

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

RFA# 202210164					
Catalyst Funds for Adult Residential Substance Use Disorder Treatment					
Bidder Name:		Alternative Wellness Services-Arundel	Alternative Wellness Services-Biddeford	Alternative Wellness Services-Portland	Aroostook Mental Health Services
Scoring Sections	Points Available				
Part I: Preliminary Information	Pass/Fail	Pass	Pass	Pass	Pass
Part II: Priority Populations	20.00	0.00	0.00	10.00	20.00
Part III: Activities and Requirements	55.00	10.00	10.00	10.00	50.00
Part IV: Budget Form and Narrative	25.00	8.00	8.00	8.00	25.00
<b>TOTAL</b>	<b><u>100.00</u></b>	<b><u>18.00</u></b>	<b><u>18.00</u></b>	<b><u>28.00</u></b>	<b><u>95.00</u></b>
Bidder Name:		Catholic Charities	Crossroads for Women, Inc.	Employment Specialist of Maine, Inc.	Milestone Recovery
Scoring Sections	Points Available				
Part I: Preliminary Information	Pass/Fail	Pass	Pass	Pass	Pass
Part II: Priority Populations	20.00	10.00	0.00	10.00	10.00
Part III: Activities and Requirements	55.00	30.00	35.00	10.00	22.00
Part IV: Budget Form and Narrative	25.00	20.00	15.00	15.00	12.00
<b>TOTAL</b>	<b><u>100.00</u></b>	<b><u>60.00</u></b>	<b><u>50.00</u></b>	<b><u>35.00</u></b>	<b><u>44.00</u></b>

<b>Bidder Name:</b>		<b>Pine Tree Recovery Center</b>	<b>Wabanaki PHW</b>	
<b>Scoring Sections</b>	<b>Points Available</b>			
Part I: Preliminary Information	Pass/Fail	Pass	Pass	
Part II: Priority Populations	20.00	20.00	20.00	
Part III: Activities and Requirements	55.00	50.00	35.00	
Part IV: Budget Form and Narrative	25.00	8.00	12.00	
<b>TOTAL</b>	<b><u>100.00</u></b>	<b><u>78.00</u></b>	<b><u>67.00</u></b>	

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
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)

Dec-06-2022

Via Electronic Mail: [amberelliott@awsmaine.com](mailto:amberelliott@awsmaine.com)

Alternative Wellness Services  
Amber Elliott  
419 Alfred Street  
Biddeford, ME 04005

SUBJECT: Notice of Conditional Contract Award under RFA #202210164 Catalyst Funds for  
Adult Residential Substance Use Disorder Treatment

Dear Ms. Elliott:

This letter is in regard to the subject Request for Application (RFA), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the applications received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to:

- Aroostook Mental Health Services
- Catholic Charities Maine
- Pine Tree Recovery Center
- Wabanaki Public Health and Wellness

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

Sincerely,

DocuSigned by:  
  
D0EE4088B014465...  
Sarah Squirrell  
Director  
Office of Behavioral Health

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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Dec-06-2022

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

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

SUBJECT: Notice of Conditional Contract Award under RFA #202210164 Catalyst Funds for  
Adult Residential Substance Use Disorder Treatment

Dear Ms. Jacques:

This letter is in regard to the subject Request for Application (RFA), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the applications received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to:

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Sincerely,

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D0EE4088B014465...  
Sarah Squirrell  
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TTY: Dial 711 (Maine Relay)

Dec-06-2022

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

Catholic Charities Maine  
Jeffrey Tiner, COO  
307 Congress Street  
Portland, ME 04102-6060

SUBJECT: Notice of Conditional Contract Award under RFA #202210164 Catalyst Funds for  
Adult Residential Substance Use Disorder Treatment

Dear Mr. Tiner:

This letter is in regard to the subject Request for Application (RFA), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the applications received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to:

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Sincerely,

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Dec-06-2022

Via Electronic Mail: [lmerten@crossroadsme.org](mailto:lmerten@crossroadsme.org)

Crossroads for Women, Inc.  
Laura Merten, Director of Compliance and Risk Management  
71 US Route 1, Suite E  
Scarborough, ME 04074

SUBJECT: Notice of Conditional Contract Award under RFA #202210164 Catalyst Funds for  
Adult Residential Substance Use Disorder Treatment

Dear Ms. Merten:

This letter is in regard to the subject Request for Application (RFA), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the applications received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to:

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

Sincerely,

DocuSigned by:  
  
D0EE4088B014465...  
Sarah Squirrell  
Director  
Office of Behavioral Health

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TTY: Dial 711 (Maine Relay)

Dec-06-2022

Via Electronic Mail: [Heather.ulmer@esm-augusta.com](mailto:Heather.ulmer@esm-augusta.com)

ESM, Inc.  
Heather Ulmer, ESM VP  
776 Riverside Drive  
Augusta, ME 04330

SUBJECT: Notice of Conditional Contract Award under RFA #202210164 Catalyst Funds for Adult Residential Substance Use Disorder Treatment

Dear Ms. Ulmer:

This letter is in regard to the subject Request for Application (RFA), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the applications received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to:

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

Sincerely,

DocuSigned by:  
  
D0EE4088B014465...  
Sarah Squirrell  
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Office of Behavioral Health

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TTY: Dial 711 (Maine Relay)

Dec-06-2022

Via Electronic Mail: [sheck@milestone-recovery.org](mailto:sheck@milestone-recovery.org)

Milestone Recovery  
Sam Heck  
65 India Street  
Portland, ME 04101

SUBJECT: Notice of Conditional Contract Award under RFA #202210164 Catalyst Funds for Adult Residential Substance Use Disorder Treatment

Dear Mr. Heck:

This letter is in regard to the subject Request for Application (RFA), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the applications received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to:

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Sincerely,

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Office of Behavioral Health

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

Dec-06-2022

Via Electronic Mail: [john.burd@grncare.com](mailto:john.burd@grncare.com)

Pine Tree Recovery Center  
John Burd, Manager  
17 Bishop Street  
Portland, ME 04103

SUBJECT: Notice of Conditional Contract Award under RFA #202210164 Catalyst Funds for Adult Residential Substance Use Disorder Treatment

Dear Mr. Burd:

This letter is in regard to the subject Request for Application (RFA), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the applications received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to:

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Sincerely,

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Sarah Squirrell  
Director  
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TTY: Dial 711 (Maine Relay)

Dec-06-2022

Via Electronic Mail: [jadams@wabanakiphw.org](mailto:jadams@wabanakiphw.org)

Wabanaki Public Health and Wellness  
Jason Adams, Budget & Grants Manager  
4<sup>th</sup> Floor, P.O. Box 1356  
Bangor, ME 04401

SUBJECT: Notice of Conditional Contract Award under RFA #202210164 Catalyst Funds for  
Adult Residential Substance Use Disorder Treatment

Dear Mr. Adams:

This letter is in regard to the subject Request for Application (RFA), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the applications received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to:

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Sincerely,

DocuSigned by:  
  
D0EE4088B014465...

Sarah Squirrell  
Director  
Office of Behavioral Health

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Arundel

**DATE:** November 22, 2022

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Part I. Applicant Eligibility Information	<b>X</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>0.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>10.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>8.00</b>
<u>Total Points</u>	<u>100.00</u>	<u>18.00</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Arundel

**DATE:** November 22, 2022

\*\*\*\*\*

**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |   |
|---|
| <ul style="list-style-type: none"><li>• Met requirement</li></ul> |
|---|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Arundel

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>0.00</b>

**Evaluation Team Comments:**

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Did not specifically address populations that have historically experience health disparities
- Is not located in located in Kennebec, Aroostook, Androscoggin, and/or Washington counties, and/or, the cities of Portland and/or Bangor

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202210164

RFA TITLE: Catalyst Funds for Adult Residential Substance Use Disorder Treatment

BIDDER: Alternative Wellness Services- Arundel

DATE: November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>10.00</b>

**Evaluation Team Comments:**

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Will have two (2) sites</li> <li>• The workplan is unclear which of the potential sites will be utilized</li> <li>• It is unclear if sixteen (16) beds are to be added to both or each facility</li> <li>• The six-month timeline seems unrealistic to stand up a new facility</li> <li>• Did not address if/when changes are made to the timeline, providing an updated work plan to the Department within seven (7) calendar days of identification of change</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Provided licenses</li> <li>• Response did not demonstrate a clear understanding of licensing requirements specific to a residential facility</li> <li>• It is unclear if the staffing will meet the staffing requirements for SUD treatment</li> <li>• The brief outline lacks detail regarding hiring, retention, Supervision and training specific to SUD Treatment programming</li> <li>• Did not identify the physical location</li> <li>• Will prioritize all MaineCare members</li> <li>• Uninsured individuals may receive services funded by grant funding if available</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Did not describe the process for linkage/access to MOUD and MAUD</li> <li>• Indicated a telehealth provider for med management, however response is unclear if this provider would provide the access to MOUD and MAUD</li> <li>• Did not demonstrate an understanding of how Consumers would be recruited, engage, and retained in services including policies and practices to support accessing and remaining in Residential SUD Treatment services</li> <li>• Response lacked detail describing experience in collaborating and coordinating with other community service agencies, prisons/jails and/or correctional facilities, and other providers and support services within the continuum of care and services and programs that address social determinants of health. Did not demonstrate an understanding of this requirement</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Arundel

**DATE:** November 22, 2022

\*\*\*\*\*

- Response lacked detail regarding how collaboration with agencies and other stakeholders to support Consumers pre- and post-discharge and plans for continuing to engage Consumers returning to the recovery community. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding how services will be brought to scale and will be sustainable without additional support from the Department
- Did not demonstrate an understanding of this requirement
- Provided a description of how catalyst funds for Residential SUD Treatment received from the Department will be used to achieve all activities outlined in this RFA

**2. Equity and Consumer Engagement**

- Response did not identify the data they would collect and how it would be integrated
- Response lacked detail. Did not demonstrate an understanding of this requirement and did not address governance, leadership, and direct service staffing
- Response lacked detail related to the efforts to ensure the project provides Culturally and Structurally Competent services. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding efforts to prioritize service delivery for Populations that have Historically Experienced Health Disparities. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding how the project will monitor utilization and outcomes of services for Populations that have Historically Experienced Health Disparities and adapt approaches as necessary to improve utilization and outcomes. Did not demonstrate an understanding of this requirement
- Indicated “none” to any active or outstanding complaints or issues with relevant credentialing bodies against the Applicant, its leadership, or governance, and active or outstanding complaints or issues with the Maine Human Rights Commission within the past four (4) years

**E. Allowable Use of Funds**

- The sprinkler system is a capital expense and would not be allowable

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Arundel

**DATE:** November 22, 2022

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**EVALUATION OF PART IV  
Budget Form and Narrative**

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	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>8.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Response lacked detail</li><li>• Indicated that they are starting at twelve (12) beds and will expand to sixteen (16) beds, but will not be within budget, per bed, if they do not reach their full capacity of sixteen (16) beds</li><li>• The startup cost lacks sufficient detail</li></ul> |
|--|



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Biddeford

**DATE:** November 22, 2022

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

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<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Part I. Applicant Eligibility Information	<b>X</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>0.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>10.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>8.00</b>
<u>Total Points</u>	<u>100.00</u>	<u>18.00</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Biddeford

**DATE:** November 22, 2022

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**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Met requirements</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Biddeford

**DATE:** November 22, 2022

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**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>0.00</b>

**Evaluation Team Comments:**

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"> <li>• Did not specifically address populations that have historically experience health disparities</li> <li>• Is not located in Kennebec, Aroostook, Androscoggin, and/or Washington counties, and/or, the cities of Portland and/or Bangor</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Biddeford

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>10.00</b>

**Evaluation Team Comments:**

**Part III. Activities and Requirements**

**B. Project Work Plan**

- Would have two (2) sites
- The workplan is unclear which of the potential sites will be utilized
- It is unclear if sixteen (16) beds are to be added to both or each facility
- The six-month timeline seems unrealistic to stand up a new facility
- Did not address if/when changes are made to the timeline, providing an updated work plan to the Department within seven (7) calendar days of identification of change

**C. Operational Requirements**

- Provided licenses
- Response did not demonstrate a clear understanding of licensing requirements specific to a residential facility
- It is unclear if the staffing will meet the staffing requirements for SUD treatment
- The brief outline lacked detail regarding hiring, retention, Supervision and training specific to SUD Treatment programming
- Did not identify the physical location
- Will prioritize all MaineCare members
- Uninsured individuals may receive services funded by grant funding if available

**D. Programmatic Requirements**

**1. Program Requirements**

- Did not describe the process for linkage/access to MOUD and MAUD
- Indicated a telehealth provider for med management, unclear if this provider would provide the access to MOUD and MAUD
- Response lacked detail. Did not demonstrate an understanding of how Consumers would be recruited, engage, and retained in services including policies and practices to support accessing and remaining in Residential SUD Treatment services
- Response lacked detail describing experience in collaborating and coordinating with other community service agencies, prisons/jails and/or correctional facilities, and other providers and support services within the continuum of care and

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Biddeford

**DATE:** November 22, 2022

\*\*\*\*\*

services and programs that address social determinants of health. Did not demonstrate an understanding of this requirement.

- Response lacked detail regarding how collaboration with agencies and other stakeholders to support Consumers pre- and post-discharge and plans for continuing to engage Consumers returning to the recovery community. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding how services will be brought to scale and will be sustainable without additional support from the Department
- Did not demonstrate an understanding of this requirement
- Provided a description of how catalyst funds for Residential SUD Treatment received from the Department will be used to achieve all activities outlined in this RFA

**2. Equity and Consumer Engagement**

- Response did not identify the data they would collect and how it would be integrated into the project
- Response lacked detail in the description of efforts to engage Consumers and members of Populations that have Historically Experienced Health Disparities in governance, leadership, and direct service staffing. Did not demonstrate an understanding of this requirement and did not address governance, leadership, and direct service staffing
- Response lacked detail related to the efforts to ensure the project provides Culturally and Structurally Competent services. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding efforts to prioritize service delivery for Populations that have Historically Experienced Health Disparities. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding how the project will monitor utilization and outcomes of services for Populations that have Historically Experienced Health Disparities and adapt approaches as necessary to improve utilization and outcomes. Did not demonstrate an understanding of this requirement
- Indicated “none” to any active or outstanding complaints or issues with relevant credentialing bodies against the Applicant, its leadership, or governance, and active or outstanding complaints or issues with the Maine Human Rights Commission within the past four (4) years

**E. Allowable Use of Funds**

- The sprinkler system is a capital expense and would not be allowable

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Biddeford

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART IV  
Budget Form and Narrative**

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	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>8.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Response lacked detail</li><li>• Indicated that they are starting at twelve (12) beds and will expand to sixteen (16) beds, but will not be within budget, per bed, if they do not reach their full capacity of sixteen (16) beds</li><li>• The startup cost lacks sufficient detail</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Portland

**DATE:** November 22, 2022

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Part I. Applicant Eligibility Information	<b>X</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>10.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>10.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>8.00</b>
<u>Total Points</u>	<u>100.00</u>	<u>28.00</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Portland

**DATE:** November 22, 2022

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**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Met requirements</li></ul> |
|--|



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Portland

**DATE:** November 22, 2022

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**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>10.00</b>

**Evaluation Team Comments:**

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Did not specifically address populations that have historically experience health disparities
- Located in Portland

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Portland

**DATE:** November 22, 2022

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**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>10.00</b>

**Evaluation Team Comments:**

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Will have two (2) sites</li> <li>• The workplan is unclear which of the potential sites will be utilized</li> <li>• It is unclear if sixteen (16) beds are to be added to both or each facility</li> <li>• The six-month timeline seems unrealistic to stand up a new facility</li> <li>• Did not address if/when changes are made to the timeline, providing an updated work plan to the Department within seven (7) calendar days of identification of change</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Provided licenses</li> <li>• Response did not demonstrate a clear understanding of licensing requirements specific to a residential facility</li> <li>• It is unclear if the staffing will meet the staffing requirements for SUD treatment</li> <li>• The brief outline lacked detail regarding hiring, retention, Supervision and training specific to SUD Treatment programming</li> <li>• Did not identify the physical location</li> <li>• Will prioritize all MaineCare members</li> <li>• Uninsured individuals may receive services funded by grant funding if available</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Did not describe the process for linkage/access to MOUD and MAUD</li> <li>• Indicated a telehealth provider for med management, however response is unclear if this provider would provide the access to MOUD and MAUD</li> <li>• Did not demonstrate an understanding of how Consumers would be recruited, engage, and retained in services including policies and practices to support accessing and remaining in Residential SUD Treatment services</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Portland

**DATE:** November 22, 2022

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- Response lacked detail describing experience in collaborating and coordinating with other community service agencies, prisons/jails and/or correctional facilities, and other providers and support services within the continuum of care and services and programs that address social determinants of health. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding how collaboration with agencies and other stakeholders to support Consumers pre- and post-discharge and plans for continuing to engage Consumers returning to the recovery community. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding how services will be brought to scale and will be sustainable without additional support from the Department
- Did not demonstrate an understanding of this requirement
- Provided a description of how catalyst funds for Residential SUD Treatment received from the Department will be used to achieve all activities outlined in this RFA

**2. Equity and Consumer Engagement**

- Response did not identify the data they would collect and how it would be integrated
- Response lacked detail in the description of efforts to engage Consumers and members of Populations that have Historically Experienced Health Disparities in governance, leadership, and direct service staffing. Did not demonstrate an understanding of this requirement and did not address governance, leadership, and direct service staffing
- Response lacked detail related to the efforts to ensure the project provides Culturally and Structurally Competent services. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding efforts to prioritize service delivery for Populations that have Historically Experienced Health Disparities. Did not demonstrate an understanding of this requirement
- Response lacked detail regarding how the project will monitor utilization and outcomes of services for Populations that have Historically Experienced Health Disparities and adapt approaches as necessary to improve utilization and outcomes. Did not demonstrate an understanding of this requirement
- Indicated “none” to any active or outstanding complaints or issues with relevant credentialing bodies against the Applicant, its leadership, or governance, and active or outstanding complaints or issues with the Maine Human Rights Commission within the past four (4) years

**E. Allowable Use of Funds**

- The sprinkler system is a capital expense and would not be allowable

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Alternative Wellness Services- Portland

**DATE:** November 22, 2022

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**EVALUATION OF PART IV  
Budget Form and Narrative**

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	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>8.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Response lacked detail</li><li>• Indicated that they are starting at twelve (12) beds and will expand to sixteen (16) beds, but will not be within budget, per bed, if they do not reach their full capacity of sixteen (16) beds</li><li>• The startup cost lacks sufficient detail</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Aroostook Mental Health Services

**DATE:** November 22, 2022

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

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<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Part I. Applicant Eligibility Information	<b>X</b>	
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Part II. Priority Populations	<b>20.00</b>	<b>20.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>50.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>25.00</b>
<b><u>Total Points</u></b>	<b><u>100.00</u></b>	<b><u>95.00</u></b>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Aroostook Mental Health Services

**DATE:** November 22, 2022

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**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |   |
|---|
| <ul style="list-style-type: none"><li>• Met requirement</li></ul> |
|---|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Aroostook Mental Health Services

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>20.00</b>

**Evaluation Team Comments:**

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"> <li>• Will serve the priority populations of Aroostook</li> <li>• Addressed the Historically Experienced Health Disparities in Aroostook</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Aroostook Mental Health Services

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>50.00</b>

**Evaluation Team Comments:**

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Provided a workplan that meet the requirements of the RFA</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Provided the licenses</li> <li>• Indicated unapplicable to “For projects that cannot be licensed/certified by the State and/or local level until the project is complete, demonstrate an understanding of the licensing/certification timelines and requirements”</li> <li>• Indicated they would recruit for additional staff. However, did not provide a proposal of how they would onboard staff</li> <li>• Provided a detailed plan that outlined the procedures and standards for staff providing Residential SUD treatment</li> <li>• Provided the anticipated physical location, hours of operation, number of potential Adult Consumers to be served based on increased supply (number of beds) of residential treatment for SUD (taking into account new Medicaid regulations permitting utilization of larger residential treatment facilities under the MaineCare program, when applicable) and stratified by health insurance payer type (i.e., private pay, commercial, MaineCare, Medicare, uninsured)</li> <li>• Described how the agency intends to prioritize services for MaineCare members and/or uninsured individuals</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Will have staff onsite to provide MOUD and MAUD services</li> <li>• Has a plan for care coordination MOUD medications at discharge</li> <li>• Has a plan to provide three (3) different levels of care in one location that allows an individual to progress towards the individuals’ unique goals</li> <li>• The proposed services provide a bridge from withdrawal management to treatment</li> <li>• Described how Consumers will be recruited, engaged, and retained in services, including policies and practices to support accessing and remaining in Residential SUD Treatment services</li> </ul>



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Aroostook Mental Health Services

**DATE:** November 22, 2022

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- Described experience in collaborating and coordinating with other community service agencies, prisons/jails and/or correctional facilities, and other providers and support services within the continuum of care and services and programs that address social determinants of health
- Described collaboration with agencies and other stakeholders to support Consumers pre- and post-discharge and plans for continuing to engage Consumers returning to the recovery community
- Provided a realistic timeframe for bringing the services to scale
- Describe how catalyst funds for Residential SUD Treatment received from the Department will be used to achieve all activities outlined in this RFA

**2. Equity and Consumer Engagement**

- Provided the data points that would be collected but did not provide detail on how that data would be integrated into the project
- Described efforts to engage Consumers and members of Populations that have Historically Experienced Health Disparities in governance, leadership, and direct service staffing
- Provided a detailed plan to ensure the project provides Culturally and Structurally Competent services
- Provided efforts to prioritize service delivery for Populations that have Historically Experienced Health Disparities, and provided detail for specific populations
- Provided a detail process regarding their data and information collection to monitor the utilization and outcomes of the services
- Indicated none to “Explain any active or outstanding complaints or issues with relevant credentialing bodies against the Applicant, its leadership, or governance, and active or outstanding complaints or issues with the Maine Human Rights Commission within the past four (4) years”

**E. Allowable Use of Funds**

- Described the proposed project and how allowable use of funding will meet the requirements outlined in the RFA

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Aroostook Mental Health Services

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART IV  
Budget Form and Narrative**

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	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>25.00</b>

**Evaluation Team Comments:**

- |   |
|---|
| <ul style="list-style-type: none"><li>• Provided a detailed budget</li><li>• Cost per bed appears reasonable</li><li>• The majority of expense is dedicated to staffing</li></ul> |
|---|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Catholic Charities Maine

**DATE:** November 22, 2022

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Part I. Applicant Eligibility Information	<b>X</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>10.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>30.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>20.00</b>
<u>Total Points</u>	<u>100.00</u>	<u>60.00</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Catholic Charities Maine

**DATE:** November 22, 2022

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**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |   |
|---|
| <ul style="list-style-type: none"><li>• Met requirement</li></ul> |
|---|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Catholic Charities Maine

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>10.00</b>

**Evaluation Team Comments:**

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"> <li>• Did not specifically address populations that have historically experience health disparities</li> <li>• Located in Androscoggin</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Catholic Charities Maine

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>30.00</b>

**Evaluation Team Comments:**

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Did not include projected timelines for project phases</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Provided licenses</li> <li>• Provided a brief proposal to meet staffing requirements mandated by State and local licensing agencies in order to operate an Adult Residential SUD Treatment facility.</li> <li>• Response did not clearly address the plan for supervision</li> <li>• Did not address the SUD Treatment training specifically</li> <li>• Provided the anticipated physical location, hours of operation, number of potential Adult Consumers to be served based on increased supply (number of beds) of residential treatment for SUD (taking into account new Medicaid regulations permitting utilization of larger residential treatment facilities under the MaineCare program, when applicable) and stratified by health insurance payer type (i.e., private pay, commercial, MaineCare, Medicare, uninsured).</li> <li>• Services will be offered on a first come, first serves basis. States that the majority of individuals are MaineCare members</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Programmatic Requirements</b>
<ul style="list-style-type: none"> <li>• Indicated they will facilitate access to MOUD and MAUD. However, did not provide details that ensures initial and continued access to MOUD and MAUD</li> <li>• Response demonstrated recruitment strategies, but lacked details for retaining Consumers in services</li> <li>• Response did not provide details related to programs that address social determinants of health</li> <li>• Did not provide a detailed strategy for consumers related to their pre- and post-discharge planning</li> <li>• Did not provide a clear sustainability plan, the plan provided did not include a timeline</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Catholic Charities Maine

**DATE:** November 22, 2022

\*\*\*\*\*

- Described how catalyst funds for Residential SUD Treatment received from the Department will be used to achieve all activities outlined in this RFA

**2. Equity and Consumer Engagement**

- Response lacked detail on how data will be collected from populations that have Historically Experienced Health Disparities
- Response lacked detail on how members of Populations that have Historically Experienced Health Disparities will be engaged in governance, leadership, and direct service staffing
- Described efforts to ensure the project provides Culturally and Structurally Competent services. However, the response lacked detail. Did not demonstrate an understanding of this requirement
- Did not describe efforts to prioritize service delivery for Populations that have Historically Experienced Health Disparities
- Response did not demonstrate an understanding of their role in meeting the requirements of this section: monitoring utilization and outcomes of services for Populations that have Historically Experienced Health Disparities and adapt approaches as necessary to improve utilization and outcomes
- Indicated “none,” to: Explain any active or outstanding complaints or issues with relevant credentialing bodies against the Applicant, its leadership, or governance, and active or outstanding complaints or issues with the Maine Human Rights Commission within the past four (4) years

**E. Allowable Use of Funds**

- It is unclear if the Applicant is indicating the inclusion of plumbing in the application

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Catholic Charities Maine

**DATE:** November 22, 2022

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**EVALUATION OF PART IV  
Budget Form and Narrative**

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	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>20.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• The total for defibrillators and air purifiers seems excessive</li><li>• The budget for furniture lacked details</li></ul> |
|--|



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Crossroads for Women, Inc.

**DATE:** November 22, 2022

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Part I. Applicant Eligibility Information	<b>X</b>	
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Part II. Priority Populations	<b>20.00</b>	<b>0.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>35.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>15.00</b>
<b><u>Total Points</u></b>	<b><u>100.00</u></b>	<b><u>50.00</u></b>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Crossroads for Women, Inc.

**DATE:** November 22, 2022

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**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Met requirements</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Crossroads for Women, Inc.

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>0.00</b>

**Evaluation Team Comments:**

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Did not meet the requirements of this section</li></ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Crossroads for Women, Inc.

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>35.00</b>

**Evaluation Team Comments:**

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Provided a workplan that met the requirements of the RFA</li> <li>• Response did not address the following requirement: If/when changes are made to the timeline, provide an updated work plan to the Department within seven (7) calendar days of identification of change, to ensure the Department is informed of the progress of the work to be performed</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Provided licenses</li> <li>• Indicated N/A to “For projects that cannot be licensed/certified by the State and/or local level until the project is complete, demonstrate an understanding of the licensing/certification timelines and requirements”</li> <li>• Provided a brief proposal to meet staffing requirements mandated by State and local licensing agencies in order to operate an Adult Residential SUD Treatment facility</li> <li>• Response lacked details regarding Substance Use Disorder-related training</li> <li>• Provided the anticipated physical location, hours of operation, number of potential Adult Consumers to be served</li> <li>• Provided a description of how the agency intends to prioritize services for MaineCare members and/or uninsured individuals</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Programmatic Requirements</b>
<ul style="list-style-type: none"> <li>• The Medical director will prescribe MOUD and MAUD and ensure continuity at discharge</li> <li>• Provided a detail description of all services</li> <li>• Provided a detailed response to this section that included a robust recruitment and retention plan</li> <li>• Provided experience in collaborating and coordinating with other community service agencies, prisons/jails and/or correctional facilities, and other providers and support services within the continuum of care and services and programs that address social determinants of health</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Crossroads for Women, Inc.

**DATE:** November 22, 2022

\*\*\*\*\*

- Described collaboration with agencies and other stakeholders to support Consumers. However, the response lacked detail and does not address post-discharge planning
- Annotated how they would engage agencies, but not with the consumers
- Response is unclear how the service will be sustainable without additional support from the Department
- Will need additional staff for expansion when they indicate they have double the required staff

**2. Equity and Consumer Engagement**

- The plan provided lacked details on how consumer data and data from Populations that have Historically Experienced Health Disparities will be collected and integrated into the project
- Response did not address efforts to engage Consumers and members of Populations that have Historically Experienced Health Disparities in governance, leadership, and direct service staffing
- Provided a description of efforts to ensure the project provides Culturally and Structurally Competent services
- Provided details related to outreach, engagement, and retaining consumers, but lacks details related to the prioritizing service delivery to Populations that have Historically Experienced Health Disparities
- Will implement process improvement exercises when outcomes do not meet goals
- Indicated N/A to “Explain any active or outstanding complaints or issues with relevant credentialing bodies against the Applicant, its leadership, or governance, and active or outstanding complaints or issues with the Maine Human Rights Commission within the past four (4) years”

**E. Allowable Use of Funds**

- Described the proposed project and how allowable use of funding will meet the requirements outlined in the RFA

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Crossroads for Women, Inc.

**DATE:** November 22, 2022

\*\*\*\*\*

**EVALUATION OF PART IV  
Budget Form and Narrative**

---

	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>15.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• 36K for marketing for additional beds seems excessive</li><li>• What is included in the printing cost?</li><li>• 11K for training new staff seems excessive</li><li>• 1100 to change website content seems excessive</li><li>• What is the role of the personal care coordinators?</li><li>• 11K for furniture seems excessive</li><li>• It is unclear why the medical director is being paid through this funding opportunity</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Employment Specialist of Maine, Inc.

**DATE:** November 29, 2022

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Part I. Applicant Eligibility Information	<b>X</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>10.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>10.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>15.00</b>
<u>Total Points</u>	<u>100.00</u>	<u>35.00</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Employment Specialist of Maine, Inc.

**DATE:** November 29, 2022

\*\*\*\*\*

**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Met requirements</li></ul> |
|--|



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Employment Specialist of Maine, Inc.

**DATE:** November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>10.00</b>

**Evaluation Team Comments:**

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Response did not address the priority populations or describe the priority populations this project is designed to serve. However, did indicate that they would be providing services within Kennebec County

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Employment Specialist of Maine, Inc.

**DATE:** November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>10.00</b>

**Evaluation Team Comments:**

Part III. Activities and Requirements
B. Project Work Plan
<ul style="list-style-type: none"> <li>It is unclear if the proposed staffing is sufficient, if the workplan timeline is reasonable, or if there is an understanding of the differences between mental health and SUD services</li> <li>Did not provide a response to this requirement: If/when changes are made to the timeline, provide an updated work plan to the Department within seven (7) calendar days of identification of change, to ensure the Department is informed of the progress of the work to be performed</li> </ul>
C. Operational Requirements
<ul style="list-style-type: none"> <li>Provided a mental health license</li> <li>Response did not demonstrate a clear understanding of licensing requirements specific to a SUD residential facility</li> <li>There is no indication that extra staff will be needed to cover the expansion</li> <li>There is no medical director or clinical director indicated to meet staffing requirements</li> <li>Response did not address Residential SUD treatment training</li> <li>Did not provide a specific location within Kennebec County and did not specify the exact number of beds</li> <li>It is unclear if the Applicant understands the differences in mental health and residential SUD services</li> <li>Intend to accept all referrals</li> </ul>
D. Programmatic Requirements
1. Programmatic Requirements
<ul style="list-style-type: none"> <li>Has access to MOUD and MAUD, but it is unclear if this is on-site, or off-site, and how and where services will be delivered</li> <li>There is no reference to the alignment of the services with ASAM</li> <li>The proposed plan relies on the criminal justice system for referrals</li> <li>Response is unclear as to if they have any experience with substance use agencies</li> <li>Did not address collaborating and coordinating with support services within the continuum of care and services and programs that address social determinants of health</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Employment Specialist of Maine, Inc.

**DATE:** November 29, 2022

\*\*\*\*\*

- Response lacked detail regarding how collaboration with agencies and other stakeholders to support Consumers pre- and post-discharge and plans for continuing to engage Consumers returning to the recovery community
- Did not provide a clear sustainability plan, although indicated that all of this would be a one-time cost and that billing through MaineCare would be ongoing
- Described how catalyst funds for Residential SUD Treatment received from the Department will be used to achieve all activities outlined in this RFA

**2. Equity and Consumer Engagement**

- Provided a plan for or demonstrate how Consumer data and data from Populations that have Historically Experienced Health Disparities will be collected and integrated into the project. However, response lacked detail but stated they will use their data system to pull reports
- Have an advisory board that is made up of consumer population, but did not describe how consumers would impact governance, leadership, and direct service staffing
- Response lacked detail regarding efforts to ensure the project provides Culturally and Structurally Competent services
- Response did not describe efforts to prioritize service delivery for Populations that have Historically Experienced Health Disparities
- Response lacked detail but stated they will use their data system to pull reports utilization and outcomes of services for Populations that have Historically Experienced Health Disparities, but did not address if they would adapt approaches as necessary to improve utilization and outcomes
- Did not identify any issues for active or outstanding complaints

**E. Allowable Use of Funds**

- Described the proposed project and how allowable use of funding will meet the requirements outlined in the RFA

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Employment Specialist of Maine, Inc.

**DATE:** November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART IV  
Budget Form and Narrative**

---

	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>15.00</b>

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Is the exercise equipment necessary?</li><li>• 4K for bedroom furniture seems excessive</li><li>• 20K for living room setup and 25K for kitchen setup: it is unclear if the applicant is transforming a facility or if a new facility is being built</li><li>• Broke down the training cost by wages, instead of per training</li><li>• Lacks details regarding training and staff who will be trained</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Milestone Recovery

**DATE:** November 29, 2022

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Part I. Applicant Eligibility Information	<b>X</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>10.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>22.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>12.00</b>
<u>Total Points</u>	<u>100.00</u>	<u>44.00</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Milestone Recovery

**DATE:** November 29, 2022

\*\*\*\*\*

**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Met requirements</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Milestone Recovery

**DATE:** November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>10.00</b>

**Evaluation Team Comments:**

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Intend to provide services to only consumers who are MaineCare eligible</li><li>• Did not indicate providing services in Kennebec, Aroostook, Androscoggin, and/or Washington counties, and/or, the cities of Portland and/or Bangor</li></ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202210164

RFA TITLE: Catalyst Funds for Adult Residential Substance Use Disorder Treatment

BIDDER: Milestone Recovery

DATE: November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>22.00</b>

**Evaluation Team Comments:**

Part III. Activities and Requirements
B. Project Work Plan
<ul style="list-style-type: none"> <li>It is unclear if the proposed sustainability plan supports the expansion due to this plan being contingent on full bed occupancy</li> <li>Did not provide a response to all project phases of the plan</li> </ul>
C. Operational Requirements
<ul style="list-style-type: none"> <li>Current and valid license are being processed, but provided an expired license</li> <li>Response to “For projects that cannot be licensed/certified by the State and/or local level until the project is complete, demonstrate an understanding of the licensing/certification timelines and requirements” is “not applicable.”</li> <li>Three (3) additional staff to accommodate five (5) beds, it is unclear if this is an adequate staffing plan</li> <li>The Peer Navigator position is not required to operate an Adult Residential SUD Treatment facility</li> <li>Response did not provide details regarding the Residential SUD Treatment training</li> <li>Provided the anticipated physical location, hours of operation, number of potential Adult Consumers to be served based on increased supply (number of beds) of residential treatment for SUD (taking into account new Medicaid regulations permitting utilization of larger residential treatment facilities under the MaineCare program, when applicable) and stratified by health insurance payer type (i.e., private pay, commercial, MaineCare, Medicare, uninsured).</li> <li>Indicated they intend to accept MaineCare members only</li> </ul>
D. Programmatic Requirements
1. Programmatic Requirements
<ul style="list-style-type: none"> <li>Response lacked detail. Will work with Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD) providers, however, there is no plan for how consumers will be provided with access to MOUD and MAUD</li> <li>It is unclear if the applicant understands how/if their program is in alignment with American Society of Addiction Medicine (ASAM)</li> </ul>



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Milestone Recovery

**DATE:** November 29, 2022

\*\*\*\*\*

- Is currently completing FCFS screenings, it is unclear if screening will accommodate the screening on an as-need basis if needed.
- Response lacked detail regarding the recruitment, engagement, and retention in services, including policies and practices to support accessing and remaining in Residential SUD Treatment services
- The proposed plan relies heavily on the system of care to provide services
- Have a sixteen (16) bed facility, but twenty-seven (27) residents in the program
- Response lacked detail regarding their experience in collaborating and coordinating with other community service agencies, prisons/jails and/or correctional facilities, and other providers and support services within the continuum of care and services and programs that address social determinants of health
- Has multiple levels of care, but it is unclear how this is integrated into the services provided
- Did not provide a clear sustainability plan, indicates that all of this would be a one-time cost and that billing through MaineCare would be ongoing.
- The sustainability will be contingent on reaching full capacity
- Indicated an additional passenger van would be needed for the additional five (5) clients

**2. Equity and Consumer Engagement**

- Will pull data from their electronic health record
- Will be able to use the data to inform changes to their aftercare program
- Response lacked detail, but commits to the use of Consumers and members of Populations throughout services that will impact governance, leadership, and direct service staffing
- Response lacked detail but proposed providing training specific to providing Culturally and Structurally Competent services.
- Focuses on homeless and populations with low incomes, and lacks detail regarding how these populations would be engaged and retained in services
- Will use their Peer Navigator Coordinator position to collect data to improve utilization and outcomes
- It is unclear how the two (2) Peer Navigator positions will contribute to improving utilization and outcomes
- Identified an Equal Employment Opportunity Commission and human rights complaint that is currently in mediation

**E. Allowable Use of Funds**

- Described the proposed project and how allowable use of funding will meet the requirements outlined in the RFA

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Milestone Recovery

**DATE:** November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART IV  
Budget Form and Narrative**

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	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>12.00</b>

**Evaluation Team Comments:**

- The budget overall lacked detail
- Did not provide a total cost for Admin
- It is unclear if the staffing estimate is included
- A salary is not indicated for three (3) of the staff members
- \$59K for staffing, but is not broken down by position
- It is unclear if the staffing and admin cost are realistic to current competitive recruitment and retention
- 19% fringe benefits

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Pine Tree Recovery Center

**DATE:** November 29, 2022

\*\*\*\*\*

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

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<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Part I. Applicant Eligibility Information	<b>X</b>	
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Part II. Priority Populations	<b>20.00</b>	<b>20.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>50.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>8.00</b>
<b><u>Total Points</u></b>	<b><u>100.00</u></b>	<b><u>78.00</u></b>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Pine Tree Recovery Center

**DATE:** November 29, 2022

\*\*\*\*\*

**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Met requirements</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Pine Tree Recovery Center

**DATE:** November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>20.00</b>

**Evaluation Team Comments:**

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Located in Portland and serving a priority population.</li></ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Pine Tree Recovery Center

**DATE:** November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>50.00</b>

**Evaluation Team Comments:**

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Proposed timelines seem to be unrealistic for twenty (20) beds</li> <li>• The timeline for the scaling up the bed capacity within one and a half (1 ½) months seems unrealistic, it is unclear if the existing staff will be included in this scaling up</li> <li>• It is unclear if this is a new facility, separate from their existing levels of care</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Provided documentation of all required certifications/licenses required by the appropriate Department.</li> <li>• Noted “Not applicable” to: For projects that cannot be licensed/certified by the State and/or local level until the project is complete, demonstrate an understanding of the licensing/certification timelines and requirements.</li> <li>• Provided a brief proposal to meet staffing requirements mandated by State and local licensing agencies in order to operate an Adult Residential SUD Treatment facility.</li> <li>• Response did not address the training specific to Residential SUD treatment</li> <li>• Provided the anticipated physical location, hours of operation, number of potential Adult Consumers to be served based on increased supply (number of beds) of residential treatment for SUD (taking into account new Medicaid regulations permitting utilization of larger residential treatment facilities under the MaineCare program, when applicable) and stratified by health insurance payer type (i.e., private pay, commercial, MaineCare, Medicare, uninsured).</li> <li>• Did not describe how the agency intends to prioritize services for MaineCare members and/or uninsured individuals. However, identified that they currently have 35% MaineCare members and 30% uninsured</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Programmatic Requirements</b>
<ul style="list-style-type: none"> <li>• Provided a detailed plan to facilitate access to Medications for Opioid Use Disorder (MOUD) and Medication for Alcohol Use Disorder (MAUD) services</li> <li>• The proposed plan does not address the plan’s alignment with applicable American Society of Addiction Medicine (ASAM) criteria</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Pine Tree Recovery Center

**DATE:** November 29, 2022

\*\*\*\*\*

- Provided a comprehensive recruitment, engagement, and retention plan
- Described experience in collaborating and coordinating with other community service agencies, prisons/jails and/or correctional facilities, and other providers and support services within the continuum of care and services and programs that address social determinants of health
- Will collaborate with agencies and other stakeholders to support Consumers pre- and post-discharge and plans for continuing to engage Consumers returning to the recovery community
- Described how services will be brought to scale and will be sustainable without additional support from the Department
- Described how catalyst funds for Residential SUD Treatment received from the Department will be used to achieve all activities outlined in this RFA

**2. Equity and Consumer Engagement**

- Provided a detail plan for the collection and use of consumer data
- The efforts lacked detail regarding how engagement with Consumers and members of Populations that have Historically Experienced Health Disparities in governance, leadership, and direct service staffing
- Response referenced a DEI consultant and will provide training to ensure the project provides Culturally and Structurally Competent services
- Provided a comprehensive plan for outreach, engagement, and retainment of consumers
- DEI consultant and an outreach consultant will be used in the efforts to prioritize service delivery for Populations that have Historically Experienced Health Disparities
- Intend to dedicate two (2) FTE Community Outreach Specialists
- Provided a plan for the monitoring of utilization and outcomes of services
- Identified one (1) complaint related to Maine Human Rights Commission; did not indicate the current status of this issue

**E. Allowable Use of Funds**

- Intends to lease, the Department will need to determine if leasing is an allowable expense?

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Pine Tree Recovery Center

**DATE:** November 29, 2022

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**EVALUATION OF PART IV  
Budget Form and Narrative**

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	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>8.00</b>

**Evaluation Team Comments:**

- \$12K of art seems excessive
- The furniture and appliances for client use seems excessive \$155K
- \$30K marketing expense seems excessive
- \$12K sofa, and other interior décor items seems excessive
- Salary for the outreach community professional appears to be high
- It is unclear if the role is necessary and if the compliance professional is dedicated to this program
- If they have two (2) Community Outreach professionals, is the Marketing Consultant needed?
- A passenger van is included in this budget



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Wabanaki Public Health and Wellness

**DATE:** November 29, 2022

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFA Coordinator:** Brittany Hall

**Names of Evaluators:** Amy Heino, Corinna O’Leary, Kenney Miller, and Allison Weeks

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Part I. Applicant Eligibility Information	<b>X</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>20.00</b>
Part III. Activities and Requirements	<b>55.00</b>	<b>35.00</b>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>12.00</b>
<u>Total Points</u>	<u>100.00</u>	<u>67.00</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Wabanaki Public Health and Wellness

**DATE:** November 29, 2022

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**OVERVIEW OF PART I  
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

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**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Met requirements</li></ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Wabanaki Public Health and Wellness

**DATE:** November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART II  
Priority Populations**

	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Populations	<b>20.00</b>	<b>20.00</b>

**Evaluation Team Comments:**

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• The services will be specific to the tribal community and provided in Bangor</li></ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Wabanaki Public Health and Wellness

**DATE:** November 29, 2022

\*\*\*\*\*

**EVALUATION OF PART III  
Activities and Requirements**

	<u>Points Available</u>	<u>Points Awarded</u>
Part III. Proposed Services	<b>55.00</b>	<b>35.00</b>

**Evaluation Team Comments:**

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Provided a workplan that addresses licensure and staffing, but did not address the other project phases</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Provided documentation of all required certifications/licenses required by the appropriate Department</li> <li>• Does not have a residential license and did not demonstrate an understanding of the licensing/certification timelines and requirements</li> <li>• Provided a brief proposal to meet staffing requirements mandated by State and local licensing agencies in order to operate an Adult Residential SUD Treatment facility</li> <li>• Did not address procedures and standards for supervision</li> <li>• Response regarding training lacked detail specific to providing Residential SUD Treatment training</li> <li>• Provided the anticipated physical location, hours of operation, number of potential Adult Consumers to be served based on increased supply (number of beds) of residential treatment for SUD (taking into account new Medicaid regulations permitting utilization of larger residential treatment facilities under the MaineCare program, when applicable) and stratified by health insurance payer type (i.e., private pay, commercial, MaineCare, Medicare, uninsured)</li> <li>• Indicated intention to provide services to any individual regardless of insurance status</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Programmatic Requirements</b>
<ul style="list-style-type: none"> <li>• Intends to facilitate access to Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD), which are in alignment with applicable American Society of Addiction Medicine (ASAM) criteria</li> <li>• Indicated having a strong presence in the community and demonstrates the ability to recruit, engage, and retain consumers in services</li> </ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Wabanaki Public Health and Wellness

**DATE:** November 29, 2022

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- Response did not address experience in collaborating and coordinating prisons/jails and/or correctional facilities
- Demonstrated experience using other providers and support services within the Tribe's continuum of care and services
- The plan provided was vague and lacked detail related to transitioning to resources when transitioning out of this service
- There is no reference to maintain access to MOUD and MAUD services
- The sustainability plan was vague and lacked detail on how services will be brought to scale and sustained without additional support
- Described how catalyst funds for Residential SUD Treatment received from the Department will be used to achieve all activities outlined in this RFA

**2. Equity and Consumer Engagement**

- Referenced the use of program improvement planning that includes the inclusion of data from services and the tribal health improvement plan
- Will engage at all levels of governance, leadership, and direct service staffing
- Will use ASAM and evidenced-based practices couple with traditional healing methods to ensure the project provides culturally and structurally competent services
- Did not reference their efforts specific to structural competent services
- Described efforts to prioritize service delivery for Populations that have Historically Experienced Health Disparities
- Will use the electronic health record to monitor utilization and outcomes of services for Populations that have Historically Experienced Health Disparities and adapt approaches as necessary to improve utilization and outcomes
- States that an explanation for any active or outstanding complaints or issues with relevant credentialing bodies against the Applicant, its leadership, or governance, and active or outstanding complaints or issues with the Maine Human Rights Commission within the past four (4) years is "not applicable."

**E. Allowable Use of Funds**

- Did not describe the proposed project and how allowable use of funding will meet the requirements outlined in the RFA

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER:** Wabanaki Public Health and Wellness

**DATE:** November 29, 2022

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**EVALUATION OF PART IV  
Budget Form and Narrative**

---

	<u>Points Available</u>	<u>Points Awarded</u>
Part IV. Budget Form and Narrative	<b>25.00</b>	<b>12.00</b>

**Evaluation Team Comments:**

- How does \$19K cover 24/7 security? Is the cost for a technology system? Or a security service?
- The narrative indirect cost lacked detail
- The equipment cost is reasonable for the proposal
- Why are additional costs included for the electronic health record if there is already existing EHR?
- The narrative lacked details regarding the use of catering and kitchen costs
- What is the level of effort across all funding sources?
- The staff and level of effort proposed in the budget is not sufficient to the proposed staffing and training of proposed 24/7 services or meet the proposed timeline
- It is unclear if the Applicant understands the staffing requirements of SUD residential treatment services
- It is unclear who will participate in trainings indicated

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- MaineCare Provider Agreement, contracts with DHHS/OBH.
- SUD License – incl. Residential programs – Alcohol & Drug.

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Meets.
- Aroostook County – meets.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Meets. Sufficient information and timeframes included. 4 additional beds (16 total).</li> <li>• Meets.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Meets.</li> <li>• N/A.</li> <li>• Meets.</li> <li>• Robust, meets.</li> <li>• Meets.</li> <li>• CCBHC.</li> <li>• Scholarship Fund.</li> <li>• Prioritizes based on most vulnerable, not payor source.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Minnesota Model intensive 28-day 24/7.</li> <li>• ASAM 3.1, 3.5, 3.7.</li> <li>• CBT, motivational interviewing, Matrix Model, Wellbriety and 12-step recovery regimen from First Nation.</li> <li>• AA on site, NA via zoom, peer center staff on site.</li> <li>• Withdrawal management, stay up to 90 days.</li> <li>• Facility medical provider prescribes MOUD and can facilitate induction at admission, support continued use.</li> <li>• Care coordination – sufficient MOUD medications upon discharge, primary care treatment housing plan.</li> <li>• Clear description of recruitment, engagement, retention.</li> <li>• Clear demonstration of collaboration.</li> <li>• Jail providers, OHH, MAT Induction, OPTIONS.</li> <li>• Clearly described.</li> <li>• Staff model, coach, mentor.</li> <li>• Current referrals 95% MaineCare, MaineCare applications, Scholarship Fund.</li> <li>• 16 beds ready 9/1/2023, anticipate full occupancy 1/1/2024.</li> <li>• Hire, recruit, train, orient, maintain staffing for 16 beds during time needed to achieve full occupancy.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• SAMHSA funded CCHC – EHR tracking tool.</li> <li>• Meets.</li> </ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<ul style="list-style-type: none"><li>• CCBHC – training, consultation.</li></ul>
<ul style="list-style-type: none"><li>• Clearly described.</li></ul>
<ul style="list-style-type: none"><li>• Clearly described.</li></ul>
<ul style="list-style-type: none"><li>• None.</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Increase bed capacity by 25%.</li><li>• Address priority in Opioid Response 2021 Strategic Action Plan.</li><li>• Costs to increase census and get to scale – recruitment, hiring, orientation, onboarding, training.</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• Staffing costs (only) – \$292,000</li><li>• Salaries (2 substance use counselors, care coordinator, cook/housekeeper, RN per diem 880 hrs/yr) – \$191,385</li><li>• Fringe (benefits) – \$45,932</li><li>• Miscellaneous (background checks, etc.) – \$138</li><li>• Indirect (28.5% of salaries) – \$54,545</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 11/21/22

**EVALUATOR NAME:** Kenneth Miller

**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Meets requirements</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• P – Facility for expansion located in priority county</li><li>• P – Identified current work with Populations</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 11/21/22

**EVALUATOR NAME:** Kenneth Miller

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• P – Well thought out work plan with specific dates and responsible parties</li> <li>• Provides assurances</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Meets requirement</li> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• P – currently meets requirements, recruiting for additional staff to support expanded capacity</li> </ul>
<ul style="list-style-type: none"> <li>• Q – 3 months for recruitment efforts?</li> <li>• P – Hiring incentives</li> <li>• P – Reasonable retention benefits package</li> </ul>
<ul style="list-style-type: none"> <li>• P – 192 individuals per year based on increase of 4 beds</li> <li>• P – 95% Mainecare members, support to apply for insurance</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• P – Thorough discussion of services</li> <li>• P – Medical provider to prescribe MOUD</li> <li>• P – Transition planning ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• P – some services and policies to support retention in care in place</li> </ul>
<ul style="list-style-type: none"> <li>• P – strong collaborative relationships with allied providers and related organizations</li> </ul>
<ul style="list-style-type: none"> <li>• P – Well thought out consumer-driven discharge plan</li> <li>• N – little specific detail regarding maintaining access to MOUD</li> </ul>
<ul style="list-style-type: none"> <li>• P – identifies will be self-sufficient based on MaineCare rates</li> <li>• P – eligible expenses, clear pathway to self-sufficiency</li> <li>• Q – will “several months” be sufficient to achieve full occupancy?</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• P – Data collection systems in place</li> <li>• N – no attention to input and involvement from consumers or Populations</li> </ul>
<ul style="list-style-type: none"> <li>• P – consumers involved in Board leadership, advisory Committee, and staff</li> <li>• P – regular completion of cultural and structural competency</li> </ul>
<ul style="list-style-type: none"> <li>• P – Specific work focusing on persons that have experienced incarceration and homelessness</li> <li>• N – No specific strategies for engaging other Populations</li> </ul>
<ul style="list-style-type: none"> <li>• P – defined process to incorporate consumer satisfaction into programming</li> <li>• P – defined process to monitor utilization and outcomes of services</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

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**DATE:** 11/21/22

**EVALUATOR NAME:** Kenneth Miller

**EVALUATOR DEPARTMENT:** DHHS

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<ul style="list-style-type: none"><li>• P – history of adapting based on outcomes and service utilization</li><li>• N/A</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• P – Described use of funds permitted under RFA</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• P – Reasonable amount of funds requested for project scope</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 10/28/22

**EVALUATOR NAME:** Corinna O’Leary

**EVALUATOR DEPARTMENT:** OBH

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**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department’s RFP Coordinator or Facilitator for this RFP.*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>Meets, yes to all.</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>Meets priority population. Meets location in Presque Isle – Aroostook.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 10/28/22

**EVALUATOR NAME:** Corinna O’Leary

**EVALUATOR DEPARTMENT:** OBH

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Work plan provided which covers all areas with timeframes. ASAM for their program not clearly identified. Expansion will be supported through billing on additional beds.</li> </ul>
<ul style="list-style-type: none"> <li>• Agrees</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Current license attached.</li> </ul>
<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• Presque Isle, 16 bed (+4) additional beds. 0% uninsured accepted.</li> </ul>
<ul style="list-style-type: none"> <li>• 95% have MaineCare. If uninsured, Micah Wall Recovery Scholarship covers part or all of downpayment. Private pay does not reimburse for residential treatment.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Minnesota Model of addiction treatment. Trauma informed care, CBT, 3.1, 3.5, 3.1. MOUD and MAUD supported.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• Program plans to be sustainable through billing MaineCare for 4 additional beds and Micah Wall Recovery Scholarship Fund.</li> </ul>
<ul style="list-style-type: none"> <li>• 16 beds ready for occupancy by 9/1/23 and full occupancy expected by 1/1/24.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Meets – CCBHC requires tracking individual client health and EHR allows tracking vitals.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets – 61% of board is comprised of members of consumers of behavioral health services. Peer Recovery committee. Employing current and former consumers of behavioral health services and known as a Recovery Friendly Employer. Recovery Aroostook and Link for Hope.</li> </ul>
<ul style="list-style-type: none"> <li>• Annual Relias training and clinical consultation.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• Agency identifies no complaints on file. \$63,500.00 MaineCare – payment agreement and \$0.00 Social Service Contract. Last audit 9/30/19 included three findings: G&amp;A expenses not calculated properly, ACR not prepared consistent with</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 10/28/22

**EVALUATOR NAME:** Corinna O'Leary

**EVALUATOR DEPARTMENT:** OBH

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Pro Forma and non-submission of prior year CAP. Report indicates balance of \$20,411 due the agency. CAP received. Audit has determined high risk.
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<b>E. Allowable Use of Funds</b>
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- |   |
|---|
| <ul style="list-style-type: none"><li>• Expansion from 12-16 beds at a new Presque Isle location. Recruitment, hiring, orientation, onboarding and training 2 substance abuse counselors, one care coordinator, one per diem RN, and a cook/maintenance provider.</li></ul> |
|---|

<b>Part IV. Budget Form and Narrative</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• Detailed budget, all salary, fringe, background and minor program expense, and indirect costs of salaries.</li></ul> |
|--|

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Yes to both</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• RTF is in Aroostook County.</li></ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Aroostook Mental Health Services

**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Substance Abuse Agency License SAA220021.</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• Currently licensed, would expand staffing</li> </ul>
<ul style="list-style-type: none"> <li>• three hours of clinical consultation per week; two hours bi-weekly of High Performing Team meetings to advance programming, admission and discharge planning, and team operations. Finally, each RTF staff member receives one hour of individual consultation per week.</li> </ul>
<ul style="list-style-type: none"> <li>• training required to deliver service at an ASAM level of care (4/1/2023-8/31/2023)</li> </ul>
<ul style="list-style-type: none"> <li>• 24/7 days a week, 365 days a year. As a result of expanding our bed capacity by 25%, the RTF will serve up to 192 individuals per year. Historically payer type is 3.5% private pay, 1.5% commercial, 95% MaineCare, 0% Medicare and 0% uninsured</li> </ul>
<ul style="list-style-type: none"> <li>• Admission to the RTF is prioritized based on the most vulnerable, e.g., individuals who are discharged from jail, a crisis unit, on probation or leaving a homeless shelter. The RTF historically does not prioritize based on payor source.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Q- ASAM under Dimension 3.1, low intensity, 3.5 moderate level of intensity and 3.7 high level of intensity, depending on the individual treatment plan outlined upon admission. They plan to operate all 3 levels at the same location.</li> </ul>
<ul style="list-style-type: none"> <li>• RTF requires additional staffing to provide the proper support and care. This includes access to nursing staff on site as needed to review and monitor the different medications that the individual is taking, offer physical health education on any chronic health condition the resident is diagnosed with, as well as care coordination prior to admission and upon discharge to successfully bridge to appropriate community resources</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• 50 contractual agreements to support behavioral health services for school districts, hospitals, FQHCs, county jails, and social service agencies. OHH CCBHC/Options</li> </ul>
<ul style="list-style-type: none"> <li>• Addresses job readiness work (inclusive of going to school and obtaining student loans to support their educational attainments); Section 8 housing; case management; MaineCare applications; spiritual support, etc.</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<ul style="list-style-type: none"> <li>• Program expansion will be financially supported beyond the awarded funding period through the billing of four additional beds.</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<p><b>2. Equity and Consumer Engagement</b></p>
<ul style="list-style-type: none"> <li>• MHC has developed within our electronic health record (EHR), ClaimTrack, tools that track gender, ethnicity, language spoken, religion, sexual orientation, homeless, employment, education level, medical and legal background.</li> </ul>
<ul style="list-style-type: none"> <li>• AMHC's board of directors is comprised of 61% of members (or their immediate family) who have been consumers of behavioral health services</li> <li>• Peer Advisory Committee</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• data collection, satisfaction surveys, and added nursing and care coordination staff – will provide the RTF with regular opportunities to gauge their work and determine if it meets needs of the various populations served; adapting their programming as needed to improve utilizations and outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<p><b>E. Allowable Use of Funds</b></p>
<ul style="list-style-type: none"> <li>• Met</li> </ul>

<p><b>Part IV. Budget Form and Narrative</b></p>
<ul style="list-style-type: none"> <li>• 4 beds @ 73K</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services-Arundel

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- Proposal indicates MaineCare Provider Agreement.
- MH License: Community Support Services, Outpatient Therapy; SUD License: DEEP, Outpatient Care

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Adults seeking SUD treatment (did not specifically mention populations that have historically experienced health disparities as defined). 12 beds to start, expand to 16.
- York County (not priority location).

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services-Arundel

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• 2 potential facility sites? No timeframe to add safety features.</li> <li>• Did not answer.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• MH/SUD license (not residential).</li> <li>• Will work with surveyor. Not a clear demonstration of licensing requirement specific to residential</li> <li>• Minimal.</li> <li>• Minimal, meets.</li> <li>• Minimal. No specific location in Arundel.</li> <li>• All MaineCare beds or equally uninsured if awarded grant funds.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• ASAM 3.1, 24/7, level II, CBT, DBT, ACT, motivational interviewing. Minimal information.</li> <li>• Supports use of MOUD, MAUD – minimal, does not discuss facilitating initial/continued access to medications for OUD.</li> <li>• Meets.</li> <li>• No mention of jails/correctional facilities.</li> <li>• Did not demonstrate how Bidder will work with agencies/stakeholders.</li> <li>• Did not clearly describe.</li> <li>• Minimal – initial staffing, training, vehicle, supplies, emergency equipment.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Minimally met.</li> <li>• Did not meet – did not discuss governance, leadership, staffing.</li> <li>• Minimally met.</li> <li>• Did not discuss plan to outreach.</li> <li>• Minimal – EHR.</li> <li>• None.</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Initial payroll, benefits, training, onboarding, admin costs, insurance, safety equipment, security lights, cameras, fire safety equipment, AED, Narcan, sprinkler system, furniture, window treatments, rug cleanings, safety rails, appliances, EHR set up, drug testing cups, breathalyzer.</li> </ul>

**Part IV. Budget Form and Narrative**

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

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- |  |
|--|
| <ul style="list-style-type: none"><li>• \$1,168,000 (/12 beds=\$97,333) (/16 beds=\$73,000).</li><li>• Staffing: \$933,619.52 – staff recruitment, onboarding, benefits, salaries for 1 year.</li><li>• Other: \$234,380.48 – items identified in section E. Full start up budget available upon request.</li><li>• Minimal information.</li></ul> |
|--|

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services- Arundel

**DATE:** 11/21/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- Q - Current license for DEEP, and outpatient services, not Residential SUD Treatment

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Q - Application indicates they will establish treatment programs for people with chronic mental illness. This is not included in the definition of Populations that have Historically Experienced Health Disparities.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**DATE:** 11/21/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• N - 6 months to begin service delivery without existing facilities or staff seems unrealistic</li> <li>• N - Plans are not particularly detailed re: filling beds</li> <li>• Q - States self-sufficiency after original funding, without specifics.</li> <li>• Q – 16 beds per facility or total?</li> </ul>
<ul style="list-style-type: none"> <li>• N - No response</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Q - Current license for DEEP, and outpatient services, not Residential SUD Treatment</li> <li>• Q - Identified 3 month timeline to open facility, 30 days to add licensing module</li> <li>• Identified select core staffing including Medical Director, nurse, 2 FT clinicians, 1 program coordinator, 1 recovery coach, and 8 direct care staff</li> <li>• P - Provides regular supervision, specific training checklist aligning with HRM requirements, and ongoing trainings.</li> <li>• N - Hiring plan not particularly detailed.</li> <li>• Q - No specific anticipated physical location identified. Raises questions re: availability of space, especially in Portland.</li> <li>• P - Adds 12-16 beds per location, in 3 locations.</li> <li>• P – Expects MaineCare members to make up 100% of census</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• P – States support for MOUD, MAUD, and Psychiatric Rx. Indicates access to a telehealth provider to provide med management.</li> <li>• P – Describes alignment with ASAM</li> <li>• Q – States support for Populations without specifics, identifies self-advocacy skills as their selected approach to supporting Populations.</li> <li>• N – No specifics provided on recruiting patients into care.</li> <li>• P – Indicates strong collaborative relationships within continuum of care</li> <li>• P – individualized discharge plans at point of admission</li> <li>• N – no plans to continuing to engage post-discharge</li> <li>• Q – indicates self-sustainability after initial year, allowing to invest in a 2<sup>nd</sup> program?</li> <li>• P – funds used for eligible start-up costs</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• P – Consumers involved in facility agreements, regular meetings, client centered planning</li> <li>• N – No plans at outset to incorporate Populations input</li> </ul>

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<ul style="list-style-type: none"><li>• N – No specific plans identified</li></ul>
<ul style="list-style-type: none"><li>• Q – How will staff be trained properly and cultural needs assessed?</li></ul>
<ul style="list-style-type: none"><li>• N – No specific plans identified</li></ul>
<ul style="list-style-type: none"><li>• N – No specific plans identified to monitor, review and adapt according to data</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Q – any of the identified expenses covered under capitol awards?</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• Q - Requesting \$1.168 M per proposed facility?</li><li>• Q – 16 beds per facility or total?</li></ul>



**STATE OF MAINE  
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**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services- Arundel

**DATE:** 11/21/22

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** OBH

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- The agency has a MaineCare provider agreement, does not have current contracts with the Department and has a Mental Health Agency license to provide case management, independent living skills training, OP and supportive counseling through this license in Augusta, Biddeford (x2), Portland, and York. They have a substance abuse agency license to provide DEEP and SUD OP in Augusta, Biddeford (x2), Portland, and York.

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Plan to serve populations with chronic mental illness and substance use problems in Arundel.

**STATE OF MAINE  
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**EVALUATOR DEPARTMENT:** OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Agency does not have a current residential SUD license</li> <li>• Staff hired within 3 months</li> <li>• 12-16 beds Arundel 2 potential sites</li> <li>• ASAM 3.1</li> <li>• 6 month estimate</li> <li>• 12-16 – Arundel</li> <li>• Current partners and marketing with jails, Maine Pretrial, hospitals, and detox centers</li> <li>• Agency is accessing internal funds for all capital improvements and requesting Catalyst funds for staffing and other allowable costs.</li> </ul>
<ul style="list-style-type: none"> <li>• Not answered</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• License documentation provided</li> </ul>
<ul style="list-style-type: none"> <li>• Agency anticipates ability to add SUD residential to their license within 3 months</li> </ul>
<ul style="list-style-type: none"> <li>• Medical Director, nurse, 2 FT clinicians, 1 program coordinator, 1 recovery coach, and 8 direct care staff (same plan for staffing for all three potential locations)</li> </ul>
<ul style="list-style-type: none"> <li>• Discuss recruitment plans and supervision plans. Discuss training, no discussion of SUD treatment training or recruitment.</li> </ul>
<ul style="list-style-type: none"> <li>• Arundel appears to have a secured location.</li> </ul>
<ul style="list-style-type: none"> <li>• MaineCare and hope to secure grant funds for uninsured individuals.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Agency states a plan to provide ASAM 3.1. Will use CBT, DBT, ACT, and motivational interviewing. Agency plans to utilize a telehealth provider for med management. No discussion about SUD.</li> </ul>
<ul style="list-style-type: none"> <li>• This question was not answered accurately as it doesn't address any of the areas.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets experience with collaboration and coordination.</li> </ul>
<ul style="list-style-type: none"> <li>• Begin discharge planning at admission and plans to have a wellness plan and connection to recovery community post discharge.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency has support for capital funds and is requesting to support staffing and other related costs with the anticipation of being able to fully fund a second program the following year.</li> </ul>
<ul style="list-style-type: none"> <li>• Staffing costs, training, vehicle, client related supplies and emergency equipment.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Community engagement, restorative practices, and client-centered planning, consumer input and residential treatment flexibility.</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** OBH

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<ul style="list-style-type: none"><li>• Agency describes a plan to engage targeted populations for their program but doesn't identify incorporating this in governance, leadership, or staffing.</li></ul>
<ul style="list-style-type: none"><li>• Agency trains staff in this area.</li></ul>
<ul style="list-style-type: none"><li>• Description in this area meets</li></ul>
<ul style="list-style-type: none"><li>• EHR to capture data and inform data driven decisions to support improving services and tracking outcomes.</li></ul>
<ul style="list-style-type: none"><li>• None reported</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Initial payroll costs, benefits, training, onboarding, administrative costs, insurance fees, safety equipment (security lights, cameras, fire safety equipment, AED, Narcan, sprinkler system, furniture, window treatments, rug cleaning, safety rails, appliances, costs to set up a section of EHR, quick cups for drug testing, and breathalyzer.</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• 1,168,000 is total requested money. 234,380 outside of staff and onboarding.</li></ul>

**STATE OF MAINE  
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**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>MH and SU licenses valid until 2024</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>Does not appear to met either</li></ul>

**STATE OF MAINE  
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**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Met</li> <li>•</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• MH and SU licenses valid until 2024</li> <li>• Clear understanding of process and timeline</li> <li>• Q- No specific mention of LADC/CADC</li> <li>• Met</li> <li>• This would be a 24/7 facility with clinical on-call available. We are currently looking at 12-16 beds to start. (Level 3.1)</li> <li>• All beds</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Level 3.1, did not mention specific clinical hours</li> <li>• P- telehealth provider that will provide medication management</li> <li>• Met</li> <li>• P- well integrated into recovery community</li> <li>• Vague answer</li> <li>• AWS is anticipating on being able to fully fund our own second residential treatment program the following year.</li> <li>• Vague answer</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Feedback from residents</li> <li>• N- does not seem to answer</li> <li>• Culturally Competent training</li> <li>• N- not clear answer</li> <li>• EHR will track data</li> <li>• N/A</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>• 16 Beds = 73 K 12 beds=97.3</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services- Biddeford

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Proposal indicates MaineCare Provider Agreement.</li><li>• MH License: Community Support Services, Outpatient Therapy; SUD License: DEEP, Outpatient Care</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Adults seeking SUD treatment (did not specifically mention populations that have historically experienced health disparities as defined). 12 beds to start, expand to 16.</li><li>• York County (not priority location).</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

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**BIDDER NAME:** Alternative Wellness Services- Biddeford

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• 2 potential facility sites? No timeframe to add safety features.</li> <li>• Did not answer.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• MH/SUD license (not residential).</li> <li>• Will work with surveyor. Not a clear demonstration of licensing requirement specific to residential.</li> <li>• Minimal.</li> <li>• Minimal, meets.</li> <li>• Minimal. No specific location in Biddeford.</li> <li>• All MaineCare beds or equally uninsured if awarded grant funds.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• ASAM 3.1, 24/7, level II, CBT, DBT, ACT, motivational interviewing. Minimal information.</li> <li>• Supports use of MOUD, MAUD – minimal, does not discuss facilitating initial/continued access to medications for OUD.</li> <li>• Meets.</li> <li>• No mention of jails/correctional facilities.</li> <li>• Did not demonstrate how Bidder will work with agencies/stakeholders.</li> <li>• Did not clearly describe.</li> <li>• Minimal – initial staffing, training, vehicle, supplies, emergency equipment.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Minimally met.</li> <li>• Did not meet – did not discuss governance, leadership, staffing.</li> <li>• Minimally met.</li> <li>• Did not discuss plan to outreach.</li> <li>• Minimal – EHR.</li> <li>• None.</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Initial payroll, benefits, training, onboarding, admin costs, insurance, safety equipment, security lights, cameras, fire safety equipment, AED, Narcan, sprinkler system, furniture, window treatments, rug cleanings, safety rails, appliances, EHR set up, drug testing cups, breathalyzer.</li> </ul>

**Part IV. Budget Form and Narrative**

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services- Biddeford

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

\*\*\*\*\*

- \$1,168,000 (/12 beds=\$97,333) (/16 beds=\$73,000).
- Staffing: \$933,619.52 – staff recruitment, onboarding, benefits, salaries for 1 year.
- Other: \$234,380.48 – items identified in section E. Full start up budget available upon request.
- Minimal information.



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services- Biddeford

**DATE:** 11/21/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- Q - Current license for DEEP, and outpatient services, not Residential SUD Treatment

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Q - Application indicates they will establish treatment programs for people with chronic mental illness. This is not included in the definition of Populations that have Historically Experienced Health Disparities.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

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**DATE:** 11/21/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• N - 6 months to begin service delivery without existing facilities or staff seems unrealistic</li> <li>• N - Plans are not particularly detailed re: filling beds</li> <li>• Q - States self-sufficiency after original funding, without specifics.</li> <li>• Q – 16 beds per facility or total?</li> </ul>
<ul style="list-style-type: none"> <li>• N - No response</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Q - Current license for DEEP, and outpatient services, not Residential SUD Treatment</li> <li>• Q - Identified 3 month timeline to open facility, 30 days to add licensing module</li> <li>• Identified select core staffing including Medical Director, nurse, 2 FT clinicians, 1 program coordinator, 1 recovery coach, and 8 direct care staff</li> <li>• P - Provides regular supervision, specific training checklist aligning with HRM requirements, and ongoing trainings.</li> <li>• N - Hiring plan not particularly detailed.</li> <li>• Q - No specific anticipated physical location identified. Raises questions re: availability of space, especially in Portland.</li> <li>• P - Adds 12-16 beds per location, in 3 locations.</li> <li>• P – Expects MaineCare members to make up 100% of census</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• P – States support for MOUD, MAUD, and Psychiatric Rx. Indicates access to a telehealth provider to provide med management.</li> <li>• P – Describes alignment with ASAM</li> <li>• Q – States support for Populations without specifics, identifies self-advocacy skills as their selected approach to supporting Populations.</li> <li>• N – No specifics provided on recruiting patients into care.</li> <li>• P – Indicates strong collaborative relationships within continuum of care</li> <li>• P – individualized discharge plans at point of admission</li> <li>• N – no plans to continuing to engage post-discharge</li> <li>• Q – indicates self-sustainability after initial year, allowing to invest in a 2<sup>nd</sup> program?</li> <li>• P – funds used for eligible start-up costs</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• P – Consumers involved in facility agreements, regular meetings, client centered planning</li> <li>• N – No plans at outset to incorporate Populations input</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

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**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

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<ul style="list-style-type: none"><li>• N – No specific plans identified</li></ul>
<ul style="list-style-type: none"><li>• Q – How will staff be trained properly and cultural needs assessed?</li></ul>
<ul style="list-style-type: none"><li>• N – No specific plans identified</li></ul>
<ul style="list-style-type: none"><li>• N – No specific plans identified to monitor, review and adapt according to data</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Q – any of the identified expenses covered under capitol awards?</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• Q - Requesting \$1.168 M per proposed facility?</li><li>• Q – 16 beds per facility or total?</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services- Biddeford

**DATE:** 11/21/22

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** OBH

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- The agency has a MaineCare provider agreement, does not have current contracts with the Department and has a Mental Health Agency license to provide case management, independent living skills training, OP and supportive counseling through this license in Augusta, Biddeford (x2), Portland, and York. They have a substance abuse agency license to provide DEEP and SUD OP in Augusta, Biddeford (x2), Portland, and York.

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Plan to serve populations with chronic mental illness and substance use problems in Biddeford.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

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**EVALUATOR DEPARTMENT:** OBH

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>Agency does not have a current residential SUD license</li> <li>Staff hired within 3 months</li> <li>12-16 beds Biddeford</li> <li>ASAM 3.1</li> <li>6 month estimate</li> <li>12-16 – Biddeford</li> <li>Current partners and marketing with jails, Maine Pretrial, hospitals, and detox centers</li> <li>Agency is accessing internal funds for all capital improvements and requesting Catalyst funds for staffing and other allowable costs.</li> </ul>
<ul style="list-style-type: none"> <li>Not answered</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>License documentation provided</li> <li>Agency anticipates ability to add SUD residential to their license within 3 months</li> <li>Medical Director, nurse, 2 FT clinicians, 1 program coordinator, 1 recovery coach, and 8 direct care staff (same plan for staffing for all three potential locations)</li> <li>Discuss recruitment plans and supervision plans. Discuss training, no discussion of SUD treatment training or recruitment.</li> <li>Biddeford appears to have a secured location.</li> <li>MaineCare and hope to secure grant funds for uninsured individuals.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>Agency states a plan to provide ASAM 3.1. Will use CBT, DBT, ACT, and motivational interviewing. Agency plans to utilize a telehealth provider for med management. No discussion about SUD.</li> <li>This question was not answered accurately as it doesn't address any of the areas.</li> <li>Agency meets experience with collaboration and coordination.</li> <li>Begin discharge planning at admission and plans to have a wellness plan and connection to recovery community post discharge.</li> <li>Agency has support for capital funds and is requesting to support staffing and other related costs with the anticipation of being able to fully fund a second program the following year.</li> <li>Staffing costs, training, vehicle, client related supplies and emergency equipment.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>Community engagement, restorative practices, and client-centered planning, consumer input and residential treatment flexibility.</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<ul style="list-style-type: none"><li>• Agency describes a plan to engage targeted populations for their program but doesn't identify incorporating this in governance, leadership, or staffing.</li></ul>
<ul style="list-style-type: none"><li>• Agency trains staff in this area.</li></ul>
<ul style="list-style-type: none"><li>• Description in this area meets</li></ul>
<ul style="list-style-type: none"><li>• EHR to capture data and inform data driven decisions to support improving services and tracking outcomes.</li></ul>
<ul style="list-style-type: none"><li>• None reported</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Initial payroll costs, benefits, training, onboarding, administrative costs, insurance fees, safety equipment (security lights, cameras, fire safety equipment, AED, Narcan, sprinkler system, furniture, window treatments, rug cleaning, safety rails, appliances, costs to set up a section of EHR, quick cups for drug testing, and breathalyzer.</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• 1,168,000 is total requested money. 234,380 outside of staff and onboarding.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services- Biddeford

**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• MH and SU licenses valid until 2024</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Does not appear to met either</li></ul>

**STATE OF MAINE  
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**BIDDER NAME:** Alternative Wellness Services- Biddeford

**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Met</li> <li>•</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• MH and SU licenses valid until 2024</li> <li>• Clear understanding of process and timeline</li> <li>• Q- No specific mention of LADC/CADC</li> <li>• Met</li> <li>• This would be a 24/7 facility with clinical on-call available. We are currently looking at 12-16 beds to start. (Level 3.1)</li> <li>• All beds</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Level 3.1, did not mention specific clinical hours</li> <li>• P- telehealth provider that will provide medication management</li> <li>• Met</li> <li>• P- well integrated into recovery community</li> <li>• Vague answer</li> <li>• AWS is anticipating on being able to fully fund our own second residential treatment program the following year.</li> <li>• Vague answer</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Feedback from residents</li> <li>• N- does not seem to answer</li> <li>• Culturally Competent training</li> <li>• N- not clear answer</li> <li>• EHR will track data</li> <li>• N/A</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>• 16 Beds = 73 K 12 beds=97.3</li> </ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**BIDDER NAME:** Alternative Wellness Services- Portland

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- Proposal indicates MaineCare Provider Agreement.
- MH License: Community Support Services, Outpatient Therapy; SUD License: DEEP, Outpatient Care

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Adults seeking SUD treatment (did not specifically mention populations that have historically experienced health disparities as defined). 12 beds to start, expand to 16.
- Portland – prospective properties.

**STATE OF MAINE  
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**DATE:** 11/20/2022

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• 2 potential facility sites? No timeframe to add safety features.</li> <li>• Did not answer.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• MH/SUD license (not residential).</li> <li>• Will work with surveyor. Not a clear demonstration of licensing requirement specific to residential.</li> <li>• Minimal.</li> <li>• Minimal, meets.</li> <li>• Will look to secure property upon approval of funds – no specific location in Portland.</li> <li>• All MaineCare beds or equally uninsured if awarded grant funds.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• ASAM 3.1, 24/7, level II, CBT, DBT, ACT, motivational interviewing. Minimal information.</li> <li>• Supports use of MOUD, MAUD – minimal, does not discuss facilitating initial/continued access to medications for OUD.</li> <li>• Meets.</li> <li>• No mention of jails/correctional facilities.</li> <li>• Did not demonstrate how Bidder will work with agencies/stakeholders.</li> <li>• Did not clearly describe.</li> <li>• Minimal – initial staffing, training, vehicle, supplies, emergency equipment.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Minimally met.</li> <li>• Did not meet – did not discuss governance, leadership, staffing.</li> <li>• Minimally met.</li> <li>• Did not discuss plan to outreach.</li> <li>• Minimal – EHR.</li> <li>• None.</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Initial payroll, benefits, training, onboarding, admin costs, insurance, safety equipment, security lights, cameras, fire safety equipment, AED, Narcan, sprinkler system, furniture, window treatments, rug cleanings, safety rails, appliances, EHR set up, drug testing cups, breathalyzer.</li> </ul>

**Part IV. Budget Form and Narrative**

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**EVALUATOR DEPARTMENT:** DHHS/OBH

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- |  |
|--|
| <ul style="list-style-type: none"><li>• \$1,168,000 (/12 beds=\$97,333) (/16 beds=\$73,000).</li><li>• Staffing: \$933,619.52 – staff recruitment, onboarding, benefits, salaries for 1 year.</li><li>• Other: \$234,380.48 – items identified in section E. Full start up budget available upon request.</li><li>• Minimal information.</li></ul> |
|--|

**STATE OF MAINE  
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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- Q - Current license for DEEP, and outpatient services, not Residential SUD Treatment

**Part II. Priority Populations**

**A. Services to Priority Populations**

- P - 1 in a priority area (Portland),
- Q - Application indicates they will establish treatment programs for people with chronic mental illness. This is not included in the definition of Populations that have Historically Experienced Health Disparities.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• N - 6 months to begin service delivery without existing facilities or staff seems unrealistic</li> <li>• N - Plans are not particularly detailed re: filling beds</li> <li>• Q - States self-sufficiency after original funding, without specifics.</li> <li>• Q – 16 beds per facility or total?</li> </ul>
<ul style="list-style-type: none"> <li>• N - No response</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Q - Current license for DEEP, and outpatient services, not Residential SUD Treatment</li> <li>• Q - Identified 3 month timeline to open facility, 30 days to add licensing module</li> <li>• Identified select core staffing including Medical Director, nurse, 2 FT clinicians, 1 program coordinator, 1 recovery coach, and 8 direct care staff</li> <li>• P - Provides regular supervision, specific training checklist aligning with HRM requirements, and ongoing trainings.</li> <li>• N - Hiring plan not particularly detailed.</li> <li>• Q - No specific anticipated physical location identified. Raises questions re: availability of space, especially in Portland.</li> <li>• P - Adds 12-16 beds per location, in 3 locations.</li> <li>• P – Expects MaineCare members to make up 100% of census</li> </ul>
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<b>1. Program Requirements</b>
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<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• P – Consumers involved in facility agreements, regular meetings, client centered planning</li> <li>• N – No plans at outset to incorporate Populations input</li> </ul>

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<ul style="list-style-type: none"><li>• N – No specific plans identified</li></ul>
<ul style="list-style-type: none"><li>• Q – How will staff be trained properly and cultural needs assessed?</li></ul>
<ul style="list-style-type: none"><li>• N – No specific plans identified</li></ul>
<ul style="list-style-type: none"><li>• N – No specific plans identified to monitor, review and adapt according to data</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Q – any of the identified expenses covered under capitol awards?</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• Q - Requesting \$1.168 M per proposed facility?</li><li>• Q – 16 beds per facility or total?</li></ul>

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**DATE:** 11/21/22

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**EVALUATOR DEPARTMENT:** OBH

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- The agency has a MaineCare provider agreement, does not have current contracts with the Department and has a Mental Health Agency license to provide case management, independent living skills training, OP and supportive counseling through this license in Augusta, Biddeford (x2), Portland, and York. They have a substance abuse agency license to provide DEEP and SUD OP in Augusta, Biddeford (x2), Portland, and York.

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Plan to serve populations with chronic mental illness and substance use problems in Portland.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Agency does not have a current residential SUD license</li> <li>• Staff hired within 3 months</li> <li>• 12-16 beds Portland</li> <li>• ASAM 3.1</li> <li>• 6 month estimate</li> <li>• 12-16 Portland</li> <li>• Current partners and marketing with jails, Maine Pretrial, hospitals, and detox centers</li> <li>• Agency is accessing internal funds for all capital improvements and requesting Catalyst funds for staffing and other allowable costs.</li> </ul>
<ul style="list-style-type: none"> <li>• Not answered</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• License documentation provided</li> </ul>
<ul style="list-style-type: none"> <li>• Agency anticipates ability to add SUD residential to their license within 3 months</li> </ul>
<ul style="list-style-type: none"> <li>• Medical Director, nurse, 2 FT clinicians, 1 program coordinator, 1 recovery coach, and 8 direct care staff (same plan for staffing for all three potential locations)</li> </ul>
<ul style="list-style-type: none"> <li>• Discuss recruitment plans and supervision plans. Discuss training, no discussion of SUD treatment training or recruitment.</li> </ul>
<ul style="list-style-type: none"> <li>• Portland does not have a secured location at this time.</li> </ul>
<ul style="list-style-type: none"> <li>• MaineCare and hope to secure grant funds for uninsured individuals.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Agency states a plan to provide ASAM 3.1. Will use CBT, DBT, ACT, and motivational interviewing. Agency plans to utilize a telehealth provider for med management. No discussion about SUD.</li> </ul>
<ul style="list-style-type: none"> <li>• This question was not answered accurately as it doesn't address any of the areas.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets experience with collaboration and coordination.</li> </ul>
<ul style="list-style-type: none"> <li>• Begin discharge planning at admission and plans to have a wellness plan and connection to recovery community post discharge.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency has support for capital funds and is requesting to support staffing and other related costs with the anticipation of being able to fully fund a second program the following year.</li> </ul>
<ul style="list-style-type: none"> <li>• Staffing costs, training, vehicle, client related supplies and emergency equipment.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Community engagement, restorative practices, and client-centered planning, consumer input and residential treatment flexibility.</li> </ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services- Portland

**DATE:** 11/21/22

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** OBH

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<ul style="list-style-type: none"><li>• Agency describes a plan to engage targeted populations for their program but doesn't identify incorporating this in governance, leadership, or staffing.</li></ul>
<ul style="list-style-type: none"><li>• Agency trains staff in this area.</li></ul>
<ul style="list-style-type: none"><li>• Description in this area meets</li></ul>
<ul style="list-style-type: none"><li>• EHR to capture data and inform data driven decisions to support improving services and tracking outcomes.</li></ul>
<ul style="list-style-type: none"><li>• None reported</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Initial payroll costs, benefits, training, onboarding, administrative costs, insurance fees, safety equipment (security lights, cameras, fire safety equipment, AED, Narcan, sprinkler system, furniture, window treatments, rug cleaning, safety rails, appliances, costs to set up a section of EHR, quick cups for drug testing, and breathalyzer.</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• 1,168,000 is total requested money. 234,380 outside of staff and onboarding.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Alternative Wellness Services- Portland

**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• MH and SU licenses valid until 2024</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Does not appear to met either</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

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**BIDDER NAME:** Alternative Wellness Services- Portland

**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Met</li> <li>•</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• MH and SU licenses valid until 2024</li> <li>• Clear understanding of process and timeline</li> <li>• Q- No specific mention of LADC/CADC</li> <li>• Met</li> <li>• This would be a 24/7 facility with clinical on-call available. We are currently looking at 12-16 beds to start. (Level 3.1)</li> <li>• All beds</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Level 3.1, did not mention specific clinical hours</li> <li>• P- telehealth provider that will provide medication management</li> <li>• Met</li> <li>• P- well integrated into recovery community</li> <li>• Vague answer</li> <li>• AWS is anticipating on being able to fully fund our own second residential treatment program the following year.</li> <li>• Vague answer</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Feedback from residents</li> <li>• N- does not seem to answer</li> <li>• Culturally Competent training</li> <li>• N- not clear answer</li> <li>• EHR will track data</li> <li>• N/A</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>• 16 Beds = 73 K 12 beds=97.3</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Catholic Charities Maine

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- MaineCare Provider Agreement, contracts with DHHS/OBH.
- MH License, SUD License – incl. Residential programs – Alcohol & Drug.

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Did not specifically mention population historically experienced health disparities as defined.
- Androscoggin County, Auburn.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Catholic Charities Maine

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>Expand 16-bed capacity to 28 beds (adding 14 beds?)</li> <li>Did not include timelines for each activity, however, anticipated service delivery within 45 days of contract delivery.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<ul style="list-style-type: none"> <li>N/A.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<ul style="list-style-type: none"> <li>First come, first served. Majority MaineCare members.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>Provide/facilitate access to MOUD/MAUD.</li> <li>CBT, motivational interviewing, MAT.</li> <li>ASAM level III.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<ul style="list-style-type: none"> <li>Clear demonstration of collaboration.</li> <li>1 of 3 residential type-1 rehabilitation providers in the State.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<ul style="list-style-type: none"> <li>Rate adjustment – MaineCare billing – sustainable.</li> <li>Purchase additional beds and support daily activities.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>Quality compliance department – sampling surveys, discharge surveys.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<ul style="list-style-type: none"> <li>Does not prioritize/de-prioritize any population.</li> <li>COA – track outcome measures – WITS/KEPRO.</li> <li>None.</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>Bedroom partitions, furniture, plumbing, 3 AEDs, air purifiers, 15-seat passenger van.</li> </ul>
<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>\$100,790</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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| <ul style="list-style-type: none"><li>• Laundry appliances – \$8,500</li><li>• Room partitions – \$5,000</li><li>• Air purifiers – \$3,500</li><li>• Furniture – \$16,000</li><li>• Passenger van – \$63,740</li><li>• AEDs – \$4,050.</li></ul> |
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**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Catholic Charities Maine

**DATE:** 11/21/22

**EVALUATOR NAME:** Kenneth Miller

**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Meets requirements</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• P – Facility based in priority county (Andro)</li><li>• N – No specific reference to Populations</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**BIDDER NAME:** Catholic Charities Maine

**DATE:** 11/21/22

**EVALUATOR NAME:** Kenneth Miller

**EVALUATOR DEPARTMENT:** DHHS

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Q – is 45 days sufficient to secure staffing given workforce issues</li> <li>• P – Adds 14 beds, more than double current capacity</li> </ul>
<ul style="list-style-type: none"> <li>• Asserts compliance</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Documentation provided</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• P – Doubling overnight and clinical staffing</li> </ul>
<ul style="list-style-type: none"> <li>• P – Referral bonus program, retention incentives</li> <li>• N – Uncertain if this will be sufficient to overcome workforce shortages</li> <li>• P – comprehensive training and onboarding description</li> </ul>
<ul style="list-style-type: none"> <li>• P – intends to add 12 more beds, for total of 28 beds</li> </ul>
<ul style="list-style-type: none"> <li>• P – majority of patients are MaineCare</li> <li>• P – Staff help uninsured apply for MaineCare</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• P – Facilitates access to MOUD and MAUD</li> <li>• Q – What if no provider available to prescribe?</li> </ul>
<ul style="list-style-type: none"> <li>• P – Multiple points of recruitment</li> <li>• N – No robust retention plan</li> </ul>
<ul style="list-style-type: none"> <li>• P – references strong collaborative relationships</li> <li>• N – no real focus on SDH and support services outside of traditional SU treatment and counseling services</li> </ul>
<ul style="list-style-type: none"> <li>• P – Provides ongoing services outside of residential for clients</li> <li>• P – Supports initiation of applications for ongoing treatment</li> </ul>
<ul style="list-style-type: none"> <li>• P – States sustainability on MaineCare rates within project time frame</li> </ul>
<ul style="list-style-type: none"> <li>• N - Funds to purchase equipment and support residential activities, no specifics as to how it will support residential activities</li> <li>• Q – Does purchasing beds equate to actual beds, or other supports needed to expand capacity?</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• N – Non-discrimination statement, but does not meaningfully engage with equity and acute needs of PHEHD</li> </ul>
<ul style="list-style-type: none"> <li>• P – States that many staff and management and volunteers are from the recovery community</li> </ul>



**STATE OF MAINE  
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<ul style="list-style-type: none"><li>• N – Suggests that residential care services are not impacted by cultural and structural competency</li></ul>
<ul style="list-style-type: none"><li>• N – Non-discrimination statement, without meaningfully discussing PHEHD</li></ul>
<ul style="list-style-type: none"><li>• P – Tracks data through WITS</li><li>• N – Does not discuss how data will be used to improve utilization and outcomes</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Believe these are allowable expenses not covered by Capital RFA</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• P – 14 beds added for \$100,790 is very reasonable</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Catholic Charities Maine

**DATE:** 11/21/22

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** OBH

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Meets all criteria</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Agency will serve adult men in Androscoggin County</li></ul>

**STATE OF MAINE  
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**DATE:** 11/21/22

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**EVALUATOR DEPARTMENT:** OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Program meets licensing and certifications</li> <li>• 6 additional clinical staff and an RA</li> <li>• Expand from 16 beds to 28 beds</li> <li>• ASAM level 3 services</li> <li>• Within 45 days of contract delivery</li> <li>• 14 additional beds</li> <li>• Ample referrals received from community, jails, hospitals, and self referrals</li> <li>• The recently increased MaineCare rates will provide ongoing sustainability</li> </ul>
<ul style="list-style-type: none"> <li>• Agency agrees</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Appropriate licenses verification provided. Licenses for current staff provided.</li> <li>• Agency is currently licensed for 28 beds</li> </ul>
<ul style="list-style-type: none"> <li>• Plan to double overnight staff per COA requirements and add clinical staffing to meeting clinical needs of expanded population.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency plan meets</li> </ul>
<ul style="list-style-type: none"> <li>• Program located in Androscoggin County and meets other areas.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Funds requested to add beds and support the daily residential activities.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Agency meets in this area.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency denies – DAFS has a balance of 79,759 social service contract. Last audit 9/30/19 included one finding: G&amp;A expenses not calculated properly, Balance due Department of \$7,130 and balance due agency of \$1,176. CAP received. Audit has determined high risk.</li> </ul>

**STATE OF MAINE  
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**EVALUATOR DEPARTMENT:** OBH

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**E. Allowable Use of Funds**

- Bedroom partitions, additional furniture, expanded plumbing, 3 AED defibrillators and air purifiers for each bedroom, 15 passenger van.

**Part IV. Budget Form and Narrative**

- 100,790 total - \$8,500 laundry appliances, \$5,000 room partitions, \$3,500 air purifiers, two per room and for each bathroom (10), \$16,000 furniture, \$4,050 AED defibrillators, \$63,740 van

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Catholic Charities Maine

**DATE:** 31 Oct 22

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**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Yes to both</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Androscoggin County</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Catholic Charities Maine

**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Met</li> <li>•</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Very clearly shown</li> <li>• SFRC is currently licensed for 28 beds.</li> <li>• Adding additional clinical staffing to meet the clinical treatment needs of this expanded population, per licensing standards.</li> <li>• N- No specific SUD mention</li> <li>• Residential program resides in a quiet neighborhood- 90% MC</li> <li>• Met</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Unsure what level 3 they will be providing</li> <li>• Met</li> <li>• Well integrated with Justice involved</li> <li>• Met</li> <li>• Met</li> <li>• Met</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Met</li> <li>• Many current and prior staffers, from Residential Advisors (entry level) to management level, have come to be employed from either recovery community and/or former clients and many go on to be promoted from within the program. SFRC also utilizes former clients as volunteers providing peer recovery groups and hire former clients via equal opportunity quotes for building services such as flooring, lighting, painting, and maintenance.</li> <li>• Vague</li> <li>• provide services to anyone that falls under the treatment need criteria for residential care</li> <li>• Only what is required by COA/State</li> <li>• N/A</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Van an approved expense?</li> </ul>

**Part IV. Budget Form and Narrative**

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**BIDDER NAME:** Catholic Charities Maine

**DATE:** 31 Oct 22

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**EVALUATOR DEPARTMENT:** DHHS

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| <ul style="list-style-type: none"><li>• 63470 for passenger van?</li></ul> |
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**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- MaineCare Provider Agreement, contracts with DHHS/OBH.
- MH License, SUD License – incl. Residential programs – Alcohol & Drug.

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Minimally mentions as defined.
- Mentions Portland organizations.



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Licenses expire 5/16/2023.</li> <li>• 5 additional beds (total of 21) and specialized training, ASAM 3.5.</li> <li>• 1 year for 5 additional staff.</li> </ul>
<ul style="list-style-type: none"> <li>• Did not answer.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• N/A.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> <li>• Clinical staffing is double State minimum.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets – robust information.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Pregnant and parenting women.</li> <li>• ASAM 3.5.</li> <li>• EBPs – robust information provided.</li> <li>• MD prescribes MOUD/MAUD as appropriate, ensure medication continuity at discharge.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Minimally meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets. Add 5 beds (2 immediately, 3 when new staff on board).</li> </ul>
<ul style="list-style-type: none"> <li>• Recruit, hire, train additional 5 staff, furnish 5 sleeping quarters.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Collect data on calls into organization requesting services.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets – CARF.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Data collected for TDS, client satisfaction surveys, Basis-24 outcome measurement tool – process improvement exercises to implement process changes, monitored.</li> </ul>
<ul style="list-style-type: none"> <li>• N/A.</li> </ul>
<b>E. Allowable Use of Funds</b>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 11/20/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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- |   |
|---|
| <ul style="list-style-type: none"><li>• Recruitment, hiring, onboarding, training of new and current employees to support increased capacity.</li></ul> |
|---|

**Part IV. Budget Form and Narrative**

- |   |
|---|
| <ul style="list-style-type: none"><li>• \$321,137.76</li><li>• Staffing (4 personal care coordinators, 1 personal care coordinator team lead; incl. wages, benefits) – \$268,537.76.</li><li>• Other (2 hours/week MD time [incl in staffing budget], advertising for staff, onboarding and training, program materials, website content, furniture – \$52,600.</li></ul> |
|---|

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 11/21/22

**EVALUATOR NAME:** Kenneth Miller

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• P – Meets requirements</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• P – Facility based in Windham, in Portland metropolitan area</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 11/21/22

**EVALUATOR NAME:** Kenneth Miller

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>•</li> <li>• N – No assurances provided</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• P – Certifications/licenses attached</li> <li>• N/A</li> <li>• Q – How many staff are they anticipating adding? Clinical or non-clinical?</li> <li>• N – No sense of how staff will be recruited</li> <li>• N – Lackluster retention plan</li> <li>• P – In-depth training and supervision plan</li> <li>• P – 5 additional beds</li> <li>• Q – What is current utilization?</li> <li>• P – Admission not delayed by insurance</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• P – Comprehensive and in-depth review of evidence-based services and programming with focus on trauma</li> <li>• P – Medical Director prescribes, connects to or re-establishes connection with a prescriber</li> <li>• P – Robust recruitment effort</li> <li>• P – Sufficient emphasis on retention</li> <li>• P – Case managers provide additional supports to PHEHD</li> <li>• P – Extensive list of community partners and connection to low-barrier referral paths</li> <li>• P – Extensive list of community partners and connection to low-barrier referral paths</li> <li>• P – Practiced outreach plan</li> <li>• P – additional beds can be covered at 62% occupancy</li> <li>• Q – What is current occupancy/utilization rate?</li> <li>• Allowable use of funds</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• P – Data currently collected and used to support engagement</li> <li>• P – States that alumni are engaged around employment and Board-level opportunities</li> <li>• P – States staff provided support and training around cultural and structural competency</li> <li>• P – Assessment includes collection of information regarding culture, case managers connect clients with community partners</li> <li>• P – Individualized approach and planning</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**DATE:** 11/21/22

**EVALUATOR NAME:** Kenneth Miller

**EVALUATOR DEPARTMENT:** DHHS

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<ul style="list-style-type: none"><li>• P – Individualized monitoring and intervention for those at risk of leaving treatment against clinical advise</li></ul>
<ul style="list-style-type: none"><li>• P – Process to review data and make process changes, ongoing monitoring</li><li>• P – Addition of post-discharge data collection made possible through catalyst</li></ul>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• P – Funding to support recruitment, hiring, onboarding and training to support increase in capacity</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• \$321k for 5 beds = \$64k/bed</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 11/21/22

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** OBH

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Yes to all</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• They serve pregnant and parenting women, but not the only one. Located in Windham.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 11/21/22

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Agency has licenses to provide services</li> <li>• Recruit 5 new positions and onboard/train 5 new hires – anticipate one year from receiving funds</li> <li>• Funds will allow for 5 additional beds</li> <li>• ASAM level 3.5</li> <li>• Purchase furnishings, expand capacity to 18 by opening 2 additional beds immediately, increase capacity to 21 after additional staff is onboarded</li> <li>• 5 additional beds</li> <li>• Open beds, move clients from wait list, market expansion for increased expansion</li> <li>• After staffing is complete, advertise and training expenses will be reduced due to attrition, Marketing and program materials will be reduced. Food and utilities will increase by number of clients. Mainecare will be billed for the days beds are occupied and the 5 beds will be covered with 62% occupancy. If additional funding needed, there are donors.</li> </ul>
<ul style="list-style-type: none"> <li>• Did not answer</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>• Current staffing supports two beds immediately. The programs current clinical staffing is double the state minimum. Agency is requesting staff which will be more than the state required minimum staffing.</li> </ul>
<ul style="list-style-type: none"> <li>• Program located in Windham currently operating at 16 bed capacity asking for funds to expand to 21 beds. Virtually 100% Mainecare. For MaineCare eligible members, supported by OCFS or by their current contract through OBH.</li> </ul>
<ul style="list-style-type: none"> <li>• Pregnant IV drug users, pregnant substance users, female IV drug users with children, female substance users.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 11/21/22

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** OBH

\*\*\*\*\*

<ul style="list-style-type: none"> <li>• Currently able to open 2 additional beds and physical capacity for 5. After adding staff, sustain through attrition and decreased marketing and program costs. MaineCare and donors.</li> </ul>
<ul style="list-style-type: none"> <li>• Funding will be used to recruit, hire, and train 5 new staff.</li> </ul>
<p><b>2. Equity and Consumer Engagement</b></p>
<ul style="list-style-type: none"> <li>• Agency meets, currently collects demographic data, treatment, service provision and outcome data.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Currently 15 employees staff the 16 bed program. 5 additional beds would require 5 additional staff.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency denies. DAFS identifies \$0 MaineCare, 209,485 social service contract debt - \$48k in payment agreement. Last audit 6/30/20 included three findings: G&amp;A not calculated properly, disallowed expenses and non-submission of prior year CAP. Balance due the Department of \$11,402. CAP received with appeal. Appeal denied. Audit has determined high risk.</li> </ul>
<p><b>E. Allowable Use of Funds</b></p>
<ul style="list-style-type: none"> <li>• 5 additional staff to accommodate 5 bed expansion with recruitment, hiring, onboarding, and training.</li> </ul>

<p><b>Part IV. Budget Form and Narrative</b></p>
<ul style="list-style-type: none"> <li>• \$321, 537 total. \$268,537 in staffing costs and \$52,600 in furnishings (\$11,000), printing and purchasing program materials (\$4,500), marketing additional capacity to various sources (\$36,000), and changing website content (\$1,100).</li> </ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Current SUD license</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Met Pregnancy or Parenting Women</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Crossroads for Women, Inc.

**DATE:** 31 Oct 22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• SA License</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• Unsure</li> </ul>
<ul style="list-style-type: none"> <li>• Met- but no mention of SUD training</li> </ul>
<ul style="list-style-type: none"> <li>• Met- 100% MC</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Very Comprehensive in terms of the program, EBT sued and the clinical components. MAT MOU with community providers</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Justice involved/OCFS involved</li> </ul>
<ul style="list-style-type: none"> <li>• Well integrated</li> </ul>
<ul style="list-style-type: none"> <li>• No physical changes required, and can expands once additional staff are onboarded</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Vague plan</li> </ul>
<ul style="list-style-type: none"> <li>• Many direct staff are previous consumers</li> </ul>
<ul style="list-style-type: none"> <li>• Integrated into program</li> </ul>
<ul style="list-style-type: none"> <li>• Contractually obligated to serve population</li> </ul>
<ul style="list-style-type: none"> <li>• Established process that addresses when quality measures do not met standard</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>• 36K for marketing?</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** ESM, Inc.

**DATE:** 11/28/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- MaineCare Prov Agreement, Dept contracts
- MH License

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Accept referrals for anyone who meets eligibility criteria.
- Looking to provide SUD services in Kennebec County.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** ESM, Inc.

**DATE:** 11/28/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>Unclear if proposed staffing is sufficient for new services.</li> <li>Unclear if timeline is reasonable.</li> <li>Unclear if Bidder understands difference in MH/SUD licensing.</li> </ul>
<ul style="list-style-type: none"> <li>Did not address.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>MH license.</li> </ul>
<ul style="list-style-type: none"> <li>Unclear if Bidder has understanding of SUD licensing.</li> </ul>
<ul style="list-style-type: none"> <li>Unclear if Bidder has understanding of SUD staffing requirements.</li> </ul>
<ul style="list-style-type: none"> <li>Minimally meets.</li> </ul>
<ul style="list-style-type: none"> <li>Did not provide specific location in Kennebec County.</li> <li>Provided range of consumers to be served (5-10).</li> <li>Unclear if Bidder has understanding of SUD licensure.</li> </ul>
<ul style="list-style-type: none"> <li>Accepts all.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>Access to MOUD/MAUD – unclear if on or off-site.</li> <li>Arranged medical, psychiatric, psychological, laboratory, and toxicology services – on site or of-site within 24-hours.</li> </ul>
<ul style="list-style-type: none"> <li>16 units – 63 individuals – average – facilities not at capacity?</li> <li>Not overly robust recruitment plan.</li> </ul>
<ul style="list-style-type: none"> <li>Unclear if experience with SUD agencies.</li> </ul>
<ul style="list-style-type: none"> <li>Minimal.</li> </ul>
<ul style="list-style-type: none"> <li>Minimally meets.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>Data system.</li> </ul>
<ul style="list-style-type: none"> <li>Did not mention population as defined.</li> </ul>
<ul style="list-style-type: none"> <li>Meets.</li> </ul>
<ul style="list-style-type: none"> <li>Does not prioritize based on population.</li> </ul>
<ul style="list-style-type: none"> <li>Data system.</li> </ul>
<ul style="list-style-type: none"> <li>None.</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>Staff training and professional development – increase SUD, empathy, populations as defined – 6 months of training (sec 97 after first 6 months).</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** ESM, Inc.

**DATE:** 11/28/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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- Safety equipment.
- Furniture and appliances for client use.
- Furniture and appliances for common area.

**Part IV. Budget Form and Narrative**

- \$256,645.70
- Staffing – \$145,304.80
- Other – \$111,340.90
- Trainings broken down by wages/benefits/taxes.
- Safety equipment – \$9,340.90 – security system set up.
- Furniture and appliances for client use – \$4,000 per bedroom, incl. bed, dresser, nightstand, chair, tv, lamp, alarm clock (\$24,000 for 6 beds) – Bidder previously stated number of beds would depend on using existing location or new location. \$4,000 per bedroom seems excessive for included items.
- Furniture and appliances for common area – \$78,000 incl. living room set up, dining room, kitchen, washer/dryer, staff office, exercise equipment.
- Exercise equipment necessary?
- Living room set up/dining room/kitchen seem excessive, particularly if converting current facility from MH to SUD.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** ESM, Inc.

**DATE:** 11/29/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Meets requirements</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• P – Facility in priority geographic area</li><li>• N – No specific intent around PHEHD</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** ESM, Inc.

**DATE:** 11/29/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Q – Adds 10-12 beds overall? Are other 6 beds indicated currently filled for MH PNMI?</li> <li>• P – 180 day timeline to open/fill new beds</li> <li>• P – Funds to support development and launch, postulate solvency following initiation of services</li> </ul>
<ul style="list-style-type: none"> <li>• Not addressed</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• MH license provided</li> </ul>
<ul style="list-style-type: none"> <li>• P – Reasonable infrastructure stated to support licensing/certification</li> </ul>
<ul style="list-style-type: none"> <li>• P – Reasonable infrastructure concerning existing staff</li> </ul>
<ul style="list-style-type: none"> <li>• N – No indication of additional staffing needs to increase capacity</li> </ul>
<ul style="list-style-type: none"> <li>• P – Reasonable infrastructure to support smooth processes</li> </ul>
<ul style="list-style-type: none"> <li>• N – No clear indication of supervisory structure outside of clinical support</li> </ul>
<ul style="list-style-type: none"> <li>• Q – Preference for co-occurring</li> </ul>
<ul style="list-style-type: none"> <li>• P – 24/7 staffing plan</li> </ul>
<ul style="list-style-type: none"> <li>• N – no stratification of expected client base indicated</li> </ul>
<ul style="list-style-type: none"> <li>• P – accepts all referrals, including uninsured persons</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Q – Clarity around “access to MOUD and MAUD as clinically appropriate”?</li> <li>• Q – Clarity around “arranged... services”?</li> <li>• Q – Alignment with ASAM criteria?</li> </ul>
<ul style="list-style-type: none"> <li>• Appears to be closely linked with justice-involved persons</li> </ul>
<ul style="list-style-type: none"> <li>• Close collaboration with justice system. Non-justice system referral sources?</li> </ul>
<ul style="list-style-type: none"> <li>• N – No specific reference to maintaining access to MOUD/MAUD as needed</li> </ul>
<ul style="list-style-type: none"> <li>• N – lacks detail</li> </ul>
<ul style="list-style-type: none"> <li>• P – Reasonable plan to invest in start-up costs</li> </ul>
<ul style="list-style-type: none"> <li>• P – Reasonable plan to invest in start-up costs</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• N – no indication about how data will be integrated into project</li> </ul>
<ul style="list-style-type: none"> <li>• N – no clear indication of how consumers integrated into organization</li> </ul>
<ul style="list-style-type: none"> <li>• P – reasonable training infrastructure</li> </ul>
<ul style="list-style-type: none"> <li>• N – no plans outside of training regarding cultural and structural competency</li> </ul>
<ul style="list-style-type: none"> <li>• N – no plans specific to PHEHD</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** ESM, Inc.

**DATE:** 11/29/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

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<ul style="list-style-type: none"><li>• N – no indication about how data will be integrated into project</li><li>• N/A</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Use of funds permitted within RFA</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• \$25k-\$51k/bed</li></ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** ESM, Inc.

**DATE:** 11/21/22

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** OBH

\*\*\*\*\*

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- Agency has MH licenses, mental health contracts, and a MaineCare provider agreement. Agency does not provide SUD services.

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Agency does not discriminate and accepts people who meet criteria. Kennebec County is anticipated location.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• MH license</li> <li>• Planning to hire and RN, LPN, and a Director and upon reward will begin hiring for this specific facility and agency has existing staff pool who can work in new facility.</li> <li>• Would provide services through section 97, appendix E with an specialty of co-occurring mental health and substance use diagnosis.</li> <li>• Level 3.5</li> <li>• No current location, but will find one or change a current home operating as a MH PNMI currently.</li> <li>• 6 beds if current location or 10-12 beds if a new location</li> <li>• Development and training of staff done through catalyst funds and program will run under Appendix E PNMI policies to secure compliance and solvency.</li> </ul>
<ul style="list-style-type: none"> <li>• Application states attached</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• MH licensed provider currently</li> </ul>
<ul style="list-style-type: none"> <li>• Agency has 63 licensed PNMI Appendix E beds throughout Central Maine. Not currently SUD licensed, but has a compliance officer.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency listed internet job sites and social media as options for recruitment. Provided current trainings provided to their employees. Does not indicate SUD training.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meet this area</li> </ul>
<ul style="list-style-type: none"> <li>• 5-10 bed SUD treatment facility in Kennebec County. Facility offers to operate under Section 97 Appendix B or E but would prefer to operate under E with a specialty of co-occurring disorder. If DHHS prefers appendix B, agency would explore the possibility.</li> </ul>
<ul style="list-style-type: none"> <li>• Accepts MaineCare and potentially uninsured individuals.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Agency arranges for MOUD and MAUD as appropriate.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency holds a contract with Federal Probation and Maine Pre-trial and accepts clients from RPC and DDPC. Current team was clinical LCPC, LCSW, LADC, LCPC-C and RN. The agency does not identify SUD services.</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>
<ul style="list-style-type: none"> <li>• Agency will provide treatment under Section 97 MaineCare reimbursement.</li> </ul>
<ul style="list-style-type: none"> <li>• Plans to use funds to train staff in SUD and empathy.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Agency meets in this area</li> </ul>

**STATE OF MAINE  
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<ul style="list-style-type: none"><li>• Agency meets in this area</li></ul>
<ul style="list-style-type: none"><li>• Agency meets in this area</li></ul>
<ul style="list-style-type: none"><li>• Agency meets in this area</li></ul>
<ul style="list-style-type: none"><li>• Agency meets in this area</li></ul>
<ul style="list-style-type: none"><li>• Agency identifies no outstanding complaints or issues in the past 5 years. DAFS identifies \$1,282,705 MaineCare in payment agreement and no social service contract. Audit identifies last audit 12/31/21 included one finding: non-submission of financial statements and MAAP schedules. Cap received. Audit has determined low risk.</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Staff training and development, Facility and Safety equipment, furniture and appliances for client use, furniture and appliances for common area.</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• \$256,645 total. \$145,304 in staff training and professional development, \$9,340 in facility safety equipment, \$24,000 for 6 beds and room furniture, \$78,000 for common area furniture.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** ESM, Inc.

**DATE:** 11/1/22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Yes to both</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• SMI/ Justice involved</li><li>• Kennebec</li></ul>

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\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Met</li> <li>•</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• MH License</li> <li>•</li> <li>• No mention of Clinical Director/Medical Director</li> <li>• Met</li> <li>• No specific locations</li> <li>• Proposal states they want to operate as Community Residences for Persons with Mental Illness vs SUD residential</li> <li>• Met</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Q- Do not demonstrate understanding of ASAM</li> <li>• Met</li> <li>• Well integrated</li> <li>• N- Did not explain out they would work with outside agencies</li> <li>• Met</li> <li>• Met</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• P- Current reporting system will pull data</li> <li>• Existing Advisory Board will invite SUD service individual</li> <li>• P- focused on training</li> <li>• Met</li> <li>• Met- will data from reporting system</li> <li>• N/A</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>• Training cost for 4 hrs listed at 12k and for 2 hrs listed at 12k.</li> <li>• 4K for each room seems high</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Milestone Recovery

**DATE:** 11/28/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

\*\*\*\*\*

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**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- MaineCare Provider, Dept contract.
- MH, SUD licenses (incl. residential), expired 8/6/2022.

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Clients required to be eligible for MaineCare.
- Old Orchard Beach.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

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**BIDDER NAME:** Milestone Recovery

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**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>Unclear if sustainability plan will suffice if conditions change.</li> <li>Meets.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>Meets.</li> <li>NA.</li> <li>Extended Care program to expand by 5 beds. Meets.</li> <li>Minimally meets.</li> <li>Only extended care program in State.</li> <li>Expand from 16 beds to 21 beds.</li> <li>Only MaineCare accepted.</li> <li>Only serve MaineCare. Assist individuals to establish MaineCare if qualify.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>6-8 month program for adult males – ASAM Level III.</li> <li>Works with MOUD providers.</li> <li>SMART Recovery, trauma informed yoga, Seeking safety, relapse prevention, guided meditation, motivational interviewing, therapeutic community model of treatment.</li> <li>First come first served screening appointments – reserved Monday at 8am.</li> <li>Current waiting list – check ins and support.</li> <li>27 residents on campus.</li> <li>Minimal.</li> <li>Outpatient aftercare participation on campus.</li> <li>MaineCare only – reimbursement.</li> <li>3 new positions – 1 LADC or CADC, 2 peer navigators.</li> <li>Furniture, equipment – convert underutilized rooms to bedrooms, incl. beds, mattresses, bureaus, other furniture.</li> <li>Trauma informed yoga equipment.</li> <li>12-passenger vehicle (program already has 1).</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>EMR – minimal (low income).</li> <li>People in recovery, experienced homelessness.</li> <li>Trauma informed care.</li> <li>With expansion, structural and institutional bias within clinical practice.</li> <li>Did not really address.</li> </ul>

**STATE OF MAINE  
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\*\*\*\*\*

<ul style="list-style-type: none"><li>• Specific to very low income requirement and chronic homelessness, correctional system.</li></ul>
<ul style="list-style-type: none"><li>• EMR – peer navigator positions will increase data collection.</li></ul>
<ul style="list-style-type: none"><li>• 1 complaint identified.</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• 12-passenger van (why need 12-passenger van for additional 5 bed capacity?)</li><li>• 3 new positions, 4-month ramp-up period</li><li>• Recruitment and training</li><li>• Furnishings and equipment, incl. dining room seating for 5 new clients, beds/mattresses/dressers for 5 new clients</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• \$141,441.96</li><li>• Staffing – \$59,949.61</li><li>• Other – \$81,492.25</li><li>• Administrative costs – payroll processing, state background checks, other onboarding expenses. Not specific, no dollar amount associated.</li><li>• Staffing – salaries and wages based on current wages for relevant positions plus annual market increase. Percentages for benefits. No dollar amount associated.</li><li>• Other – \$69,197.90 van; \$5,194.35 furniture and equipment for client rooms and common areas (not broken down); \$10,000 training to include CCAR and inc. \$1,000 in recruiting costs for 3 positions.</li></ul>



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**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

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**DATE:** 11/29/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Requirement met</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• P – Works specifically with chronically homeless adults</li><li>• Not in priority geographic region</li></ul>

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\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>Adds 5 beds to capacity, current waiting list</li> <li>P - reasonable time frame to fill</li> </ul>
<ul style="list-style-type: none"> <li>Assurances provided</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>Copies appended and assurances provided</li> <li>N/A</li> <li>P – reasonable staffing plan for addition of beds</li> <li>P – Reasonable hiring and supervision plan</li> <li>Q – How does hiring plan accommodate workforce shortage?</li> <li>P – 5 bed expansion at existing facility</li> <li>Q – Solely MaineCare funded?</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>P – Clear description of services</li> <li>N – No reference to MAUD</li> <li>N – Works with providers, no in-house capacity for MOUD/MAUD</li> <li>Q - Long waitlist, loss to care?</li> <li>Q - Seems reliant on other support systems to connect to care?</li> <li>P – diverse supports while in care</li> <li>N – no specific indication about retention</li> <li>Q – States engagement to coordinate care with little detail</li> <li>P – Offer after-care services</li> <li>N – Outside of Milestone make referrals but no certainty re: availability of services</li> <li>P – Reasonable plans concerning sustainability</li> <li>Allowable use of funds, predominantly focused on vehicle</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>Q – No clear indication of how it will be integrated or how other PHEHD will be considered</li> <li>P – Strong commitment to engaging consumers and PHEHD at all levels</li> <li>P – plans to increase training with expansion</li> <li>N – Relies on training without other considerations regarding cultural and structural competency</li> <li>P – strong connections with people experiencing chronic homelessness and justice involved persons</li> <li>P – expansion of staffing will allow for better assessment of aftercare data</li> </ul>

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<ul style="list-style-type: none"><li>• N – no clear indication of how data will be used to adapt services</li></ul>
<ul style="list-style-type: none"><li>• One MHRC complaint disclosed</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• Costs permissible</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• \$28k/bed</li></ul>

**STATE OF MAINE  
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**EVALUATOR NAME:** Corinna O’Leary

**EVALUATOR DEPARTMENT:** OBH

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Yes to all</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Homeless and chronic poverty and located in Old Orchard Beach</li></ul>

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\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Did not provide the correct work plan. All areas not covered.</li> <li>• Agrees</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Licenses expired in August 2022.</li> <li>• Agency states they are currently licensed.</li> <li>• 3 additional positions added to accommodate the addition of 5 beds.</li> <li>• Provided information. HIPAA included.</li> <li>• It is not the only extended care residential program in Maine. Outlines that the program only accepts MaineCare.</li> <li>• Agency states that it exclusively accepts MaineCare.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Agency identifies ASAM level 3.3. Agency supports MOUD and doesn’t reference MAUD.</li> <li>• Meets</li> <li>• Agency identifies that there are currently 27 residents (16 beds currently and looking to expand to 21 beds through RFA). Description of collaboration and coordinating with outside agencies.</li> <li>• Meets</li> <li>• Timeline offered. Plan for ongoing sustainability based on MaineCare reimbursement.</li> <li>• Addition of 3 staff, bedroom furnishings, basic equipment for trauma informed yoga, and a 12 passenger van.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Meets</li> <li>• Milestone has recruited homeless board members. 7-10 new hires disclose that they are in recovery.</li> <li>• Trauma informed care used in program. Onboarding training will include training on identifying and addressing structural and institutional bias.</li> <li>• Agency exclusively serves low income and people experiencing chronic homelessness. 100 percent served are MaineCare eligible. Utilize their own detox program, Preble and Oxford Street Homeless shelters and correctional system.</li> <li>• Use of electronic medical records system that includes engagement in aftercare treatment through their own program with hopes to expand and monitor outcomes to include self report of engagement in aftercare, education and employment outcomes. New positions will help with monitoring long term outcomes.</li> </ul>

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- Current – former employee filed a discrimination charge with EEOC and MHRC – December 2021. Last audit 6/30/21 included two findings: inaccuracies on the SEDA and non-submission of CAP. No CAP received. Audit has determined high risk.

**E. Allowable Use of Funds**

- 12 passenger van (48.9% of budget), Staffing ( 42.4%), Recruitment and training cost (5%) and furnishings (3.7%)

**Part IV. Budget Form and Narrative**

- 12 passenger van (48.9% of budget), Staffing ( 42.4%), Recruitment and training cost (5%) and furnishings (3.7%). No additional information provided (receipts or quotes).

**STATE OF MAINE  
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**DATE:** 11/1/22

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**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Mets both</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Population, not location</li></ul>

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\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>No mention of level of care</li> <li>Mets</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>Mets</li> <li>Currently licensed</li> <li>Expansion of current program will require additional 3 staff</li> <li>Mets</li> <li>Mets</li> <li>Mets</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>Mets, described EBT that will be used</li> <li>Mets and addressed interim services for waitlist</li> <li>Mets</li> <li>Well described plan but does not mention community partners, all internal engagement</li> <li>Mets</li> <li>Mets- requests van</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>Data pulled form EHR</li> <li>Board of Directors purposefully has recruited people in recovery</li> <li>trauma-informed care</li> <li>Justice involved</li> <li>Peer navigator positions created by the RFA funds will enable us to expand that data collection to better analyze long-term outcomes for populations that have historically experienced health disparities.</li> <li>The matter is in the early stages of the administrative investigation. The parties have agreed to participate in the Commission's voluntary early resolution program.</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>Mets</li> </ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>69,197.90 for a new van</li> </ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Pine Tree Recovery Center

**DATE:** 11/28/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• MaineCare Provider Agreement, no Dept contract.</li><li>• SA License, incl. residential.</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• DEI consultation.</li><li>• Portland.</li></ul>

**STATE OF MAINE  
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\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Timelines seem unrealistic for hiring to support 20-bed expansion.</li> <li>• Initial 10 beds by June 2023, total 20 within 45 days – seems unrealistic.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• NA.</li> </ul>
<ul style="list-style-type: none"> <li>• Minimal – lists position to hire.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Sliding scale.</li> <li>• 35% MaineCare, 30% uninsured – preadmission screening process.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• MOUD/MAUD Induction within days of admission to detox level of care.</li> <li>• Relationships with external MAT providers, willing to continue post-discharge.</li> <li>• Referral process to community based provider for MOUD/MAUD.</li> </ul>
<ul style="list-style-type: none"> <li>• Step-up/step-down levels of care.</li> <li>• Satisfaction surveys, alumni groups/activities.</li> <li>• Fairly detailed information on services.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Expand 20 ASAM Level 3.5 to existing detox facility.</li> <li>• Indicate one of few agencies in state providing transportation; community outreach; program development and 90 days of salary; environment (furnishing, equipment).</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• Examples of process improvement meetings using data to inform decisions.</li> </ul>
<ul style="list-style-type: none"> <li>• Staffing and program improvement.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets.</li> </ul>
<ul style="list-style-type: none"> <li>• Focus on outreach.</li> </ul>
<ul style="list-style-type: none"> <li>• Detailed quality improvement plan.</li> </ul>
<ul style="list-style-type: none"> <li>• 1 complaint identified.</li> </ul>
<b>E. Allowable Use of Funds</b>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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- Staff salary for 90 days; grant positions salary for 1 year; benefits for 90 days; hiring bonuses; contract staff and consultants; safety and security equipment; furniture and appliances for client use (\$154,889); furniture and appliance for staff/facility; vehicle; computer system; storage/med cart; accreditation and licensing expense (\$5,000 – why when already licensed as SA Residential?); billing agency expense (explain?); marketing expense (\$30,000 – seems excessive); lease (\$26,468 – why included?).
- Total – \$1,140,559.63

**Part IV. Budget Form and Narrative**

- \$1,140,559.63
- Staffing – \$773,401.72
- Other – \$367,157.91
- Detailed explanation/breakdown of staffing.
- Community Outreach Professionals salary?
- Compliance professional necessary? (Indicates for new locations)
- Marketing Consultant necessary if also hiring 2 community outreach professionals?
- \$31,090.77 – key card devices, security cameras; what are “life safety devices in client bedrooms”?
- \$154,889 – bedroom and common area furniture (based on invoice for 15-bed facility). Quotes seem excessive for particular items (ex: \$12,000 sectional sofa; \$900 office chair; \$1,100 ottoman; numerous pieces of \$455 art that totals \$13,195).
- \$33,396.17 – laundry room equipment, dining areas, offices
- \$57,935.87 – 1 passenger van
- \$14,718.56 – patient and staff computers (8 laptops, 4 desktops)
- \$10,000 – secure medication cart and re-enforced medication storage room.
- \$5,000 – Joint Commission Accredited for Detox and outpatient level of care, will require for residential program.
- \$3,659 – contract with billing agency to prepare/submit insurance claims.
- \$30,000 – marketing materials for first 90 days. Seems excessive.
- \$26,468 – half of total lease for building (\$6,617/month), for first 4 months.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Pine Tree Recovery Center

**DATE:** 11/29/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Meets requirements</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• P – Meets both priority populations</li></ul>

**STATE OF MAINE  
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**DATE:** 11/29/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>Reasonable work plan given original anticipated announcements</li> <li>Assurances provided</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>Licensure attached</li> <li>N/A</li> <li>Significant suite of new staff anticipated through expansion</li> <li>P – Smooth hiring processes, robust retention practices, low attrition rate</li> <li>P – anticipated increase of 400 clients/year</li> <li>35% MaineCare, 30% uninsured, no OBH contract</li> <li>Q – supports for accessing MaineCare?</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>Q – Induction within days of admission to detox level of care?</li> <li>Supports for MOUD/MAUD, but reliant on external providers</li> <li>P – Comprehensive recruitment plan</li> <li>P – Comprehensive processes supportive of engagement and retention</li> <li>P – Strong partnerships focused on client care, broader equity focus</li> <li>N – No real discussion of SDH</li> <li>P – Strong collaborations to support aftercare</li> <li>Q - Strong sustainability planning, realistic?</li> <li>Comprehensive plan to use catalyst funds to expand services</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>P – Strong data collection with focus on consumers and how it has historically been integrated into the project</li> <li>N – Leans heavily on alumni meetings without other meaningful integration of consumers and PHEHD into organization</li> <li>P – Strong commitment and regular training</li> <li>N – Little beyond trainings to understand and address systems-level issues</li> <li>P – Intensive outreach, DEI consultant, marketing consultant</li> <li>P – Comprehensive QIP to be geared towards services with PHEHD</li> <li>One MHRC complaint disclosed</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li></li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

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**Part IV. Budget Form and Narrative**

- Q - Allowable use of funds? Lease?
- \$54k/bed

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Pine Tree Recovery Center

**DATE:** 10/28/22

**EVALUATOR NAME:** Corinna O’Leary

**EVALUATOR DEPARTMENT:** OBH

\*\*\*\*\*

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• The agency has a MaineCare Provider agreement and a current SUD License, but does not have a contract with the Department</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Meets priority population and in located in Portland.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

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**BIDDER NAME:** Pine Tree Recovery Center

**DATE:** 10/28/22

**EVALUATOR NAME:** Corinna O’Leary

**EVALUATOR DEPARTMENT:** OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>Detailed plan which covers all required areas with a detailed timeframe.</li> <li>Yes</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>Licenses and MaineCare Provider agreements attached.</li> <li>Not applicable</li> <li>Very detailed – An additional 26 staff for an expansion of 20 beds.</li> <li>Very detailed – All required information (I’m not sure if policies are attached)</li> <li>Very detailed all required information</li> <li>Very detailed all required information</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements.</b>
<ul style="list-style-type: none"> <li>Very detailed all required information provided.</li> <li>Very detailed all required information provided.</li> <li>Very detailed all required information provided.</li> <li>Very detailed all required information provided.</li> <li>Very detailed all required information provided.</li> <li>Very detailed and thorough. One part about program development is a little confusing as it states that grant funding will allow the agency to develop an SUD program using the most up to date evidence based practices so I’m curious about the practices that the agency is currently using for their SUD services already in place.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>Very thorough and detailed, meets all requirements.</li> <li>Very thorough and detailed, meets all requirements</li> <li>Very thorough and detailed, meets all requirements</li> <li>Very thorough and detailed, meets all requirements</li> <li>Very thorough and detailed, meets all requirements</li> <li>One active MHRC complaint for sex discrimination from an individual terminated in November 2021.</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>All appears allowable. Question a new vehicle. Leasing a facility and asking for 4 months of lease – Is this building already secured?</li> </ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>Very detailed and thorough with required information included. (Written quotes included)</li> </ul>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Pine Tree Recovery Center

**DATE:** 11/1/22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Licensed</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Population not location</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Pine Tree Recovery Center

**DATE:** 11/1/22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<ul style="list-style-type: none"> <li>• Clearly laid out</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• met</li> </ul>
<ul style="list-style-type: none"> <li>• Prioritize 35% of beds for MaineCare members and 30%of beds for uninsured clients, this will be determined in the pre-admission screeningprocess</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Well integrated in community</li> </ul>
<ul style="list-style-type: none"> <li>• Forecast showswe will be operating at a plus inmonth 7thbased on a payer mix of 50% MaineCare and50% PrivateInsurance/Uninsured.</li> </ul>
<ul style="list-style-type: none"> <li>• Expand 20 ASAM Level 3.5 residential beds to our existing detoxification facility on the second floor located in Portland ,Maine.</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• a medical team that can assess for psych/ mental health/ and overall physical health needs</li> </ul>
<ul style="list-style-type: none"> <li>• EHR can pull data</li> </ul>
<ul style="list-style-type: none"> <li>• alumni meetings that meet twice a month virtually due to demographics of many of clients post discharge.</li> </ul>
<ul style="list-style-type: none"> <li>• Robust training program that addresses concerns surrounding DEI</li> </ul>
<ul style="list-style-type: none"> <li>• 2 full time Community Outreach Specialists</li> </ul>
<ul style="list-style-type: none"> <li>• On going QIP</li> </ul>
<ul style="list-style-type: none"> <li>• One open issue</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Very detailed quote</li> </ul>
<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>• 12K in art seems high</li> </ul>

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

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- |   |
|---|
| <ul style="list-style-type: none"><li>• 58K for van</li></ul> |
|---|

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Wabanaki Public Health and Wellness

**DATE:** 11/28/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• MaineCare Provider Agreement, pending finalization</li><li>• MH, SA License (not residential)</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Specific to Tribal communities.</li><li>• Bangor.</li></ul>

**STATE OF MAINE  
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**DATE:** 11/28/2022

**EVALUATOR NAME:** Amy Heino

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>Missing pieces (only includes licensing and staffing), does not provide timelines.</li> <li>Meets.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>Meets (does not incl. residential).</li> <li>Working on policies/procedures, will apply to add detox.</li> <li>Lists staffing positions that will be hired.</li> <li>Does not subscribe to hierarchical structure.</li> <li>Meets.</li> <li>Services regardless of insurance status, assist with MaineCare enrollment.</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>ASAM 3.7 – withdrawal management.</li> <li>Will not deny services for those utilizing MOUD/MAUD, will provide/facilitate access – onsite.</li> <li>Relationship with pharmacy for MAT medications.</li> <li>Did not adequately engagement/retention.</li> <li>Larger Wabanaki organization, did not mention correctional facilities or agencies outside of WPHW/WHR.</li> <li>Did not provide detailed description.</li> <li>90 days to fill all positions reasonable?</li> <li>Staffing, training, certification and licensure fees, EHR costs, furnishings rooms and common areas, kitchen equipment/supplies, dining room.</li> <li>Start-up related capital costs?</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>Specific to Tribal community.</li> <li>Specific to Tribal community.</li> <li>Culturally specific to Tribal community.</li> <li>Specific to Tribal community.</li> <li>EHR and evaluations.</li> <li>NA.</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>Did not answer.</li> </ul>
<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>\$438,000</li> </ul>

**STATE OF MAINE  
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**EVALUATOR DEPARTMENT:** DHHS/OBH

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- Staffing – \$240,396
- Other – \$40,308
- Hospital beds, dressers, sheets, medical pillows, common area upgrade, washer/dryer, medication locker, medication refrigerator, kitchen upgrade, 15 web cams, 15 docking stations, 11 laptops
- \$10,200 EHR.
- \$29,700 catering support – why necessary
- \$18,900 24/7 security
- \$1,628 trainings
- \$34,325 10% indirect rate – necessary?

**STATE OF MAINE  
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**BIDDER NAME:** Wabanaki Public Health and Wellness

**DATE:** 11/29/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

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**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Meets requirements</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Addresses both priority populations</li></ul>

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

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Work plan does not address all of required areas</li> <li>• Q – new staff to support project?</li> </ul>
<ul style="list-style-type: none"> <li>• Assurances provided</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Met requirement</li> </ul>
<ul style="list-style-type: none"> <li>• N – No clear demonstration of timeline to meet licensing/facility requirements</li> </ul>
<ul style="list-style-type: none"> <li>• P – Comprehensive staffing plan provided</li> </ul>
<ul style="list-style-type: none"> <li>• Minimal outline of hiring and staff supports provided</li> </ul>
<ul style="list-style-type: none"> <li>• P - Addition of 6 beds</li> </ul>
<ul style="list-style-type: none"> <li>• P – Mostly MaineCare and uninsured</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• ASAM Level 1 – 3.7</li> <li>• Facilitates but does not provide access to MOUD/MAUD</li> <li>• Q – Little description of complementary services</li> </ul>
<ul style="list-style-type: none"> <li>• P – Strong relationships within community</li> </ul>
<ul style="list-style-type: none"> <li>• P – Culturally centered care</li> </ul>
<ul style="list-style-type: none"> <li>• P – Provides many culturally relevant support services through organization</li> </ul>
<ul style="list-style-type: none"> <li>• N – No reference to maintaining access to MOUD/MAUD</li> </ul>
<ul style="list-style-type: none"> <li>• P - Demonstrates understanding of sustainability and reasonable time frame to transition from catalyst funds</li> </ul>
<ul style="list-style-type: none"> <li>• P – Reasonable proposed use of catalyst funds to launch services</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• P – Built on THIP which is heavily reliant on input from stakeholders and community members</li> </ul>
<ul style="list-style-type: none"> <li>• P – culturally centered services</li> </ul>
<ul style="list-style-type: none"> <li>• P – PHEHD engaged at all levels of the organization</li> </ul>
<ul style="list-style-type: none"> <li>• P – Culturally centered care</li> </ul>
<ul style="list-style-type: none"> <li>• N – No reference to elements of structural competency</li> </ul>
<ul style="list-style-type: none"> <li>• P – Outreach intensive model, personalized care</li> </ul>
<ul style="list-style-type: none"> <li>• N – Little other reference to retention</li> </ul>
<ul style="list-style-type: none"> <li>• N – No reference to how data will be integrated into services</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>E. Allowable Use of Funds</b>



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Wabanaki Public Health and Wellness

**DATE:** 11/29/22

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS

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- |   |
|---|
| <ul style="list-style-type: none"><li>• Not addressed</li></ul> |
|---|

**Part IV. Budget Form and Narrative**

- |   |
|---|
| <ul style="list-style-type: none"><li>• Comprehensive budget justification provided</li><li>• \$73k/bed</li></ul> |
|---|

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Wabanaki Public Health and Wellness

**DATE:** 10/28/22

**EVALUATOR NAME:** Corinna O’Leary

**EVALUATOR DEPARTMENT:** OBH

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

**Part I. Applicant Eligibility Information**

- Current MaineCare Provider agreement. Current contract pending finalization. Current License.

**Part II. Priority Populations**

**A. Services to Priority Populations**

- Agency serves indigenous men and women of Wabanaki tribes of Maine. Facility will serve 6 non hospital detox beds for men and women located in Bangor.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

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**DATE:** 10/28/22

**EVALUATOR NAME:** Corinna O’Leary

**EVALUATOR DEPARTMENT:** OBH

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<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• The program has correct certifications and licenses, but that’s not what they cited on their work plan. They cited trainings.</li> <li>• Staffing doesn’t include SUD licensed staff.</li> <li>• Detox services to be provided</li> <li>• ASAM not discussed in workplan</li> <li>• The workplan ends at staffing and doesn’t include all of the staff listed below or any SUD specific staff.</li> <li>• Work plan doesn’t include a timeframe for anticipated delivery of service</li> <li>• 6 bed facility</li> <li>• No plan to fill beds</li> <li>• No plan to sustain program beyond expansion</li> </ul>
<ul style="list-style-type: none"> <li>• Agree to inform within 7 days.</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• All required licenses provided.</li> </ul>
<ul style="list-style-type: none"> <li>• Not currently licensed for “medical detox”, will need to obtain license. Plan to apply for appropriate license by December 2022.</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• Bangor – Indigenous individuals over 18 – 6 bed facility</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• Meets</li> </ul>
<ul style="list-style-type: none"> <li>• For this area, the applicant provided minimal information on collaboration with other agencies and stakeholders and basically described a continuum within their own programs.</li> </ul>
<ul style="list-style-type: none"> <li>• For this area, the applicant provided minimal information on collaboration with other agencies and stakeholders and basically described a continuum within their own programs.</li> </ul>
<ul style="list-style-type: none"> <li>• Plans to access MaineCare and other insurances and grant programs after the year contract grant Catalyst funding.</li> </ul>
<ul style="list-style-type: none"> <li>• Funds used to support the launch of the Withdrawal Treatment Center for staffing salary and fringe, staff training, certification and licensing fees, electronic health</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**DATE:** 10/28/22

**EVALUATOR NAME:** Corinna O’Leary

**EVALUATOR DEPARTMENT:** OBH

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records, furnishing rooms and common areas, kitchen equipment and supplies, dining furniture.
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"><li>• Meets</li></ul>
<ul style="list-style-type: none"><li>• 70% of board identifies as indigenous. Agency prioritizes hiring indigenous individuals “with lived experience and incorporates feedback to better recover infrastructure and systems development”.</li></ul>
<ul style="list-style-type: none"><li>• States that they have developed a comprehensive recovery model called the Medicine Trail. The model incorporates ASAM and evidence based practice and traditional healing. No specified evidence based practice.</li></ul>
<ul style="list-style-type: none"><li>• Meets</li></ul>
<ul style="list-style-type: none"><li>• Meets</li></ul>
<ul style="list-style-type: none"><li>• None identified by agency. Audit identifies: Last audit 12/31/20 included three findings: non-submission of ACR, non-submission of financial statements and MAAP schedules and non-submission of CAP. Balance due agency of \$6,529. Single Federal Audit included five findings and Audit determined the CAP as unacceptable. Audit has determined high risk.</li></ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"><li>• All allowable</li></ul>

<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"><li>• Agency requested 438,000 which is exactly 73,000 per 6 beds. An explanation was provided.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Wabanaki Public Health and Wellness

**DATE:** 11/1/22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

<b>Part I. Applicant Eligibility Information</b>
<ul style="list-style-type: none"><li>• Met</li></ul>

<b>Part II. Priority Populations</b>
<b>A. Services to Priority Populations</b>
<ul style="list-style-type: none"><li>• Meets both</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202210164

**RFA TITLE:** Catalyst Funds for Adult Residential Substance Use Disorder Treatment

**BIDDER NAME:** Wabanaki Public Health and Wellness

**DATE:** 11/1/22

**EVALUATOR NAME:** Allison Weeks

**EVALUATOR DEPARTMENT:** DHHS

\*\*\*\*\*

<b>Part III. Activities and Requirements</b>
<b>B. Project Work Plan</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>C. Operational Requirements</b>
<ul style="list-style-type: none"> <li>• Supplied</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Clearly shown</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Most individuals receiving services through this grant opportunity will be MaineCare members or uninsured individuals</li> </ul>
<b>D. Programmatic Requirements</b>
<b>1. Program Requirements</b>
<ul style="list-style-type: none"> <li>• Most individuals receiving services through this grant opportunity will be MaineCare members or uninsured individuals</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met- but described mostly internal connections</li> </ul>
<ul style="list-style-type: none"> <li>• Met- vague</li> </ul>
<ul style="list-style-type: none"> <li>• The catalyst funds won't be needed after the first year since the Center will continue to seek maximum reimbursements from MaineCare and other insurance providers.</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<b>2. Equity and Consumer Engagement</b>
<ul style="list-style-type: none"> <li>• The Board of Directors is comprised of indigenous individuals' representative of the communities served and 70% of WPHW staff identify as indigenous.</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met- Using the traditional medicine as guide on the journey, this model incorporates recovery models from the American Society of Addiction Medicine (ASAM) and evidence-based practices that are coupled with traditional healing</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• Met</li> </ul>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>E. Allowable Use of Funds</b>
<ul style="list-style-type: none"> <li>• Met- detailed</li> </ul>
<b>Part IV. Budget Form and Narrative</b>
<ul style="list-style-type: none"> <li>• Met</li> </ul>



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

**Janet T. Mills  
Governor**

**Jeanne M. Lambrew, Ph.D.  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFA #: 202210164**

**RFA TITLE: Catalyst Funds for Adult Residential Substance Use Disorder Treatment  
Grant Funding Opportunity**

I, Amy Heino 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 that the evaluation process is to be conducted in an impartial manner. 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 funding decision notices for public distribution.**

DocuSigned by:

*Amy Heino*

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**Signature**

Oct-25-2022

**Date**



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

**Janet T. Mills  
Governor**

**Jeanne M. Lambrew, Ph.D.  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFA #: 202210164**

**RFA TITLE: Catalyst Funds for Adult Residential Substance Use Disorder Treatment  
Grant Funding Opportunity**

I, Kenney Miller 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.

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DocuSigned by:

*Kenney Miller*

2B6C0B0DE0C34EE...

**Signature**

Oct-25-2022

**Date**





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

**Janet T. Mills  
Governor**

**Jeanne M. Lambrew, Ph.D.  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFA #: 202210164**

**RFA TITLE: Catalyst Funds for Adult Residential Substance Use Disorder Treatment  
Grant Funding Opportunity**

I, Corinna O'Leary 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.

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DocuSigned by:

*Corinna O'Leary*

40AFC668F0F5406...

**Signature**

Oct-26-2022

**Date**



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

**Janet T. Mills  
Governor**

**Jeanne M. Lambrew, Ph.D.  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFA #: 202210164**

**RFA TITLE: Catalyst Funds for Adult Residential Substance Use Disorder Treatment  
Grant Funding Opportunity**

I, Allison Weeks 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.

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DocuSigned by:

*Allison Weeks*

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**Signature**

Oct-25-2022

**Date**