**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Behavioral Health*



**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

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| --- | --- | --- |
| **RFP Coordinator** | **NAME:** | Stacy Martin |
| **TITLE:** | Procurement Manager |
| **EMAIL:** | Stacy.martin@maine.gov  |
| *All communication regarding the RFP must be made through the RFP Coordinator.* |
| **Informational Meeting** | **DATE:** | March 3, 2025 |
| **TIME:** | 11:00 am local time (EST) |
| **LOCATION:** | ZOOM Meeting [Web Link for RFP 202501011](https://mainestate.zoom.us/j/87957162259?pwd=1PdauxisVdylXBS7raKc4sRdg5xrwb.1) Meeting ID: 879 5716 2259, or by phone at 1-646-876-9923 using the Meeting ID provided. |
| **Submitted Questions Due Date** | March 5, 2025, no later than 11:59 p.m., local time (EST) |
| *All questions must be received by the RFP Coordinator by the date and time listed above.*  |
| **Notice of Intent to Bid Due Date** | April 3, 2025, no later than 11:59 p.m., local time (EST) |
| *All notice of intents must be received by the RFP Coordinator by the date and time listed above.* |
| **Proposal Submission Deadline** | **DATE:** | April 10, 2025, no later than 11:59 p.m., local time (EST) |
| **TO:** | Proposals@maine.gov |
| *Proposals must be received electronically by the Office of State Procurement Services by the date and time listed above.* |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

The State of Maine is seeking proposals for a Network of Behavioral Health Crisis Receiving Centers in Penobscot and Androscoggin Counties.

A copy of the RFP and all related documents can be obtained at: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps>

An Information Meeting will be held on March 3, 2025 at 11:00am (EST) at the following location: <https://mainestate.zoom.us/j/87957162259?pwd=1PdauxisVdylXBS7raKc4sRdg5xrwb.1>

Proposals must be submitted to the Office of State Procurement Services, via e-mail, at: Proposals@maine.gov. Proposal submissions must be received no later than 11:59 p.m., local time (EST), on April 10, 2025. Proposals will be opened the following business day.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

The following terms and acronyms, as referenced in the RFP, have the meanings indicated below:

| **Term/Acronym** | **Definition** |
| --- | --- |
| **24/7/365** | Twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five (365) days per year. |
| [**AC-OK Screening Tool**](https://www.smchealth.org/sites/main/files/file-attachments/acokenglish.pdf?1474580056) | A rapid-response Adult screen instrument designed to identify co-existing disorders of mental health, trauma related mental health issues, and substance use. When working with Transition Age Youth, the [AC-OK COD Adolescent Screen](https://www.smchealth.org/sites/main/files/file-attachments/acokcodscreenpacketadolescent.pdf?1474580056) must be utilized. |
| **Adult** | Individual eighteen (18) years of age or older. |
| [**Assertive Community Treatment (ACT)**](https://store.samhsa.gov/product/assertive-community-treatment-act-evidence-based-practices-ebp-kit/sma08-4344) | One of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness. ACT provides a comprehensive approach to service delivery to individuals with severe mental illness. ACT uses a Multidisciplinary Team, which typically includes a psychiatrist, a nurse, and at least two (2) case managers. ACT is characterized by low individual to staff ratio, providing services in the community rather than in the office, shared caseloads among team members, 24-hour staff availability, and direct provision of all services by the team.  |
| **Behavioral Health (BH)** | Mental health and/or substance use health status. |
| **BH Crisis (Crisis)**  | Any event or situation associated with real or potential disruption of stability and safety that is individualized and determined by the individual in crisis and may continue until the person is safely re-stabilized and connected or re-connected to ongoing supports and services. |
| **BH Crisis Receiving Center (Crisis Center/Center)** | A community-based facility that provides a welcoming, therapeutic environment for BH Crisis triage, assessment, stabilization, support, and as applicable, temporary outpatient services to an individual for up to a twenty-three (23) hour time-limit. |
| **Bridge Services**  | Connecting individuals to ongoing care services with applicable relevant services provided in the interim, as applicable and appropriate, including but not limited to Peer Supports, medication management, mental health services, Crisis Services, Recovery support services, and medical services, as appropriate.  |
| [**Certified Intentional Peer Support Specialist (CIPSS)**](https://www.maine.gov/dhhs/obh/training-certification/intentional-peer-support)  | An individual who has completed the Department’s curriculum for CIPSS and receives and maintains certification from the Department. |
| [**Certified Opioid Treatment Program (OTP)**](https://www.samhsa.gov/medications-substance-use-disorders/become-accredited-opioid-treatment-program) | A treatment program, sometimes referred to as a “methadone clinic” or “narcotic treatment program,” certified by the [Substance Abuse and Mental Health Services Administration (SAMHSA)](https://www.samhsa.gov/about-us) in conformance with [42 CFR, Part 8,](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8?toc=1) to provide supervised assessment and Medication Assisted Treatment (MAT) of individuals with opioid use disorder. Only federally certified and accredited OTPs may prescribe and/or dispense methadone for the treatment of opioid use disorder. |
| **Co-occurring** | Concurrent SUD with one (1) or more mental health condition(s). |
| **Co-occurring Capable** | An organization that is structured to welcome, identify, engage, and serve individuals with Co-occurring substance use and mental health disorders and to incorporate attention to these issues into an individual’s services. |
| [**Columbia Suicide Severity Rating Scale (C-SSRS)**](https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf) | A questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with National Institute of Mental Health support. The scale is evidence-supported and part of a national and international public health initiative involving assessment of suicidality. |
| **Crisis Plan** | An individualized plan designed and developed by an individual receiving Crisis services, with input from other Crisis providers and the community, including immediate, actionable items to mitigate the current or future Crisis. |
| **Crisis Services**  | Designed to prevent or mitigate a BH Crisis and/or reduce acute symptoms by providing triage, assessment, and, where appropriate, referral, or continuous observation, stabilization, and supervision for Participants who do not require inpatient services. |
| [**Critical Incident**](https://www.maine.gov/dhhs/oms/providers/provider-bulletins/attention-providers-adult-behavioral-health-services-updated-critical-incidents-definitions) | As defined in [10-144 C.M.R. Ch. 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf), an occurrence that affects or has the potential to affect the health or safety of the person or others. * Level I Critical Incident result in death or serious injury, or significantly jeopardize clients, public safety, or program integrity.
* Level II Critical Incident include significant errors or undesirable events that compromise quality of care or personal safety.
 |
| [**Culturally Affirming Care**](https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf) | A framework of care with a focus on cultural affirmation, inclusivity, humility, diversity, and awareness of implicit bias and prejudice. Culturally Affirming Care recognizes and addresses the legacy and impact of current and historic racism on both the provider and the person receiving Crisis Services. |
| **Department** | Maine’s Department of Health and Human Services |
| **Department’s Designated System**  | Currently, [Acentra Atrezzo ®](https://me.kepro.com/), a system that collects admission, program enrollment, units, waitlist, and discharge data on individuals receiving services. |
| **Intellectual Disability (ID) and/or Developmental Disability (DD)** | Intellectual Disability (ID) is defined in [34-B M.R.S. §5001(3)](https://legislature.maine.gov/statutes/34-B/title34-Bsec5001.html) and Developmental Disability (DD) is defined in [5 M.R.S. §19503(3)](https://legislature.maine.gov/statutes/5/title5sec19503.html).  |
| **Living Room Model** | A model that supports an individual’s BH Crisis stabilization and return to active participation in the community. Key elements of the Living Room Model include:1. A welcoming home-like environment designed to promote a sense of safety and privacy; and
2. A Multidisciplinary Team, including Peer Support Specialist(s) who provide Culturally Affirming Care Crisis Services.

Living Room Model services include risk assessment and management, Peer Support, treatment planning, setting discharge goals, and developing coping skills. |
| **Maine Naloxone Distribution Initiative (MNDI)** | Provides State-purchased Naloxone to community organizations, clinical sites, and end-users throughout Maine to distribute free of charge. The intent of the MNDI is to ensure an adequate supply of easily accessible Naloxone.  |
| **Memorandum of Understanding (MOU)**  | A formal agreement between two (2) parties.  |
| **Multidisciplinary Team**  | Maine licensed/certified providers and non-clinical partners who collaborate to provide psychiatric assessment, observation, medication management, counseling, Peer support, referrals, linkage, and coordination of care and services under their respective license/certification type. |
| **Naloxone** | A medication approved by the [U.S. Food and Drug Administration (FDA)](https://www.fda.gov/) to prevent overdose by opioids such as heroin, morphine, and oxycodone. Naloxone blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when an individual is showing signs of opioid overdose. Naloxone can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection. |
| **Outpatient Chairs** | Component of the Crisis Center model designed to provide up to twenty-three (23) hours of support, monitoring, and active treatment when appropriate with the goal of stabilizing the Participant. |
| **Overdose Education and Naloxone Distribution**  | A Statewide initiative to provide overdose response and Naloxone administration education to individuals who use drugs, affected others, community members, good Samaritans, etc. |
| [**Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS)**](https://knowyouroptions.me/) | A coordinated effort of the Department’s [Office of Behavioral Health (OBH)](https://www.maine.gov/dhhs/obh) and other stakeholders to improve the health of Maine residents affected by the opioid epidemic through the work of [OPTIONS Liaisons](https://knowyouroptions.me/options-liaisons/) and a public health campaign. |
| **Participant** | Person aged fourteen (14) years of age and older receiving Crisis Services at the Crisis Center.  |
| **Peer** | Describes a relationship between two (2) or more individuals with personal lived experience related to mental health concerns and/or Co-occurring challenges and is willing to self-identify with individuals on this basis in the community. |
| **Peer Support**  | Encompasses a range of activities and interactions between individuals who share similar experiences of being diagnosed with mental health conditions, SUDs, or both. This mutuality—often called “Peerness”—between a Peer Support worker and individual in or seeking Recovery promotes connection and inspires hope. Peer Support offers a level of acceptance, understanding, and validation not found in many other professional relationships.  |
| **Peer Support Specialists**  | Individuals who self-identify as having experience with mental health challenges, SUD, and/or trauma and are CIPSS certified. Any certification other than CIPSS must be Department-approved prior to service provision. By sharing their own lived experience and practical guidance, Peer Support Specialists collaborate with individuals to create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves. |
| **Recovery**  | A process of change through which individuals improve health and wellness, live a self-directed life, and strive to reach their full potential. |
| [**Reportable Event**](https://www.maine.gov/dhhs/obh/providers/cbhs/development-training/reportable-events)  | Similar to a Critical Incident for Adults, further defined in [10-144 C.M.R. Ch. 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf) and further expanded on in the [Reportable Events Matrix and Guidance](https://www1.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Reportable%20Events%20Matrix.pdf). |
| **RFP** | Request for Proposals |
| **State** | State of Maine |
| **Substance Use Disorder (SUD)** | Occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. |
| [**Syringe Service Program (SSP)**](https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/syringe-service-programs.shtml) | Programs that provide syringe access, disposal, and/or exchange to people who inject drugs (PWID), while also referring and linking PWID to human immunodeficiency virus (HIV) and viral hepatitis prevention services, SUD treatment, and medical and mental health care. Various types of SSPs provide syringe services to PWID, including syringe exchange, pharmacies, physician prescriptions, and health care services. |
| **Telehealth** | The delivery of health care, health education, and health information services via remote technologies. |
| **Transition Age Youth** | Individuals in the age range of adolescence to young Adulthood (between the ages of fourteen (14) to twenty-five (25)), who are developing Adult skills and identity and may be considered developmentally too old for pediatric services but not old enough for Adult services. |
| **Warm Handoff** | Involves the referring agency contacting the receiving agency directly regarding a referral to ensure admittance into the program/service. The Warm Handoff process includes the referring agency directly introducing the individual to the receiving agency. |

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking Behavioral Health (BH) Crisis Receiving Centers in Penobscot County and Androscoggin County as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the awarded Bidder will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine Residents. The Department’s Office of Behavioral Health (OBH) is the State’s administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance use and mental health services. The mission of OBH is to ensure that all Maine residents with mental health challenges, Substance Use Disorder (SUD), and Co-occurring disorders are not simply managing symptoms, but are living independent lives of dignity, hope and meaning. OBH is committed to support a complete and coordinated behavioral health continuum of care that serves the whole person, the whole community.

Pursuant to the Governor Mills General Fund Recommended Biennial Budget for 2026-2027, specifically, the [General Fund Bill Language](https://www.maine.gov/budget/sites/maine.gov.budget/files/inline-files/Final%20GF%20Language%202026-2027%20Biennial.pdf), page 111 (Part JJJ) the Department is required to establish one (1) BH Crisis Receiving Center in Penobscot County and one (1) BH Crisis Receiving Center in Androscoggin County.

According to [SAMHSA’s National Guidelines for Behavioral Health Crisis Care](https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf), core elements of a BH Crisis system must include:

1. Regional or statewide Crisis call centers coordinating in real time;
2. Centrally deployed, 24/7 Crisis mobile services;
3. Twenty-three (23) hour Crisis receiving and stabilization programs; and
4. Essential Crisis care principles and practices.

Maine’s current continuum of care for Crisis Services meets these standards.

BH Crisis Receiving Center programming is designed to provide immediate Crisis assessment, stabilization, triage, and when indicated, active treatment until Warm Handoff to the appropriate service. The goal of a BH Crisis Receiving Center is to stabilize the Participant and re-integrate them back into the community.

Through this RFP, the Department intends to provide one-time start-up funding with annual financial support to the two (2) target areas of the State. Initial contract structure for the two (2) BH Crisis Receiving Centers will address the start-up phase, with ongoing operational support to be added once the individual facility is ready for service provision, anticipated funding for each target area includes:

* **Penobscot County:** *Up to* *$950,000 in one-time start-up funding and up to $450,000 in annual financial support* for the provision of Crisis Services as set forth in this RFP to establish a BH Crisis Receiving Center in Penobscot County.

* **Androscoggin County:** *Up to* *$950,000 in one-time start-up funding and up to $450,000 in annual financial support* for the provision of Crisis Services as set forth in this RFP to establish a BH Crisis Receiving Center in Androscoggin County.

*The Department anticipates receiving additional funding, although not determined, to support the annual provision of ongoing services for Penobscot County and Androscoggin County. Due to the limits on the current available Department funding, Bidders are encouraged to leverage additional/existing resources to support the implementation and delivery of a BH Crisis Receiving Center (Crisis Center/Center) and its services.*

1. **General Provisions**
	1. From the time the RFP is issued until award notification is made, all contact with the State regarding the RFP must be made through the RFP Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFP. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
	2. Issuance of the RFP does not commit the Department to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to the RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
	3. All proposals must adhere to the instructions and format requirements outlined in the RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements” section of the RFP.
	4. Bidders will take careful note that in evaluating a proposal submitted in response to the RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Bidder (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder’s experience and capabilities.
	5. The proposal must be signed by a person authorized to legally bind the Bidder and must contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.
	6. The RFP and the awarded Bidder’s proposal, including all appendices or attachments, will be the basis for the final contract, as determined by the Department.
	7. Following announcement of an award decision, all submissions in response to this RFP will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. § 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.). State contracts and information related to contracts, including bid submissions, are generally public records per FOAA.
	8. In the event that a Bidder believes any information that it submits in response to this RFP is confidential, it must mark that information accordingly, and include citation to legal authority in support of the Bidder’s claim of confidentiality. In the event that the Department receives a FOAA request that includes submissions marked as confidential, the Department shall evaluate the information and any legal authority from the Bidder to determine whether the information is an exception to FOAA’s definition of public record. If the Department determines to release information that a Bidder has marked confidential, it shall provide advance notice to the Bidder to allow for them to seek legal relief.
	9. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to the RFP.
	10. All applicable laws, whether or not herein contained, are included by this reference. It is the Bidder’s responsibility to determine the applicability and requirements of any such laws and to abide by them.
2. **Eligibility to Submit a Bid**

In order to submit a bid in response to this RFP, Bidders must have and provide evidence of:

1. Being [enrolled in MaineCare](https://www.maine.gov/dhhs/oms/providers/provider-enrollment-revalidation) with a current Provider Agreement; and
2. A current Mental Health Agency license through the Department’s [Division of Licensing and Certification’s Behavioral Health Program](https://www.maine.gov/dhhs/dlc/licensing-certification/behavioral-health).
3. **Contract Term**

The Department is seeking cost-efficient proposals to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. The dates below are estimated and may be adjusted, as necessary, in order to comply with all procedural requirements associated with the RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the initial term of the contract, the Department may opt to renew the contract for three (3) renewal periods, as shown in the table below, and subject to continued availability of funding and satisfactory performance.

The term of the anticipated contract, resulting from the RFP, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 7/1/2025 | 6/30/2027 |
| Renewal Period #1 | 7/1/2027 | 6/30/2029 |
| Renewal Period #2 | 7/1/2029 | 6/30/2031 |
| Renewal Period #3 | 7/1/2031 | 6/30/2033 |

1. **Number of Awards**

The Department anticipates making two (2) awards, one in each of the target areas, Penobscot County and Androscoggin County, as a result of the RFP process.

**Bidders interested in providing BH Crisis Services in both target areas must indicate the specific location on Appendix A (Proposal Cover Page) and submit a separate proposal for each area.**

**PART II SCOPE OF SERVICES TO BE PROVIDED**

**Specific instructions for the Bidder to provide a narrative response to the Scope of Services may be found in Part IV, Section III, Proposed Services.**

1. **BH Crisis Receiving Center (Crisis Center/Center) Design Approach**
	1. Ensure the Crisis Center:
		1. Is structured in a way that reduces stimuli, such that Participants feel safe and are not overwhelmed by an overly clinical environment outside of clinical areas.
		2. Provides comfortable, soft lighting and comfortable furniture.
		3. Has areas intended for private meetings with Participants which appear inviting.
		4. Has separate space for rest and relaxation.
		5. Allow for clinical, psychiatric, and medical services to be conducted in a space away from communal gathering spaces, as space allows and as appropriate.
		6. Allows privacy for clinical areas without appearing like a clinical exam room.
		7. Provides spaces for private communication, separate from clinical areas.
		8. Provides a Living Room Model, including adequate space to ensure Participants may be accompanied by a family member or other support individual, as desired.
		9. Separates Transition Age Youth by sight and sound from Adult Participants and includes a separate room for Transition Age Youth Outpatient Chairs.
		10. Maintains capacity for a maximum of eight (8) Outpatient Chairs for Participants who require short-term observation, stabilization, and support.
			1. At least one (1) and up to two (2) Outpatient Chairs shall be reserved for Transition Age Youth.
				1. When there are no Transition Age Youth at the Center, the Transition Age Youth Outpatient Charis may be utilized for an Adult.
			2. Up to six (6) Outpatient Chairs shall be reserved for Adults.
		11. Has confidential computer stations for Telehealth services.
2. **Crisis Center Standards, Licensing, and Operations**
	1. **Compliance Requirements Prior to Providing Crisis Center Services**
		1. Maintain a current Mental Health Agency license through the Department’s [Division of Licensing and Certification’s Behavioral Health (BH) Program](https://www.maine.gov/dhhs/dlc/licensing-certification/behavioral-health).

Apply for and maintain the Crisis Services Module license of [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf), Section 22(E) within thirty (30) calendar days of the initial period of performance resulting from this RFP.

* + 1. Maintain enrollment as a MaineCare provider and obtain enrollment as a MaineCare provider under the [MaineCare Benefits Manual](https://www.maine.gov/sos/cec/rules/10/ch101.htm) (MBM), Chapter II, [Section 65 BH Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) for Crisis Resolution Services once the Crisis Services Module license has been attained.
		2. Obtain and maintain insurance as outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_1.31.25.pdf), under Rider B-IT, 19. Insurance Requirements.
		3. Obtain and maintain other necessary State licensure/certification which may include but is not limited to a current and valid license/certificate to operate as a Substance Use Disorder (SUD) Treatment Agency pursuant to [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf), Section 23.
		4. Become a [Tier 2 Overdose Education and Naloxone Distribution](https://getmainenaloxone.org/community-organization/) partner through the Maine Naloxone Distribution Initiative (MNDI).
		5. Create and execute Memorandum of Understandings (MOUs) with community providers of BH Services, including SUD services, to ensure ease of referrals and collaboration, including at minimum sufficient MOUs with:
			1. Community-based providers, hospitals, Certified Community BH Clinics (CCBHCs), and SUD treatment providers to ensure Warm Handoffs;
			2. Law enforcement and emergency services to ensure coordination for service provision, including development of drop-off protocols; and
			3. Correctional facilities to ensure community re-integration and minimize the need for inpatient treatment after discharge.
		6. Contract with a pharmacy(ies) to ensure continued availability of psychiatric and/or SUD medications, as applicable.
			1. Ensure safe storage of medications through storage in a secure automated medication dispensing system or emergency box.
		7. Establish policies with other prescribers about prescription access, coordination, and communication and treatment to support Participants’ safety and to decrease the risk of diversion.
			1. Provide prescriptions for Participants who require immediate access to medication(s) and complete a referral to a long-term medication provider prior to the Participant’s discharge.
		8. Maintain a referral relationship with Certified Opioid Treatment Programs (OTPs) and providers of Syringe Service Programs (SSPs) for the provision of harm reduction and wound care services.
	1. **Crisis Center Programming Requirements**
		1. Maintain 24/7/365 public access designed to provide short-term continuous Crisis stabilization, observation, on-site assessment, and intervention.
		2. Provide Crisis Services to all Transition Age Youth and Adults who are experiencing a Crisis and who contact and/or are referred to the Center.
			1. Ensure programming supports all Participants who do not meet medical necessity criteria for inpatient care but would benefit from more time in a supportive environment, on-site Crisis assessment of ongoing needs, and interventions designed to facilitate return to the community.
		3. Provide services in according to applicable policy within the MBM, Chapter II, [Section 65 BH Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) and [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf).
		4. Perform as a time-limited temporary Crisis provider within appropriate licensing, linking Participants to ongoing treatment, Recovery, wellness, and primary care.
		5. Ensure the Crisis Center is Co-occurring Capable and delivers Crisis Services through a Multidisciplinary Team, providing short-term outpatient services, therapeutic interventions, diagnosis, stabilization, and support of the presenting Crisis in order to provide Bridge Services to Participants prior to their next outpatient appointment and follow-up care.
1. **Crisis Service Delivery Methodology**
	1. Provide all services in a person-centered, trauma-informed, comfortable, calm, and safe environment.
	2. Provide Crisis intervention services, including de-escalation and crisis safety planning.
	3. Provide Clinical consultation through an on-call psychiatrist or a psychiatric nurse practitioner.
	4. Ensure support from Peer Support Specialists who have lived experience in navigating mental health Crisis Services.
	5. Ensure the Crisis Center and its staff practice and operate provide services in accordance with [SAMHSA’s 2020 National Guidelines for BH Crisis Care – A Best Practice Toolkit](https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf).
	6. Utilize the [Safety Planning Intervention (SPI) model](https://sprc.org/online-library/safety-planning-intervention-for-suicide-prevention/) offered by the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry for suicide prevention.
	7. Utilize the [Columbia Suicide Severity Rating Scale (C-SSRS)](https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf) when indicated to determine the level of risk for harm. If there is an imminent risk of suicide, provide intervention through further Crisis intervention services to determine the most appropriate level of care for the Participant.
2. **Other Service Delivery Requirements**
3. Provide Crisis Services in compliance with the:
	1. [14-193 C.M.R. Chapter 1, Rights of Recipients of Mental Health Services](https://www.maine.gov/sos/cec/rules/14/193/193c001.docx); and
	2. [14-472 C.M.R. Chapter 1, Rights of Recipients of Mental Health Services Who are Children in Need of Treatment](https://www.maine.gov/sos/cec/rules/14/472/472c001.doc).
4. Collaborate with emergency services and other first responders such as police, ambulance, and hospital emergency departments in cases where the risk is imminent, and the Participant needs an immediate high level of supervision to remain safe or maintain the safety of the community.
5. Facilitate and support clinically effective decisions via a psychiatric and nurse consultation regarding Participant care, in determining the level of care, and managing complex crisis situations.
6. Assist the Participant in referral and access to housing services through the [Permanent Supportive Housing Program (PSHP)](https://www.maine.gov/dhhs/obh/support-services/housing-services).
7. **Crisis Center Intake and Triage**
8. Provide initial medical, triage by appropriate medical staff, to all individuals who visit the Crisis Center to determine need for more formal medical screening.
	1. Not all individuals should be required to go to an emergency room for medical screening prior to being seen in the Crisis Center – only those whose triage indicates a reasonable need for an emergency medical evaluation.
	2. Participants who require medical screening, but not immediate emergency medical evaluations may receive screening by integrating collaborative medical providers on-site or by psychiatry, psychiatric nursing, or physician assistants in consultation with medical providers, refer to **Table 1**.
		1. Ensure Crisis Center staff call 9-1-1 and administer Naloxone for any suspected opioid overdose.
		2. Ensure any incidents of overdose follows associated Critical Incident or Reportable Event protocols.
		3. Explore whether the Participant has experienced abuse, neglect, or other past trauma.
			1. Immediately report suspected abuse, neglect, or exploitation of an incapacitated Adult or Transition Age Youth to the appropriate State authority.
			2. Prioritize the safety and security of the Participant at all times.

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| **Table 1****Examples of Conditions which Require** **Medical Clearance prior to Receiving Crisis Center Services** |
| * Altered mental status of unknown etiology (without prior BH symptoms) that suggests an underlying medical condition (e.g., liver failure, kidney failure, infection, hyper/hypoglycemia);
* Near hanging, strangulation, or suffocation;
* Suspected or confirmed overdose;
* Presents likelihood of foreseeable harm to self or others meeting criteria for involuntary hospitalization and/or protective custody under [Title 34-B, Chapter 3, Subchapter 4, Article 3](https://legislature.maine.gov/statutes/34-B/title34-Bch3sec0.html) (e.g., assaultive, combative, violent, has a weapon);
* Any significant physical injury;
* Difficulty/ineffective breathing (e.g., dyspneic, cyanotic); and/or
* Suspected delirium tremens (e.g., alcohol withdrawal) and/or history of withdrawal induced seizure.
 |

1. Screen for Co-occurring mental health, trauma, and SUD using the [AC-OK Screening Tool](https://www.smchealth.org/sites/main/files/file-attachments/acokenglish.pdf?1474580056) or the [AC-OK COD Adolescent Screen](https://www.smchealth.org/sites/main/files/file-attachments/acokcodscreenpacketadolescent.pdf?1474580056), as appropriate.
	1. In addition to exploring whether a Co-occurring physical or SUD is present, question the possibility of the presence of less commonly recognized Co-occurring disorders, such as gambling, nicotine addiction and/or eating disorders.
2. Provide on-site Crisis assessment and triage 24/7/365 to all Participants who are seeking Crisis Services.
	1. Completed the crisis assessment within two (2) hours for consenting Participants.
		1. Document an explanation for any assessment and disposition plan which go beyond four (4) hours of the assessment initiation.
	2. A previously completed mobile Crisis assessment may be utilized if the assessment was completed within twenty-four (24) hours preceding the Participant’s arrival at the Crisis Center.
3. Participants assessed/identified as meeting the criteria for SUD, must be referred to SUD treatment, Recovery, harm reduction supports, and/or the [Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS)](https://knowyouroptions.me/) program based upon the Participant’s preference.
4. Obtain information related to the Participant’s physical healthcare, including contact information for their primary care provider, and a complete inventory of medical and psychiatric diagnoses, hospital admissions, and current medication, when appropriate and with Participant consent.
5. **Crisis Plan Development**
6. Develop a Crisis Plan or review and refine an existing Crisis Plan (as applicable) for each Participant.
	1. Provide copies of the Crisis Plan to the Participant, parent/guardian, emergency first responders, and other appropriate providers.
		1. Ensure copies of the Crisis Plan are only shared with an entity/person when a consent to release information is in place and is included in the release of information consent document.
7. Ensure the Crisis Plan contains information regarding additional resources available in the community.
8. Contact any treatment provider identified by the Participant to obtain additional information to formulate a disposition recommendation.
9. **Outpatient Chairs**
10. Allow Participants in need of Crisis stabilization to remain in a temporary Outpatient Chair for up to twenty-three (23) hours, in accordance with the requirements for the Crisis Stabilization services under the MBM, Chapter II, [Section 65 BH Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) (65.08-4).
11. Ensure Participants who utilize an Outpatient Chair have access to:
	1. Clinical consultations and on-site Crisis assessments 24/7/365.
	2. Medical triage by qualified staff before determining whether a Participant requires a higher level of care.
12. Provide nutritional low-sodium, high protein snacks, including fruits and vegetables and bottled and/or filtered water for Participants utilizing Outpatient Chairs.
13. **Additional Crisis Services for Transition Age Youth**
14. Ensure all services provided to Transition Age Youth are developmentally appropriate.
15. Screen Transition Age Youth for suicide risk, trauma exposure, substance use, exposure to violence, early warning signs of mental illness, eating disorder, and/or other clinical presentations.
16. Conduct an assessment which:
	1. Initially identifies a clear understanding of both the presenting problem and the desired intervention outcomes, as defined and determined by the Participant, and if appropriate the guardian/parent.
	2. Involves the Transition Age Youth and family’s perspective of the current Crisis during the assessment and planning phase.
	3. Utilizes these findings to guide and inform the co-construction of a resolution that both the Participant and the Crisis Center staff can agree has effectively been achieved.
17. Include the Transition Age Youth’s family in all aspects of planning, treatment, and discharge planning, with applicable consent.
18. Provide intervention from a professional counselor including teaching de-escalation skills to Transition Age Youth and their families.
19. Promote emotional and behavioral functioning.
20. Empower Transition Age Youth to monitor, manage, and cope with situations that may lead to future Crises.
21. **Telehealth**
22. Provide appropriate Crisis Services through Telehealth when Participants are physically present at the Center, when applicable and clinically appropriate, and only when psychiatric and/or nursing staff are not available on-site.
	1. Deliver covered Crisis Service by interactive Telehealth of comparable quality to in-person service delivery.
	2. Ensure the privacy and confidentiality of Participants and their family and other natural supports who utilize Telehealth services.
23. **Linkages and Warm Handoffs**
24. Provide continuous support for the Participant during transition to the next level of needed services or linkages to referrals for community-based resources.
25. Promote use and linkage with the Statewide Crisis Hotline call center number (1-888-568-1112/988).
	1. Coordinate Crisis Services with community-based BH providers (including SUD treatment and/or residential services), for the purposes of discharge planning/referral to the next appropriate level of care.
26. Facilitate [Crisis Prevention and Intervention Services](https://www.maine.gov/dhhs/oads/get-support/crisis-services) referrals for Participants who have been found eligible for OADS’ Developmental Disability Services (DD) and/or are living in a [Brain Injury](https://www.maine.gov/dhhs/oads/get-support/adults-with-brain-injury) waiver home.
	1. Adult Participants with a diagnosis of an Intellectual Disability (ID) and/or DD shall receive a Warm Handoff to the OADS Crisis System from the Crisis Center.
27. Provide coordination services after treatment via Warm Hand-offs, including but not limited to local Recovery centers, hypodermic apparatus exchange programs, SUD treatment, and Recovery residences.
28. **Staffing Requirements**
29. Employ and/or contract an adequate number of staff to provide in person 24/7/365 Crisis Services, including but not limited to:
	1. Certified or Provisionally Certified Intentional Peer Support Specialist(s) (CIPSS);
	2. [Registered Nurse(s)](https://www.maine.gov/boardofnursing/);
	3. Psychiatrist(s) or [Physician’s Assistant(s)](https://www.maine.gov/md/licensure/pa-license) or [Psychiatric Nurse Practitioner(s)](https://www.maine.gov/boardofnursing/index.html);
	4. At minimum, one (1) [Licensed Clinical Social Worker](https://www.maine.gov/pfr/professionallicensing/), [Licensed Master Social Worker – Clinical Conditional](https://www.maine.gov/pfr/professionallicensing/), [Licensed Clinical Professional Counselor](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure), or [Licensed Clinical Professional Counselor-Conditional](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure).
30. Ensure all employed/contracted staff have a valid, in good standing license to practice in their respective field in Maine.
31. Provide sufficient supervisory staff according to the State’s respective licensing/credentialing requirements.
32. Ensure staff recruitment, retention, onboarding, and training align with the requirements of the MBM, Chapter II, [Section 65 BH Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) and [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf).
33. **Staff Training Requirements**
34. Ensure employed/contracted staff who intend to provide Crisis Services as a Certified Intentional Peer Support Specialists (CIPSS) works toward obtaining and maintaining certification as CIPSS according to requirements as defined by the Department by:
	1. Registering for CIPSS Core trainings within six (6) months of employment and onboarding, dependent on training availability.
		1. Document and communicate with the Department when scheduling challenges to registration arise.
		2. Ensure Peer Support Specialists are provisionally certification no more than nine (9) months from their date of employment and maintain Department certification throughout their employment.
	2. Completing the CIPSS Pre-Training and submit required documentation to the Department within fifteen (15) calendar days of the start of employment.
	3. Begin attending monthly co-reflections, attend Peer Support 101, and apply for the next available Core Training within thirty (30) calendar days of the start of employment.
		1. Peer Support Specialist staff must attend Peer Support 101 prior to practicing Peer Support with Participants at the Crisis Center.
	4. Ensure all Peer Support Specialists maintain certification by attending requisite quarterly co-reflection and continuing education as determined by the Department.
35. Ensure applicable employed/contracted staff:
	1. Receive in-person training in how to administer Naloxone, provide basic first aid and CPR, and recognize the signs and symptoms of overdose.
	2. Supervising Peer Support Specialists take the appropriate Department-approved training for Peer Support supervision, prior to providing supervision.
	3. Follow the relevant training timeline indicated in [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf), regardless of position.
	4. Receive the Critical Incident Training offered through the [Department’s Administrative Services Organization, Acentra Health](https://me.acentra.com/training/), Training & Resources, [Critical Incident Training video](https://www.youtube.com/watch?v=7xnEFVsIJvY).
36. Provide regular training to all staff and subcontractor(s) applicable to the needs of Participants and the [SAMHSA Crisis Service Model](https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf).
37. Ensure all direct service and clinical staff complete, at minimum, training related to:
	1. Mandated Reporting as required by [22 M.R.S. §4011-A Reporting of Suspected Abuse or Neglect Mandated](https://mainelegislature.org/legis/statutes/22/title22sec4011-A.pdf);
	2. [Harm Reduction](https://harmreduction.org/) practices;
	3. Trauma Informed Care and practice using no-force first and the framework of welcoming, hopeful and safe; and
	4. Training in Culturally Affirming Care, including the use of culturally appropriate care and how to render a culturally affirming response to anyone in need regardless of Co-occurring conditions or complexity of the presenting Crisis.
38. **Other Staff Engagement Requirements**
39. Hold monthly Crisis Center staff meetings to address:
	1. Operations issues and needs; and
	2. Service reviews of Participants receiving services with Crisis Center staff to identify Participants who utilize the Crisis Center frequently and address service needs, strengths, barriers, and other challenges while identifying recommendations for Participants.
	3. Ensure participation of Peer Support Specialists, in meetings, falls within the [CIPSS Code of Ethics](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20CIPSS%20Code%20of%20Ethics.pdf).
40. Ensure Peer Support Specialists attend monthly co-reflections led by an experienced Peer Support Specialist, independent of their direct supervisor, individually, or in groups.
41. Ensure collaboration between clinical, administrative, and Peer Support Specialist staff which aligns with [IPS values](https://www.intentionalpeersupport.org/what-is-ips/?v=b8a74b2fbcbb), and at minimum ensures:
	1. All Participants are provided with opportunities to engage with Peer Support Specialists.
		1. Engagement with Peer Support Specialists is at the discretion and consent of the Participant, in accordance with the [CIPSS Code of Ethics](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20CIPSS%20Code%20of%20Ethics.pdf).
			1. Provide a public fixed notification at the Center regarding the availability of Peer Support (e.g., a poster noting availability of Peer Support).
			2. Ensure multiple contact points are available at the Center for Peer Support (e.g., ensuring info sheets regarding Peer Support services are available).
	2. Peer Support Specialists:
		1. Refrain from performing Crisis assessments, however, as requested, may provide support to Participants during the Crisis assessment(s);
		2. Do not serve as an advocate for a particular clinical disposition, except at the request of the Participant;
		3. Partner with each Participant to view their BH Crisis as an opportunity for growth and change; and
		4. Work collaboratively with Participants to explore means of resolving Crisis outside of the hospital and/or Crisis setting, which may include local mental health Peer centers and/or other community-based resources.
	3. Collaboration with all Crisis Center staff in order to promote and enhance Peer Support in the Center according to the needs of Participants experiencing a BH Crisis.
42. **Administrative Requirements**
43. **Policies, Procedures, and Protocols**
	1. Develop and submit to the Department within six (6) months of the start of the initial period of performance, Crisis Center policies, procedures, and protocols regarding:
		1. Participant intake;
		2. Assessment of each Participant for safety and Crisis Planning coordination with existing providers;
		3. Short-term, time-limited access to medication intervention, administration, and storage;
		4. Discharge planning;
		5. On-site Crisis assessments;
		6. Development of Peer Support Specialists and Multidisciplinary Teams; and
		7. Staff hiring, onboarding, training, and supervision protocols.
	2. Obtain approval from the Department prior to adapting any changes to policies, procedures, and protocols.
44. **Critical Incident Reporting**
	1. Complete and submit timely Critical Incident reports for:
		1. Adults according to the Department defined process when a Participant is involved, refer to the [Acentra Health Training & Resources webpage](https://me.acentra.com/training/) for the [Critical Incident Training printable PDF version](https://me.acentra.com/wp-content/uploads/sites/35/2024/05/Acentra-Health-Critical-Incident-Tratining-Guide-20240216.pdf).
		2. Transition Age Youth receiving a service(s) from Children’s BH Service (CBHS), follow [Department’s Reportable Events](https://www.maine.gov/dhhs/obh/providers/cbhs/development-training/reportable-events) process as outlined in the [Department’s Reportable Events Matrix](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Reportable%20Events%20Matrix_1.pdf).
45. **Referral Tracking**
	1. Track referrals made to all community resources, including but not limited to:
		1. As outlined in the MBM, Chapter II:
			1. [Section 13 Targeted Case Management Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s013.docx);
			2. [Section 17 Community Support Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s017.docx) for Assertive Community Treatment (ACT), Community Integration, Community Rehabilitation, and Daily Living Support Services;
			3. [Section 65 BH Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) for Outpatient Treatment (e.g., Medication Management, Intensive Outpatient Program (IOP), outpatient services);
			4. [Section 92 BH Home Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s092.docx);
		2. Applicable community resources (e.g., healthcare, domestic violence, sexual assault centers);
		3. [Housing Services](https://www.maine.gov/dhhs/obh/support-services/housing-services) (BRAP, PATH, and/or other voucher programs);
		4. [CCBHCs](https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/ccbhc);
		5. [OPTIONS](https://knowyouroptions.me/); and/or
		6. Other SUD treatment.
46. **Records Management**
	* + - 1. Utilize an electronic health record’s management tool to document each Participant’s Crisis Services activities, including strategies that ensures all Crisis Center Staff are aware of the Participant’s plans, and to ensure continuity of care for each Participant. Documentation shall include, but is not limited to:

Crisis Plan.

Discharge Plan.

Services associated with delivering Bridge Services.

* + - * 1. Utilize the Department’s Designated System to enter all treatment and demographic data, as appropriate for the specific service(s) provided.

Comply with the MaineIT [Rules of Behavior](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RulesofBehavior.pdf) Policy.

* + - * 1. Implement risk assessment and vulnerability scanning policies and procedures for collecting sensitive electronic information (PII, PHI, and/or other confidential data), at minimum equivalent to MaineIT policies for:

[Risk Assessment Policy & Procedures (RA-1)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RiskAssessmentPolicyProcedure.pdf); and

[Vulnerability Scanning Procedure (RA-5)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/VulnerablityScanningProcedure.pdf).

1. Comply with all State and Federal laws regarding the protection of confidential and/or sensitive information that is collected or maintained by the awarded Bidder, including, as applicable, notification to individuals in the event of unauthorized access or disclosure.
2. Comply with all confidentiality requirements outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_1.31.25.pdf), under Rider B-IT, 30. Confidentiality.
3. **Community Engagement**
	* + - 1. Complete and engage in monthly public education and promotional activities including but not limited to:

Open houses at the Crisis Center; and

Department-approved media outreach and targeted communication when the Center opens to for public use.

* + - * 1. Develop and obtain Department approval prior to distributing any marketing and outreach material.
1. **Quality Assurance**
	1. Ensure quality assurance of program delivery and program data collection.
	2. Participate in monthly meetings and/or technical assistance activities, as required by the Department, to review service performance, fidelity to service provision (e.g., per professional position), and ensure continued quality service provision.
	3. Administer Department-approved Participant satisfaction and provider (including law enforcement) surveys.
		1. Collect and review survey results, identify strengths and opportunities, and share recommendations with the Department.
	4. Collaborate with the Department in collecting data related to program evaluation, descriptions of implementation challenges, and in identifying gaps and/or referral challenges within the service continuum in the respective service area.
2. **Other**
	1. Ensure the Department is notified ahead of time for all stakeholder group meetings. As appropriate, a Department representative may attend.
	2. Provide ad-hoc reports to the Department regarding Bridge Services provided, as requested.

1. **Performance Measures**
2. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
	1. Submit data to support the performance measure utilizing a reporting link that will be provided by the Department or via a third-party data source, as indicated within the performance measure data source column of **Table 1**.
	2. Provide additional supportive documentation as indicated in **Table 1**, for Department validation of the summary data submitted in the Performance Measures Report as requested by the Department.

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| **Table 1****Mandatory Performance Measures** |
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| **Performance Measure** | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| *Office Goal/Initiative: Ensure all Participants are referred to clinically appropriate services, with an emphasis on lower level of care, when appropriate.*  |
| **a.** | In at least ninety percent (90%) of encounters, Participants who received services at the Center receive services/dispositions that do not include hospitalization | Monthly | Provider Records |
| **b.** | In at least eighty percent (80%) of encounters, Participants leaving the Center shall receive confirmed follow up appointment(s) from Center staff related to the recommended next steps of care | Monthly | Provider Records  |

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports listed in **Table 2**:

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| **Table 2 – Required Reports** |
| **Name of Report or On-Site Visit** | **Description or Appendix #** |
| **a.** | Critical Incident Reporting  | Information on Critical Incident reporting and training can be found under the Specialty Services – Printable section on the [Acentra Health Maine Training Additional Resources webpage](https://me.acentra.com/training/)  |
| **b.** | Reportable Events Reporting  | Follow Department-designated [Minor reportable incident reporting processes](https://www.maine.gov/dhhs/obh/providers/cbhs/development-training/reportable-events), per the [Department’s Reportable Events Matrix](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Reportable%20Events%20Matrix_1.pdf) |
| **c.** | Monthly Report | A reporting link will be provided by the Department. Data to be provided will include, but not be limited to: Demographic information;Center arrival and departure times;Referral source;Reason for visit;Service(s) received;Disposition of Visit; Service(s) referred; Crisis Resolution Plan; and Other data, as agreed between the Department and the awarded Bidder  |
| **d.** | Performance Measures Report | A reporting link will be provided by the Department. |
| **e.** | Peer Support Specialists Certification Report  | **Appendix I**Indicate all information related to Peer Support Specialists’ certification. This includes but is not limited to: First date of work; Completion date for CIPSS Pre-Training and documentation submission to the Department;Attendance dates for monthly and quarterly co-reflections, as appropriate;Completion date for Peer Support 101; Core Training Completion dates; and Continuing education courses  |
| **f.** | Department On-Site Visit | As agreed, between the Department and awarded Bidder |
| **g.** | Monthly Financial Report  | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents) |
| **h.** | Contract Closeout Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/contracts/index.html) |

# Submit all the required reports to the Department in accordance with the timelines established in **Table 3**:

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| **Table 3 – Required Reports Timelines** |
| **Name of Report or On-Site Visit** | **Period Captured by Report or On-Site Visit**  | **Due Date**  |
| **a.** | Critical Incident Reporting Forms | Per each incident.  | * Level I Critical Incident: Report within four (4) hours if within Monday-Friday, or if not, next day by 9:00 a.m.
* Level II Critical Incident: Report within twenty-four (24) hours if within, Monday-Friday, or if not, next day by 9:00 a.m.
 |
| **b.** | Reportable Event Reporting | Per each incident | Time frames for reporting are indicated on the [OCFS Reportable Events Matrix and Guidance](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Reportable%20Events%20Matrix_1.pdf) |
| **c.** | Monthly Report  | Each month | Fifteen (15) calendar days after the end of each month |
| **d.** | Performance Measures Report | Each month | Fifteen (15) calendar days after the end of each month |
| **e.** | Peer Support Specialists Certification Report | Each quarter | Thirty (30) calendar days after each quarter |
| **f.** | Department On-Site Visit | Point-in-time | Annually, at the Department’s discretion |
| **g.** | Monthly Financial Report | Each month  | Twenty (20) calendar days after each month |
| **h.** | Contract Closeout Report | One for each Component/Program period (refer to the Rider F-1 ASF Pro Forma) | Sixty (60) calendar days following the close of the Component/Program period. |

**PART III KEY RFP EVENTS**

1. **Informational Meeting**

The Department will sponsor an Informational Meeting concerning the RFP beginning at the date, time and location shown on the RFP cover page. The purpose of the Informational Meeting is to answer and/or field questions, clarify for potential Bidders any aspect of the RFP requirements that may be necessary and provide supplemental information to assist potential Bidders in submitting responses to the RFP. Although attendance at the Informational Meeting is not mandatory, it is strongly encouraged that interested Bidders attend.

1. **Questions**
	1. **General Instructions:** It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
		1. Bidders and other interested parties should use **Appendix K** (Submitted Questions Form) for submission of questions. If used, the form is to be submitted as a WORD document.
		2. Questions must be submitted, by e-mail, and received by the RFP Coordinator identified on the cover page of the RFP as soon as possible but no later than the date and time specified on the RFP cover page.
		3. The RFP number and title must be included in the subject line of the e-mail containing the submitted questions. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.
	2. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the State’s [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps) no later than seven (7) calendar days prior to the proposal due date. It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website are considered binding.
2. **Amendments**

All amendments released in regard to the RFP will be posted on the State’s [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## Notice of Intent to Bid

* + - 1. **Notice of Intent Due:** Bidders interested in submitting a proposal are required to submit **Appendix J** (Notice of Intent to Bid) by the date and time specified on this RFP’s cover page.

Failure to submit a Notice of Intent to Bid by this deadline will automatically result in a Bidder’s proposal being disqualified from the evaluation process.

* + - 1. **Submission:** Notices of Intent to Bid are to be submitted only to the RFP Coordinator listed on this RFP’s cover page. The Bidder is responsible for allowing adequate time for delivery. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.
1. **Bidders must submit a separate Notice of Intent for each target area they intend to bid on.**
2. **Proposal Submission**
	1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
		1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
	2. **Bidders must submit a separate proposal for each target area they intend to bid on.**
	3. **Delivery Instructions:** E-mail proposal submissions must be submitted to the Office of State Procurement Services at Proposals@maine.gov.
		1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
			1. Proposal submission e-mails that are successfully received by the proposals@maine.gov inbox will receive an automatic reply stating as such.
		2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
		3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Bidders should work with their Information Technology team to ensure that the proposal submission will not be encrypted due to any security settings.
		4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
	4. **Submission Format:**
		1. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202501011 Proposal Submission – [Bidder’s Name]”**
		2. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:
* **File 1 [Bidder’s Name] – Preliminary Information:**

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

**Appendix B** (Responsible Bidder Certification)

**Appendix C** (Eligibility to Submit a Bid)

All required eligibility documentation stated in PART IV, Section I, should be included in one (1) PDF file.

* **File 2 [Bidder’s Name] – Qualifications and Experience:**

*PDF format preferred*

**Appendix D** (Qualifications and Experience Form)

**Appendix E** (Subcontractor Form), if applicable

**Appendix F** (Litigation Form)

All required information and attachments stated in PART IV, Section II, should be included in one (1) PDF file.

* **File 3 [Bidder’s Name] – Proposed Services:**

*PDF format preferred*

**Appendix G** (Response to Proposed Services)

All required information and attachments stated in PART IV, Section III, should be included in one (1) PDF file.

* **File 4 [Bidder’s Name] – Cost Proposal and Budget Narrative:**

*Excel format preferred*

**Appendix H** (Cost Proposal and Budget Narrative)

All required information and attachments stated in PART IV, Section IV.

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

This section contains instructions for Bidders to use in preparing their proposals. The Department seeks detailed yet succinct responses that demonstrate the Bidder’s qualifications, experience, and ability to perform the requirements specified throughout the RFP.

Bidder proposals must follow the outline used below, including the numbering, section, and sub-section headings. Failure to use the outline specified in PART IV, or failure to respond to all questions and instructions throughout the RFP, may result in the proposal being disqualified as non-responsive or receiving a reduced score. The Department, and its evaluation team, has sole discretion to determine whether a variance from the RFP specifications will result either in disqualification or reduction in scoring of a proposal. Rephrasing of the content provided in the RFP will, at best, be considered minimally responsive.

Bidders are not to provide additional attachments beyond those specified in the RFP for the purpose of extending their response. Additional materials not requested will not be considered part of the proposal and will not be evaluated. Bidders must include any forms provided in the submission package or reproduce those forms as closely as possible. All information must be presented in the same order and format as described in the RFP.

**Proposal Format and Contents**

**Section I Preliminary Information** (File #1)

* 1. **Proposal Cover Page**

Bidders must complete **Appendix A** (Proposal Cover Page). It is critical that the cover page show the specific information requested, including Bidder address(es) and other details listed. The Proposal Cover Page must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

* 1. **Responsible Bidder Certification**

Bidders must complete **Appendix B** (Responsible Bidder Certification). The Responsible Bidder Certification must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

* 1. **Eligibility Requirements**

Bidders must provide documentation to demonstrate meeting eligibility requirements stated in PART I, C. of the RFP. This documentation includes:

1. **Appendix C** (Eligibility to Submit a Bids)

**Section II Organization Qualifications and Experience** (File #2)

* 1. **Overview of the Organization**

Bidders must complete **Appendix D** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. Bidders must include three (3) examples of projects within the last five (5) years, which demonstrate their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractor**

If subcontractors are to be used, including consultants, Bidders must complete **Appendix E** (Subcontractor Form) providing a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.

* 1. **Project Team Organizational Chart**

Bidders must provide a legible organizational chart of the project team including to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of **Appendix G** (Response to Proposed Services).

* 1. **Litigation**

Bidders must complete **Appendix F** (Litigation Form) providing a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on **Appendix F** (Litigation Form).

* 1. **Financial Viability**

Bidders must provide the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.

* 1. **Certificate of Insurance**

Bidders must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

|  |
| --- |
| **Required Attachments Related to Organization Qualifications and Experience**  |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form  |
| Two (2) | Subcontractor Form |
| Three (3) | Project Team Organizational Chart |
| Four (4) | Litigation Form |
| Five (5) | Financial Viability  |
| Six (6) | Certificate of Insurance |

Attachments 1 – 6 must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 6 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

**Section III Proposed Services** (File #3)

Bidder must complete **Appendix G** (Response to Proposed Services) by providing a detailed response to the requirements outlined in this RFP.

|  |
| --- |
| **Required Attachments Related to Proposed Services** |
| **Attachment #:** | **Attachment Name:** |
| Seven (7) | Staff Recruitment, Onboarding, and Retention Plan |
| Eight (8) | Job Descriptions |
| Nine (9) | Staffing Plan |
| Ten (10) | Implementation - Work Plan for construction/renovations of the proposed location of the BH Crisis Receiving Center  |
| Eleven (11) | Implementation – Work Plan for implementation of the BH Crisis Receiving Center Services  |

Attachments 7 – 11 must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 11 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

**Section IV Cost Proposal and Budget Narrative** (File #4)

* 1. **General Instructions**
		1. Bidders must submit a cost proposal that covers the period starting 7/1/2025 and ending on 6/30/2027.
		2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
		3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
	2. **Cost Proposal Form Instructions**
1. Bidders must fill out **Appendix H** (Cost Proposal and Budget Narrative), following the instructions detailed here and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in disqualification or reduction in scoring of the cost proposal, at the discretion of the Department.
2. **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms describing how the allocated funds will be used in the creation and implementation of the Behavioral Health Crisis Receiving Center as well as the delivery of services in the initial period of performance.
3. **Contributed Resources:** Due to the limits on Department funding, Bidders are encouraged to leverage additional and/or existing resource(s) excluding MaineCare and/or private health insurance reimbursement. Acceptable examples include utilizing an existing facility, real estate acquired by the Bidder, sharing staffing arrangements, etc. If leverage resource(s) are proposed, the Bidder must describe the specific resource(s) and how the resource(s) will provide additional support for the implementation and delivery of the Crisis Center and related services. All contributed additional and/or existing resource(s) must be represented by a specific dollar value.
4. **Allowable and Non-Allowable Use of Funds related to Start-up costs:** Awarded funds may be utilized for costs associated with creation of the BH Crisis Receiving Center and items that are reasonable, allowable, and directly related to development of the BH Crisis Receiving Center.

|  |
| --- |
| **TABLE OF ALLOWABLE EXPENSES FOR START-UP COSTS** |
| 1. Allowable physical structure costs include, but are not necessarily limited to:
 |
|  | Pre-construction | * Site costs
* Permitting and bidding
* Construction, acquisition, and renovations
 |
|  | Exterior | * Siding and accessories
* Replacement windows
* Doors
* Roofing
 |
|  | Interior | * Room additions and partitions
* Demolition and disposal
* Framing and ceilings
* Painting and sheetrock
* Flooring and carpeting
* Systems (HVAC, electrical, plumbing, heat pumps)
* Facility Safety Equipment (sprinkler system, security cameras/system, safety devices)
* Outpatient Chairs
 |
| 1. Allowable staffing and tangible, movable property expenses include, but are not necessarily limited to:
 |
|  | Staffing | * Staff training, salary, and professional development (limited to initial three (3) months)
* Sign-on/recruitment bonus, limited to direct service staff only
 |
|  | Equipment | * Staff furniture (desk, desk chairs)
* Storage (medication, records, lockers)
* Laundry appliances (washer, dryer)
* Common area furniture (couch, chairs, side tables, coffee table)
* Client and staff computers/laptops
* Staff cellphones
 |

1. Funds may not be used:
	1. On building or facility maintenance expenditures, or outdoor space;
	2. For décor, artwork, televisions, entertainment systems, or recreation items;
	3. Motor vehicle purchase; or
	4. Any expenditure that is not deemed necessary to the creation and implementation of the BH Crisis Receiving Center, as determined by the Department.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

1. **Evaluation Process – General Information**
	1. An evaluation team, composed of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP.
	2. Officials responsible for making decisions on the award selection will ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder whose proposal provides the best value to the State of Maine.
	3. The Department reserves the right to communicate and/or schedule interviews/presentations with Bidders, if needed, to obtain clarification of information contained in the proposals received. The Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations.
	4. Changes to proposals, including updating or adding information, will not be permitted during any portion of the evaluation process. Therefore, Bidders must submit proposals that present their rates and other requested information as clearly and completely as possible.
2. **Scoring Weights and Process**
	1. **Scoring Weights:** Proposal scores will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria:

|  |  |  |
| --- | --- | --- |
| **Section I.** | **Preliminary Information**Proposal materials to be evaluated in this section: all elements addressed in Part IV, Section I of the RFP. | **(No Points – Eligibility Requirements)** |
| **Section II.** | **Organization Qualifications and Experience** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section II of the RFP. | **20 points** |
| **Section III.** | **Proposed Services** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section III of the RFP. | **50 points** |
| **Section IV.** | **Cost Proposal and Budget Narrative**Proposal materials to be evaluated in this section:all elements addressed above in Part IV, Section IV of the RFP.* 1. Proposed Start-up Costs (10 points)
	2. Crisis Center Services Cost Proposal (10 points)
	3. Contributed Resource(s) (5 points)
	4. Budget Narrative (5 Points)
 | **30 points** |

* 1. **Scoring Process:** For proposals that demonstrate meeting the eligibility requirements in Section I, the evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
	2. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest bid for Start-up costs will be awarded 10 points, while the lowest bid for Crisis Center Services will be awarded 10 points. Proposals with higher bids values will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted Start-up cost proposal / Start-up cost of proposal being scored) x 10 = pro-rated score

(Lowest submitted Crisis Center Services cost proposal / Crisis Center Services cost of proposal being scored) x 10 = pro-rated score

No Best and Final Offers: The State of Maine will not seek or accept a best and final offer (BAFO) from any Bidder in this procurement process.  All Bidders are expected to provide their best value pricing with the submission of their proposal.

Bidders who propose leveraging additional and/or existing acceptable resource(s) will receive 5 points.

The remaining 5 points allocated to the Budget Narrative (**Appendix H**) will be used to evaluate the responsiveness of the narrative material and supporting documentation for accuracy and reasonableness of the proposed cost (including, but not limited to, reviewing assumptions used in calculating the costs). The evaluation team will use a consensus approach to evaluate and score the budget narrative.

* 1. **Negotiations:** The Department reserves the right to negotiate with the awarded Bidder to finalize a contract. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposal to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with an awarded Bidder who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.
1. **Selection and Award**
	1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
	2. Notification of conditional award selection or non-selection will be made in writing by the Department.
	3. Issuance of the RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to the RFP, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
	4. The Department reserves the right to reject any and all proposals or to make multiple awards.
2. **Appeal of Contract Awards**

Any person aggrieved by the award decision that results from the RFP 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](http://www.mainelegislature.org/legis/statutes/5/title5sec1825-E.html) and [18-554 Code of Maine Rules Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/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.

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

1. **Contract Document**
	1. The awarded Bidder will be required to execute a State of Maine Service Contract with appropriate riders as determined by the issuing department.

The complete set of standard State of Maine Service Contract documents, along with other forms and contract documents commonly used by the State, may be found on the [Office of State Procurement Services forms](https://www.maine.gov/dafs/bbm/procurementservices/forms) website.

Forms and contract documents commonly used by the Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

* 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, [Chapter 110, § 3(B)(i)](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-110).)

This provision means that a contract cannot be effective until at least 14 calendar days after award notification.

* 1. The State recognizes that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Procurement Review Committee. Any appeals to the Department’s award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date listed in the RFP may need to be adjusted, if necessary, to comply with mandated requirements.
	2. In providing services and performing under the contract, the awarded Bidder must act as an independent contractor and not as an agent of the State of Maine.
1. **Standard State Contract Provisions**
	1. Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Bidder in the finalization of the contract.

* 1. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net 30 payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from the RFP.

**PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

**Appendix A** – Proposal Cover Page

**Appendix B** – Responsible Bidder Certification

**Appendix C** – Eligibility to Submit a Bid

**Appendix D** – Qualifications and Experience Form

**Appendix E** – Subcontractor Form

**Appendix F** – Litigation Form

**Appendix G** – Response to Proposed Services

**Appendix H** – Cost Proposal and Budget Narrative

**Appendix I** – Peer Support Specialists Certification Report

**Appendix J** – Notice of Intent to Bid

**Appendix K** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PROPOSAL COVER PAGE**

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

|  |  |
| --- | --- |
| **Check the proposed target area of the BH Crisis Receiving Center:** |  [ ]  Penobscot County [ ]  Androscoggin County |
| **Bidder’s Organization Name:** |  |
| **Vendor Customer Code** (for current State of Maine vendors)**:** | VC |
| **Chief Executive - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Headquarters Street Address:** |  |
| **Headquarters City/State/Zip:** |  |
| ***(Provide information requested below if different from above)*** |
| **Lead Point of Contact for Proposal - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Street Address:** |  |
| **City/State/Zip:** |  |

* This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder’s proposal.
* No attempt has been made, or will be made, by the Bidder to induce any other person or firm to submit or not to submit a proposal.
* The above-named organization is the legal entity entering into the resulting contract with the Department if they are awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**RESPONSIBLE BIDDER CERTIFICATION**

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
	1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.*
	2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.*
3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification.*
4. *Have not within a three (3) year period preceding this proposal had one or more federal, state, or local government transactions terminated for cause or default*.
5. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*
6. *Is not a foreign adversary business entity (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*).*
7. *Is not on the list of prohibited companies (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*) or does not obtain or purchase any information or communications technology or services included on the list of prohibited information and communications technology and services* [*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies) *(Title 5 §2030-B).*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## ELIGIBILITY TO SUBMIT A BID

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Eligibility Certification** |
| In order to submit a bid in response to this RFP, Bidders must have and provide evidence of: 1. Being [enrolled in MaineCare](https://www.maine.gov/dhhs/oms/providers/provider-enrollment-revalidation) with a current Provider Agreement; and
2. A current Mental Health Agency license through the Department’s [Division of Licensing and Certification’s Behavioral Health Program](https://www.maine.gov/dhhs/dlc/licensing-certification/behavioral-health).
 |
| * 1. Is the Bidder enrolled in MaineCare with a current Provider Agreement?
 | [ ]  Yes or [ ]  No |
| 1. Attach evidence of a MaineCare Provider Agreement.
 | [ ]  Attached |
| * 1. Does the Bidder have a Mental Health Agency license through the Department’s Division of Licensing and Certification’s Behavioral Health Program?
 | [ ]  Yes or [ ]  No |
| * + 1. Attach evidence of licensure to provide Mental Health Services.
 | [ ]  Attached |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Present a brief statement of qualifications and describe the history of the Bidder’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |

|  |
| --- |
| **Provide a description of three (3) projects that occurred within the past five (5) years which reflect experience and expertise needed in performing the functions described in Part II – Scope of Services to be Provided of the RFP. Contract history with the State of Maine, whether positive or negative, may be considered in evaluating proposals even if not provided by the Bidder.** |

|  |
| --- |
| **Project One** |
| **Business Reference Name:** |  |
| **Reference Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Project Start Date** |  | **Project End Date** |  |
| **Include a detailed description of the project below:** |
|  |

|  |
| --- |
| **Project Two** |
| **Business Reference Name:** |  |
| **Reference Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Project Start Date** |  | **Project End Date** |  |
| **Include a detailed description of the project below:** |
|  |

|  |
| --- |
| **Project Three** |
| **Business Reference Name:** |  |
| **Reference Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Project Start Date** |  | **Project End Date** |  |
| **Include a detailed description of the project below:** |
|  |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## SUBCONTRACTOR FORM

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **If subcontractors, including consultants, are to be used, provide each individual subcontractor’s business or consultant’s name, contact person, address, phone number, and a brief description of the subcontractor’s organizational or consultant’s capacity and qualifications. Bidders should add additional Subcontractors/Consultants as needed.** |

|  |
| --- |
| **Subcontractor/Consultant** |
| **Subcontractor Business or Consultant’s Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor/consultant organizational capacity and qualifications** |
|  |

|  |
| --- |
| **Subcontractor/Consultant** |
| **Subcontractor Business Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor’s organizational capacity and qualifications** |
|  |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## LITIGATION FORM

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Provide a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none.”** |

|  |
| --- |
|  |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## RESPONSE TO PROPOSED SERVICES

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

**The response to proposed services form may be obtained in a Word (.docx) format by double clicking on the document icon below.**

****

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**COST PROPOSAL AND BUDGET NARRATIVE**

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

|  |  |
| --- | --- |
| **Check the proposed target area of the BH Crisis Receiving Center:** | [ ]  Penobscot County [ ]  Androscoggin County |
| **Bidder’s Organization Name:** |  |
| **Proposed Start-up Costs:**  | **$** |
| **Proposed Cost for Crisis Center Services:**  | **$** |
| **Contributed Resource(s) Value:** | **$**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Target Area** | **Available One-Time Start Up Funding** | **Current Available Financial Support****Year 1** | **Current Available Financial Support****Year 2** | **Cumulative Available Funding the Initial Period of Performance** |
| Penobscot County | $950,000 | $450,000 | $450,000 | $1,850,000 |
| Androscoggin County | $950,000 | $450,000 | $450,000 | $1,850,000 |

**The Department anticipates receiving additional funding to support the provision of ongoing services in Penobscot and Androscoggin Counties.**

Bidders must submit a cost proposal that includes the cost necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements. Bidders must provide a cost form for the start-up and implementation of the Crisis Receiving Center and a cost form for the on-going Crisis Receiving Center Services.

The Total Start-up Costs amount of the Start-up Cost form and the Total Expenses amount on Form 2 Expense Summary of the Crisis Receiving Center Services form are the proposed costs to be used in the scoring cost formulas for evaluation purposes.

**By double clicking on the document icons below, the proposed Start-up and Implementation, and Crisis Receiving Center Services cost forms may be obtained in an Excel (.xlsx) format, and the Budget Form Instructions may be obtained in a PDF (.pdf) format.**

  ****

***\* Refer to Part IV, Section IV of the RFP for Allowable and Non-Allowable Use of Funds related to start-up and implementation costs***

**Bidders proposing to leverage additional and/or existing resources, excluding MaineCare and/or private health insurance must complete the Contributed Resources Form.**

**The Contributed Resource(s) Form may be obtained in an Excel (.xlsx) by double clicking on the document icon below.**



|  |
| --- |
| **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms. |
|  |

**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PEER SUPPORT SPECIALISTS’ CERTIFICATION REPORT**

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

**The peer support specialist certification report may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

****

**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**NOTICE OF INTENT TO BID**

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

|  |  |
| --- | --- |
| **Check the proposed target area of the BH Crisis Receiving Center:** | [ ]  Penobscot County [ ]  Androscoggin County |
| **Bidder’s Organization Name:** |  |
| **Chief Executive - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Headquarters Street Address:** |  |
| **Headquarters City/State/Zip:** |  |
| ***(Provide information requested below if different from above)*** |
| **Lead Point of Contact for Proposal - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Street Address:** |  |
| **City/State/Zip:** |  |

|  |
| --- |
| **Provide a brief description of the Bidder’s experience and ability to perform the work required within this RFP.** |
|  |

|  |
| --- |
| **Signature of person authorized to enter into the contract with the Department:** |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**SUBMITTED QUESTIONS FORM**

**RFP# 202501011**

**Network of Behavioral Health Crisis Receiving Centers**

This form should be used by Bidders when submitting written questions to the RFP Coordinator as defined in Part III of the RFP.

If a question is not related to any section of the RFP, enter “N/A” under the RFP Section & Page Number. Add additional rows as necessary.

|  |  |
| --- | --- |
| **Organization Name:** |  |

|  |  |
| --- | --- |
| **RFP Section & Page Number** | **Question** |
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