

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
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Augusta, Maine 04333-0011
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TTY: Dial 711 (Maine Relay)

Mar-24-2024

Via Electronic Mail: jmgrant@sweetser.org

Sweetser
Joanne Grant, Chief Growth Officer
50 Moody Street
Saco, ME 04072

SUBJECT: Notice of Conditional Contract Award under RFA #202401013 Program Implementation and Workforce Recruitment and Retention to Support Children's Assertive Community Treatment Funding Opportunity

Dear Joanne Grant,

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 Child and Family Services. The Department has evaluated the applications received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract award to:

- Sweetser

The Department will be contacting Sweetser soon to negotiate a contract. As provided in the RFA, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and Sweetser. Sweetser shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.


As stated in the RFA, following announcement of this award decision, all submissions in response to the RFA are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. § 401](#) et seq.).

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

Any person aggrieved by the award decision that results from the RFA may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in [5 M.R.S.A. § 1825-E](#) and [18-554 Code of Maine Rules Chapter 120](#). The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of conditional contract award.

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

Sincerely,

DocuSigned by:

124E262DB45B4A5...

Bobbi Johnson
Director
Office of Child and Family Services

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to Support Children’s Assertive Community Treatment Funding Opportunity

APPLICANT: Sweetser

DATE: March 4, 2024, and March 15, 2024

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFA Coordinator: Brittany Hall

Names of Evaluators: Christa Elwell, Jordan Dean, Selina McGlaufflin, and Melanie Miller

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Part I. Applicant Eligibility Information	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Requirements and Activities	75.00	N/A
Part III. Budget Form and Narrative	25.00	N/A
<u>Total Points</u>	<u>100.00</u>	<u>N/A</u>

**The Evaluation Team is in favor of a conditional award to Sweetser as the Sole Bidder.
The Application was evaluated by the Evaluation Team but not scored.**

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to Support Children’s Assertive Community Treatment Funding Opportunity

APPLICANT: Sweetser

DATE: March 4, 2024, and March 15, 2024

**OVERVIEW OF PART I
Applicant Eligibility Information**

Part I. Applicant Eligibility Information

Evaluation Team Comments:

Sweetser indicates having a current MaineCare Provider Agreement, a current license through the Department’s Division of Licensing and Certification to provide Mental Health Services, and approval by the Department’s Children’s Behavioral Health Services as a Children’s Behavioral Health Provider to provide Children’s ACT Services. Although Sweetser did not provide evidence of eligibility as required by the RFA, the Evaluation Team has confirmed Sweetser meets the eligibility requirements outlined in the RFA.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to Support Children’s Assertive Community Treatment Funding Opportunity

APPLICANT: Sweetser

DATE: March 4, 2024, and March 15, 2024

**EVALUATION OF PART II
Requirements and Activities**

Evaluation Team Comments:

Part II. Requirements and Activities
A. Service Requirements and Activities
<ul style="list-style-type: none">• Indicates providing ACT services 24/7 through phone services, however it is unclear if services 24/7 crisis services will be available.• Although the Bidder demonstrated ability to provide ACT Services through their experience and support of the Sweetser leadership, the response lacks specific details.• Identified team members to facilitate a Child/Youth discharge from inpatient psychiatric hospitalization.• Indicates developing a preventative model for admission to a crisis stabilization unit but does not provide or outline a plan.• Indicates providing Children’s ACT services as outlined by 10-144 C.M.R, Ch. 101, Ch. II § 65.05-8, however did not describe the specific of how they will implement, provide, and meet the services as outlined by the rule.• Will have a Psychiatric Nurse, family support specialist, and case manager available.• ACT services will be delivered daily until the crisis is resolved.• Did not provide the geographic area/location where Children’s ACT Services would be available.• Multiple barriers identified and solutions included but did not include the underserved populations.• 12 children to be served through 6/1/24 and 25 children through 6/30/2025.• Will conduct an assessment to ensure the Child/Youth’s eligibility but did not provide specific details.
B. Staffing Requirements
<ul style="list-style-type: none">• Described the specific individuals who will be part of the multidisciplinary team with valid, in good standing license/certifications in their respective field/disciple. The evaluation team would like to see more description/detail on what the process is to ensure staffing requirements are met.• It is unclear what the prescreening tool is and how it will be utilized.• Will hire an independently license clinician but did not provide the specific details.

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- Provided a brief outline of the procedures and standards for convening the multidisciplinary team.
- Will utilize a score card turn over tool for retention tracking.
- Indicates many barriers to recruitment and retention but lacks description.
- The team would have liked to see more proposed solutions for managing barriers to recruitment and retention.
- Did not specifically address how supervision would be provided.
- Provided a list of evidence-based practices and treatments but did not describe how they would be integrated into service delivery.

C. Performance Measures and Reporting Requirements

- Description of current and past contract and reporting experience lacks detail. It is unclear which services are current and/or past. Does not describe a tracking system related to performance measure expectations.
- Proposed 2 performance measures but lack detail.

D. Allowable Use of Funds

- The team is concerned with the use of Artificial Intelligence (AI) for developing, implementing, and successful execution of Children’s ACT Services related to Allowable Use of Funds.
- There is concern with the use of terminology (i.e., “bodies to do the work”) within the response.
- Indicates use of innovative approaches but only provided one example.

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

Evaluation Team Comments:

Budget Form
<ul style="list-style-type: none">• Provided the required budget form.
Budget Narrative/Justification
<ul style="list-style-type: none">• Did not provide a budget narrative/justification.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to Support Children’s Assertive Community Treatment Funding Opportunity

APPLICANT NAME: Sweetser

DATE: March 4th, 2024 & March 14th, 2024

EVALUATOR NAME: Jordan Dean

EVALUATOR DEPARTMENT: DHHS/OCFS

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Applications (RFA) process. It is **required** that each individual evaluator make notes for each application 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 RFA Coordinator or Facilitator for this RFA.*

Individual Evaluator Comments:

Part I. Applicant Eligibility Information
<ul style="list-style-type: none"> • Applicant claims they have a current MaineCare Provider Agreement.
<ul style="list-style-type: none"> • Applicant claims they have a current license through the Department’s Division of Licensing and certification to provide Mental Health Services.
<ul style="list-style-type: none"> • Applicant claims they have been approved to provide Children’s ACT services.
<ul style="list-style-type: none"> • Not Applicable

Part II. Requirements and Activities
A. Service Requirements and Activities
<ul style="list-style-type: none"> • Applicant can provide Child ACT services but does not indicate if they are able to provide them 24/7.
<ul style="list-style-type: none"> • Applicant described how they would provide Children’s ACT Services.
<ul style="list-style-type: none"> • Applicant has a good understanding of how they will provide Children’s ACT Services.
<ul style="list-style-type: none"> • Applicant did not provide area/location where Children’s ACT Services will be available.
<ul style="list-style-type: none"> • Applicant plans to do an assessment to ensure the Child/Youth is eligible to receive services.
B. Staffing Requirements
<ul style="list-style-type: none"> • Applicant plans to have the minimum staffing requirements as well as a substance use clinician, peer support specialist, family support specialist, and a case manager.
<ul style="list-style-type: none"> • Applicant has an HR department that will handle making sure multidisciplinary team is in good standing license/certification to practice.
<ul style="list-style-type: none"> • Applicant plans to hire a licensed clinician as the team lead.

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EVALUATOR NAME: Jordan Dean

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<ul style="list-style-type: none">• Plans to use bonuses to recruit and retain staff.• Offers a variety of trainings including HIPPA.
<ul style="list-style-type: none">• Currently has unfilled positions in other clinical programs with waitlists due to vacancies.• Plans to use funds for sign on and retention bonuses, as well as relocation fees.
<ul style="list-style-type: none">• No mention of supervision.
C. Performance Measures and Reporting Requirements
<ul style="list-style-type: none">• Applicant has experience with reporting performance measures.• Applicant proposed 2 performance measures.
D. Allowable Use of Funds
<ul style="list-style-type: none">• Q: AI Application• Q: Use of AI

Part III. Budget Form and Narrative
Budget Form
<ul style="list-style-type: none">• Q: AI Wysa app
Budget Narrative/Justification
<ul style="list-style-type: none">• Applicant did not provide a budget narrative.

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INDIVIDUAL EVALUATION NOTES**

RFA #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to Support Children’s Assertive Community Treatment Funding Opportunity

APPLICANT NAME: Sweetser

DATE: 01MAR24

EVALUATOR NAME: Christa Elwell

EVALUATOR DEPARTMENT: DHHS/OCFS

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Individual Evaluator Comments:

Part I. Applicant Eligibility Information
<ul style="list-style-type: none"> Although bidder did not provide evidence of this, bidder is currently providing MC services
<ul style="list-style-type: none"> Although bidder did not provide evidence of this, bidder is currently contracted via DHHS to provide these services.
<ul style="list-style-type: none"> The Bidder did not provide evidence of this; however, Dept. obtained.
<ul style="list-style-type: none">

Part II. Requirements and Activities
A. Service Requirements and Activities
<ul style="list-style-type: none"> Bidder did not describe/indicate ability to provide 24/7 services.
<ul style="list-style-type: none"> Bidder provided response for each item.
<ul style="list-style-type: none"> Bidder provided response for each item.
<ul style="list-style-type: none"> a. Bidder provided response; however, did not address underserved populations. b. Bidder provided response; however, did not address underserved populations. c. Bidder provided.
<ul style="list-style-type: none"> Bidder indicated would conduct an assessment; but didn’t provide detail.
B. Staffing Requirements
<ul style="list-style-type: none"> Bidder did not describe in detail.
<ul style="list-style-type: none"> Bidder described. Reference checks?
<ul style="list-style-type: none"> Bidder provided a response.

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DATE: 01MAR24

EVALUATOR NAME: Christa Elwell

EVALUATOR DEPARTMENT: DHHS/OCFS

<ul style="list-style-type: none">• Bidder provided outline.
<ul style="list-style-type: none">• Bidder indicates many barriers; however, lacks description.
<ul style="list-style-type: none">• Bidder noted training for two CCBHCs.
C. Performance Measures and Reporting Requirements
<ul style="list-style-type: none">• Bidder provided very brief description.
<ul style="list-style-type: none">• Bidder proposed two performance measures.
D. Allowable Use of Funds
<ul style="list-style-type: none">•
<ul style="list-style-type: none">• Response lacks detail.
<ul style="list-style-type: none">• Bidder provided bulleted list of activities.

Part III. Budget Form and Narrative
Budget Form
<ul style="list-style-type: none">• Bidder provided Project Budget Form.
Budget Narrative/Justification
<ul style="list-style-type: none">• Bidder did not respond.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to Support Children’s Assertive Community Treatment Funding Opportunity

APPLICANT NAME: Sweetser

DATE: 3/4/2024 Part I 3/14/2023 Part II and Part III

EVALUATOR NAME: Selina McGlaulin

EVALUATOR DEPARTMENT: DHHS/OBH/CBHS

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Individual Evaluator Comments:

Part I. Applicant Eligibility Information
<ul style="list-style-type: none"> • The Applicant checked yes but did not provide supporting documentation. Internet research showed the agency has five (5) listings in the MaineCare Provider Directory: <ul style="list-style-type: none"> ○ (2) 77 Multi-Disciplinary Provider, ○ (2)78 Facility-Agency-Organization NR Provider, and ○ (1) 76 Facility-Agency-Organization Provider).
<ul style="list-style-type: none"> • The Applicant checked yes but did not provide supporting documentation. Internet research showed the agency has a current license: MHA229941 that includes Crisis Residential, Community Support, Emergency Services; Outpatient Therapy and Residential Programs -Mental Health. <ul style="list-style-type: none"> ○ Community Support, Emergency Services, and Outpatient Therapy are for Age Category: All.
<ul style="list-style-type: none"> • The Applicant checked yes but did not provide supporting documentation. CBHS Resource Coordinator has provided confirmation that Applicant is currently approved to be a C-ACT provider.
<ul style="list-style-type: none"> • Confirmed current approval via CBHS Resource Coordinator.

Part II. Requirements and Activities
A. Service Requirements and Activities
<ul style="list-style-type: none"> • P-Lists experience with community-based programming/team-based models. • P-BHH and CCBHC provider. • P-Lists experience operating adult ACT teams. No longer? • P-States has large network of care. • P-Involvement/investment of leadership. • P-Done prework of meeting with stakeholders to restore C-ACT in Maine.

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APPLICANT NAME: Sweetser

DATE: 3/4/2024 Part I 3/14/2023 Part II and Part III

EVALUATOR NAME: Selina McGlaufflin

EVALUATOR DEPARTMENT: DHHS/OBH/CBHS

<ul style="list-style-type: none"> • Lacking details for above.
<ul style="list-style-type: none"> a. <ul style="list-style-type: none"> • P-Identifies team members responsible. • P-Lists who they will coordinate with and how. • P-Offers in-person and virtual meeting options for statewide access. b. <ul style="list-style-type: none"> • P-Intention to establish programming to support families to manage symptoms. • P-Use treatment to build trust in reaching out to team first, 24/7. • P-Next steps if client uses ED. c. <ul style="list-style-type: none"> • P-Care coordination with residential programs as part of discharge for referrals. • P-Mentions how they will support reintegration. d. <ul style="list-style-type: none"> • P-Use EBPs to teach skills to manage behaviors/symptoms.
<ul style="list-style-type: none"> a. <ul style="list-style-type: none"> • Youth and family collaboration at start and review. b. <ul style="list-style-type: none"> • Individual Crisis Management Plan developed with client/families. • C-ACT services will be provided daily until crisis is resolved. c. <ul style="list-style-type: none"> • Will indicate in ITP. d. <ul style="list-style-type: none"> • Inclusion of parent/guardian regular practice for agency. • Inclusion of natural supports as requested. e. <ul style="list-style-type: none"> • P-Will hire a Family Support Specialist position. • Role of team to support family education, tx and access to resources. f. <ul style="list-style-type: none"> • P-EBP strategies utilized depending on needs. Therapists trained. • Team will support to use tools. g. <ul style="list-style-type: none"> • P-Hiring a case manager. Hx of providing this service. h. <ul style="list-style-type: none"> • P-Has an experienced psychiatric nurse practitioner.
<ul style="list-style-type: none"> • N-Geographic area/location missing.
<ul style="list-style-type: none"> a. <ul style="list-style-type: none"> • Multiple barriers identified.

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EVALUATOR NAME: Selina McGlaulin

EVALUATOR DEPARTMENT: DHHS/OBH/CBHS

<ul style="list-style-type: none"> • Any cultural barriers/concerns? Language? Defined underserved populations? <p>b.</p> <ul style="list-style-type: none"> • Provided proposed solutions to barriers in a. <p>c. Provided required information.</p> <ul style="list-style-type: none"> i. Minimum target of 12. ii. Goal of 25 clients.
<ul style="list-style-type: none"> • Comprehensive assessment by LCSW and team. What does this include. What is the responsibility of each team member. • Q-Do they mean LCSW or LCPC? What about other eligible MaineCare defined “Clinicians.”
B. Staffing Requirements
<p>a.</p> <ul style="list-style-type: none"> • APRN <p>b.</p> <ul style="list-style-type: none"> • LCSW or LCPC <p>c.</p> <ul style="list-style-type: none"> • Substance use clinician, peer support specialist, family support specialist, and a case manager. • P-Has licensed physical location and waitlist already.
<ul style="list-style-type: none"> • P-HR Dept, prescreening tool. Background check, review of license. • I-AI prescreening tool?
<ul style="list-style-type: none"> • Will hire a LCSW or LCPC as team lead.
<p>a.</p> <ul style="list-style-type: none"> • P-Sign on bonuses. • Q-Marketing of open positions. NASW-What about ACA or NBCC too? <p>b.</p> <ul style="list-style-type: none"> • P-Retention bonuses and employee perks. <p>c.</p> <ul style="list-style-type: none"> • Necessary for licensure. • Monthly at a minimum. • Individual and group. • EBP specific included. <p>d.</p> <ul style="list-style-type: none"> • P-Multiple training opportunities. Has own Institute.
<p>a.</p> <ul style="list-style-type: none"> • Current workforce issues anticipated to affect recruitment.

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EVALUATOR DEPARTMENT: DHHS/OBH/CBHS

<ul style="list-style-type: none"> • Waitlist for many clinical services. • P-has own turnover scorecard goal that strives for. • P-Assesses/monitors reason for turnover. <p>b.</p> <ul style="list-style-type: none"> • Sign on and retention bonuses. • Relocation fees reimbursement. • Training and tuition reimbursement. • Enhance current engagement and retention activities already offered. • Q-Is what being proposed enough considering difficulty using similar strategies in recruiting for lower LOC services that hasn't been successful?
<ul style="list-style-type: none"> • P-Two CCBHCs that require EBP. Integrate models into C-ACT. • Q-How will it be integrated? • List of EBPs provided. • Q-How will supervision be provided? How is supervision being done for specific EBPs? Are supervisor following the model requirements?
C. Performance Measures and Reporting Requirements
<ul style="list-style-type: none"> • P-Multiple current and past contracts with the Department. • N-No specific description of performance measures experience. • P-Provided two for consideration.
D. Allowable Use of Funds
<ul style="list-style-type: none"> • P-Physical location already available. • Q-Did not identify location. • P-Job descriptions established. • P-Plan for implementation. • No operational or clinical barriers anticipated. Need staff/clients to start. • Will develop training plan for each role and implement training. • P-Leadership involved in engagement as part of retention. • Q-Vetting the AI application and integrating. What is the AI? Different from Wysa? • P-Long term goal of 25 clients by end of FY25.
<ul style="list-style-type: none"> • P-Multiple activities/options provided. • Q-Wysa App. Is this allowable as part of State funding initiatives? How is this being utilized with more specifics. Clinically validated for high acuity services? Who will be using this both staff and clients?

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EVALUATOR DEPARTMENT: DHHS/OBH/CBHS

- | |
|-----------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Q-What are the other innovative approaches? |
|-----------------------------------------------------------------------------------------------|

Part III. Budget Form and Narrative
Budget Form
<ul style="list-style-type: none">• a. Provided.• b. Provided.
Budget Narrative/Justification
<ul style="list-style-type: none">• N-Narrative missing. Categories identified in other areas of response.• Budget form has category w/o justification.• Q-How can retention be paid at one year for some employees as the contract will end before one year anniversary.

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APPLICANT NAME: Sweetser

DATE: 3/4/24 & 3/14/24

EVALUATOR NAME: Melanie Miller

EVALUATOR DEPARTMENT: DHHS, OCFS, ECE

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Individual Evaluator Comments:

Part I. Applicant Eligibility Information
<ul style="list-style-type: none"> • Met requirements through record review • Did not provide evidence
<ul style="list-style-type: none"> • Met requirements through record review • Did not provide evidence
<ul style="list-style-type: none"> • Met requirements through record review • Did not provide evidence
<ul style="list-style-type: none"> • N/A

Part II. Requirements and Activities
A. Service Requirements and Activities
<ul style="list-style-type: none"> • Met requirements • Experience with ACT Teams • Preparatory work with OCFS and MaineCare completed • History of running comprehensive community-based programs in a team-based care model • No description or details of previous implementation of ACT services
<ul style="list-style-type: none"> • Met requirements • Described coordination with ED’s, PCP’s, Hospital’s, etc. • Develop programming to families and youth to manage symptoms outside of hospital and build community support network/referral base • Use of 24/7 phone support to provide skills, build trust, and avoid crisis service utilization • Collaborate with ED’s if the youth requires ED visit, reduce time in ED, and/or divert hospitalization • Preventative program to be developed and no details or examples provided

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DATE: 3/4/24 & 3/14/24

EVALUATOR NAME: Melanie Miller

EVALUATOR DEPARTMENT: DHHS, OCFS, ECE

<ul style="list-style-type: none"> • Met requirements, all areas addressed • Provided timeframes for documentation and the delivery of services • Crisis management follow up includes the delivery of ACT services daily until crisis is resolved • Minimal details/examples
<ul style="list-style-type: none"> • Did not identify geographical location • Did not address all
<ul style="list-style-type: none"> • What does the assessment include? How and who will be involved in the eligibility process
<p>B. Staffing Requirements</p>
<ul style="list-style-type: none"> • Met requirements • Has small waitlist for services at an established location • Minimal details
<ul style="list-style-type: none"> • Met requirements • No details
<ul style="list-style-type: none"> • Did not describe in detail
<ul style="list-style-type: none"> • Met requirements • Multiple options for supervision and training institute
<ul style="list-style-type: none"> • Met requirements • Identified Goal of 30% turnover rate
<ul style="list-style-type: none"> • Did not specifically address supervision, however met requirements with supervision described in #4 • Did not describe evidenced based practices, only listed acronyms
<p>C. Performance Measures and Reporting Requirements</p>
<ul style="list-style-type: none"> • Met requirements
<ul style="list-style-type: none"> • Did not provide specific details (e.g., past or current experience with specific performance measures, reporting requirements, length of time, etc.)
<ul style="list-style-type: none"> • Met requirements • Did not provide specific details
<p>D. Allowable Use of Funds</p>
<ul style="list-style-type: none"> • Met requirements Minimal detail and few examples • What are examples of specific monthly activities and is the agency currently providing activities?
<ul style="list-style-type: none"> • Met requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to Support Children’s Assertive Community Treatment Funding Opportunity

APPLICANT NAME: Sweetser

DATE: 3/4/24 & 3/14/24

EVALUATOR NAME: Melanie Miller

EVALUATOR DEPARTMENT: DHHS, OCFS, ECE

<ul style="list-style-type: none">• Minimal detail and few examples• Terminology – “Bodies to do the work..”• What are the benefits of AI application and how this related to developing, implementing, and successful execution of Children’s ACT?
<ul style="list-style-type: none">• Met requirements• How will AI be utilized and in what clinical situations? What are AI cons, and how these will be addressed?• What are other innovative approaches?

Part III. Budget Form and Narrative
Budget Form
<ul style="list-style-type: none">• Basic budget• No explanation, no break down
Budget Narrative/Justification
<ul style="list-style-type: none">• Did not include



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to
Support Children’s Assertive Community Treatment Funding Opportunity

I, Jordan Dean accept the offer to become a member of the Request for Applications (RFA) 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 RFA.

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 RFA nor have I submitted a letter of support or similar endorsement.

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

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

DocuSigned by:

Jordan Dean

963983ECC620422

Mar-01-2024

Signature

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 #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to
Support Children’s Assertive Community Treatment Funding Opportunity

I, Christa Elwell accept the offer to become a member of the Request for Applications (RFA) 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 RFA.

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 RFA nor have I submitted a letter of support or similar endorsement.

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

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

DocuSigned by:

Christa Elwell

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Mar-01-2024

Signature

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 #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to
Support Children’s Assertive Community Treatment Funding Opportunity

I, Selina McGlaulin accept the offer to become a member of the Request for Applications (RFA) 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 RFA.

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 RFA nor have I submitted a letter of support or similar endorsement.

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

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

DocuSigned by:

Selina McGlaulin

CD9E538E68B74D0

Mar-01-2024

Signature

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 #: 202401013

RFA TITLE: Program Implementation and Workforce Recruitment and Retention to
Support Children’s Assertive Community Treatment Funding Opportunity

I, Melanie Miller accept the offer to become a member of the Request for Applications (RFA) 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 RFA.

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 RFA nor have I submitted a letter of support or similar endorsement.

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

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

DocuSigned by:

Melanie Miller

5DC1D5B70CD646B

Mar-01-2024

Signature

Date