><li>• Individualized Service Support Plan (ISSP) that will identify the needs of that tenant (e.g., maintaining housing and accessing community resources); establish time-orientated, reasonable goals; and utilize the strengths of the individual being served to overcome barriers to obtaining referrals being made and community resources/services being acquired while meeting those tenant established/centered/driven goals.</li></ul>   |

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<ul style="list-style-type: none"><li>• I/P – Will work with property management to utilize established guidelines, policies, and procedures around decision making, program operations, and site/program monitoring.</li><li>• I/P – Where there are no SOPs/policies/guidelines established, will work with the appropriate entities to create program/Housing Site policies, guidelines, and procedures.</li><li>• I – If/when appropriate, will incorporate a Tenant Advisory Council to help inform on the creation of the policies, guidelines, and procedures</li></ul>
<ul style="list-style-type: none"><li>• I – Newly established policies and procedures will be established with Fair Housing practices, a low barrier approach, and supportive services being offered in the forefront and reviewed by senior leadership and the legal team as/when necessary.</li><li>• I/P – Policies and procedures for new tenant move-in assistance and tenant guest management will be finalized and ready for use before the HFSSS Housing First Site-based Property opens</li></ul>
<ul style="list-style-type: none"><li>• I/P – Referral and care coordination to appropriate community-based clinical resources will be determined based on the tenant's self-sufficiency assessment and expressed needs.</li><li>• I/P – Referrals will be established as goals within the tenant's center and documented in the Individualized Service and Support Plan (ISSP) developed collaboratively by staff and the tenant.</li><li>• P – Progress and case notes will also reflect these efforts.</li><li>• P – The tenant, HFSSS staff, and community services provider will collaborate to ensure that identified/appropriate/needed services - such as SUD/MH/health care services - are obtained/provided for the tenant in a timely fashion.</li><li>• P – Will also utilize its internal clinical team, as needed, to make referrals to other providers or provide assessments.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• I – Understands that HFSSS is not a requirement to being housed at the Site-based Housing First Property and will ensure that all tenants will be provided information/documentation around the voluntary HFSSS offered, that their housing is not contingent upon accepting and receiving HFSSS at the Site-based Housing First Property, and that they may choose to accept or discontinue HFSSS at any time during their residency at the Site-based Housing First Property.</li></ul>
<ul style="list-style-type: none"><li>• P – Will work with those tenants choosing to accept and utilize the HFSSS to establish an Individualized Service Support Plan (ISSP) that will identify the needs of that tenant (such as maintaining housing and accessing community</li></ul>

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resources); establish time-orientated, reasonable goals; and utilize the strengths of the individual being served to overcome barriers meeting their goals/obtain services. These goal areas will be identified by the outcome of the completed self-sufficiency assessment (and other assessments, as appropriate) as well as the expressed need of the tenant.

- P – Tenants seeking HFSSS will also have the opportunity to develop personalized crisis plans to help staff respond effectively during a crisis. Staff will collaborate with tenants to determine whether a crisis or safety plan is necessary. If deemed necessary, HFSSS staff will work with the tenant to create the plan, including the following elements: identifying what a mental health emergency or crisis looks like for the individual; outlining specific steps to take during such situations; providing contact information for crisis or emergency services; listing trusted individuals, supports, and mental health professionals; and preparing for worst-case mental health scenarios. The plan will be implemented and steps followed, as appropriate and when needed
- P – HFSSS staff will utilize their training and knowledge around MaineCare services (such as Sections 17 and 91) and the MaineCare Benefits Manual to help tenants access and navigate applying for MaineCare eligibility and service
- P – Will assist the tenant in receiving or making referrals to MaineCare-approved providers to ensure the complete needs of the tenant are being assessed and addressed in a manner that is conducive to helping the tenant achieve successful housing and whole-body care
- P – Referrals can be to VOANNE and other community providers of MaineCare Chapters 13, 17, and 91 services. The process will be in a collaborative “warm hand off/wraparound” manner that includes the tenant and their supports.
- P – HFSSS staff will be supported and aligned with our behavioral health clinicians to address mental health or substance/alcohol use issues during their residency
- I/P – Staff will receive training on MaineCare eligibility and application processes, SSI/SSDI Outreach, Access, and Recovery (SOAR) to assist tenants with applying for and understanding Social Security benefits.
- Staff will also be trained to navigate the local General Assistance office procedures to help tenants access assistance when needed.
- Will leverage its relationships with the Homeless Response System Hub Coordinators to coordinate efforts, establish connections, and strengthen support networks with service providers such as food banks and transportation services

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- P – MHRT-1 certified and trained HFSSS staff will be equipped to offer and provide housing coordination and case management services to the tenants who accept the offer of HFSSS.
- I/P – When appropriate, HFSSS staff will provide referrals to other service providers identified by the tenant and their service team as beneficial for achieving successful, sustained supportive housing and meeting the tenant's needs collaboratively

- I – A Registered Nurse is able to provide naloxone use/training to staff (who can then instruct tenants) and who has established relationships with an organization that provides naloxone to its various service programs. VOANNE will ensure that there is naloxone on site and that it is easily accessible to the staff and tenants of the Housing First site and that the instructions on the box are posted and followed if it needs to be utilized.
- I 0
- I – Will ensure a formal process is established to provide referrals to those HFSSS tenants in need of the local Syringe Service Program

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- Cost Structure Reimbursement Acknowledgement Form was submitted.



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**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** VOANNE

**DATE:** 03.05.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• VOA Northern New England (VOANNE) is an affiliate of Volunteers of America, a nonprofit human services organization which serves over 1.5 million people each year in the US.</li><li>• regional leader in serving vulnerable communities for over 30 years and operates more than 18 programs and 13 affordable housing complexes across Northern New England, including Maine and New Hampshire</li><li>• clients: people experiencing homelessness, those recovering from substance use disorder, previously incarcerated individuals, older adults, Veterans, adults diagnosed with intellectual and/or developmental disabilities, adults with chronic and persistent mental illness, and underserved youth</li><li>• addressing the social determinants that affect clients by providing affordable housing, social services, group homes, sobriety houses, transitional programs, and youth camps</li><li>• program service provision within a residential setting, including providing and/or coordination with property management</li><li>• transitional housing and permanent supportive housing for chronically homeless Veterans and their families for over ten years</li><li>• Young Adult Rapid Re-housing (YARR) program provides housing-focused supportive services to homeless YA ages 18-24 throughout state of Maine</li><li>• employer of record for Homeless Response Hub 06 (Central: Somerset and Kennebec) and engaged in the statewide HMIS and coordinated entry system</li><li>• in process of launching a Homelessness Response Team (HRT) within the MaineCare Section 91 Housing Outreach and Member Engagement (HOME) program</li><li>• provide Daily Living Support Services to adults with chronic mental health symptoms</li><li>• YARR: referrals through the Youth Coordinated Entry System; once youth approved for a Housing Choice Voucher (HCV), YARR provides supportive services for up to 24 months</li><li>• Veterans: integrates case management, housing, and transition services in major life areas — employment, mental health, substance abuse, life skills training, etc.;<ul style="list-style-type: none"><li>○ two transitional housing programs: Arthur B. Huot House and Veterans Career House</li></ul></li></ul>	

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INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

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**DATE:** 03.05.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

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- Huot House: first Hospital to Home program in Maine, first co-ed transitional housing facility for Veterans in Maine; offers transitional housing and supportive respite care
  - Veterans Career House: Service Intensive Transitional Housing (SITH), with clinical treatment model for Veterans (men) who are homeless and have a diagnosis of mental illness and/or substance use disorder (SUD).
  - Cabin in the Woods: low barrier permanent supportive housing (PSH) for homeless male and female Veterans and their families; cabins are located on 11 wooded acres on the grounds of Togus VA Medical Center in Chelsea, Maine and are within walking distance of services
- Homeless Response Hub 06 coordinator works with service providers in Central Maine to address the needs of the area
- in process of launching a Homelessness Response Team (HRT), which will consist of a Community Care Team that bridges the gap between those who are chronically homeless and those with safe, affordable, permanent housing, extending relationships from street to home and providing ongoing focus on housing retention
- leadership has worked with unhoused population for long periods
- All of VOANNE's behavioral health services are provided in a 24/7/365 setting
- serve an estimated 55-60 individuals through these programs in 7 locations across the state
- group home and permanent supportive housing that provides services to 13-15 individuals with intellectual and developmental disabilities, also in a 24/7/365 setting
- transitional housing (two facilities) and permanent supportive housing (16 units) for Veterans and their families offer supportive staff who are available on call 24 hours/day.
- I: on call or present 7/24/365?
- community justice diversion and deflection services
- twenty years as MaineCare provider of behavioral health services, including community based and residential programming
- Maine DHHS approved provider of substance use disorder (SUD) services as part of VOANNE's community justice diversion and deflection services
- anticipates becoming a licensed Section 91 HOME program provider in early 2025
- At all affordable housing properties for older adults (62 and older), VOANNE provides access to a Resident Service Coordinator who establishes and builds relationships; focus on wellness, independent living and connection to benefits

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and are trained to recognize changes in residents' wellness, socialization status, and condition

- Homeless Response Hub 06 position connects individuals to both VOANNE and community-based resources; has allowed VOANNE to establish and deepen relationships with resources in the community, ensuring needs in the area are met.
- active in the Continuum of Care, the Statewide Homeless Council and work directly with a wide network of community nonprofits
- Community Justice programs have formal relationships with Knox County Sheriff's Office, Waldo County Sheriff's Office, and Rockland/Rockport/Camden Police Departments; act as Community Liaison Officers to respond alongside police officers to help divert individuals from traditional criminal justice system and redirect them to the most appropriate community resources
- partner closely with other community-based organizations who provide case management services, Assertive Community Treatment (ACT), and crisis stabilization services.
- maintain good working relationships with law enforcement liaisons, hospitals and Federally Qualified Health Centers (FQHC).
- staff nurses also support the integration of our care plans with medical providers such as primary care providers and psychiatrists
- Director of Homeless Services is active member of all three Regional Homeless Councils, Vice President of the Maine Continuum of Care (MCoC) Board of Directors, a co-chair of the MCoC DEIB Committee, and serves as Board President for a nonprofit that serves those experiencing homelessness in York County.
- P: VOANNE is also Great Place to Work-certified.
- P: workforce retention measure is currently at 67%; implemented an aggressive goal of reaching and sustaining a 70% agency-wide retention rate by June 30, 2025.
- Good list of housing obstacles; mitigates through active engagement, education, and collaboration with the individual served/tenant, landlords, service providers, subsidy entity, health providers, and community organizations to work towards a successful outcome for those in the programs/housing
- Helping individuals apply for, obtain, and/or maintain permanent housing, Social Security benefits, MaineCare benefits, WIC benefits, Veterans Administration health care benefits, Veterans Administration service connected and non-service connected benefits, housing subsidy vouchers, mental health and substance abuse/use assessments for eligibility of services, mental health and/or SUD

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treatment, etc; also work with and refer clients to Pine Tree Legal Services and other pro bono legal assistance programs
<ul style="list-style-type: none"><li>• Homeless services programs for veterans use Arizona Self-Sufficiency Matrix (ASSM) to evaluate health-related social needs such as housing, income and employment, safety and well-being, and access to a support system that includes healthcare/MH/SUD services/care, increasing of benefits such as Social Security or Veterans Administration benefits, food pantries, general assistance, employment, financial sustainability</li><li>• Community Justice program uses an assessment focused on the risk of criminal behavior/recidivism, the Level of Service/Case Management Inventory (LSCMI</li><li>• service plan is developed based on the identified domain needs</li><li>• an effective working relationship with the Veterans Administration for 16 years and partners with other Veteran-serving organizations across Maine.</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Provided; clear where HFSSS will report</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• 4 cases; 3 dismissed; all with Human Rights Commission</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• meeting the individual served where they are in their process and providing access to Targeted Case Management, if needed/requested, and a person-centered Individualized Service Support Plan (ISSP) that is goal-orientated specific, reviewed every 90 days, and time orientated.</li><li>• the ISSP will incorporate the input of the person served and utilize the strengths of the individual to overcome barriers to maintaining/retaining their PSH placement</li><li>• utilize the collaboration of the provider, individuals served, and other community service providers/organizations to ensure that all the needs of the individual are being met.</li><li>• services, whether offered or provided, will be tracked/documented utilizing the Maine HMIS platform and other case management platforms, as appropriate</li><li>• services will be listed on each ISSP and also captured within progress and case manager notes.</li></ul>
<ul style="list-style-type: none"><li>• Short on details, esp. for section a.</li></ul>

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<ul style="list-style-type: none"> <li>• I: standard operating procedures (SOPs), which support all current VOANE MaineCare funded programs, will be reviewed and enhanced to accommodate HFSSS.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> <li>• long-standing, ongoing and collaborative relationship with DHHS as a licensed provider of DHHS/MaineCare funded behavioral health services, including PNMI residential, DLSS, Office of Aging and Disability Services (OADS) Home and Community Based Services (HCBS) and residential programs for individuals with disabilities, and OBH recovery programs</li> </ul>
<ul style="list-style-type: none"> <li>• A current MaineCare provider across a number of services; recently applied to add Section 91 HOME Provider</li> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• VOANNE applied to become a Section 91 HOME Provider in December 2024 and is awaiting the notice of funding as of 01/14/2025. VOANNE anticipates this licensure as a Section 91 HOME Provider.</li> </ul>
<ul style="list-style-type: none"> <li>• VOANNE had a formal MOU with the VA Maine Medical Center and its Community Based Outpatient Clinics (2018-2022)</li> <li>• relationships and licenses mentioned in A.3. and A.4.d., our staff is also well-versed in the community-based resources that are available around the state, including health and behavioral health services</li> <li>• I: Few details</li> </ul>
<ul style="list-style-type: none"> <li>• HFSSS staff meet regularly to discuss the needs of the participants and how to overcome the barriers to those needs being met</li> <li>• P: Collaborative meetings will also include those being served so that their required level of care is attained with their input and guided by their needs and advocated for by VOANNE HFSSS staff</li> <li>• already work closely with hospitals, Federally Qualified Health Centers (FQHCs), primary care providers (PCPs) and other service providers such as an ACT team to coordinate care</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• VOANNE's HFSSS project plan will ensure that all offered, accepted, and provided services are delivered on site 24/7/365.</li> </ul>
<ul style="list-style-type: none"> <li>• will ensure that the Housing First site includes staff who are on site 24/7/365 to provide HFSSS. This will be accomplished through a combination of full-time</li> </ul>

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and part-time staff and the development/implementation of a per diem/on call staffing pool as well
<ul style="list-style-type: none"> <li>• I: Did not specifically mention “2” staff present</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• staff will be trained in the Rent Smart program offered by Maine State Housing Authority and will utilize that training to offer rental skill training such as building and maintaining a relationship with a landlord/property manager, building credit, Fair Housing Rights etc., to the tenants who are identified as needing these skills to help them retain/maintain their housing.</li> <li>• The HFSSS staff will also offer or provide case management services to the HFSSS tenants and will work with those tenants to conduct a self-sufficiency matrix.</li> <li>• Staff will utilize the outcomes of that assessment to work with the tenant to establish an Individualized Service Support Plan (ISSP)</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• will establish an HFSSS Site Tenant Advisory Council (TAC) comprised of tenants, staff, and, if/when appropriate, community providers.</li> <li>• policies and procedures will be established with Fair Housing practices, a low barrier approach, and supportive services being offered in the forefront</li> </ul>
<ul style="list-style-type: none"> <li>• Referral and care coordination to appropriate community-based clinical resources will be determined based on the tenant's self-sufficiency assessment and expressed needs.</li> <li>• The tenant, VOANNE staff, and community services provider will collaborate to ensure that identified/appropriate/needed services - such as SUD/MH/health care services - are obtained/provided for the tenant in a timely fashion. VOANNE will also utilize its internal clinical team, as needed, to make referrals to other providers or provide assessments.</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• Tenants will be offered the opportunity to work with the VOANNE HFSSS staff to conduct an assessment and create an ISSP where the need for services (e.g., nutritional services, education, employment, family reunification, etc.) will be identified, referrals made, and goals established to help meet the identified needs of the tenants.</li> <li>• Meets requirement, but short on details</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>

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- offer/utilize alternative Harm Reduction services such as access/referrals to local food banks, securing donations from organizations/grocery stores to have cookouts, celebrations, memorial/holiday events, potlucks etc.
- VOANNE will also offer the ability to create a Tenant Advisory Council (TAC) who will take part in the creation and offering of alternative Harm Reduction activities at the Housing First site.
- I: Registered Nurse on staff who is able to provide naloxone use/training to staff  
(who can then instruct tenants) – will the RN services be 24/7/365?
- will ensure a formal process is established to provide referrals to those HFSSS tenants in need of the local Syringe Service Program

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- ***MaineCare agreement attached; cost structure acknowledged***

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**BIDDER NAME:** VOA (Volunteers of America)

**DATE:** 03/07/2025, 03/09/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• VOANNE affiliate of VOA</li><li>• Nonprofit organization which serves over 1.5 million people each year in the US</li><li>• Serving communities for over 30 years and operates more than 18 programs and 13 affordable housing complexes across Northern New England, including Maine and New Hampshire</li><li>• VOANNE services impact people experiencing homelessness, those recovering from substance use disorder, previously incarcerated individuals, older adults, Veterans, adults diagnosed with intellectual and/or developmental disabilities, adults with chronic and persistent mental illness, and underserved youth.</li><li>• Provide transitional housing and permanent supportive housing for chronically homeless Veterans and their families for over ten years.</li><li>• Young Adult Rapid Re-housing (YARR) program provides housing-focused supportive services to homeless YA ages 18-24</li><li>• Employer of record for Homeless Response Hub 06 (Central: Somerset and Kennebec)</li><li>• Versed in HMIS and coordinated entry system.</li><li>• Launching Homelessness Response Team (HRT) within the MaineCare Section 91 Housing Outreach and Member Engagement (HOME) program and provide Daily Living Support Services to adults with chronic mental health symptoms that interfere with their independent maintenance of daily living skills.</li><li>• Maine Homeless Response Systems Hub 06 Coordinator, helping to</li><li>• lead a collaborative effort to reduce homelessness through innovative, system-wide strategies.</li><li>• The Hub Coordinator role focuses on establishing a "command center" approach to streamline coordination, track performance, and drive impactful solutions across our region, which includes Central Maine (Somerset and Kennebec Counties).</li><li>• Launched YARR in 2021 with funding from the Youth Homelessness Demonstration Program (YHDP) through the Maine Continuum of Care</li></ul>	



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(MCoC). Designed to prevent and end Young Adult (YA) homelessness in Maine.

- YARR, VOANNE serves approximately 30 young adults (ages 18-24) who are experiencing, or at risk of, homelessness,
- VOANNE offers Daily Living Support Services (DLSS) through our behavioral health service line. These services are offered to adults 18 and older in Penobscot County, with an eye
- towards eventual statewide expansion.
- VOANNE, experience raising private funds for programs for over three decades. Fund raising department that includes three full-time staff members, raise approx. \$200,000 through private and corporate foundations and \$100,000 from individuals and local businesses annually.
- VOANNE receives \$22M in annual revenue, has a strong track record of financial accountability and integrity, and consistently receives clean audits from independent auditors.
- In addition, VOANNE maintains good standing with all government and funding contracts and is not prohibited from receiving federal funds
- In process of implementing a new continuous improvement system to monitor
- program performance across the agency, based on a Results-Based Accountability (RBA) approach. This system includes development of a performance scorecard for each program area, which is then reviewed monthly by the program leadership team, Quality Improvement Manager, and COO.
- Scorecards are developed by the program teams and include three data categories: (1) How much did we do? (e.g., number served, census, work orders handled, intakes performed); (2) How well did we do it? This category focuses on key processes that drive results and standard quality measures (e.g., # of errors, turnaround time, assessments completed, occupancy); (3) Is anyone better off? These measures focus on our desired outcomes and often use proxy measures as indicators of impact.
- Scorecard approach fosters data driven decision making, focuses on outcomes/impact, and aligns with common improvement goals. Agency dramatically improved medication documentation compliance rate in behavioral health program, reduced turnaround time on resident service order requests in
- housing program, and reduce the time it takes to fill a vacant room in our transitional housing for Veterans.

## **2. Organizational Chart**

- Provided Org chart for agency
- Unclear of the positions for HFSSS

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<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• 2 dismissed, 2 settled</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• Housing First Support and Stabilization Services (HFFSS) will be provided/delivered within the bidder's site-based Permanent Supportive Housing (PSH) environment.</li><li>• Bidder utilizes meeting the individual served where they are in their process and providing access to Targeted Case Management, if needed/requested, and a person-centered Individualized Service Support Plan (ISSP) that is goal-orientated specific, reviewed every 90 days, and time orientated.</li><li>• The ISSP will incorporate the input of the person served and utilize the strengths of the individual to overcome barriers to maintaining/retaining their PSH placement while getting their individual needs met, as identified within the ISSP.</li></ul>
<ul style="list-style-type: none"><li>• Bidder acknowledges providing required documentation to the Dept.</li><li>• If bidder receives notice of funding/ a contract, the Director of Homeless Services will work with agency leadership and VOANNE Human Resources (HR) to finalize a job description for and recruit and hire a full-time Program Manager. Once that manager is hired and trained, the Director and Program Manager will work with VOANNE HR to recruit, hire, and train full-time, part-time, and per diem Residential Counselors who will be/become MHRT-1 certified and provide housing coordination and management of cases</li></ul>
<ul style="list-style-type: none"><li>• Bidder has a collaborative relationship with DHHS as a licensed provider of DHHS/MaineCare funded behavioral health services, including PNMI residential, DLSS, Office of Aging and Disability Services (OADS) Home and Community Based Services (HCBS) and residential programs for individuals with disabilities, and OBH recovery programs, including a collaborative contract with OBH for a recovery community center.</li></ul>
<ul style="list-style-type: none"><li>• Bidder is a current MaineCare provider of multiple programs to include, Mental Health PNMI E's, mental health Daily Living Support Services (Section 17),</li></ul>

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<p>Home and Community Based Services (Section 21), OADS PNMI (appendix F) and Section 21 Group Home.</p> <ul style="list-style-type: none"><li>• Bidder recently applied to become a Section 91 HOME Provider in December 2024 (notice of funding pending)</li></ul>
<ul style="list-style-type: none"><li>• Bidder applied to become a Section 91 HOME Provider in December 2024 and is awaiting the notice of funding as of 01/14/2025. VOANNE anticipates this licensure as a Section 91 HOME Provider.</li></ul>
<ul style="list-style-type: none"><li>• Bidder had a formal MOU with the VA Maine Medical Center and its Community Based Outpatient Clinics (2018-2022) while providing the Hospital to Home Grant and Per Diem program in one of its transitional housing programs for unhoused Veterans.</li></ul>
<ul style="list-style-type: none"><li>• Bidder will follow the expectations of the Department in providing treatment oversight and care coordination with those being served and the service providers caring for the HFSSS participants in the designated service area.</li><li>• Care/service providers and bidder HFSSS staff meet regularly to discuss the needs of the participants and how to overcome the barriers to those needs being met.</li><li>• Meetings will be collaborative to include input of those being served and guided by their needs and advocated for by bidder HFSSS staff.</li></ul>
<ul style="list-style-type: none"><li>• Bidder will start the recruiting, interviewing, hiring, and training of the HFSSS staff prior to the Housing First Property opening.</li><li>• Bidder will ensure site/program is fully staffed, and care/services can begin as soon as the first HFSSS participant moves in.</li></ul>
<ul style="list-style-type: none"><li>• Bidder will utilize internal process, contract with Indeed and relationships with other service providers to recruit and hire HFSSS staff. Staff will have knowledge of working with and supporting the unhoused population.</li><li>• Bidder will provide outreach and/or supportive services environment or a combination of both.</li><li>• Staff will be trained in understanding Trauma-Informed Care and Rent Smart and will receive certification as a Mental Health Rehabilitation Technician - 1 (MHRT-1) and cross training within the agency's behavioral health programs and Veteran services transitional housing programs and its service/care staff.</li><li>• HFSSS staff will collaborate with the agency's HOME provider staff and utilize relationships with local, county, and state law enforcement to ensure proper outreach is being conducted.</li></ul>
<ul style="list-style-type: none"><li>• Bidder maintains SOPs and compliance framework for all MaineCare funded programs, which would be extended to include the new HFSSS program</li></ul>

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<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• Bidder's HFSSS project plan will ensure that all offered, accepted, and provided services are delivered on site 24/7/365.</li><li>• These services can be offered via 1:1 meetings with the tenants who are receiving services and can include any service provider they choose to have in the meeting.</li><li>• Documentation will be completed and can be provided in log notes if bidder is not providing direct services to the tenant.</li></ul>
<ul style="list-style-type: none"><li>• Full-time and part-time staff and the development/implementation of a per diem/on call staffing pool</li><li>• Unclear how they will ensure two staff are on 24/7/365</li></ul>
<ul style="list-style-type: none"><li>• Staff are utilizing a non-judgmental, Trauma-informed care approach, and will continue this with HFSSS.</li><li>• HFSSS staff will utilize ISSP (Individual Service Support Plans) that have been developed with the tenant that establish time-oriented goals as well as the strengths and barriers for the tenant.</li><li>• HFSSS staff will interact with the tenants daily in a way to utilize conflict resolution, healthy relationships and boundaries and treat all with respect.</li><li>• Bidder will establish or utilize policies, protocols that are already in place to ensure safety of all.</li><li>• Bidder will establish a collaboration with the local police dept.</li></ul>
<ul style="list-style-type: none"><li>• HFSSS staff will be trained in the Rent Smart program offered by Maine State Housing.</li><li>• Rent Smart training will be utilized to offer rental skill training for tenants which will provide skills to develop and maintain a relationship with a landlord/property manager.</li><li>• HFSSS staff will offer to provide case management services to tenants and will work with the tenants to conduct a self-sufficiency matrix.</li><li>• Self-sufficiency matrix will be used to assist in the development of the ISSP.</li></ul>
<ul style="list-style-type: none"><li>• Bidder will work with the Dept and property management to establish guidelines, policies and procedures regarding decision making, operations and overall monitoring of the HFSSS program.</li><li>• Bidder will incorporate a Tenant Advisory Council to assist on the creation of the policies, guidelines and procedures.</li></ul>
<ul style="list-style-type: none"><li>• Bidder will establish a Tenant Advisory Council composed of tenants and HFSSS staff. Newly established policies and procedures will be established with Fair Housing practices.</li></ul>

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<ul style="list-style-type: none"><li>• Referrals will be established for tenants utilizing the ISSP that was developed with the tenant.</li><li>• Referrals will be established as goals with the tenant on the ISSP. Progress towards these goals will be documented.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Bidder acknowledges that HFSSS is not a requirement to being housed at the Site-Based Housing First property.</li><li>• All tenants will receive information regarding the program and the voluntary services that are offered.</li></ul>
<ul style="list-style-type: none"><li>• Bidder will work with tenants that choose to accept HFSSS services to establish an ISSP that will identify the strengths and barriers for each tenant.</li><li>• Goals will be developed from the Self-Sufficiency assessment.</li><li>• Tenants receiving HFSS services will also have the opportunity to develop a personalized crisis plan to address mental health needs as well as emergency situations.</li></ul>
<ul style="list-style-type: none"><li>• HFSSS staff will receive training on MaineCare eligibility and the application process to assist tenants.</li><li>• HFSSS staff will also be trained with applying or accessing other services in the community, SSI/SSDI benefits (SOAR-SSI/SSDI Outreach, Access and Recovery)</li><li>• Staff will also be trained in the process for the local General Assistance office.</li><li>• HFSSS staff will also utilize the Homeless Response System Hub Coordinators as a resource for accessing food banks and transportation services.</li><li>• HFSSS staff will include a full-time Program Manager and full-time, part-time, and per diem Residential Counselors. All staff will be MHRT-1 certified, knowledgeable in Motivational Interviewing, and trained in crisis intervention techniques, this will cover 24/7/356.</li></ul>
<ul style="list-style-type: none"><li>• HFSSS staff will be trained and certified MHRT-1 that will be able to provide housing coordination and case management services.</li><li>• HFSSS staff will also provide referrals to other service providers as requested by the tenant.</li></ul>
<ul style="list-style-type: none"><li>• Bidder has relationships with community and civic organizations. Bidder will collaborate with these agencies to offer/utilize Harm Reduction Services and have access to community supports for basic needs.</li><li>• Bidder will establish the TAC (Tenant Advisory Council)</li><li>• Bidder has a Registered Nurse on staff who can provide Naloxone use/training to staff who will be able to train tenants. Naloxone will be on -site.</li></ul>

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INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** VOA (Volunteers of America)

**DATE:** 03/07/2025, 03/09/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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| <ul style="list-style-type: none"><li>• Bidder will ensure a formal process is established for providing referrals to HFSSS tenants in need of the local Syringe Service Program,</li></ul> |
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<b><i>Part IV, Section IV. Cost Proposal and Budget Narrative</i></b>
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| <ul style="list-style-type: none"><li>• <b><i>Signed Cost Structure Reimbursement Acknowledgement Form Provided</i></b></li></ul> |
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**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** York County

**DATE:** 3/6/2025

**EVALUATOR NAME:** Tia Bolduc

**EVALUATOR DEPARTMENT:** DHHS-OMS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Bidder has been providing services in York County for 60 years</li><li>• Bidder has built and nurtured many community relationships with healthcare providers, government agencies, social service providers, law enforcement, and community-based organizations to name a few</li><li>• Bidder is Maines only Community Action Agency that encompasses an FQHC</li><li>• Bidder has a strong foundation to provide/offer services to reduce barriers in an equitable way to include services like case/care management, outreach, eligibility assistance and patient education</li><li>• Bidder usually provides services within normal business hours. They do have an on call 24/7/365 at Nasson Health Care and they also lead the effort with partners to house some immigrants, this was 24/7 for about 6 weeks</li><li>• Bidder providing 24/7/365 support and stabilization services is a Housing First setting would be a new service to this agency</li><li>• Bidder would lean heavily on York County Shelter Program to provide 2<sup>nd</sup> and 3<sup>rd</sup> shift back up supervisory support</li><li>• Bidders BH staff can connect tenants with YCCAC social service programs as needed</li><li>• Bidder maintains close working relationships with health, social services, and community service organizations to support tenants whose need may fall outside of YCCAC's scope</li><li>• Bidder utilizes proactive workforce planning, dynamic recruitment and retention, flexible scheduling, continuous training, regular monitoring and adjustment, and contingency planning. YCCAC strives to create a resilient, efficient, and motivated workforce</li><li>• Bidder is experienced in helping individuals in obtaining and maintaining state/government assistance by utilizing two full-time staff to assist</li><li>• Bidder believes they are in a unique position to respond to the health care needs identified by tenants because they utilize a tool called Protocol for Responding to &amp; Assessing Patients Assets, Risks, &amp; Experiences (PRAPARE)</li><li>• Bidder owns and operates three affordable and transitional housing properties</li><li>• Two of their 3-unit apartments target homeless families, these tenants sign a two-year lease and are enrolled in Whole Family Coaching and receive these</li></ul>	

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services for the full two years of residency. The purpose is to create a pathway plan to identify goals and barriers
<ul style="list-style-type: none"><li>• Bidder believes collaboration is necessary to streamline the depth of stabilization services they can offer. They have a strong working relationship with a Housing Navigator</li><li>• Bidder has a close working relationship with Avesta</li><li>• Bidder utilizes Abila MIP Fund Accounting. Pairing this system with management review of the financial and productivity reports by the Finance Committee, has consistently produced clean audits</li><li>• Bidder has a HIPAA compliance system</li><li>• Bidder is annually audited in compliance with Government auditing standards</li><li>• Bidder has a well-tested system in place as a current MaineCare provider that regularly bills for services through their FQHC</li><li>• Approximately 70% of Bidders' funding comes from federal and state grants. The remaining 30% is raised privately through a variety of methods including donations, corporate philanthropy, grants from private foundations, and fees for service</li></ul>
<b>2. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Included</li></ul>
<b>3. Litigation</b>
<ul style="list-style-type: none"><li>• None</li></ul>

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• Bidder will provide case management, life skills, and customized supports to tenants 24/7/365</li><li>• Bidder employees are trained in motivational interviewing, trauma-informed service delivery, culturally and linguistically services and family-centered coaching/whole family coaching models</li><li>• Bidder offers case management both through community outreach programs and directly within the health center. Bidder does not say they will be offering case management services on site</li><li>• Bidder offers a variety of social service programs on site as well as referrals to YCCAC social service programs</li><li>• Bidder will ensure expectations are met by having frequent needs assessments</li></ul>



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<ul style="list-style-type: none"><li>• Bidders ongoing quality improvement is weaved throughout every department and every service provided, to foster a culture of quality, compliance, and accountability</li><li>• Bidder is recipient of state CSBG funding, they must adhere to the principles of Results Oriented Management and Accountability (ROMA)</li><li>• Bidder works closely with the York County Shelter program and Southern Maine Health Care. Bidder also has an MOA with Maine Behavioral Health</li><li>• Frontline staff will work directly with tenants in housing navigation, whole family coaching, multi-cultural outreach, and will all participate in completing a trauma responsive certificate program</li><li>• Bidder believes they employ a client-centered approach throughout all of their work</li></ul>
<ul style="list-style-type: none"><li>• Bidder has already started engaging with both Avesta and Sanford Housing Authority to determine what successful HFSSS implementation would look like</li><li>• Bidder believes they are confident they will be able to provide the Department with a detailed staffing plan, subcontracting, implementation, and current certificates of insurance, and reimbursement rate agreements at least six months prior to the property becoming eligible for tenancy</li></ul>
<ul style="list-style-type: none"><li>• Bidder advises of multiple collaborations to include local and regional providers, local government entities, non-profit organizations, and the City of Sanford's Homeless task force; however, they do not mention willingness to collaborate with and take direction from the Department</li></ul>
<ul style="list-style-type: none"><li>• MaineCare Provider Agreement attached</li></ul>
<ul style="list-style-type: none"><li>• If accepted as HFSSS, the Bidder will begin the process of establishing agreements immediately to ensure compliance prior to contract</li></ul>
<ul style="list-style-type: none"><li>• Bidder has contracted MOUs with US DHHS, Maine DHHS, Maine State Housing Authority, and Maine Department of Transportation</li><li>• Bidder currently manages 58 grants</li></ul>
<ul style="list-style-type: none"><li>• Bidder refers to their working partnerships/collaborations with other providers/organizations and what can be offered to the tenant to include Maine Behavioral Health, SMHC, and local, state, and federal agencies.</li></ul>
<ul style="list-style-type: none"><li>• Bidder has a successful track record of administering programs like HFSSS</li><li>• Bidder will use technology, strategic planning, and creative thinking to enhance services</li><li>• Bidder has learned from the implementation and execution of similar programs their strengths and areas of improvement</li></ul>
<ul style="list-style-type: none"><li>• Bidder can quickly hire and onboard staff members to implement the program</li></ul>

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<ul style="list-style-type: none"><li>• Bidder has a long history of developing and expanding programming, including outreach support and behavioral health programming</li><li>• Bidder has begun laying the groundwork with Sanford Housing to utilize the Continuum of Care Coordinated entry process</li></ul>
<ul style="list-style-type: none"><li>• Bidder believes they are compliant with all applicable laws, regulations, and provisions of contracts and grants.</li><li>• Bidder states for each award, an employee within the organization is designated grant manager of said award. Each Grant Manager must attend grant management training prior to acceptance of position. The grant managers will identify all applicable laws, regulations, and provisions of the contract. The Grant Managers will be responsible for communicating grant requirements to those who will be impacted</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• This will be a new service for Bidder. They will maximize existing resources, create efficiencies, and reduce cost, they are exploring contracting with York County Shelter Program to provide 2<sup>nd</sup> and 3<sup>rd</sup> shift back up supervisory support</li></ul>
<ul style="list-style-type: none"><li>• Bidder will always ensure two staff onsite by continuously evaluating their staffing model through proactive workforce planning, flexible scheduling, regular monitoring &amp; adjusting, and contingency planning</li></ul>
<ul style="list-style-type: none"><li>• Bidder ensures HFSSS will be provided in a person-centered approach by which staff deploys tools and training in trauma and poverty informed care to empower tenants</li></ul>
<ul style="list-style-type: none"><li>• Bidder understands all tenants are all different and require different needs</li><li>• Bidder will connect tenants with community support to ensure families are able to access all needed resources</li></ul>
<ul style="list-style-type: none"><li>• Bidder states the Director of Economic Opportunity in conjunction with the Chief Program Officer will be responsible for the decision making, program operations, and monitoring of the HFSSS</li></ul>
<ul style="list-style-type: none"><li>• Bidder will address and offer strategies to challenge fundamental inequities that brought the tenants to this organization. Bidder is committed to pursuing true diversity, knowing that effecting change will be accomplished by working together</li><li>• Bidder will look within the organization systems to make sure they are fair and equitable</li></ul>
<ul style="list-style-type: none"><li>• Bidder currently provides access to medical care, services that support transportation, financial support, housing resources, and other important SDOH factors</li></ul>

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<ul style="list-style-type: none"><li>• Bidder believes their unique structure provides a one stop shop for tenants</li><li>• The Bidders FQHC offers primary medical, behavioral health, and dental care services</li><li>• Bidder maintains close working relationships with health, social services, and community service organizations to support tenants whose needs may fall outside of YCCAC's scope</li><li>• Q-Bidder states they have these other relationships for services that fall out of YCCAC's scope, does this include tenant preference? What if the tenant does not want to utilize service provided by YCCAC?</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Bidder will meet the client where they are. Participation is voluntary but encouraged.</li></ul>
<ul style="list-style-type: none"><li>• Bidder believes they have success in utilizing whole family and family centered coaching approach to identify the root causes of trauma and to help families reach defined goals</li><li>• Bidder advises they will create individual plans with each tenant. Bidder does not mention creating individual crisis plans with tenants, nor do they mention how often either of these plans will be reviewed and/or changed with the tenant</li></ul>
<ul style="list-style-type: none"><li>• Bidder states they have a long history of assisting individuals with many barriers and providing referrals to organizations such as State offered benefits including SNAP, Help Me Grow, and organizations like Pine Tree Legal, and food banks</li></ul>
<ul style="list-style-type: none"><li>• Bidder states they employ a referral specialist that oversees the referral process and a medical records specialist that serves as the first point of contact with the tenant and will follow up to ensure the tenant kept the appointment for in-house referrals to YCCAC</li><li>• Bidder advises for outside referrals they utilize a closed loop referral system to social service providers. These referrals go directly to a case worker who follows up with the tenant within 48 hours to offer available services.</li></ul>
<ul style="list-style-type: none"><li>• Bidder will offer activities like on site personal salon services, cooking classes, games, guest speakers and outdoor walks</li><li>• Bidder has agreed to ensure Naloxone is available and accessible on-site 24/7/365. There was no mention of training for staff or tenants in the use of Naloxone</li><li>• Bidder has agreed to provide referrals to a Syringe Service Program</li></ul>

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**BIDDER NAME:** York County Community Action Corporation (YCCAC)

**DATE:** 2/25/2025 and 2/26/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Stated they have provided health and human services in York County for sixty (60) years as a private nonprofit organization.</li><li>• Stated they have built and nurtured relationships with health care providers; private practices; public health administrators and government agencies; social service providers; law enforcement; schools; funders; and community-based organizations throughout York County.</li><li>• Stated they operate a variety of social service programs in-house that are readily available.</li><li>• Stated they are Maine's only Community Action Agency that is also a federally qualified healthcare facility.</li><li>• Stated they serve a culturally diverse range of individuals, including those who live in public housing; are unhoused; individuals facing cultural and linguistic barriers; New Mainers; and those needing urgent behavioral health, mental health and medications for opioid use disorder (MOUD) services.</li><li>• Stated individuals receive services related to provision of nutrition and food; intense housing assistance; health insurance enrollment; and culturally and linguistically appropriate care, in multiple settings, without regard to payment ability.</li><li>• Stated they use a "one stop shop" structure for client service provision.</li><li>• Stated provision of Housing Navigation, Family-Centered Coaching and Outreach services.</li><li>• Stated they have developed respected and established relationships with landlords, with decades of experience collaborating with landlords to ensure family and landlord needs and expectations are met.</li></ul>	
Supportive service provision to those experiencing Chronic Homelessness:	
<ul style="list-style-type: none"><li>• Stated they are a Health Care for the Homeless (HCH) provider, and they work to ensure low-barrier access to primary care and other health services for unhoused individuals and families in York County.</li><li>• Stated unhoused individuals often experience mental illness and substance use disorder (SUD); and they address these needs through an integrated service model, including medical services, including MAT; behavioral health; and dental care.</li></ul>	

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- Indicated their FQHC provides referrals for patients identified as experiencing homelessness to a SDOH care coordinator who works with patients to complete housing and voucher applications, with referral to another agency for case management or an agency-Outreach Worker to further assist with housing resources, if needed.
- Stated they have a Housing Navigator that assists with matching clients with housing and works with local landlords to identify available housing.
- Stated their services include: case/care management; eligibility assistance; outreach; and patient education.
- Stated they address homelessness in a multi-faceted way to ensure access to available services and resources.
- Stated they were a lead partner in the 2020 redesign of Maine's Homeless Response System, and they now host the State's Region One Homeless Hub Coordinator.
- Stated several homeless response initiatives in York County began in 2023, including needs assessment for possible solutions, cost for solutions and cost of not implementing them; reinstatement of the Homeless Task Force; and county-level budget to go toward homeless response planning. Stated intent of these initiatives is to address root causes of homelessness and increase care and resource access for unhoused individuals.

24/7/365 service provision experience:

- Stated they typically offer services during normal business hours, but listed some programming/services they provide that occur outside those hours: their FQHC provides 24/7/365 on-call services through a contracted nurse triage line, with a rotating on-call schedule for their Nurse Practitioners; their WAVE transportation program, which runs seven (7) days a week, three hundred fifty-eight (358) days of the year, from 6am to 10pm; and current management of three (3) affordable housing properties, which sometimes require staff support outside of business hours for building and maintenance requests.
- Also referred to their opening of a 24/7 temporary shelter with partner organizations in Sanford in May 2023; open for about six (6) weeks, with paid staff and non-paid volunteers for staffing and included provision of resources such as Housing Navigation. Stated, over the six (6) week period, they were able to find permanent housing for almost one hundred fifty (150) people in the Sanford area.
- Stated provision of 24/7/365 HFSSS in a Housing First setting will be a new service for the agency; and they are exploring contracting with the York County

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Shelter Program (YCSP) to provide 2<sup>nd</sup> and 3<sup>rd</sup> shift back-up supervisory support.

- Stated YCSP is a close partner with 24/7/365 staffing and extensive experience providing shelter services to individuals experiencing chronic homelessness.

Experience providing health and behavioral health services to the intended population:

- Stated they provide services with targeted efforts to address barriers to accessing care and health care utilization and address other health status impacting factors.
- Stated they have seen a 70% increase in the number of unhoused patients they have served in the last three (3) years, with specific numbers provided and referenced their UDS report as data source.
- Stated many of their unhoused patients engage in behavioral health services, seeking treatment for anxiety, depression and grief; and also, often have underlying trauma such as a history of abuse or domestic violence.
- Stated their behavioral health staff connect unhoused individuals to needed social services through an internal referral to agency social service programs.
- Stated their public housing residents often seek treatment for unique behavioral health challenges, with many having experienced trauma related to poverty and their ongoing struggle “to make ends meet”. Also indicated many are engaged with the Department and often experience frustration and anxiety with systems navigation; and their behavioral health staff can connect public housing patients with agency social service programs, as needed, to provide support with navigating systems and addressing barriers to success.
- Stated they have a strong behavioral health program that includes comprehensive assessment; diagnosis; and treatment for depression, anxiety, attention deficit disorder, PTSD and “various disruptive behavior disorders”.
- Stated, as a medical home, they integrate primary care with behavioral health, and clinicians provide one-on-one counseling, cognitive behavioral and problem-solving therapies, including to individuals with one (1) or more chronic health conditions.
- Provided data regarding number of patients served in 2023 with complex mental health and social needs, with over half of the consultations conducted via telehealth.
- Stated they employ four (4) behavioral health staff as of June 2023, who all provide in-person and telehealth services, helping address transportation and employment-based barriers.

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- Stated they have received expansion funding and expect their patient numbers to increase by approximately 15% across the next year.

Knowledge of community-based resources in service area and related experience:

- Stated they maintain close working relationships with health, social services and community service organizations.
- Stated housing is one of the most difficult services for their patients and clients to access.
- Stated unhoused individuals face barriers to many needs, including shelter; food; water; clothing, including warm clothing; blankets; transportation; hygiene; and other basic needs, and stated they are able to help unhoused patients with accessing needed resources.
- Stated they provide integrated health and social services to unhoused individuals, including: projects with local police departments to eliminate treatment access barriers; improved transitions of care for individuals being discharged from ED or treatment facilities; maintenance of a close working relationships with Layman Way recovery for incarcerated patients working with drug courts; collaboration with IOP and aftercare programs for care transitions; serving on the local homeless Task Forces' within Sanford and Biddeford cities where they coordinate and support policy change, services and resources; networking with local schools to coordinate services for unhoused families, reduce stigma around mental health and SUD and provide services directly with the schools; and partnering with SMHC for implementation of treatment and harm reduction interventions as a member of the Rural York County Opioid Planning Project and its subsequent Implementation Project.
- Stated they ensure seamless communication between providers, supportive staff and their technology systems, to achieve continuity of care for their clients and patients.
- Stated they employ a Referral Specialist that oversees their external referral process; and have a Medical Records Specialist as point-of-contact for follow up, ensuring the patient kept their referral appointment(s) and all medical records pertaining to care provided were sent back to their health center for patient health record incorporation.
- Stated, with signed patient permission in external referral situations, they share patient care information with the referred hospital or outpatient specialist, jointly plan clinical interventions and develop discharge plans, if needed.
- Stated in all cases, their Medical Records or Referral Specialist ensure all records produced outside of the health center's EMR were received and uploaded to the patient's record.

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- Stated for internal referrals, they use a “closed-loop” electronic referral system for referral generation during the patient’s clinical encounter; and described this process, including a response back to the patient within forty-eight (48) hours to offer available resources and services to address the identified social determinants’ of health need.

Staff recruitment and retention policies, and plans to ensure optimal staffing for Housing First Rental Homes:

- Stated they engage in: proactive workforce planning, including regular analysis of workforce data and market trends to anticipate staffing needs and align such with organizational goals; dynamic recruitment and retention through implementation of innovative requirement strategies (not described); flexible scheduling and resource allocation; continuous training and development; regular staffing level monitoring and adjustment; and contingency planning to address unexpected staffing challenges.
- Did not explicitly state this is their plan for ensuring optimal staffing levels at Housing First Rental Homes.

Knowledge of common barriers to maintaining permanent housing:

- Stated previously unhoused families often need support to move from a crisis mindset and behaviors towards stability; and stated identification of appropriate community resources, including transportation and heating assistance, and working closely with the landlord for navigation of initial questions or concerns is critical.
- Stated in their current Housing Navigation and Stability program, they found a need for the Housing Navigator to remain in close touch with landlord and families during the first few months after placement; inclusion of a Community Health Worker on staff for their Children’s Services Department; and inclusion of more built in support around this time, including referrals to agency Outreach Workers, inclusive of their Multi-Cultural Outreach Worker.
- Stated another challenge they have experienced in their work relates to the need to settle in and acclimate to a stability mindset versus a scarcity mindset; and included reference to homelessness being traumatic and time needed to process this trauma.
- Stated they engage in a concerted effort to connect households to community supports to ensure access to available resources from crisis management to daily household management.
- Stated unhoused individuals are often at a loss on where to start their housing search due to their focus on minute-by-minute survival; and can feel



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overwhelmed at the required financial commitment for obtaining and retaining housing in the current rental market.

- Stated their Housing Navigator works with each household to understand their specific needs and circumstances and then works through their network of landlords and housing partners to identify an appropriate match.
- Demonstrated an understanding of the work required to secure and move families into permanent housing, including helping with security deposits and gap rental payments, as needed.
- Stated their Housing Navigator is a resource to families and landlords.
- Stated their Outreach Workers assist with connecting households with community supports to help supplement income and provide basic needs; and help with systems and resource navigation, including SNAP, MaineCare and General Assistance.
- Stated their Housing Navigator and Outreach staff work together to help with setting up an account with CMP for electricity; fuel provider for heating the home; accessing financial supports; and provide tenants an orientation to their new neighborhood, including trash pickup schedules and bus stop locations.
- Stated they make referrals to Bidder's programming, as appropriate, for services such as the Heating and Energy Assistance Program (HEAP); healthcare services; transportation services; WIC; and Early Head Start or Head Start.
- Stated all Housing Navigation clients are provided information on local and community resources and supports, including food pantries, clothing closets, faith-based or social service agencies and municipal and education resources.

Experience navigating benefits' maintenance:

- Stated they provide one-on-one assistance to patients applying to enroll in benefit programs to support health care costs; and the bulk of their work has been provided to patients that are newly eligible for Medicaid due to the MaineCare expansion.
- Stated they provide support with other options for insurance or financial support, including enrollment through the Health Insurance Marketplace, Care Partner's, or Bidder's Sliding Fee Scale; and entitlement programs including WIC, TANF, and SNAP.
- Stated they have two (2) full-time intake staff who can help uninsured patients apply for Medicaid or buy insurance on the Exchange; with the primary job of assisting with new patient paperwork and handling applications for their Sliding Fee Discount Program.

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- Stated a little over 10% of their patients are uninsured, with most of them receiving discounted care.

Experience evaluating HRSN and incorporating such into service plan development:

- Stated they were the first health center in Maine to use the Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PREPARE) tool to screen patients for social determinants of health.
- Stated a long history of developing and expanding programming, including behavioral health programming and stated their FQHC has demonstrated rapid and thoughtful expansion over the past three (3) years.
- Stated they consistently met and exceeded overall patient targets and increased access across a wide range of behavioral health services.
- Stated they work to eliminate disparities through offering culturally sensitive and inclusive mental health services and focus on reducing stigma through community education and outreach.
- Stated they engage in regular data analysis and outcome monitoring to guide their continuous improvement efforts.
- Did not include description of Bidder's experience incorporating their HRSN evaluation into service plan development.

Interagency coordination:

- Stated they maintain close working relationships with health, social services and community service organizations.
- Stated their referral relationships include: Maine Access Points, for walk-in wound care management at their FQHC; Avesta Housing, which also manages one of their affordable housing properties; Biddeford Housing Authority; Caring Unlimited, emergency shelter and safety planning for victims of domestic violence; Homeless Response Services Hub; City of Sanford, which also convenes the Homeless Task Force, which Bidder is a member of; Sanford Housing Authority; Fair Tide; Sanford Police Department; Seeds of Hope Neighborhood Center, a drop-in/day shelter; The Housing Partnership; United Way of Southern Maine, including collaboration with Bidder on health initiatives; Bidder's Transportation Program; Homeless Initiative Task Force, and Bidder is a member of both Sanford and Biddeford City Task Forces; Police Community Support Partnership, a pilot where Bidder partners with police officers in several local communities to offer residents the ability to work with a Community Social Worker Liaison; Sanford Fire Department, which they collaborate with for a new Mobile Healthcare program; Maine Immigrant Rights

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Coalition; Welcoming Immigrants Our New Neighbors; and Southern Maine Agency on Aging.

On-site experience in affordable housing developments:

- Stated they own and operate three (3) affordable and transitional housing properties, with fourteen (14) total available units that target at-risk populations.
- Stated their two (2) three (3)-unit properties target families that sign 2-year leases and enroll in Whole Family Coaching and receive coaching services during their 2-year lease.
- Stated each of their 2-year-lease families creates a Pathway Plan with their coach for goal and barrier identification to work on over the course of tenancy, with weekly coach meetings on-site in the home, in the community or at an agency office.
- Stated their third program targets households that earn 30%-50% of the area median income, intended to provide long-term stable housing for individuals or families that are unhoused or at risk of homelessness.
- Stated they provide consistent, ongoing support to tenants through all of their programming, including transportation, FQHC services and Outreach services.
- Stated if a household has children living on the property, they are eligible to enroll in Whole Family Coaching for further stabilization support.

Experience working collaboratively with landlords and property managers:

- Stated they have created positive and trusting relationships with landlords.
- Stated their Housing Navigator links landlords seeking suitable tenants and clients seeking affordable housing.
- Stated their Housing Navigator supports landlords and families in navigating new tenancy, including connection to immediate and long term supports.
- Stated their Housing Navigator has forged positive working relationships with: municipal offices, especially General Assistance Administrators; the local Housing Authority; York County Shelter Program; and school systems, including school social workers and McKinney-Vento liaisons.
- Stated they also have a multi-lingual Community Health Worker that has been invaluable to their New Mainer clients.
- Stated experience working collaboratively with outside property managers or housing partners through their owned housing units and properties.
- Stated their units at three (3) of their properties utilize Project Based Vouchers provided by the Sanford Housing Authority; and the Project Based Vouchers

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process requires close partnership for housing application, voucher approval and ongoing compliance with voucher requirements.

- Referred to their Patriot Place property, with a total of forty (40) units, managed by Avesta Housing; and indicated a close working relationship.

Experience collaborating and partnering with other providers:

- Stated they work closely with county, state and regional public health departments; and other public health organizations to share and receive information, stay up to date on best practices and/or public health concerns and to coordinate and avoid duplication of efforts.
- Referred to their administration of the HOUSE grant as an example of collaborating and partnering with another provider, Maine Behavioral Health Care, in providing treatment and services for opioid use disorder through Medication Assisted Treatment (MAT), intensive case management and housing support.
- Stated they are a trusted partner and cross-sector convener and have good working relationships with the only general-population shelter in York County (York County Shelter Programs); the highly utilized day shelter, Seeds of Hope Neighborhood Center, in Biddeford; and York County's domestic violence agency that also operates an emergency shelter, Caring Unlimited.
- Stated they have strong ties with the York County Jail; Sanford and Biddeford Housing Authorities; Fair Tide; local governments; police departments; hospitals; Maine Centers for Disease Control and Prevention – York District Public Health; and with other organizations that work with populations at increased risk for housing instability and/or poor health and wellness incomes.
- Provided an example list of some of their cross-sector initiatives over the years, including: Homeless Services Hub; Opioid Response Task Force; Community Health Working Group' New Access Point Planning Consortium; and "Biddeford Ready!".

Approach to handling financial, IT and compliance functions:

- Stated approximately 70% of their funding comes through State and Federal grants.
- For financial – indicated they use a fully integrated automated accounting system, Abila MIP Fund Accounting; and their Board of Directors, Finance Committee and senior management review financial and productivity reports.
- For IT – stated they have invested substantially, including monetarily, to ensure data safeguarding and business continuity. Stated they use redundancy; internal controls; and continuous firewall enhancements to ensure data

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protection; and their multi-layered compliance oversight infrastructure includes Compliance and Quality Assurance/Quality Improvement (QA/QI) committees at the executive/staff and Board levels which conduct ongoing reviews of organizational operations and risk management.

- For compliance – stated they are annually audited for compliance with Government Auditing Standards/OMB Circular A-133; Maine Uniform Accounting and Auditing Practices (MAAP) for Community Agencies; and by an Independent Certified Public Accountant firm. Stated they have produced “clean audits for more than a quarter century”.
- Stated they have no outstanding legal, technical or financial issues that could affect their ability to manage and deliver an Eviction Prevention Program project, unclear to this reader why the Eviction Prevention Program project was mentioned.

Examples of core administrative procedures improved over the last three (3) years:

- Stated they treat ongoing quality improvement as a central tenant of their model of care and they embed QI/QA elements throughout every department and service they offer to foster a culture of quality, compliance and accountability.
- Stated all providers and staff participate in comprehensive QI training; and thirteen (13) providers and staff members are engaged in biweekly technical assistance calls and expanded QI team meetings to develop and implement their own plan-do-study-act (PDSA) cycles and complete related lessons and coursework.
- Stated their QI/WA Committee is their internal body charged with developing, adapting and implementing their Quality Improvement/Assurance program; and meet on a weekly basis, with subgroups meeting monthly.
- Described responsibilities of the QI committee.
- Stated they formalized a safety and risk management program to encompass and coordinate review of areas with actual or potential sources of risk and/or liability; and indicated they have a standard set of core components that were identified to provide a framework for this work, with chosen staff members to participate in the newly formed Patient Safety and Risk Management Committee.
- Stated they are part of Maine Primary Care Association's Patient Safety Organization (PSO), and they are the first FQHC-based PSO in the country that is currently funded by HRSA's Rural Health network Development Program.

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- Stated they have overlap of providers and staff on their QI Committee and Patient Safety and Risk Management Committee, as involvement of specific staff is needed for implementation, whether permanent or “PDSA-driven”.
- Stated work of each committee is not duplicative, though both may evaluate certain key operational and clinical care areas, each committee focuses on aspects relevant to their unique plan and charge.
- Stated their health center’s internal Compliance Committee focuses on privacy and security of their EMR and other data systems, through use of a HIPAA/HITECH Security Risk Analysis Tool, and develops annual work plans to address forthcoming priorities.

Experience raising private funds to cover expenses:

- Stated approximately seventy percent (70%) of their funding comes from Federal and State grants, with the other 30% raised through private funds, including individual donations; corporate philanthropy; grants from private foundations; and fees for services.

Project 1:

- Referred to their Homeless Opioid Users Service Engagement (HOUSE) pilot project, completed in partnership with Maine Behavioral Healthcare (MBH) and its Project REACH (recovery, Engagement, Acceptance, Compassion, Hope) to provide HOUSE services to unhoused individuals with opioid use disorder (OUD) in York County.
- Stated they provide Medication Assisted Treatment (MAT); intensive case management; and housing support to approximately twenty-five (25) individuals; with continuum of care OUD treatment jointly provided by Bidder and MBH.

Project 2:

- Referred to their Community Aging in Place Grant Program (CAIP), which they were awarded in April 2022 by MaineHousing to ensure older adults are able to age in place safely.
- CAIP timely and effectively repairs/modifies homes of older adults to increase mobility, reduce falling risk and enhance home efficiency and safety.
- Stated they have provided services such as railing and stair replacement/repairs; floor repairs to decrease fall risks; subfloor repairs to support essential health appliances like hot water tanks; and plumbing and storm door repairs.

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**Project 3:**

- Referred to their “A Place for Us” project, originally the Family Independence Project (FIP), which they received grant award for in June 1998, by Maine State Housing.
- With the grant funding, bidder stated they purchased four (4) different properties for transitional housing purposes; but due to state funding and policy changes, FIP unfortunately became ineligible for Medicaid reimbursement.
- Stated they currently own two (2) of the properties, all still managed in partnership with the Sanford Housing Authority.
- Stated their Creating Assets, Savings and Hope (CASH) program began providing financial coaching to their transitional housing participants nine (9) years ago, and they changed the name of their programming to “A Place for Us” (APFU).
- Stated APFU is a Whole Family approach program within their Economic Opportunity division that provides housing and supportive services to families with children that are unhoused or at risk of homelessness.
- Stated their Whole Family Coach works with families over several years to enhance their well-being and household stability.
- Stated their APFU model includes development and implementation of a family Pathway Plan, which addresses goals for all family members.

**2. Organizational Chart**

- It is unclear to this reader if the project team was included in the organizational chart.

**3. Litigation**

- Wrote N/A.

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

- For areas they have less experience, they will work closely with their partners such as York County Shelter Program (YCSP) for supportive services provision during after-hours/overnight hours; the Layman Way Recovery Center for provision of SUD treatment and recovery services; and their Preble Street colleagues for best practices, including staffing models and operations.
- Stated staff will be trained in motivational interviewing, trauma-informed service delivery, culturally and linguistically appropriate services and the Family-Centered Coaching/Whole Family Coaching models.
- Plans to provide a focus on developed stabilization supports from other current programming, to include tenant orientations and lease review; landlord

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expectations and communication; utility set up; rental payment procedures; appliance operation and care; and connection to community resources for food, clothing and furniture.

- Once initial stabilization has been achieved, plans to have clients work one-on-one with a trained case manager to determine and identify client goals and barriers, with a plan developed in tandem with outcomes, timelines, steps to achieve such and needed supports.
- Stated they offer case management through their Economic Opportunity/Community Outreach programs and within the health center, and their health center employs a full-time Case Manager responsible for ensuring integration of enabling and clinical services internally and externally.
- Indicated a variety of available in-house social services programs.
- Stated all policies and practices take into account that they are a Health Care for the Homeless (HCH) provider; and they address needs through an integrated service model, including medical, behavioral health and dental care; with weekly care coordination meetings to ensure coordinated care.
- Stated adherence to the principles of Results Oriented Management and Accountability (ROMA); and indicated they have two (2) Nationally Certified ROMA Implementers on staff, one (1) of whom is directly responsible for overseeing and managing all agency programming.
- Stated their programming and services are developed using the ROMA cycle, beginning with a needs and resources assessment; planning to identify results and strategies; implementation of strategies and services; observation and reporting on progress; and ending with evaluation of data as compared to their benchmarks.
- Stated they use a client management system database to track individual plans, goals and achievements, and the system also allows for streamlined internal and external referrals.
- Indicated they are exploring contracting with YCSP to provide 2<sup>nd</sup> and 3<sup>rd</sup> shift back-up supervisory support.
- Referred to organizational current partnerships with Southern Maine Health Care and Maine Behavioral Health.

**Part II**

**A. Administrative Requirement**

- Stated their commitment to equity is embedded in their mission and everyday work; with programs built from their mission foundation.
- Referred to their prior and current programming experience, and stated they actively participate in Communities of Practice with other Community Action



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<p>Agencies that provide Whole Family Coaching for training, support and collaboration.</p> <ul style="list-style-type: none"><li>• Stated use of a “no wrong door approach” in their programming.</li><li>• Stated they employ a client-centered approach throughout all their work.</li><li>• Reader could not identify if Bidder addressed providing HFSS in a strengths-based manner.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have already begun planning at the local level with Avesta and the Sanford Housing Authority (SHA) to determine what a successful HFSSS implementation would look like and have been collaborating for over a year to determine the best approach to meeting future tenant needs.</li><li>• Stated they have developed a strong partnership with SHA to leverage resources and assist individuals and families that are seeking long-term housing.</li><li>• Stated SHA hosts a twice monthly Housing Navigator meeting to connect with partners, share resources and strategize on client cases, and meetings include representatives from SHA, Bidder, the York County Shelter Program, the Sanford School District and the Region 1 Homeless Hub Coordinator.</li><li>• Stated they have been in touch with the York County Shelter Program for staffing and support insight, especially for the 2<sup>nd</sup> and 3<sup>rd</sup> shifts due to the Shelter Programs experience and skillset with 24/7/365 service provision; and stated that the York County Shelter Program services are in line with the programming that will be offered to Housing First residents.</li><li>• Stated they are confident they will be able to provide the necessary documentation at least six (6) months prior to the Property becoming ready for tenancy.</li></ul>
<ul style="list-style-type: none"><li>• Stated they work collaboratively with local and regional providers to strengthen connections and have built strong relationships with local government entities and non-profit organizations to expand York County affordable housing opportunities.</li><li>• Stated, as host to the Region 1 Homeless Hub Coordinator for the state, they serve as a Coordinated Entry assessment point and screen clients for Coordinated Entry eligibility.</li><li>• Referred to their related work as a member of the City of Sanford’s Homeless Task Force.</li><li>• Did not directly indicate willingness to collaborate with and take direction from the Department when awarded a standard service contract with the Department as part of a Housing First Team.</li></ul>
<ul style="list-style-type: none"><li>• Provided a copy of their MaineCare Provider Agreement.</li></ul>

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<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• Stated, if accepted as a pre-qualified HFSSS vendor, they will begin the process of establishing agreements immediately to ensure compliance prior to contract.</li><li>• Stated their organizational standards' implementation is in alignment with those listed in the HOME Core Standards document, and listed some of the HOME Core Standards, including description on how their agency is in alignment with each listed standard. Demonstrated understanding of some of the HOME Provider enrollment requirements.</li><li>• Stated they have provided Targeted Case Management services; although, funding for the TCM portion of their program was discontinued, Bidder stated they have experience with service and billing requirements and are well equipped to re-enter into a TCM agreement.</li></ul>
<ul style="list-style-type: none"><li>• Stated they currently manage 58 grants and have contracts and MOUs with the US. DHHS, Maine State Housing Authority, the Department, and the Maine Department of Transportation.</li><li>• Stated they have the ability to provide high-quality project management and oversight, with integrity and fidelity, and referenced their existing collaborations with the Department in support of such.</li><li>• Stated they are a foundational partner and "anchor tenant" of a new social services hub that is being developed in Southern York County, Mainspring, which will offer a new model of care to empower individuals to navigate out of poverty.</li><li>• Stated they have entered into a formal agreement to rent space for Mainspring and collaborate on service delivery with the partners committed to on-site service provision and working together. List of partners includes: MaineHealth, Pine Tree Legal Assistance, Seacoast Outright, Southern Maine Agency on Aging and Volunteers of America.</li></ul>
<ul style="list-style-type: none"><li>• Referred to their long history of partnering with local, state and federal agencies to implement treatment and care coordination initiatives.</li><li>• Stated they partner with SMHC to implement treatment and harm reduction interventions as a member of the Rural York County Opioid Planning Project and subsequent Implementation Program.</li><li>• Referred to an "MoA" with Maine Behavioral Health for provision of services to adults and children.</li><li>• Stated they achieve care continuity through ensuring communication with providers, supportive staff and their technology systems.</li></ul>

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<ul style="list-style-type: none"><li>• Stated they employ a Referral Specialist that oversees their external referral process and a Medical Records Specialists that acts as point-of-contact for follow up, medical documentation, and ensuring the patient kept their referral appointment(s).</li><li>• Aside from reference to previous/current work, did not explicitly describe their understanding that they will be required to provide treatment oversight and care coordination with all providers in the resulting service area that support HFSSS tenants.</li></ul>
<ul style="list-style-type: none"><li>• Stated strengthening support and stabilization services is an ongoing and evolving core component of their Economic Opportunity program and have the framework already in place, which they consider as a scalable approach and indicated confidence in transferring such to a Housing First setting.</li><li>• Referred to their prior and current history administering programs similar to HFSSS.</li><li>• Stated use of technology, strategic planning, creative thinking and data-informed practices to enhance their services and stay current and efficient; with attention paid to community trends without comprising fundamental resources and services.</li></ul>
<ul style="list-style-type: none"><li>• Stated they have been designated as a Community Action Agency for service provision to low-income residents in their service area since their Agency's incorporation in 1965.</li><li>• Stated they have capacity to administer timely and effective programming, including experienced and well-trained staff; a robust administrative infrastructure; and a broad program mix to leverage client outreach.</li><li>• Stated they are able to quickly hire and onboard the needed staff to implement the program; and stated they anticipate many will be eager to join.</li><li>• Stated they have begun "laying the groundwork" with Sanford Housing for the Housing First project to use the Continuum of Care Coordinated Entry process to quickly and equitably coordinate access, assessment, prioritization and referrals to housing and services.</li><li>• Stated their current Housing Navigation bi-weekly meetings will be used as a model for case conferencing with service providers in the Sanford area.</li><li>• Stated, per current practice, they and other service providers will complete assessments of unhoused individuals in York County.</li><li>• Stated they will conduct case-conferencing meetings using a by-name list of unhoused individuals to quickly connect people to an appropriate agency or resource.</li></ul>

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<ul style="list-style-type: none"><li>• Stated they will continue to connect with landlords, municipal leaders, community partners, school districts and other CAPs across the state “to identify households that could benefit from Eviction Prevention Program”. This reader is unclear why Bidder included reference to an Eviction Prevention Program, and its relevancy to proposed HFSSS provision.</li></ul>
<ul style="list-style-type: none"><li>• Stated they are responsible for compliance with all applicable laws, regulations and provisions of contracts and grants.</li><li>• Included their organizational policies that apply to every grant or contract they receive directly or indirectly from a federal agency, including indication of a dedicated “grant manager” for each federal award.</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• Stated provision of 24/7/365 Support and Stabilization Services in a Housing First setting will be a new service for their agency.</li><li>• Stated they are exploring contracting with the York County Shelter Program (YCSP) for provision of 2<sup>nd</sup> and 3<sup>rd</sup> shift back-up supervisory support, and indicated is a close partner that is staffed 24/7/365 and has extensive experience with providing shelter services to individuals experiencing chronic homelessness.</li></ul>
<ul style="list-style-type: none"><li>• Stated they will ensure at least two (2) HFSSS staff are available onsite 24/7/365.</li><li>• Plans to continuously evaluate their staffing model through: proactive workforce planning; flexible scheduling and resource allocation; regular monitoring and adjustment; and contingency planning.</li></ul>
<ul style="list-style-type: none"><li>• Stated they strive to embody a client-centered approach where staff deploy tools underpinned by training in trauma- and poverty-informed care.</li><li>• Stated they encourage staff to remain up to date on state and federal assistance program changes, and on their internal agency programming.</li><li>• Stated connecting households with community supports often involves a concerted effort within their team to ensure access to available resources from crisis management to daily household management.</li><li>• Referred to current programming as it pertains to connecting individuals to community resources and supports.</li><li>• Did not address use of a strengths-based approach nor inclusion of the required aspects of relationship building (3.a.-d.).</li></ul>
<ul style="list-style-type: none"><li>• Referred to current programming as it pertains to connecting individuals to community resources, supports and services.</li><li>• Did not address ensuring HFSSS adequately meet the needs of the tenants to build independent living skills and maintain housing.</li></ul>

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<ul style="list-style-type: none"><li>• Stated their policy indicates their CEO is responsible for hiring and evaluating Program Directors for each of their departments, and each Program Director reports to the CEO or CPO.</li><li>• Stated Program Directors are then responsible for hiring employees to work in their department, with approval from the CEO; and all employees in a department report directly to the department's Program Director.</li><li>• Stated their Director of Economic Opportunity and Chief Program Officer will be responsible for HFSSS decision making, program operations and monitoring.</li><li>• Solely indicated positions responsible for HFSSS decision making, program operation and monitoring and did not address ensuring maintenance of clear policy guidelines for HFSS decision making, program operations and monitoring.</li></ul>
<ul style="list-style-type: none"><li>• Stated they embrace a systemic approach that encompasses leadership and staff training to seek out and implement systems to offer ways to discourage and dismantle inherent biases.</li><li>• Stated, as a recipient of Federal funding, they are mandated to operate in a manner that advances equity, and this is already embedded in their mission and values.</li><li>• Stated the majority of their Board of Directors is comprised of service recipients.</li><li>• Stated training and educational resources are provided to staff around issues of equity and bias.</li><li>• Stated they have taken steps to understand cultural bias and have hired Cultural Brokers to provide ethnically sensitive support.</li><li>• Stated they are committed to pursuing diversity.</li><li>• Did not address ensuring policies and procedures protect the rights of individuals receiving HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• Stated their agency can provide a mix of health and social services, are a "one stop shop" for patients, and they are the only organization in Maine that is both a Community Action Agency and a Community Health Center, and indicated they are one (1) of less than twenty (20) in the country with the same designation.</li><li>• Stated they provide access to medical care and services that support basic needs, transportation, financial supports, housing resources and other Social Determinants of Health (SDOH) factors.</li><li>• Indicated they provide primary medical care, behavioral health care, and dental care; and promote economic opportunity and connect people to community resources.</li></ul>

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- Stated they maintain close working relationships with health, social services and community service organizations to support services outside of Bidder's scope.
- Stated they have a broad and deep set of resources in place for clients and patients and they collaborate with partners through a variety of structured and informal methods.

**C. Available HFSSS for Tenants**

- Stated participation agreements are voluntary but will be encouraged; and they will continue to build relationships and opportunities with those not interested in participating.
- Plans to "meet the client where they are at".

- Referred to their outreach teams' history of working with vulnerable populations throughout York County, and stated learned knowledge that no two families are the same, each having unique needs, fears, concerns and dreams.
- Stated they have seen tremendous success with using the Whole Family and Family Centered Coaching approach.
- Stated Family-Centered Coaching is designed with a trauma-informed care lens to support families who have experienced or are experiencing trauma, including trauma from institutional racism and poverty.
- Plans to have their team work with each tenant to understand their specific circumstances and needs and will develop individual plans to ensure each tenant is able to access available resources.
- Stated they plan to build on their experience and integrate principles of Whole Family and Family Centered Coaching with their case management services.
- Plan to develop and implement a "Pathway Plan" at the heart of their model, including identification of goals and barriers that will be worked on together throughout tenancy.
- Did not address development of individual crisis plans with tenants seeking HFSSS, as appropriate.

- Referred to prior/current experience providing integrated health and social services to unhoused individuals.
- Described their referral system, which allows both internal and external referrals, examples include: DHHS; Child Development Services; Help Me Grow Maine; Maine Families; TANF program; SNAP; SSI; Caring Unlimited; Pine Tree Legal; community food pantries; and the York County Shelter Program.
- Stated they use "empowOR" to send referrals internal to other departments and track external referrals or resources information provided.

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INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** York County Community Action Corporation (YCCAC)

**DATE:** 2/25/2025 and 2/26/2025

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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<ul style="list-style-type: none"><li>• Did not address 3.a-d.; however, did include elsewhere in their proposal that they will provide connection to community resources for food, clothing and furniture.</li><li>• Elsewhere in the proposal, stated they plan to provide tenant orientations and lease review; landlord expectations and communication; utility set up; rental payment procedures; and appliance operation and care.</li></ul>
<ul style="list-style-type: none"><li>• Bidder reiterated their in-house Referral Specialist and Medical Records Specialist positions, including related referral-role details.</li><li>• Referenced their “closed-loop” referral system for agency social services referrals.</li><li>• Response focuses on referrals, unclear if Bidder intends on solely providing external/internal referrals for case management services, or if they intend on meeting the RFP requirement of HFSSS offering and providing tenants with case management services, which may include other appropriate service providers, as applicable. However, in a separate section, Bidder did indicate plan to offer and provide case management through HFSSS.</li></ul>
<ul style="list-style-type: none"><li>• Stated tenant engagement and community building will be a core component of residency.</li><li>• Stated services offered will be tenant driven and tenant centered, but will likely include individual and small group activities, and opportunities for relationships and trust building.</li><li>• Included examples of services they would provide for access to alternative activities, healthy choices and personal care: on-site personal care services such as haircuts and salon services; individual or small group cooking classes or meals; games and puzzles; guest speakers, including motivational and informational topics; and outdoor walks or gardening activities.</li></ul>

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- Signed by CEO.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** York County Community Action Corporation

**DATE:** 03/07/2025 and 3/10/2025

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
	<ul style="list-style-type: none"><li>• I – Operates a variety of social service programs readily available to clients and patients.</li><li>• I – Recognizes that bidder alone cannot provide the full scale and quality of services that can be leveraged utilizing strong working relationships maintained and nurtured with community partners and stakeholders.</li><li>• I – Maine’s only Community Action Agency that encompasses a federally qualified healthcare facility (Nasson Health Care) which serves 8,000 patients.</li><li>• I – The health center includes access not only to medical care, but also direct connection from clinical care to other agency programs to obtain social services such as referrals to resources for food, transportation, financial assistance and other connections for a patient’s overall wellbeing.</li><li>• I – Serves a culturally diverse range of patients who are underserved, clients and patients who live in public housing, are unhoused, face cultural and linguistic barriers, New Mainers, and those in urgent need of Behavioral Health (BH), Mental Health (MH) and Medications for Opioid Use Disorder (MOUD)</li><li>• Q – Provides Services related to nutrition and food provision, intense housing assistance, health insurance enrollment, culturally and linguistically appropriate care, and services without regard to ability to pay from multiple settings</li><li>• Staff experienced in streamlining confusing processes for families, bundling the resources together, and negotiating those options with both families and landlords</li><li>• Q – Health Care for the Homeless provider</li><li>• I – Ensures low-barrier access to primary care and other health services to homeless individuals and families in York County</li><li>• Q – Provision of health care to homeless persons considered for all policies and practices.</li><li>• I – Addresses needs through an integrated service model, which includes medical (including MAT services), behavioral health and dental care.</li><li>• I – To ensure that care is coordinated, our providers hold weekly care coordination meetings</li><li>• P – Explained process FQHS follows to connect patients who identify as homeless to housing navigation sources and case worker services including</li></ul>



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**DATE:** 03/07/2025 and 3/10/2025

**EVALUATOR NAME:** Michael Labua

**EVALUATOR DEPARTMENT:** DHHS OBH

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referrals to community-based organizations for case management services as needed.

- I – Participates in many community coalitions to discuss ways to combat chronic homelessness
- P – Active partner in supporting and collaborating on the work of the statewide Hub model
- I – Services include case/care management, eligibility assistance, outreach, and patient education
- I – Primarily provides services during normal business hours with some exceptions: HQFS provides 24/7/365 on-call services for patients through a contract with a nurse triage line to take after-hour calls and triage patient needs and connect to an on-call nurse practitioner as warranted; WAVE transportation program runs seven days/week and 358 days/year from 6 am to 10 pm; currently manages 3 affordable housing properties, which at times require staff support for building and maintenance requests outside of business hours.
- I – in 2023 partnered with other community stakeholders to open and operate an emergency temporary 24/7 shelter for immigrant individuals and families
- Q – Exploring contracting with the York County Shelter Program to provide 2nd and 3rd shift back-up supervisory support.
- Providing 24/7/365 Support and Stabilization Services in a Housing First setting would be a new service
- Q – The FQHS is considered a medical home, where behavioral health is integrated with primary care
- 4 behavioral health staff provide one-on-one counseling, cognitive behavioral, and problem-solving therapies to support behavior modification to help patients manage their own self-care, including those with one or more chronic health conditions or highly complex mental health and social needs.
- Behavioral health program encompasses comprehensive assessment, diagnosis, and treatment of patients with depression, anxiety, attention deficit disorder, PTSD, and various disruptive behavior disorders
- I – FQHS utilizes telehealth extensively to reduce the transportation and employment-based barriers to care for patients
- Q – Did not make it clear in this section what specific behavioral health services they provide
- I – Maintains close working relationships with health, social services, and community service organizations to support patients whose needs may fall

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**EVALUATOR DEPARTMENT:** DHHS OBH

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outside of bidder's scope such as shelter, food, water, clothing blankets, transportation, hygiene, and other basic needs (details not provided)

- I – Brings health and social services to a variety of community locations such as schools and to collaborate on service provision to patients exiting incarceration or IOP programs
- P – employs a Referral Specialist who oversees the referral process to other providers.
- I – Has a medical records specialist, who serves as the point-of-contact to follow-up and make sure the patient kept the referral appointment(s) and that all medical records pertaining to the care provided are sent back to the health center for incorporation into the patient's health record
- I – Referrals for internally provided social services use a 'closed-loop' referral system. Provider reviews responses to the PRAPARE screening and uses motivational interviewing techniques to determine if the patient meets the criteria for a diagnosed social determinant of health risk
- I – If patient is interested the provider makes a referral which goes directly to a dedicated Social Determinant of Health social services case worker, who follows up with the patient within 48 hours to offer available resources and services to address the identified Social Determinant of Health need.
- I – Case worker 'closes the loop' with the health center provider by sending updates on services and outcomes to health center staff, who incorporate the report into the patient's medical record so it is available to the provider
- Proactive Workforce Planning: We will regularly analyze workforce data and market trends to anticipate staffing needs and align them with our organizational goals.
- Dynamic Recruitment and Retention: By implementing innovative recruitment strategies and fostering a supportive work environment, aims to attract and retain top talent.
- Flexible Scheduling and Resource Allocation: Utilizing advanced scheduling tools, remote work, and flexible work arrangements, will ensure that staffing levels are responsive to fluctuating demands and employee preferences
- Continuous Training and Development: Investing in employees' growth through ongoing training and development programs will enhance their skills and adaptability, ensuring a versatile and capable workforce.
- Regular Monitoring and Adjustment: Will continuously monitor staffing levels and make data-driven adjustments to optimize productivity and employee satisfaction.

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- Contingency Planning: Will establish robust contingency plans to address unexpected staffing challenges swiftly and effectively.
- P – Previously unhoused persons often need support to move from a crisis mindset and behaviors towards a stability mindset versus a scarcity mindset
- Identifying appropriate community resources such as transportation, heating assistance and other social service supports to supplement tenant needs and working closely with the landlord to navigate any initial questions or concerns is critical to mitigating barriers to maintaining permanent housing.
- Being homeless is traumatic, and time is needed to process that trauma
- Q – mitigation efforts focused on alleviating the impact of poverty by supplementing income and obtaining basic needs
- P – Provides 2 FTE for one-on-one assistance to patients applying to enroll in a variety of benefit programs to support health care costs including MaineCare and other options for insurance or financial support such as enrollment in a qualified health plan through the Health Insurance Marketplace, Care Partners, and bidder's Sliding Fee Scale, and entitlement programs such as WIC, Temporary Assistance for Needy Families (TANF), and the Supplemental Nutrition Assistance Program (SNAP).
- I – Was the first health center in Maine to use the PRAPARE tool (Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences) to screen for social determinants of health DOH of all patients.
- Q – Understanding and targeting underlying social factors identified in assessment leads to implementation strategies leading to equitable and improved health outcomes, reduced health disparities, and enhanced population health
- Deep and frequent assessment of needs is conducted to ensure that services are tightly targeted to community needs.
- Offers culturally sensitive and inclusive mental health services. Focuses on reducing stigma through community education and outreach
- Examples of experience with interagency coordination with community-based agencies included referral relationships such as: Maine Access Points provides collaboration to transfer patients to YCCAC for walk in wound care management at our Nason site; Avesta Housing manages Patriot Place, an affordable housing property owned by the bidder; Caring Unlimited refers patients for care and collaborates in follow up with mutual patients; and others.
- I – Owns and operates three affordable and transitional housing properties; 3 buildings, 14 units. Tenants are at-risk populations. Two properties are temporary (2 years) and 1 is long-term.

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- I – The housing units and properties owned by YCCAC work collaboratively with outside property managers or housing partners. Units at 3 of the properties owned by the bidder are all utilizing Project Based Vouchers, provided by Sanford Housing Authority requiring close partnership in the application for housing, the approval for the voucher, and the ongoing compliance with voucher requirements such as income and asset documentation and required noticing of federal protections, policies and law.
- I - Property called Patriot Place is a community of three high rise apartment buildings with a total of 40 one, two and three-bedroom apartment homes and is managed by Avesta Housing via a close working relationship
- Q – Has experienced great success in creating positive and trusting relationships with landlords and in making appropriate matches with tenants.
- Q – Housing Navigator is a welcome link between landlords looking for suitable tenants, and clients looking for safe, appropriate, and affordable housing.
- I – Works closely with county, state, and regional public health departments and other public health organizations to share and receive information, stay abreast of developments in best practices and/or public health concerns, and to coordinate (and not duplicate) efforts underway to support patient access to care, insurance, and education
- Q – Example of partnerships with other providers to ensure needed services are met was the administration of the HOUSE grant to provide Medication Assisted Treatment (MAT), intensive case management, and housing support to approximately twenty-five (25) individuals with opioid use disorder and who were currently experiencing homelessness. The partnership helped participants in both securing temporary and long-term hotel housing and continuing to engage participants in medication assisted treatment (MAT) and counseling.
- I – Administrative approach to financial accounting uses a fully integrated automated accounting system capable of integrating complex and varied data, analyzing a wide variety of financial and administrative data, and generating standard and specific reports, including profit and loss, cash flow and balance sheets for any requested time frame (e.g. monthly, quarterly, annually).
- I – The accounting system is able to clearly delineate admin expenses from contractor/construction costs.
- Board of Directors, Finance Committee and senior management review the financial and productivity reports
- I - Financial and program management has consistently produced clean audits

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- I – Administrative approach to information technology includes substantial investment in an information technology department utilizing redundancy, internal controls, and continuous enhancements to our firewalls to protect the personally identifiable information of our patients and clients
- I - Multi-layered compliance oversight infrastructure that includes compliance and Quality Assurance/Quality Improvement (QA/QI) committees at both the executive/staff and Board levels to conduct ongoing reviews of the organization's operations and risk management and underpin a culture of compliance
- I – Annually audited in compliance with Government Auditing Standards/OMB Circular A-133, Maine Uniform Accounting and Auditing Practices (MAAP) for Community Agencies, and by an Independent Certified Public Accountant firm, and has produced clean audits for more than a quarter century
- Q – Has no outstanding legal, technical or financial issues that would affect its ability to manage and deliver the Eviction Prevention Program project
- N – There was a detailed description of the quality improvement/quality assurance policies and processes utilized but no description of examples of core administrative procedures improved over the last three years in response to the QI/QA activities described.
- I – Most funding is from federal and state grants, Private funds raised through a variety of methods including individual donations, corporate philanthropy, grants from private foundations, and fees for services
- Relevant recent projects reflecting appropriate experience and expertise to provide HFSSS are the collaborative HOUSE project for homeless opioid users (project began in 2020); administering the Community Aging in Place Grant Program to repair/modify senior's homes; and implementing the "Family Independence Project" for transitional housing for families.

**2. Organizational Chart**

- Q – An organizational chart was submitted but it did not show the project team proposed to meet the requirements of this RFP nor did it indicate to whom the project team reports

**3. Litigation**

- Form submitted indicating there is no applicable litigation

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

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<ul style="list-style-type: none"><li>• I – Frontline staff have all participated in and completed a Trauma Responsive Certificate Program, recognizing that using a trauma informed approach as the lens to the work acknowledges and honors the individual experiences of each and every one of their clients and the barriers, they experience to achieving well-being and stability in their lives.</li><li>• Q – Frontline staff are working directly with clients in Housing Navigation, Whole Family Coaching, Multi-Cultural Outreach and Community Health Work.</li><li>• Rely on the individual to direct their care and define their goal</li><li>• Clients are the best source to inform their own success</li><li>• implementation, and current certificates of insurance, and reimbursement rate agreements at least six months prior to the property becoming eligible to tenancy</li><li>•</li></ul>
<ul style="list-style-type: none"><li>• Has been collaborating at the local level with Avesta and Sanford Housing Authority to determine what approach to HFSSS implementation would look like to meet the needs of future tenants.</li><li>• Has developed a strong partnership with Sanford Housing Authority to leverage resources and assist individuals and families seeking long-term housing</li><li>• Is utilizing the York County Shelter Program to provide insight into staffing and support, specifically for the 2nd and 3rd shift hours, as they have this experience and skillset with the shelter services they have been offering for 45 years, and those services are in-line with support and stabilization programming that will be offered to residents of the Housing First project</li><li>• Q - Is confident will be able to provide the Department with a detailed plan for staffing, subcontracting (did not indicate what subcontracting might be required),</li><li>• Has a long history of developing and expanding programming. Deep and frequent needs assessment ensures that services are tightly targeted to community needs</li></ul>
<ul style="list-style-type: none"><li>• I – Provide examples of current collaborative efforts.</li></ul>
<ul style="list-style-type: none"><li>• Provide attachment X</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<ul style="list-style-type: none"><li>• If accepted as a pre-qualified vendor for HFSSS, YCCAC will begin the process of establishing agreements immediately to ensure compliance prior to contract. Y</li></ul>
<ul style="list-style-type: none"><li>• Ability is evidenced by our collaborations with the Maine DHHS office to support TANF beneficiaries with our Whole Family programming, Caring</li></ul>

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Unlimited, the York County domestic violence support organization, and Sanford Housing Authority to help provide housing to participants
<ul style="list-style-type: none"> <li>• Achieves continuity of care for patients by ensuring both teams of providers and supportive staff as well as technology systems communicate with each other seamlessly.</li> <li>• Employs a Referral Specialist who oversees the referral process to other providers.</li> <li>• Has a Medical Records Specialist, who serves as the point-of-contact to follow-up and make sure the patient kept the referral appointment(s) and that all medical records pertaining to the care provided are sent back to the health center for incorporation into the patient's health record.</li> </ul>
<ul style="list-style-type: none"> <li>• Not much detail directly responding to the question. Info about size of the bidder agency.</li> </ul>
<ul style="list-style-type: none"> <li>• Is in a position to quickly hire and onboard the staff required to implement the program and anticipates many people will be eager to join the team.</li> <li>• Has a long history of developing and expanding programming, including outreach support and behavioral health programming.</li> <li>• Deep and frequent needs assessment ensure that services are tightly targeted to community needs.</li> <li>• Has already begun laying the groundwork with Sanford Housing for the Housing First project to utilize the Continuum of Care Coordinated Entry process to quickly and equitably coordinate the access, assessment, prioritization, and referrals to housing and services for people experiencing or at imminent-risk of homelessness</li> </ul>
<ul style="list-style-type: none"> <li>• Provide detailed information about the policies that ensure compliance with all applicable laws, regulations, provisions of contracts and grants including specific departments and individuals who take specific actions</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• Providing 24/7/365 Support and Stabilization Services in a Housing First setting would be a new service</li> <li>• In order to maximize existing resources, create efficiencies and reduce cost, exploring contracting with the York County Shelter Program to provide 2nd and 3rd shift back-up supervisory support.</li> </ul>
<ul style="list-style-type: none"> <li>• Will ensure at least two HFSSS are available onsite 24/7/365</li> </ul>
<ul style="list-style-type: none"> <li>• Staff deploy tools underpinned by training in trauma and poverty-informed care to empower program tenants to take the lead in determining their own needs and strengths</li> <li>• Response was primarily about connecting clients to community supports.</li> </ul>

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

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<ul style="list-style-type: none"> <li>Limited information provided about building independent living skills or maintaining housing other than connection to community resources</li> </ul>
<ul style="list-style-type: none"> <li>The CEO is responsible for hiring and evaluating Program Directors for each of the departments. Each Program Director reports to the CEO or CPO.</li> <li>Program Directors are responsible for hiring employees to work in that department with approval from the CEO. All employees within a department shall report directly to that department's Program Director, who shall be responsible for managing and evaluating all employees within the department.</li> <li>For the purpose of HFSSS, the Director of Economic Opportunity in conjunction with the Chief Program Officer will be responsible for the decision making, program operations, and monitoring of the HFSSS</li> </ul>
<ul style="list-style-type: none"> <li>Response focused on equity and supporting marginalized persons. Did not directly address protecting the rights of individuals receiving services.</li> </ul>
<ul style="list-style-type: none"> <li>Primarily focused on what the bidder agency provides for primary medical care, behavioral health care and dental care.</li> <li>Maintains close working relationships with health, social services, and community service organization to support patients whose needs may fall outside of bidder's scope but did not provide details about what those needs might be or what community based resources would provide them.</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>Agreements for participation are voluntary but encouraged. If tenants do not want to participate staff will continue to build relationships and opportunities</li> </ul>
<ul style="list-style-type: none"> <li>Will work with each tenant to understand their specific circumstances and needs and develop individual plans to ensure each tenant is able to access all of the resources available to them from crisis management, to daily household management, to creating opportunities for meeting future goals</li> <li>At the heart of this model is the development and implementation of a Pathway Plan. Tenants who are 'ready' with their coach will identify goals and barriers that they will work on together over the course of their tenancy.</li> </ul>
<ul style="list-style-type: none"> <li>Response talked about housing being a scarce resource and what the bidder provides to homeless persons rather than what they will do for the HFSSS tenants who are no longer homeless.</li> <li>Very little information about provision of life skill development and 24/7/365 tenancy support services</li> </ul>
<ul style="list-style-type: none"> <li>Repeated information from earlier sections but did not address case management including case management provided by other service providers</li> </ul>
<ul style="list-style-type: none"> <li>HFSSS will include a variety of options available at all hours, night and day.</li> </ul>



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- Tenant engagement and community building will be a core component of residency
- Will provide specific harm reduction services such as ensuring naloxone is available and accessible on-site 24/7/365, and providing referrals to a Syringe Service Program
- Services are likely to include both individual and small group activities and opportunities for relationship and trust building. Examples of such services which allow tenants access to alternative activities, healthy choices and personal care could include: On site personal care services (e.g., haircuts, salon services); Individual or small group cooking classes or meals, Games and puzzles, Guest speakers including motivational and informational topics, Outdoor walks or gardening activities

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- Cost Structure Reimbursement Acknowledgement Form was submitted.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** YCCAC

**DATE:** 03.08.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• For 60 years York County Community Action (YCCAC) has delivered health and human services in York County.</li><li>• private nonprofit organization, relationships with health care providers, private practices, public health administrators and government agencies, social service providers, law enforcement, schools, funders, and community based organizations throughout York County</li><li>• variety of social service programs inhouse</li><li>• Maine's only Community Action Agency that encompasses a federally qualified healthcare facility</li><li>• serve a culturally diverse range of patients who are underserved in a multitude of ways - clients and patients who live in public housing, are unhoused, face cultural and linguistic barriers, New Mainers, and those in urgent need of Behavioral Health (BH), Mental Health (MH) and Medications for Opioid Use Disorder (MOUD).</li><li>• individuals receive services related to nutrition and food provision, intense housing assistance, health insurance enrollment, culturally and linguistically appropriate care, and services without regard to ability to pay from multiple settings.</li><li>• YCCAC has a particular focus on the social and economic factors that affect access to social services and health care</li><li>• health center as part of the Community Action Agency is the only one of its kind in Maine, and one of very few in the country; medical care plus clinical care and connection to social services such as referrals to resources for food, transportation, financial assistance and others</li><li>• structure represents a "one stop shop" for patients</li><li>• Housing Navigation, Family-Centered Coaching, and Outreach services</li><li>• Health Care for the Homeless (HCH) provider, we work to ensure low-barrier access to primary care and other health services to homeless individuals and families in York County.</li><li>• integrated service model, which includes medical (including MAT services), BH and dental care</li><li>• Nasson Health Care, YCCAC's FQHC, provides referrals for all patients identified as experiencing homelessness to its SDOH Case Worker who then works with the patients to complete voucher applications and housing applications. If needed an</li></ul>	

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additional referral is made to an another agency for Case Management or to a YCCAC Outreach Worker to further assist with housing resources. YCCAC also has a Housing Navigator who assists with matching clients with housing and working with local landlords to identify available housing.

- YCCAC was a lead partner and is now host to the State's Region One Homeless Hub Coordinator.
- 24/7/365: on-call services at Nasson health Care; WAVE program in Transportation runs seven days/week and 358 days/year from 6 am to 10 pm; manage 3 affordable housing properties, with some support outside of business hours; operated shelter 24/7 for about six weeks; exploring contracting with the York County Shelter Program to provide 2nd and 3rd shift back-up supervisory support. YCSP is a close partner, is staffed 24/7/365, and has extensive experience providing shelter services to individuals who are chronically homeless.
- YCCAC has seen a 70% increase in the number of homeless patients served in the last 3 years; 1,496 in 2023;
- As a medical home, BH is integrated with primary care; within this model, clinicians provide one-on-one counseling, cognitive behavioral, and problem-solving therapies to support behavior modification to help patients manage their own self-care, including those with one or more chronic health conditions.
- 4 BH staff; many consultations via telehealth
- YCCAC employs a Referral Specialist who oversees the referral process to other providers
- Projects with local police departments; ED or Treatment facilities; Layman Way; IOP and aftercare programs for transitions of care; local homeless Task Forces with the City of Biddeford and City of Sanford; networking with local schools; partnering with SMHC; Rural York County Opioid Planning Project and subsequent Implementation Project
- Recruitment and retention – general description
- Connecting households with community supports is often a concerted effort among our team to ensure access to all of the resources available to them from crisis management, to daily household management, to creating opportunities for meeting future goals.
- P: Strong description of barriers and how bidder mitigates the barriers
- YCCAC provides one-on-one assistance to patients applying to enroll in a variety of benefit programs to support health care costs.
- provide support with other options for insurance or financial support, incl. Health Insurance Marketplace, Care Partners, and YCCAC's own Sliding Fee Scale, WIC, TANF, and SNAP

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- two full time intake staff, who can and will help an uninsured patient apply for Medicaid or buy insurance on the Exchange
- YCCAC was the first health center in Maine to use the PRAPARE tool (Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences) to screen for SDOH of all patients. Deep and frequent needs assessment ensure that services are tightly targeted to community needs
- Good detail of local community-based programs; not clear If YCCAC has relationships with them all?
- P: YCCAC owns and operates three affordable and transitional housing properties
- Two three-unit properties target homeless families who sign 2-year leases and as part of their housing enroll in Whole Family Coaching; Our third property targets households earning 30-50% of the area median income
- Housing Navigator; has forged positive working relationships with municipal officials, especially the General Assistance Administrators, the local Housing Authority, the York County Shelter Program and the school systems including school social workers and McKinney-Vento liaison
- The housing units and properties owned by YCCAC all provide experience working collaboratively with outside property managers or housing partners
- List of cross-sector initiatives; details on the HOUSE program
- Abila MIP Fund Accounting system, fully integrated; multi-layered compliance oversight infrastructure that include Compliance and Quality Assurance/Quality Improvement (QA/QI) committees at both the executive/staff and Board levels; clean audits for more than 25 years
- I: Good detail on quality improvement infrastructure, but did not provide 3 specific projects
- 30% of budget comes from private funds raised through a variety of methods including: individual donations, corporate philanthropy, grants from private foundations, and fees for services.
- 3 projects: (1) HOUSE (2) Community Aging in Place Grant Program (3) A Place For Us: a Whole Family approach program within our Economic Opportunity division, provides housing and supportive services to families with children who are homeless or at risk of homelessness.

•

## **2. Organizational Chart**

- Provided; not clear where HFSSS would sit

## **3. Litigation**

- None

## **Part IV, Section III. Proposed Services**

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** YCCAC

**DATE:** 03.08.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

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**1. Services to be Provided**

**Part II**

**A. Administrative Requirement**

- The Housing First project proposes that York County Community Action Corporation (YCCAC) will provide case management, life skills, and customized supports to residents 24/7/365.
- implement strategies that lead to more equitable and improved health outcomes for communities, ultimately reducing health disparities and enhancing overall population health
- YCCAC addresses homelessness in a multi-faceted way to ensure access to all available resources and services
- Will provide a focus on the stabilization supports developed such as tenant orientations and lease review, landlord expectations and communication, utility set up, rental payment procedures, appliance operation and care, and connection to community resources for food, clothing and furniture
- relationships with health care providers (e.g. hospitals, specialty providers (most of whom are affiliated with the hospitals), private practices, public health administrators and government agencies, social service providers, law enforcement, schools, funders, and community-based organizations) throughout York County
- a Health Care for the Homeless provider
- Ongoing quality improvement is a central tenet of YCCAC's model of care
- culturally sensitive and inclusive health and social services
- Regular data analysis and outcome monitoring guide our
- continuous improvement efforts, ensuring that our services are responsive to the evolving needs of our diverse patient population
- programs and services are developed using the ROMA cycle beginning with an assessment of needs and resources, planning to identify results and strategies, implementation of strategies and services, observation and reporting on progress and ending with evaluation of the data as compared to our benchmarks.
- Exploring contracting with the York County Shelter Program to provide 2nd and 3rd shift back-up supervisory support. YCSP is a close partner, is staffed 24/7/365,
- common patient referral partner is Southern Maine Health Care (SMHC, a subsidiary of its parent organization, MaineHealth) and its two York County-based hospitals in Sanford and Biddeford
- maintain a Memorandum of Agreement (MoA) with SMHC

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<ul style="list-style-type: none"><li>• YCCAC partners with SMHC in the implementation of treatment and harm reduction interventions as a member of the Rural York County Opioid Planning Project and subsequent Implementation Project</li><li>• MoA with Maine Behavioral Healthcare (MBH)</li><li>• commitment to equity is embedded in mission</li><li>• rely on the individual to direct their care define their goals.</li></ul>
<ul style="list-style-type: none"><li>• YCCAC has already begun planning at the local level with Avesta and Sanford Housing Authority to determine what successful HFSSS implementation would look like</li><li>• will be able to provide the Department with a detailed plan for staffing, subcontracting, implementation, and current certificates of insurance, and reimbursement rate agreements at least six months prior to the property becoming eligible to tenancy.</li></ul>
<ul style="list-style-type: none"><li>• YCCAC serves as a Coordinated Entry assessment point and screens clients for Coordinated Entry eligibility.</li><li>• N: Did not address willingness to take direction</li></ul>
<ul style="list-style-type: none"><li>• Not addressed</li></ul>
<ul style="list-style-type: none"><li>• If accepted as a pre-qualified vendor for HFSSS, YCCAC will begin the process of establishing agreements immediately to ensure compliance prior to contract.</li></ul>
<ul style="list-style-type: none"><li>• implementation of standards across YCCAC are in alignment with those listed in the HOME Core Standards document</li><li>• YCCAC provided Targeted Case Management services for several for its Children's Services program, Head Start.</li></ul>
<ul style="list-style-type: none"><li>• YCCAC currently manages 58 grants, with a total agency budget of \$29 million. We currently have contracts and MOUs with the US Department of Health and Human Services, Maine State Housing Authority, Maine Department of Health and Human Services, and Maine Department of Transportation.</li><li>• YCCAC has entered into a formal agreement to both rent space in the new social services hub that is Mainspring, as well as collaborate on service delivery with the many partners committed to being onsite and working together including MaineHealth, Pine Tree Legal Assistance, Seacoast Outright, Southern Maine Agency on Aging and Volunteers of America.</li></ul>
<ul style="list-style-type: none"><li>• history of partnering with local, State, and Federal agencies to implement treatment and care coordination initiatives</li><li>• Meets requirement</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**BIDDER NAME:** YCCAC

**DATE:** 03.08.2025

**EVALUATOR NAME:** Adrienne Leahey

**EVALUATOR DEPARTMENT:** OBH / DHHS

\*\*\*\*\*

<ul style="list-style-type: none"> <li>• confident that transferring its framework to a Housing First setting would be a seamless transition</li> <li>• \$30 million organization with diverse funding streams and 230 employees.</li> </ul>
<ul style="list-style-type: none"> <li>• Can quickly hire and onboard the staff required to implement the program</li> <li>• N: no details on plans to hire and train staff and begin outreach</li> </ul>
<ul style="list-style-type: none"> <li>• YCCAC is responsible for compliance with all applicable laws, regulations, and provisions of contracts and grants.</li> <li>• P: Good level of detail</li> </ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"> <li>• contracting with the York County Shelter Program to provide 2nd and 3rd shift back-up supervisory support. YCSP is a close partner, is staffed 24/7/365, and has extensive experience providing shelter services to individuals who are chronically homeless</li> </ul>
<ul style="list-style-type: none"> <li>• Meets requirement</li> </ul>
<ul style="list-style-type: none"> <li>• staff deploy tools underpinned by training in trauma and poverty-informed care to empower program tenants to take the lead in determining their own needs and strengths</li> <li>• N: didn't seem to address safety and outreach directly</li> </ul>
<ul style="list-style-type: none"> <li>• YCCAC Outreach Workers connect households with community supports to help supplement income and provide basic needs; help navigate systems and resources such the General Assistance program, SNAP and MaineCare, setting up an account with CMP for electricity service, or a fuel dealer for heating their home, accessing financial supports like the General Assistance program and a tenant orientation to their new neighborhood including bus stop locations and trash pickup schedules.</li> <li>• Referrals are made as appropriate to YCCAC programming such as the Heating and Energy Assistance Program (HEAP), Nason Healthcare services, transportation services, the WIC program, and Early Head Start or Head Start.</li> <li>• All Housing Navigation clients learn of local and community resources and supports such as food pantries, clothing closets, faith-based or social service agencies and municipal and education resources.</li> </ul>
<ul style="list-style-type: none"> <li>• Director of Economic Opportunity in conjunction with the Chief Program Officer will be responsible for the decision making, program operations, and monitoring of the HFSSS</li> <li>• N: Did not address policy guidelines</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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\*\*\*\*\*

<ul style="list-style-type: none"><li>• providing training and educational resources to staff around issues of equity and bias</li><li>• committed to pursuing true diversity</li><li>• N: Did not address policies and procedure to protect rights of individuals</li></ul>
<ul style="list-style-type: none"><li>• Meets requirement</li><li>• YCCAC provides social services to over 13,000 clients per year.</li></ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"><li>• Agreements for participation are voluntary, but encouraged.</li></ul>
<ul style="list-style-type: none"><li>• Our team will work with each tenant to understand their specific circumstances and needs and develop individual plans to ensure each tenant is able to access all of the resources available to them from crisis management, to daily household management, to creating opportunities for meeting future goals; will build on experience and integrate the principles of Whole Family and Family Centered Coaching with case management services.</li><li>• development and implementation of a Pathway Plan</li></ul>
<ul style="list-style-type: none"><li>• integrated health and social services to homeless individuals</li><li>• a referral system that allows staff in any YCCAC program to make both internal and external referrals such as DHHS, Child Development Services, Help Me Grow Maine, Maine Families, the TANF program, SNAP, SSI, Caring Unlimited, Pine Tree Legal, community food pantries, York County Shelter Program, and other programs</li><li>• N: no mention of Peer services, or tenant guest management</li></ul>
<ul style="list-style-type: none"><li>• Referral Specialist who oversees the referral process to other providers</li><li>• use a 'closed-loop' referral system to social service providers</li></ul>
<ul style="list-style-type: none"><li>• Providing specific harm reduction services such as ensuring naloxone is available and accessible on-site 24/7/365, and providing referrals to a Syringe Service Program, tenant engagement and community building will be a core component of residency.</li><li>• allow tenants access to alternative activities, healthy choices and personal care could</li><li>• include:<ul style="list-style-type: none"><li>• <input type="checkbox"/> On site personal care services (e.g., haircuts, salon services)</li><li>• <input type="checkbox"/> Individual or small group cooking classes or meals</li><li>• <input type="checkbox"/> Games and puzzles</li><li>• <input type="checkbox"/> Guest speakers including motivational and informational topics</li><li>• <input type="checkbox"/> Outdoor walks or gardening activities</li></ul></li></ul>
<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"><li>• <b><i>MaineCare agreement included, cost structure acknowledged</i></b></li></ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #: 202412212**

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** York County Community Action Corporation

**DATE:** 3/7/2025, 3/9/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none"><li>• Bidder has a focus on social and economic factors</li><li>• Health care center is part of the Community Action Partnership Agency, is a one of a kind in Maine.</li><li>• Provides a one-stop shop for patients.</li><li>• Bidder will work with community partners to gain knowledge and to provide supportive services for afterhours/overnight hours.</li><li>• Layman Way Recovery Center will provide substance use disorder and recovery services for tenants.</li><li>• YCCAC uses delivery models that include Motivational Interviewing, trauma-informed service delivery, culturally and linguistically appropriate services and Family-Centered Coaching/Whole Family Coaching Models.</li><li>• Bidder offers case management services currently at YCCAC</li><li>• Bidder offers a variety of social service programs within the agency. Bidder recognizes that they cannot alone provide the full scale and quality of services to patients.</li><li>• Bidder is recipient of state CSBG funding, adhere to principles or Results Oriented Management and Accountability (ROMA).</li><li>• Bidder will be exploring contracting with the York County Shelter Program to provide 2<sup>nd</sup> and 3<sup>rd</sup> shift supervisory support. YCSP provides 24/7/365shelter services to individuals who are chronically homeless.</li><li>• Bidder partners with Southern Maine Health Care with the implementation and treatment of harm reduction as well as a member of the Rural York County Opioid Planning Project.</li><li>• Bidder has a MoA with Maine Behavioral Healthcare (MBH)</li></ul>	
2. Organizational Chart	
<ul style="list-style-type: none"><li>• Bidder provided Org chart yet not clear of HFSSS positions</li></ul>	
3. Litigation	
<ul style="list-style-type: none"><li>• N/A, none were documented.</li></ul>	

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** DHHS/OBH

\*\*\*\*\*

Part IV, Section III. Proposed Services
1. Services to be Provided
<b>Part II</b>
<b>A. Administrative Requirement</b>
<ul style="list-style-type: none"><li>• YCCAC programs are developed from the foundation of the bidder's mission, this assisted in the Housing Navigation program and how the Outreach and Whole Family Coaching programs work.</li><li>• Bidder's frontline staff provide direct contact in Housing Navigation, Whole Family Coaching, Multi-Cultural Outreach and Community Health Work. All staff have participated and completed a Trauma Responsive Certificate Program.</li><li>• Bidder has a "no wrong door approach" all of Bidder's programs serve as referral points to other Bidder programs.</li><li>• Eligibility screening, at times will dictate the type of assistance that the bidder can provide.</li></ul>
<ul style="list-style-type: none"><li>• Bidder has started planning at the local level with Avesta and Sanford Housing to determine what successful HFSSS implementation would look like.</li><li>• Bidder has collaborated with the York County Shelter Program to provide insight into staffing and support, specifically for the 2nd and 3rd shift hours. The shelter has been providing this service for 45 years and have been offering for 45 years, services are in-line with support and stabilization programming that will be offered to residents of the Housing First project.</li><li>• Bidder will provide the Dept with a detailed plan for staffing, subcontracting with agencies, implementation of services and current certificates of insurance, reimbursement rate agreements at least six months prior to the property becoming eligible to tenancy.</li><li>• 70 percent of bidder's funding comes through Federal and State grants.</li></ul>
<ul style="list-style-type: none"><li>• Bidder is host to the Region 1 Homeless Hub Coordinator for the State of Maine, YCCAC serves as a Coordinated Entry assessment point and screens clients for Coordinated Entry eligibility.</li><li>• YCCAC collaborates with MaineHousing, the Maine Continuum of Care and other stakeholders that participate in the improvement of the Homeless Response System</li><li>• YCCAC is also a member of the City of Sanford's Homeless Task Force, which was formed in October of 2023, work together to address the growing number of people who are unhoused or lack housing stability</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

\*\*\*\*\*

<ul style="list-style-type: none"><li>• Bidder acknowledges if accepted as a pre-qualified vendor for HFSSS the bidder will begin the process of establishing agreements to ensure compliance prior to the contract.</li><li>• Bidder describes enhanced Access to Care-Health Center is part of the Community Action Agency.</li></ul>
<ul style="list-style-type: none"><li>• Bidder currently manages 58 grants, with a total agency budget of \$29 million. Bidder currently has contracts and MOUs with the US Department of Health and Human Services, Maine State Housing Authority, Maine Department of Health and Human Services, and Maine Department of Transportation.</li><li>• One of a foundational partner of a new social services hub that is being developed in Southern York County called Mainspring.</li></ul>
<ul style="list-style-type: none"><li>• Bidder partners with (Southern Maine Healthcare) with being a member of the Rural York County Opioid Planning Project and subsequent Implementation Project. This provides implementation of treatment and harm reduction interventions.</li><li>• Bidder has a MoA with Maine Behavioral Healthcare (MBH) also a division of MaineHealth.</li></ul>
<ul style="list-style-type: none"><li>• Bidder has successfully administered programs similar to HFSSS</li><li>• Bidder has implemented programs such as The Homeless Hub, A Place for US, and HOUSE where strengths were identified and where adjustments could be made.</li></ul>
<ul style="list-style-type: none"><li>• Bidder is able to “quickly hire and onboard staff”</li><li>• Bidder has started the collaboration with Sanford Housing for the Housing First project. This will also utilize the Continuum of Care Coordinated Entry process.</li><li>• Current positions of Housing Navigators and Outreach Workers to connect with underserved communities.</li></ul>
<ul style="list-style-type: none"><li>• Bidder is responsible for compliance with all applicable laws, regulations, contracts and grants.</li><li>• For each federal award, an employee within the Dept will be designated as a grant manager.</li><li>• Detailed specific responsibilities of the Grant Manager</li></ul>
<b>B. Housing First Support and Stabilization Services (HFSSS)</b>
<ul style="list-style-type: none"><li>• HFSSS service would be new to the agency.</li><li>• Bidder is exploring contracting with York County Shelter Program to provide 2<sup>nd</sup> and 3<sup>rd</sup> shift back-up supervisory support.</li></ul>
<ul style="list-style-type: none"><li>• Bidder will evaluate their staffing model on an ongoing basis.</li></ul>

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

**RFP #:** 202412212

**RFP TITLE:** PQVL for Housing First Support and Stabilization Services

**BIDDER NAME:** York County Community Action Corporation

**DATE:** 3/7/2025, 3/9/2025

**EVALUATOR NAME:** Kerry Polyot-Stefani

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<ul style="list-style-type: none"> <li>Bidder will instill Proactive Workforce Planning, Flexible scheduling and resource allocation.</li> <li>Bidder notes a contingency plan yet this is not clarified</li> </ul>
<ul style="list-style-type: none"> <li>Bidder provides explanations of Outreach Workers having a vital role in the connection of resources.</li> <li>Client centered approach, staff have training in trauma and poverty-informed care for tenants to lead in acknowledging their own strengths and needs.</li> <li>Unclear of how the above a-d will be implemented, delivered or ensured.</li> </ul>
<ul style="list-style-type: none"> <li>Outreach Workers help to navigate systems and resources to meet basic needs and provide community connections for assistance.</li> <li>Housing Navigation provides knowledge of local and community resources.</li> </ul>
<ul style="list-style-type: none"> <li>CEO is responsible for hiring and evaluating Program Directors.</li> <li>Bidder states for the purpose of HFSSS the Director of Economic Opportunity in conjunction with the Chief Program Officer will be responsible for the decision making, program operations, and monitoring of the HFSSS.</li> </ul>
<ul style="list-style-type: none"> <li>Bidder is a recipient of Federal funds, YCCAC is mandated to operate with advancing</li> <li>Board of Directors is comprised of service recipients.</li> <li>Hiring of Cultural Brokers, provide ethnically sensitive support.</li> <li>Unclear of how to protect the rights of recipients</li> </ul>
<ul style="list-style-type: none"> <li>Bidder is only organization in Maine that is both a Community Action Agency and a Community Health Center.</li> <li>Bidder provides a range of social services programs to address the needs of tenants/patients.</li> </ul>
<b>C. Available HFSSS for Tenants</b>
<ul style="list-style-type: none"> <li>Bidder provides that agreements for participation are voluntary, but encouraged.</li> </ul>
<ul style="list-style-type: none"> <li>Bidder utilized a Whole Family and Family Centered Coaching Approach. Works to collaborate with clients to identify trauma and assist families reach their self-identified goals.</li> <li>"Pathway Plan" Tenants who are determined to be "ready" with their coach to identify goals and barriers which will be what the tenant works on during their time in the program.</li> <li>Unclear of creating individual crisis plans with tenants.</li> </ul>
<ul style="list-style-type: none"> <li>Bidder described electronic referral mechanism that assists health care providers to complete digital referrals to Outreach program.</li> <li>PRAPARE screening, using motivational interviewing to determine criteria eligibility of health risk and identifying supports and services.</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** DHHS/OBH

\*\*\*\*\*

<ul style="list-style-type: none"><li>• Provider will follow-up with referral to a dedicated SDOH social services case worker.</li><li>• Unclear how all services mentioned above will be provided.</li></ul>
<ul style="list-style-type: none"><li>• Bidder employs a referral specialist who oversees the referral process.</li><li>• Medical Records Specialist, serves as point of contact to follow-up with patient for referral appointment.</li><li>• “Closed-loop” referral system</li></ul>
<ul style="list-style-type: none"><li>• Services will be offered to tenants in Housing First Project, will include options available at all hours of the day and night.</li><li>• Bidder will provide specific harm reduction services and will provide access to Naloxone 24/7/365.</li><li>• Referrals will be made to Syringe Service Program</li><li>• Services offered will be from tenant feedback. Provided example of possible services.</li></ul>

***Part IV, Section IV. Cost Proposal and Budget Narrative***

- ***Signed Cost Structure Reimbursement Acknowledgment Form Provided***



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

**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Acting Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202412212**

**RFP TITLE: PQVL for Housing First Support and Stabilization Services**

I, Tia Bolduc, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team 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 RFP.

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 RFP 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 Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

Signed by:

Tia Bolduc

E61804B76F8344A...

**Signature**

Feb-10-2025

**Date**



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

**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Acting Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202412212**

**RFP TITLE: PQVL for Housing First Support and Stabilization Services**

I, Anna Ko, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team 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 RFP.

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 RFP 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 Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

Signed by:

A handwritten signature in blue ink, appearing to read "Anna Ko".

6020F14BF802423...

**Signature**

Feb-10-2025

**Date**





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

**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Acting Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202412212**

**RFP TITLE: PQVL for Housing First Support and Stabilization Services**

I, Michael LaBua, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team 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 RFP.

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 RFP 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 Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

DocuSigned by:

*Michael LaBua*

68402500DE16460...

**Signature**

Feb-10-2025

**Date**





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

**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Acting Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT**

**RFP #: 202412212**

**RFP TITLE: PQVL for Housing First Support and Stabilization Services**

I, Adrienne Leahey accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team 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 RFP.

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 RFP 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 Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

Signed by:

A handwritten signature in black ink, appearing to read 'Adrienne Leahey', written over a blue line.

EF010B2206DE0410...

**Signature**

Feb-14-2025

**Date**



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

**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Acting Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202412212**

**RFP TITLE: PQVL for Housing First Support and Stabilization Services**

I, Kerry Polyot-Stefani, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team 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 RFP.

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:

Kerry Polyot-Stefani

4A08774072D2480...

**Signature**

Feb-10-2025

**Date**