

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner



Maine Department of Health and Human Services
Division of Contract Management
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Jul-09-2025

Via Electronic Mail: AKruk@kbhmaine.org

Kennebec Mental Health Associates dba Kennebec Behavioral Health
Amber Kruk Director of Development & Community Engagement
10 Caldwell Road
Augusta Maine, 04330

SUBJECT: Notice of Conditional Contract Award under RFP 202503046 Family Peer Support Statewide Network

Dear Ms. Kruk.

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services Office of Behavioral Health for RFP 202503046 Family Peer Support Statewide Network. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to the following bidder:

- Kennebec Mental Health Associates dba Kennebec Behavioral Health

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

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

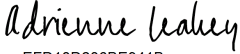
This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract. Any person aggrieved by an award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of

notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Office of State Procurement Services [formerly the Division of Purchases], Chapter 120, § (2) (2).

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

Sincerely,

Signed by:



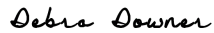
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Adrienne Leahey

Chief Operating Officer

Office of Behavioral Health

DocuSigned by:



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Debra Downer

Deputy Director for Competitive Procurement

Division of Contract Management

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202503046

RFP TITLE: Family Peer Support Statewide Network

BIDDER: Kennebec Behavioral Health

DATE: June 27, 2025

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Casey Manson

Names of Evaluators: Autumn Hughes, Anna Ko, Alice Preble, Mindy Smith, Kelly Staples

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	N/A	N/A
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	30.00	N/A
Section III. Proposed Services	40.00	N/A
Section IV. Cost Proposal	30.00	N/A
<u>Total Points</u>	<u>100.00</u>	<u>N/A</u>

The Department awards Kennebec Behavioral Health as the Sole Bidder. The Proposal was evaluated by the Evaluation Team but not Scored.

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**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

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

	<u>Points Available</u>	<u>Points Award ed</u>
Section II. Organization Qualifications and Experience	30.00	N/A

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Founded in 1960, is a CARF (Commission on Accreditation of Rehabilitation Facilities)-accredited 501(c)(3) nonprofit organization and serves over 18,000 individuals each year.• It has a broad array of services that they provide, such as outpatient therapy, psychiatric services, case management, peer driven services, crisis response, and residential services.• G.E.A.R.(Gaining Empowerment Allows Results) Parent Network, who presently provides FPSSN services, was merged into KBH December 2024 (proposal says 2025 but it was 2024)• G.E.A.R. staff holds both the Department approved Behavioral Health Home (BHH) and national CFPS certifications. It is unclear what they are referring to regarding the Department-approved BHH certification.• G.E.A.R. was established in 1992, fully family-run and supported over 1176 families in 2023.• G.E.A.R. provides regionally responsive services using Regional Coordinators who reside in the communities they serve.• The G.E.A.R. staff are efficient in delivering trauma-informed, community based and culturally competent peer support.• Provides fiscal stewardship, risk mitigation, and systems alignment to GEAR.• Projects 1,2, & 3 were relevant and related• 3 decades of peer-led support for families of children/youth with SED and SMI• G.E.A.R. Family Peer Support Program staffed by parents with lived experience.• Trained in restorative practices• Consistently met or exceeded state contract requirements and benchmarks• Ongoing feedback loop for continuous improvement of G.E.A.R. program
2. Subcontractors
<ul style="list-style-type: none">• Indicated they expect no subcontractors will be utilized for service delivery.

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3. Organizational Chart
<ul style="list-style-type: none">• Provided an enterprise-wide org chart showing all staff as well as a smaller org chart for the FPSSN staff.
4. Litigation
<ul style="list-style-type: none">• Indicated "None"
5. Financial Viability
<ul style="list-style-type: none">• Met requirements
6. Certificate of Insurance
<ul style="list-style-type: none">• Met requirements

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**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	40.00	N/A

Evaluation Team Comments:

- Routinely referenced services presently utilized throughout their submission.

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. Facility Standards and Operational Requirements
<ul style="list-style-type: none">• 1. Administrative offices will be housed at KBH's office at 10 Caldwell Road in Augusta.• The space is ADA compliant. Indicates they will have staff embedded in all three regions addressed in the RFP. FPSSN will have all the equipment needed to have hybrid work arrangements.• The program will have a statewide toll-free number.• Indicates evening and weekend availability will be available for direct family peer support to accommodate flexibility in schedules for families served.
<ul style="list-style-type: none">• 2. They will be open during the hours of 8am-5pm for full administrative and programmatic operations. This excludes State holidays and administrative closings as requested in the RFP.• These operations will include intake, referrals, supervision, training, data entry and admin support for all FPSSN activities.• The administrative office space will include internet, private meeting spaces, private workspaces and video conferencing capacity.• This location will serve as a hub for statewide coordination and will house the Project lead as well as admin staff.• The Support Warm line will be open during standard business hours to respond to referrals, follow up with families, and other activities, events and 1:1 family peer support work.• G.E.A.R. reports they will route calls to the staff working remotely/hybrid in the specific regions the calls are intended.• All calls will be documented, logged, and followed up on by the Director.• Responsibility and coverage plans will be used to ensure all work is supported

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administratively, whether during normal business hours or not.
<ul style="list-style-type: none"> • 3. The use of a hybrid work schedule which has staff working both in person and remotely from home offices to ensure that staff can be located in the communities in which they live. • The schedule allows support to be informed, flexible, accessible, and family centered. • Will provide support in urban, rural, and underserved communities without delay or disruption. • Plans to provide support during inclement weather with virtual forums of support. • Supervisions will be virtual to allow everyone to participate at the same time and reduce the amount of travel so that more time is focused on other tasks. • Data and records are entered and reviewed using an electronic system, which ensures compliance with HIPPA and Maine confidentiality standards. • Staff will meet with families at the locations of their choosing.
<ul style="list-style-type: none"> • 4. For remote work, all staff will be provided with the necessary electronic equipment needed to complete their work in home office spaces. • States that even with the home office spaces, staff will still be in the community providing in person work and support as well. • Supervision will be provided weekly either in person or virtually. Staff is provided with access to virtual team huddles, and resources to complete their work with support. • Demonstrates the ability to track data by geography, which allows them to evaluate community specific access patterns and potential service gaps. • Gathers ongoing feedback from families and community stakeholders which they use to tailor their approaches in a way that is responsive to the needs of the community
<ul style="list-style-type: none"> • 5. Family Peer Support Specialists will be hired from within the regions they will be serving. They also indicate that they will have lived experience and there will be multiple staff in each region. • Will continue utilizing a combination of data from DHHS, schools, and family feedback to identify community needs. • Cites longstanding partnerships with providers, schools, childcare, DHHS, medical professionals and other child serving agencies • Will collect and share quarterly data that measures number of contacts, number of families served, number receiving emotional support, referral and advocacy as well as number involved in 1:1 Family Peer Support. • Will support families in all geographic areas of Maine based on the needs of families.
B. Eligibility, Intake, and Service Level Policies and Procedures

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- 1. Has existing eligibility and intake policies and will make any modifications to them needed within 30 days of the contract start date.
- The referral form will include diagnosis by family report, will not enroll families involved with BHH unless approval by Department, will support families who are uninsured or underinsured.
- Will build upon their present intake process and that the intake can be completed by using the toll-free number or digital on the website.
- All families will undergo eligibility screening by trained staff.
- All policies will be presented to the Department within 30 days of the contract start date and will not be initiated until approved
- Plans to ensure their intake policies are accessible in plain language for families during the intake process and will post such publicly to promote transparency and equitable access.
- Plans to have the Program Director monitor the intake and eligibility workflow, including conducting regular audits to ensure compliance with Department guidelines and fidelity to enrollment criteria. The frequency of audits was not described.

- 2. Will accept referrals in many ways. Some of these include self-referral from families, provider referral, primary care referral, schools, DHHS and 2-1-1. It is not clear if the families will be made aware when a referral is being made.
- Listed ways in which referrals will be accepted. This includes by phone, online, email and fax, access center, in person or event-based referrals, partner referral coordination
- Upon referral, staff will contact the family to complete an eligibility screening and determine appropriate level of service. (1,2, or 3)
- Intakes will be logged into their database.
- Referrals will be tracked and monitored with an internal case management system and will track referral source, date received, date of first contact, eligibility verification and status, date of staff assignment and initial meeting.
- Will conduct a monthly review of referral data.

- 3. The initial meeting will be offered in person, virtually, or by phone. Intake forms will be completed and documented,
- Will complete a Family Journey Assessment within the first 2 visits and again every 3 months and at the end of service. Did not share details about the Family Journey Assessment and why that assessment was chosen.
- Provided a list of the intake documentation and covered all that was asked for in the RFP.
- Provided a list of the data they plan to collect and that these metrics will be reported quarterly.
- Did not detail how they will ensure that initial contacts from referrals occurs within 5 days in this section of the proposal.

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<ul style="list-style-type: none"> • 4. Demonstrated experience for building relationships with a variety of community providers. • Will use outreach strategies such as printed flyers and materials, local media, resources tables and community events, word of mouth, partner collaboration, direct mail campaigns. • They will use geographic needs identification to determine where outreach and services are most needed in Maine. • Outreach updates will be in monthly reports.
<ul style="list-style-type: none"> • Counties that are consistently higher in need regarding behavioral health needs, poverty, and lack of transportation. Did not provide a source for this information. • Indicates a lower engagement rate in these same counties, as reported by schools and other agencies. Did not address family feedback for these counties. • Has an intensive plan to address these disparities related to outreach in areas of need.
<ul style="list-style-type: none"> • 5. They will develop a comprehensive secure data management system that will track an unduplicated count of all FPSSN participants for each category of support. • Will track the type and number of services provided. • The system will be HIPAA compliant, and cloud based in its tracking • Key components they will track are unique participant identifiers, service specific logs, de-duplication safeguards, cross region reconciliation and data entry protocols. • Will conduct routine audits and generate quarterly reports
<ul style="list-style-type: none"> • 6. Resources for Families/Primary Caregivers without internet access was addressed in another area of the response. • Will provide quarterly event flyers (digital and print), weekly email campaigns with hard copy mailings, tailored flyers, provider facing materials, and coordination with 2-1-1 and others. • Events will be developed in response to parent/caregiver feedback and needs. • Will provide culturally responsive and condition specific sessions as well. • Will be held in places that are accessible, as well as virtually and will have closed captioning option. • The staff will engage in conversations with family members to better understand needs, goals, and readiness for support. • Will co-develop family vision plans with families around their identified goals. • Resource guides and printed handouts will be provided. • One Family Peer Specialist staff member will serve on the KBH communications oversight team to hold the voice of lived experience. • Staff will contribute to blog posts, social campaigns, and monthly family highlights featured in newsletters and on the program website.

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<ul style="list-style-type: none"> • Input collected via surveys, supervision discussions, and community advisory will be used to inform improvement. • Agency should consider having at least two family peer specialist staff as part of the communications teams.
C. FPSSN Services for Families/Primary Caregivers
<ul style="list-style-type: none"> • 1. They will fully integrate the SOC (System of Care) Core Values and Principles into every component of its FPSSN. • Will operationalize the SOC values and principles and spelled 10 of them out with detail on how they will do this. • Shared in detail how they will integrate the SOC framework into the direct work they are doing. • Staff will know and document how each family's preferences and cultural needs are incorporated into service planning. • Did not address ensuring use of effective, evidence-informed, community-based services and supports for Children and their families. • Did not address ensuring families, other caregivers and Youth are full partners in all aspects of planning and delivery of their services.
<ul style="list-style-type: none"> • 2. Will provide a full array of FPSSN services. • Community collaborators may co-present workshops or host events and staff will coordinate the events. • They will provide support and education with 102 families, 35 in Region I, 35 in Region II, and 32 in Region III, with each family getting 12-15 direct support hours over a 6-month period. • Staff have a combination of 181 years of lived experience. • Provided a detailed response regarding the methods they will use for 1:1 Family Peer Support and Parenting Education. • Families have the option of seeing or receiving their documentation at written request, within five (5) business days.
<ul style="list-style-type: none"> • 3. Provided a detailed description of the steps they will take after receiving a referral. • These outcomes will be ensured through supervisory oversight, QA audits, real-time alerts, and quarterly reporting.
<ul style="list-style-type: none"> • 4. Their program will be one built entirely upon the lived experience of parents and caregivers of children with behavioral health needs. • They maintain an internal Parent Leadership Council of current and former participants who review materials and provide suggestions around services and service provision. • A number of staff are former recipients of GEAR services. • They ensure inclusion of family voice through Governance, Supervision and Coaching, Reporting, and Recognition and Empowerment. • All services include ways to collect direct feedback from families.

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<ul style="list-style-type: none"> • Will host community listening sessions and forums, has a parent leadership council, families and youth invited to co-present at workshops. • Will have annual family surveys include targeted questions relating to new service concepts, preferred delivery methods and resource development needs.
<ul style="list-style-type: none"> • 5. Will meet this requirement. • Families invited to reflect on their own outcomes during meetings and to give feedback on the process during quarterly surveys.
<ul style="list-style-type: none"> • 6. Justification for when workshops are recorded was not provided. • Plans to hold holiday celebrations, however, did not address how they would ensure culturally sensitive and inclusive events.
<ul style="list-style-type: none"> • 7. Will meet this requirement through Initial needs and strengths assessment, cross system navigation, resource linkage and referral assistance, coordination with KBH services, described in detail how each of these would be done.
<ul style="list-style-type: none"> • 8. Youth and family storytelling campaign – featured online and in print, materials printed in multiple languages. • Will meet this requirement with detail. They indicated their campaign will include a statewide kickoff event, local events across the regions, public awareness materials, media engagement, and green light campaign. Each of these were explained in the response. • They will develop and implement a feedback and evaluation tool for their campaign as well.
<ul style="list-style-type: none"> • 9. Has a toll-free number that will be maintained and staffed. • Will provide live support and coverage from 8am-5pm Monday-Friday, excluding State holidays. • All voice mails will be checked at least three times a day and will be returned within one business day. A log of all incoming calls will be kept. • Will triage all calls based on the nature of the request and route them to the most appropriate staff member. • Will follow and establish protocols for accommodations around language and disability access needs to include interpreter services.
<ul style="list-style-type: none"> • 10. Interpreter services will be made available to families/caregivers at no cost and will be provided in person or by phone. • These services will be provided by an outside entity such as AMN Healthcare Language Services and Pine Tree Society. • They will provide real-time interpreter services and ASL (American Sign Language) services. • Will also provide language identification and documentation, qualified interpreters, translation of written materials, ASL and ADA (American Disability Act) accommodations, and scheduling and coordination. • For virtual meetings or phone calls, on-demand telephonic or video interpretation will be available; and pre-scheduled interpreters will be arranged in advance, in coordination with the family for in-person services or public events.

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<ul style="list-style-type: none"> Plans to “schedule ASL interpreters or provide real-time captioning during events and workshops.” Did not address if they will provide an ASL interpreter for someone who is deaf or hard of hearing that requests an ASL interpreter for the events and workshop interpretation, as opposed to solely relying on real-time captioning.
D. Website and Social Media Requirements
<ul style="list-style-type: none"> 1. Shared information about the website platform and maintenance, content and information features, ADA compliance and event calendar integration. The website is updated monthly by program staff and reviewed weekly to ensure active links and accurate event details. Feedback on the site from families and caregivers is solicited.
<ul style="list-style-type: none"> 2. The methods and resources that would be used will be content development and posting schedule, service categories, accessibility and safety, and content calendar integration. They will ensure expectations and outcomes are met through analytics monitoring, community feedback, quarterly review, and continuous improvement. Content posted to Facebook page at least 5 times per week, images and posts will offer alt text. Plans to refine posting strategies and explore new tools such as Facebook Events, live streaming and community polls, per analytics and feedback.
<ul style="list-style-type: none"> 3. Provided detail about the methods that would be used, which included, template-based accessibility, compliance testing and documentation, content oversight and social media approval workflow, staff training, moderation and public interaction protocols, and disclaimer and branding protocols. The internal oversight, accessibility feedback and remediation, archiving and records retention, and content integrity controls would be used to ensure outcomes are met.
<ul style="list-style-type: none"> 4. Will use written SOPs, staff training, quarterly compliance audits, tool and vendor vetting, and incident response protocol to ensure these outcomes are met. Shared that this would be met using local administration and data containment, no third-party data release, restricted internal access, formal approval process for data sharing, and anonymization for internal use.
<ul style="list-style-type: none"> 5. All summary reports, dashboards, and usage data will only include aggregated, non-attributable data and will exclude direct identifiers. This will be done with the use of Secure, policy-compliant data systems, de-identification protocols, staff training and compliance, internal review and quality control, and transmission safeguards. Will use written data governance protocols, quarterly data audits, responsive quality assurance, and incident response plan to ensure these outcomes are met.
<ul style="list-style-type: none"> 6. They will use the following methods to meet this, content management control, exclusion of TikTok and ByteDance Services, and exclusion of State/Department identification.

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<ul style="list-style-type: none"> Outcomes will be met through quarterly website audits, staff training protocols, approval workflows, and incident responses.
E. Data Collection and Quality Assurance Requirements
<ul style="list-style-type: none"> 1. They will use a NEO data system integration that will record and integrate referral tracking, unique participant ID, outcome measures and satisfaction surveys. A missed benchmark or data inconsistencies will trigger a corrective action plan. Plans to have a Data Oversight Committee that is co-led by the Program Director and agency's Quality Improvement staff meet quarterly to review trends and resolve any systemic data collection issues. Plans to have staff complete progress note data entry within forty-eight (48) hours of service delivery. Working to transition existing G.E.A.R. data management system into their EMR/data tracking system. It is unclear if this will affect the service start date, based on how long the transition may take; no additional detail was provided.
<ul style="list-style-type: none"> 2. They will hold information in a centralized data system. Satisfaction survey data to all active families quarterly and upon closure will be collected. Will offer paper, digital, and phone options for survey completion. Did not address 93.958 Block Grants for Community Mental Health Services; FPSSN mission, vision, values, and priorities; or recognize and measure the strategic priorities of the FPSSN supports and activities. Data may be completed by parent/caregiver utilizing a paper version or secure intake forms, with restricted access.
<ul style="list-style-type: none"> 3. The QA plan will be embedded in the daily operations of the provider. The G.E.A.R. Program Director and KBH QI staff and QA committee will hold internal data review meetings quarterly. When the event participants' names are entered into the system, they are automatically linked to the family's unique ID.
<ul style="list-style-type: none"> 4. After training, new staff will shadow other program staff to observe the implementation of the tool, included as part of the electronic records system with automated reminders for program staff for follow-up Plans to hold annual refresher trainings, which will also be included as part of group supervision reviews.
<ul style="list-style-type: none"> 5. Will design the satisfaction survey in collaboration with the Department. However, the RFP is asking the provider to develop this for Department approval. Surveys will be available in multiple languages and formats upon request. The survey responses will be reviewed monthly by the Program Director. Describes process and timeline for development, distribution, accessibility, quality improvement and monitoring.

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<ul style="list-style-type: none"> Plans to track satisfaction survey response rates by distribution method and will implement targeted follow-up through reminders and personal outreach to ensure they reach a representative sample of Participants each quarter.
<ul style="list-style-type: none"> 6. They will have continuous improvement of the FPSSN and will implement a structured, responsive feedback loop for families. Will provide feedback in both narrative and structured formats It is not clear if program participants will have the opportunity for active involvement in formal planning sessions for improvements/modifications. “You Used Your Voice, We Listened” summaries will be shared quarterly on the G.E.A.R. website and social media channels to show families how their input has shaped their services.
<ul style="list-style-type: none"> 7. Includes the following domains; Family engagement and retention, geographic and demographic equity of service delivery, family driven, trauma informed and culturally responsive practices. Plans to hold data review meetings each quarter with staff and the Family Feedback Advisory Group and will document any recommendations for changes to evaluation tools, focus areas or reporting. Within the first 30 days of the contract, G.E.A.R. will host listening sessions and/or structured interviews with Families/Primary Caregivers across all regions. Family driven feedback will shape the creation of questions asked
F. Confidentiality Requirements
<ul style="list-style-type: none"> 1. Shared the minimum insurances they will carry. Affirmed commitment to meeting, obtaining and maintaining the necessary insurance as outlined in the IT-Service Contract.
<ul style="list-style-type: none"> 2. They will ensure outcomes are met through Pre- implementation security review, annual policy review and validation, incident preparedness, and suspension of non-compliant platforms. They will use a vendor screening and approval for this. For third-party vendors that fail to maintain the required security posture, plans to suspend data operations with that vendor until corrective actions are verified or a compliant alternative is implemented.
<ul style="list-style-type: none"> 3. They already have comprehensive policies and procedures in place that ensure privacy, integrity and security of the data collected. They will have Breach notification policy and procedures. Will have incident detection and reporting and notification of affected individuals Plans to have all staff receiving onboarding and annual training on confidentiality, data protection and breach responsibilities under HIPAA, 42 CFR Part 2, and Maine law. Plans to conduct periodic mock breach drills to ensure staff readiness and policy effectiveness.

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- 4. They will meet this requirement and acknowledges that confidentiality extends to all program staff, contractors, and subcontractors and continues beyond the termination or expiration of a contract.
- Will use the following methods; secure systems and data platforms, policy framework and staff training, and information handling and access controls.

- 5. Provided a detailed response committing to meeting the requirement.
- They will meet this requirement.
- It will use methods such as having its own internally managed systems, which include NEO certified electronic medical records.
- They will verify that all data exchanges between DHHS and KBH occur through a one way, file-based transfer method.

G. Staffing Requirements

- 1. They will provide the staffing positions required within the RFP.
- The positions with job responsibilities were provided for the following positions: FPSSN Project Lead/GEAR Program Director, Family Peer Support Supervisors/Regional Parent Support Coordinators, Family Peer Support Specialists
- They will maintain certification and credentialing oversight and ongoing supervision and evaluation.
- The Program Director will conduct performance reviews for every staff member.
- For minimum qualification requirements, indicated all positions (Project Lead/Program Director, Supervisors/Regional Parent Support Coordinators, and Family Peer Support Specialists) will require that the staff person be a parent/caregiver with at least five (5) years of lived experience for one (same) child/youth with behavioral health challenges.
- Will have their Program Director/Project Lead conduct team-wide performance reviews and lead quality assurance processes tied to certification and service fidelity.

- 2. Will complete background checks related to criminal history checks, sex offender registry checks, BMV, OCFS, professional licensing verification.
- Will ask FPS (Family Peer Support) for input regarding ongoing additional topics of learning for the learning community component.
- Should a staff member become ineligible due to new legal concerns, plans to suspend their duties immediately and will notify the Department, as required.

H. Staff Training and Supervision

- 1. Will provide fidelity monitoring around model aligned competencies but does not say which model they plan to use.
- They will provide additional training related to confidentiality, mandated reporting, and instruction on creating a contact note. CBHS (Children Behavioral Health Services) as well as Trauma informed care.
- Does not indicate that the training they use will be evidence informed.
- Does not indicate a proposed certification training.

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DATE: June 27, 2025

<ul style="list-style-type: none"> Did not address ensuring the fidelity process is Department approved.
I. Performance Measures
<ul style="list-style-type: none"> Provided a detailed, comprehensive response; including detail regarding performance monitoring and QA oversight; corrective action and continuous improvement; and transparency and accountability.
J. Reports
<ul style="list-style-type: none"> 1. & 2. Provided a detailed, comprehensive response; including detail regarding their internal reporting calendar and workflow; performance monitoring and feedback loops; and transparency and continuous improvement.
2. Staffing
<ul style="list-style-type: none"> a. Job description for the Regional Parent Support Coordinator and G.E.A.R. Director did not address obtaining and maintaining Department approved certification in Family Peer Support for supervisors (as required by the RFP). Indicated that Regional Parent Support Coordinators and the G.E.A.R. Director would be required to receive Department approved certification in Family Peer Support for supervisors. The need for Regional Parent Support Coordinator and Family Peer Support Specialist to have an “Understanding of mental health symptomology” and “Familiarity with psychotropic medication usage and monitoring and administering its use” is inconsistent with peer support values and is outside the scope of the Peer Support Specialist and Regional Parent Support Coordinators positions. Previously stated their Regional Parent Support Coordinators would also be required to maintain Maine BHH certification, this was also not indicated in the provided job description. Elsewhere in the proposal they stated that their Regional Parent Support Coordinator positions are synonymous with the Department-required Family Peer Support Supervisor position; however, the job duties for this position do not include supervision, and the job description for the Family Peer Support Specialist indicates that they report to the G.E.A.R. Director, and not the Regional Parent Support Coordinator/Family Peer Support Supervisor. For the G.E.A.R. Director position, job description indicated “A Bachelor’s degree and/or a minimum of 5 years supervisory experience required.” This does not meet the requirement in the RFP which requires a minimum of two (2) years of supervisory experience for the Project Lead position, not substitutable with educational experience. Elsewhere in the RFP it requires that the FPSSN Project Lead (G.E.A.R. Director) receive supervision by staff with a minimum of a bachelor’s degree in a related field; a relevant job description for the G.E.A.R. Director’s supervisor was not included. The job description for the G.E.A.R. Director position indicates that the position reports to the agency’s “Chief Operating Officer of Mental Health Services (Administrator)”.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202503046

RFP TITLE: Family Peer Support Statewide Network

BIDDER: Kennebec Behavioral Health

DATE: June 27, 2025

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| <ul style="list-style-type: none">• b. They expect no subcontractors will be utilized in the delivery of services for contract resulting from this RFP, if awarded. |
| <ul style="list-style-type: none">• c. Plans to have: 1.0 FTE for the Project Lead; 3.0 FTE Regional Parent Support Coordinators to cover one (1) or more per region; 1.25 FTE Family Peer Support Specialists, proportional based on service targets to support all Regions; and 1.39 FTE of “Administrative/Outreach Support” located at the central office or remote, for a total of 6.64 FTE.• It is unclear if 1.25 FTE of Family Peer Support Specialists will be sufficient to support the statewide FPSSN need; especially given the anticipated plan of 3.0 FTE of Regional Parent Support Coordinators that was indicated would act as their Family Peer Support Supervisors.• Provided a staffing plan as Attachment 8. One of the positions identified was Administrative/Outreach support. That was not identified in the project specific org chart and there was no job description/responsibilities provided for this position.• A detailed staffing plan was provided; which included things such as staffing capacity, task category, cored responsibilities, estimated monthly hours and annual hours for the following positions: GEAR Program Director, Regional Parent Support Coordinator, Family Peer Support Specialist.• More clarity on baby shower events and participants |

3. Implementation - Work Plan

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| <ul style="list-style-type: none">• a. Provided in a timeline chart with detailed tasks, month to be carried out and position(s) responsible indicated.• Plans to complete the QA plan, communication plan, comprehensive evaluation plan, modify existing eligibility and intake processes and develop and implement their staff training plan from June 2025 – September 2025. This is prior to the contract start date indicated in the RFP (10/1/2025), it is unclear if the intent was to complete this work prior to contract start, or meant for their work plan to occur after the contract start date of 10/1/2025. |
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

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**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	30.00	N/A

Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
N/A	÷	N/A	x	30 points	=	N/A

Evaluation Team Comments:

- Budget proposal's personnel section includes positions that Bidder did not provide a job description for: "BHH Family Support"; "COO for Mental Health Services"; "Marketing Communications Coordinator"; "Support Staff Allocation"; and "Medical Records Allocation".
- Indirect cost is low at 7.94%.
- In the budget narrative, they have .25 FTE Family Peer Support Specialist (FPSS) that will be delivering peer support under separate agreements with Behavioral Health Home (BHH) providers; and stated, "these staff are budgeted separately and do not contribute to the RFP's direct service deliverables". However, the cost proposal includes a "BHH Family Support" position under the personnel section, with cost indicated and included. In the organizational chart provided they stated that the BHH Family Peer Support Specialists delivers "FPSS services to BHH providers under separate contracts, they do not provide peer support under this contract". As such, it is unclear why the "BHH Family Support" position is included in the provided cost proposal for this RFP.
- Food is not an allowable expense.
- Other travel costs indicate staff professional development, conference attendance and mileage reimbursement. There are no conference attendance requirements in this contract. No further detail was provided regarding specific proposed conferences to be attended. It is unclear if anticipated conference(s) would fall within the scope of the RFP.
- The Family Peer Coordinator and FPSS pay is the same with more responsibility expected for the coordinators.

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|---|
| <ul style="list-style-type: none">• Cost proposal includes \$73,500 in "PROGRAM INCOME", however, this is a no-cost service and there was no detail provided in the budget narrative regarding this "PROGRAM INCOME". It is unclear what this amount refers to. |
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**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202503046

RFP TITLE: Family Peer Support Statewide Network

BIDDER NAME: Kennebec Behavioral Health

DATE: 6/24/2025

EVALUATOR NAME: Autumn Hughes

EVALUATOR DEPARTMENT: Division of Program and Fiscal Coordination

Individual Evaluator Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none">• I – Founded in 1960 and serves over 18,000 annually.• I – 3 decades of peer-led support for families of children/youth with SED and SMI• P – GEAR Family Peer Support Program staffed by parents with lived experience.• I – Ongoing feedback loop for continuous improvement of GEAR program.	
2. Subcontractors	
<ul style="list-style-type: none">• No subcontractors identified in proposal.	
3. Organizational Chart	
<ul style="list-style-type: none">• Organizational chart provided	
4. Litigation	
<ul style="list-style-type: none">• I – No litigation noted over the past five years.	
5. Financial Viability	
<ul style="list-style-type: none">• 3 years of financial information provided	
6. Certificate of Insurance	
<ul style="list-style-type: none">• Current Certificate of Insurance provided; expires 7/1/2025	

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BIDDER NAME: Kennebec Behavioral Health

DATE: 6/24/2025

EVALUATOR NAME: Autumn Hughes

EVALUATOR DEPARTMENT: Division of Program and Fiscal Coordination

Part IV, Section III. Proposed Services	
Part II	
A. Facility Standards and Operational Requirements	
<ul style="list-style-type: none">• P – Centralized admin facilities that support regional staff and services.• P – Staff to be embedded in the three regions identified by DHHS.• P – After hours staffing to provide support to parents and caregivers.• P – General operations hours requirements met.• P – Regional coordinators live and work in the area assigned.• P – Bidder identified venues through partnerships that can be utilized in the communities served.	
B. Eligibility, Intake, and Service Level Policies and Procedures	
<ul style="list-style-type: none">• I – Bidder indicates that they have existing eligibility/intake policies that they are willing to modify, if necessary, in the first 30 days.• P – Eligibility to be determined prior to service delivery.• P – Bidder to accept referrals from a wide range of sources.• N – Bidder does not detail how they will ensure that initial contacts from referrals occurs within 5 days in this section of the proposal.• P – Bidder details outreach methods for inclusivity; intends to target low service utilization areas.• P – Bidder indicates that at least 1 Family Peer Specialist staff member will be part of the communications team.	
C. FPSSN Services for Families/Primary Caregivers	
<ul style="list-style-type: none">• I – Family Peer Support Specialists to document preference and cultural needs into individual planning of service.• I – Bidder intends to use outreach to ensure service to the required number of families within the 3 service regions.• I – Bidder intends to utilize informal events to outreach and engage families in need of this service.• P – Bidder outlines methodology for initial contact for referrals within 5 days of referral receipt.• P – Bidder outlines a feedback loop that they will use to evaluate and improve the program.• P – Bidder outlines educational workshops and social/educational events as required.	

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EVALUATOR DEPARTMENT: Division of Program and Fiscal Coordination

<ul style="list-style-type: none">• I – Bidder outlines partner relationships that can provide support to the whole family.• P – Bidder references existing toll-free line and outlines how they will respond within one business day to voicemail contacts.• I – Interpreter services outlined for program participants.
D. Website and Social Media Requirements
<ul style="list-style-type: none">• P – Bidder has established public-facing website and Facebook page.• P – Website is hosted on secure and ADA compliant content management system.• P – Staff check website periodically for ADA compliance.
E. Data Collection and Quality Assurance Requirements
<ul style="list-style-type: none">• I – Bidder working to transition existing G.E.A.R. data management system into their EMR/data tracking system.• I – Specific metrics lined out for system entry for service delivery (within 48 hours.)• P – Bidder indicates willingness to implement data collection and tracking procedures, as well as outcome measures.
F. Confidentiality Requirements
<ul style="list-style-type: none">• P – Bidder indicates willingness to adhere to insurance requirements as required.• P – Bidder intends to comply with state/federal laws regarding the protection of sensitive information.
G. Staffing Requirements
<ul style="list-style-type: none">• P – Requirements met.
H. Staff Training and Supervision
<ul style="list-style-type: none">• P – Requirements met.
I. Performance Measures
<ul style="list-style-type: none">• P – Requirements met.
J. Reports
<ul style="list-style-type: none">• P – Requirements met.
2. Staffing
<ul style="list-style-type: none">• P – Requirements met.
3. Implementation - Work Plan
<ul style="list-style-type: none">• P – Requirements met.

Part IV, Section IV. Cost Proposal and Budget Narrative
<ul style="list-style-type: none">• P – Requirements met.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202503046

RFP TITLE: Family Peer Support Statewide Network

BIDDER NAME: Kennebec Behavioral Health Associates dba Kennebec Behavioral Health

DATE: 6/24/2025

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

Individual Evaluator Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none">• Founded in 1960, is a CARF-accredited 501(c)(3) nonprofit organization.• Stated they are one of Maine’s largest and most comprehensive community behavioral health providers and they serve over 18,000 individuals, annually.• Stated they provide a broad range of services across the continuum of care, including outpatient therapy, psychiatry, crisis response, residential services, case management and peer-driven programs.• Stated they are poised to become a Certified Community Behavioral Health Clinic (CCBHC) as of July 1, 2025.• Stated they have operated the GEAR (Gaining Empowerment Allows Results) Parent Network since the transition of the program from the previous provider in “December 2025”. This evaluator assumes the “2025” indication is a typo and Bidder referred to the transfer occurring December 2024, under their Project 2 description.• Stated their GEAR staff hold Department-approved Behavioral Health Home (BHH) and national Certified Family Peer Specialist (CFPS) certifications and indicated their staff are proficient in delivering trauma-informed, community-based, and culturally competent peer support.• Bidder referred to the history of GEAR, which was established in 1992, with a 1987 grassroots origin.• Bidder provided data regarding support provided in FY23 (e.g., number of families served, and number of workshops and social/education events held).• Stated their “staff are trained in core national competencies, High-Fidelity Wraparound, Parenting with Dignity, the Nurturing Parenting Program, and restorative practices.”• Stated they utilize continuous feedback and outcome measurements for ongoing quality improvement, including use of a Support Needs Assessment and a Department-approved outcome tool.• Stated their GEAR program includes a website, statewide outreach efforts and a toll-free support line.• Stated their GEAR program is able to support families with limited internet or English proficiency and utilizes targeted outreach strategies to reach underserved groups, including fathers and parents that are incarcerated.	

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EVALUATOR DEPARTMENT: Office of Behavioral Health

- Stated their GEAR program plays a leadership role in advocacy and systems reform and have also partnered with the State regarding the BHH model, and has assisted with organizing statewide Children's Mental Health Awareness campaigns.
- Stated their agency has a unique synergistic relationship with their GEAR program; with the Bidder's agency providing fiscal stewardship, risk mitigation and systems' alignment, and with GEAR to bring "the authentic voice and leadership of lived experience to the forefront."

Project 1:

- Referred to their work providing responsive community-based family peer support and education to Bangor Housing and the Boys and Girls Club of Bangor.
- Stated, since 2023, their GEAR Parent Network has partnered with Bangor Housing and the Boys and Girls Club of Bangor to provide in-person, monthly Family Peer Support and parenting education to families within Bangor Housing's largest development.
- Bidder described the monthly coordinated sections.
- Stated they have participating parents and caregivers select educational topics and accompanying social engagement activities, quarterly, and listed recent parent-selected topics.
- Stated GEAR coordinates with the Boys and Girls Club of Bangor for onsite childcare during their monthly sessions to minimize a key barrier to attendance and full participation.

Project 2:

- Referred to their Family Peer Support delivery to Behavioral Health Home (BHH) providers.
- Stated the GEAR Parent Network provides Family Peer Support services, under contract, to Penobscot Community Health Center, Community Care and Woodfords Family Services.
- Stated services are provided by certified Family Peer Specialists with Lived Experience.
- Bidder described the Family Peer Support services provided.

Project 3:

- Referred to their statewide toll-free parent support warm line.

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EVALUATOR DEPARTMENT: Office of Behavioral Health

- Stated their GEAR Parent Network operates a toll-free statewide parent support warm line that offers a trauma-informed, family-centered gateway to compassionate support, peer connection and resource navigation.
- Stated the parent support warm line is available during business hours, with voicemail access during after-hours, and is staffed by Certified Family Peer Support Specialists with Lived Experience.
- Bidder indicated their FY24 year-end data showed 99.8% of their 3,477 survey respondents indicated they were satisfied with the service they received.
- Bidder described the infrastructure of the warm line, including a rotating team of trained peer staff; follow-up protocols for optional check-ins, mailed resources or referral to a Regional Parent Support Coordinator for one-on-one support; and integration with other program components such as Supportive Educational Workshops and social/educational events.

2. Subcontractors

- Stated they intentionally excluded Appendix D and indicated they expect no subcontractors will be utilized for service delivery.

3. Organizational Chart

- Provided a high-level enterprise-wide organizational chart showing officers, major organizational components and the proposed project team.
- Also provided a specific organizational chart for the FPSSN proposed project team, including regions covered by each proposed staff and applicable support staff (.02FTE).
- The project team organizational chart also included a .25 FTE BHH Family Peer Support Specialist position, with two staff persons indicated, which Bidder stated is to “deliver FPSS services to BHH providers under separate contracts; they are excluded from the narrative as they do not provide peer support under this contract”. However, the cost proposal includes the BHH Family Support position at 910 hours across the 2-year initial period of performance (.218FTE). As such, it is unclear to this evaluator what Bidder intends by the statement regarding the BHH Family Peer Support Specialist not providing “peer support under this contract”.
- Plans to have a 1FTE Region 1 and Region 2 Coordinator, 1FTE for Region 2 Coordinator and 1FTE for Region 2 and 3 Coordinator.
- Bidder indicated plan to have 1FTE Family Peer Support Specialist serve Region 1 and 2.

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<ul style="list-style-type: none">Bidder indicated .25 FTE of Family Peer Support Specialist to serve Region 3 (Aroostook, Hancock, Penobscot, Piscataquis and Washington counties); it is unclear to this evaluator if .25 FTE would be sufficient to serve Region 3.
4. Litigation
<ul style="list-style-type: none">Bidder wrote "None".
5. Financial Viability
<ul style="list-style-type: none">Provided consolidated financial statements for June 30, 2024, and 2023; June 30, 2023, and 2022; and June 30, 2022, and 2021.
6. Certificate of Insurance
<ul style="list-style-type: none">Provided on standard ACORD form, covers commercial general liability; automobile liability; umbrella liability; and professional liability. Insurance is current.

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Part IV, Section III. Proposed Services

Part II

A. Facility Standards and Operational Requirements

1. Plans to utilize their G.E.A.R. Parent Network to maintain and operate administrative office space and regional infrastructure.
 - Stated their administrative operations will be housed in their office located on Caldwell Road in Augusta; which Bidder indicated is ADA compliant and centrally located.
 - Plans to embed G.E.A.R. staff across the three (3) Department-defined regions to ensure Family Peer Support Specialists are physically present in communities they serve.
 - Plans to utilize agency-owned sites and community-based venues (e.g., libraries, schools or partner provider offices) to deliver local access to FPSSN services and to accommodate activities outside of general operating hours.
 - Stated the program's toll-free number is active statewide and they have a centralized intake process to ensure timely follow-up, consistent data collection and equitable access regardless of location or digital access limitations.
 - Plans to ensure weekend and evening availability for direct family peer support to ensure scheduling flexibility; with weekday operations to ensure support structures are in place to sustain their "after-hours" service provision.
2. Plans to provide full administrative and programmatic operations Monday through Friday, 8am to 5pm, excluding state holidays and administrative closings.
 - Stated their operations during 8am-5pm on Monday-Friday will include statewide intake processing, referral coordination, supervision and training, data entry, program evaluation, and administration support for FPSSN.
 - Plans to provide continuous email and phone availability during standard business hours through the support warm line to respond to referrals, follow up with family and caregivers, coordinate family peer support services and prepare for or deliver after-hours educational events activities, or one-on-one family peer support appointments.
 - Plans to utilize Microsoft 365 for secure documentation and team coordination.
 - Will have a centralized toll-free number and client tracking database to support family contact documentation and monitor and track progress.
 - Stated intake procedures will be supported by their trained FPSSN staff.

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<ul style="list-style-type: none">• Plans to have the Director follow up with all staff during weekly supervision to ensure services and supports provided were documented and calls logged.• Plans to utilize agency's HR, finance and IT teams during business hours for compliance and support.
<p>3. Plans to utilize a hybrid operational model that enables staff to work remotely and in-person, while embedded in the specific communities they serve.</p> <ul style="list-style-type: none">• Will have Regional Parent Support Coordinators and Family Peer Support Specialists continue to reside in the regions/counties that they are assigned to ensure knowledge of local resources and an authentic connection to local community needs, increase cultural responsiveness and ensure stronger partnerships with schools, providers and natural supports.• Plans to have their Regional Parent Support Coordinators facilitate supportive educational workshops and social events, participate in community events and resource fairs and travel to family homes to “support/mentor/coach/role model/encourage” and maintain access to various venues (e.g., libraries, schools, partner provider sites) where in-person family peer support can be offered safely and confidentially, with family voice and choice taken into account.• Provided a non-exhaustive list of community-based venues across the state where Bidder has recently hosted events, covering regions 1-3.• Should there be inclement weather, sickness or scheduling barriers, plans to have remote operations activate seamlessly, following Family Driven Care principles.• Plans to have staff supervision, group supervision meetings and staff development activities be conducted virtually or through a hybrid model to eliminate the need for frequent travel.• Stated program data and family service records will be entered and reviewed electronically through HIPAA and state confidentiality-compliant secure systems.• Plans to provide each FPSSN staff with a mobile phone, laptop, printer, internet/wireless hot spot and cloud-based access to essential systems such as Microsoft 365, Zoom and SharePoint.• Will offer staff mileage reimbursement to cover travel expenses when meeting with families in their homes; to facilitate local, in-person workshops or events; and attend community events.• Will hire and retain staff directly from the regions they will serve.

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- Stated staff will have lived experience with raising a child or youth with SED or SMI in the communities they support, making them well positioned to build trust, know about and can offer culturally appropriate resources and identify local service gaps.
- Stated their program policies include timelines for completing work and documentation deadlines; with outcomes to be tracked through their centralized data system, including metrics on time from first contact, quarterly assessment dates and progress measurement outcomes, engagement contact, contact notes, attendance for activities and parent satisfaction.
- It is unclear if Bidder intends on providing any venue(s) in each Region, outside of general operating hours, or if the Bidder solely intends on relying on outside-of-agency community-based venues.

4. Referred to their NEO, agency's internal EMR platform that will be utilized in addition to Microsoft Teams and OneDrive.
- Stated, aside from supporting remote work, staff will also be encouraged and expected to remain active with navigating and supporting families in the community, within their home regions.
 - Stated staff will be "facilitating in-person family peer support, local outreach, workshops, special events, social events and co-located services through school partnerships, provider offices, CAP agencies, Head Start, libraries and community centers."
 - Plans to structure staff schedules to accommodate remote service delivery, when necessary, while maintaining access to in-person services for families without reliable internet or transportation.
 - Staff will have flexible schedules to meet on evenings and weekends to accommodate and meet family needs.
 - Plans to have supervisors provide weekly virtual or in-person supervision to staff, with regular check-ins throughout the week.
 - Stated staff will have "access to virtual team huddles, shared resource folders, and cross-regional peer learning groups."
 - Plans to track residence and service territory of all FPSSN staff to ensure full coverage in the service regions.
 - Should there be a staffing vacancy, will have their recruitment prioritize candidates with lived experience from the impacted geographic area.
 - Stated their EMR system, NEO, can capture in-person remote service interactions, allowing tracking by geography and delivery method; which Bidder

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<p>stated also allows them to evaluate community-specific access patterns and identify potential service gaps.</p> <ul style="list-style-type: none">Plans to utilize collaboration and feedback from families and community stakeholders to tailor local service delivery approaches.
<p>5. Stated their program's geographic reach will cover all three (3) Department-defined service regions, with regional staff hired and based in the specific communities to deliver high-fidelity and culturally and linguistically responsive family peer supports.</p> <ul style="list-style-type: none">Stated Family Peer Support Specialists are hired from within the region they will serve, to ensure they bring lived experience and knowledge to their roles.Plans to staff each region with multiple personnel to maintain an ongoing presence through phone and community family peer support, educational workshops, one-on-one family peer support, family social events and community outreach.Will use a hybrid of in-person and virtual platforms to provide services.Plans to use community-based venues, such as boys and girls clubs, schools, provider offices, CAPs and libraries for accessible, no-cost participation.Should there be technology barriers or transportation barriers, plans to have family peer staff meet families in mutually agreed upon, safe and private locations.Plans to use a combination of community data and family feedback to identify high-need communities for targeted, tailored outreach and engagement.Stated they will maintain their longstanding partnerships with regional providers, school systems, childcare, Department offices, pediatricians and child-servicing agencies that regularly refer families with support or have families on waitlists, to help the program stay attuned with emerging service deserts and barriers.Plans to enter, track and evaluate service delivery across all geographic regions through quarterly data reporting.Stated they have internal QA processes to ensure all families receive accurate information and timely and appropriate support.Stated outreach will be from authentic family peers, will be trauma informed, and family driven and provided in high-need and low-access areas.Plans to have program leadership review geographic service delivery trends quarterly and assign staff assignments or outreach strategies, as needed, to ensure service region parity.

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EVALUATOR DEPARTMENT: Office of Behavioral Health

- Plans to utilize virtual workshops, phone-based support and weekend or evening scheduling to close service gaps for areas with limited in-person access.

B. Eligibility, Intake, and Service Level Policies and Procedures

1. Plans to make any necessary modifications to their existing Department-approved eligibility and intake policies within thirty (30) calendar days of the contract start date.
- Stated their policies will ensure alignment with requirements in the RFP and ensure access to FPSSN services.
 - Stated eligibility criteria will be documented on their referral form, including the RFP-listed eligibility requirements.
 - Plans to build upon their current intake procedures and will modify, as needed, its written eligibility and intake policy, and accompanying workflow for guidance to frontline family peer support staff and supervisors.
 - Will have all families contacting the program undergo an eligibility screening by trained family peer staff utilizing a standardized referral form tool which covers demographics, diagnostic status, service enrollment and insurance coverage.
 - Stated their policy will outline required documentation, procedures for obtaining Department approval for BHH enrolled families, and steps needed for verifying and documenting eligibility status in the program's database.
 - Plans to train all Regional Parent Support Coordinators and Family Peer staff that conduct eligibility screening in the procedures, and they will monitor compliance through weekly supervision.
 - Stated their protocols will include a secure communication channel and tracking system to document referral requests and authorizations for one-on-one family peer support services to families enrolled in a BHH program.
 - Plans to have eligibility determination and documentation completed prior to initiation of one-on-one Family Peer Support services, and will track such in a secure, HIPAA-compliant data system.
 - Plans to document demographics, eligibility status, referral source, support start dates, family peer staff assigned and approval dates, where applicable and will track and include such in their quarterly Department reporting.
 - Plans to ensure their intake policies are accessible in plain language for families during the intake process and will post such publicly to promote transparency and equitable access.
 - Plans to have the Program Director monitor the intake and eligibility workflow, including conducting regular audits to ensure compliance with Department

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guidelines and fidelity to enrollment criteria. Frequency of audits was not described.
<p>2. Plans to accept referrals from a wide range of sources, including but not limited to: families that self-refer; community-based behavioral health and social service providers; primary care and pediatric practices; childcare centers; local and regional school systems; hospitals and residential care programs; the Department; and statewide referral resources such as Maine 211.</p> <ul style="list-style-type: none">• Stated they will provide multiple referral pathways to ensure accessibility, timelines and consistency in family engagement across the three (3) Department-defined regions.• Plans to accept referrals through: the toll-free support line; an online referral form on their GEAR website; email and fax; their agency's Access Center; in-person and event-based referrals where staff will guide families through the referral process on-site; and partner referral coordination where the agency has standing agreements with various entities including the Department, offices, schools and provider networks which will be maintained to support warm handoffs and follow-up contact.• Upon referral receipt, plans to have family peer staff initiate contact with the family to complete an eligibility screening and with the parent/caregiver, determine the appropriate level of service, whether level 1 or 2 for community support; or level 3 for intensive in-home family peer support.• Plans to log intakes into their GEAR secure database, and should the family be deemed eligible, will have a match made with the assigned Family Peer Specialist/Regional Parent Support Coordinator for follow-up contact with the parent/caregiver within five (5) business days of eligibility confirmation.• Plans to track and monitor all referral activity utilizing an internal case management system documenting: source of referral; date referral was received and date of first contact; eligibility verification and intake status; and date of the Family Peer Support staff assignment, and initial support date.• Plans to have the GEAR Program Director conduct a monthly review of referral data to identify referral trends, ensure geographic equity and assess the timelines of follow-up.• Plans to include a quarterly analysis with the reports to be sent to the Department, including outcomes related to access, engagement and census.
<p>3. Plans to make any necessary modifications to their existing Department-approved eligibility and intake policies within thirty (30) calendar days of the contract start date.</p>

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- Stated, once contact is made, they will schedule an initial meeting at the Family/Primary Caregiver's convenience, to be offered in-person, virtually, or by phone depending on family voice and choice on access and preference.
- During the initial meeting, plans to complete the standardized intake forms and will document the date it was completed in the record as intake date or service start date.
- Plans to administer the initial baseline Family Journey Assessment (FJA) within the first two (2) visits of the date of service start, and again at three-month follow-up intervals until the service ends.
- Plans to introduce the FJA in the context of reviewing progress achieved by the family since the last administration at each 90-day follow-up.
- Plans to have all indicated forms reviewed and signed by the Family/Primary Caregiver at service outset.
- Plans to have staff use trauma-informed, culturally and linguistically competent plain language explanations to ensure clarity and informed consent.
- Plans to securely store completed forms in their HIPAA-compliant electronic system and will have staff receive training and ongoing supervision on consistent data entry protocols.
- Plans to have the Program Director ensure fidelity to intake policies through weekly and monthly group supervision and through quarterly audits of referral and intake timelines.
- Did not specifically address ensuring a process where the Family/Primary Caregiver will receive contact within five (5) business days of receipt of the referral (3.a.).
- Bidder did not address ensuring one-on-one Families/Primary Caregivers who are not reached at initial contact attempt, receive one (1) contact attempt each week for four (4) weeks (part of 3.a.i.) in this response; however, did address this requirement in Bidder's response to C.3.

4. Plans to conduct proactive, inclusive and statewide community outreach to engage families and promote access to Family Peer Support services and educational opportunities and will engage in intentional efforts to reach those who lack reliable internet access.
 - Will design outreach activities to raise awareness, foster trust, reduce isolation and stigma, and ensure equitable access to programming, especially for families located in rural and underserved communities.
 - Plans to use the following outreach strategies to ensure accessibility for those without internet access: use of printed flyers and materials where program

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brochures, event flyers and referral forms are distributed across all three (3) service regions; use of local media where announcements and stories are shared through local newspapers and radio stations; attendance at resource tables and community events; word-of-mouth and family peer referrals; collaboration with partner organizations; use of their toll-free phone line; and direct mail campaigns.

- Plans to determine where outreach and services are most needed through reviewing: historical service data; “Kids Count Data Center” and Department child welfare data; public health data, highlighting underserved rural regions; and referral volume
- Bidder plans on engaging in community walks/ “Pound the Pavement” for geographic needs identification as well. Specifically, Bidder plans on using historical data to identify low program utilization areas and will develop a cost-effective outreach plan to drive to and walk through individual towns to engage with local community members and business owners to learn about available local supports for families and family needs, while also sharing their program’s informational materials.
- Plans to review outreach-related data on a quarterly basis to adjust outreach targets and staffing strategies.
- Plans to track outreach activities through an internal outreach log including location, type of engagement, materials shared, and partner organizations involved.
- Will have their Regional Parent Support Coordinators and Family peer Support Specialists include outreach updates in monthly reports during their team/group supervision in order to share emerging trends, barriers and best practices.
- Plans to analyze event attendance and contact volume by geography to ensure equitable reach and adjust future outreach priorities.
- Provided justification regarding rural areas having harder access to behavioral health services; and referred to certain counties that have historically shown lower FPSSN engagement rates (referred to Piscataquis, Washington, Somerset and parts of Franklin and Aroostook, specifically).
- Plans to deploy Regional Parent Support Coordinator staff who live in or near underserved areas to build trust and visibility.
- Will customize outreach materials to reflect the local language, culture and service context.
- Plans to attend monthly community collaborative meetings and provider roundtables.

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<ul style="list-style-type: none">• Will coordinate quarterly outreach campaigns in areas with low service utilization, including in-person outreach at community meals, school open houses and health fairs.• Plans to leverage their partners (Maine Alliance of Family Organizations, Head Start and regional Department offices) and local schools to disseminate information to caregivers.• Plans to collect and analyze family feedback on how they heard about the program, and their preferred engagement methods to refine future outreach.
<p>5. Plans to have their secure data management system also distinguish among different service types (e.g., one-on-one peer support and educational workshops) and will ensure an unduplicated count, per service type, during the reporting period.</p> <ul style="list-style-type: none">• Plans to use a customized HIPAA-compliant cloud-based tracking system that was developed internally to manage participant data across the three (3) service regions.• Stated their cloud-based tracking system has the following key components: unique participant identifiers; service-specific logs; de-duplication safeguards; cross-region reconciliation; and data entry protocols.• Plans to have their Quality Assurance team and GEAR Parent Network Director oversee system implementation, conduct routine audits and generate quarterly reports. In addition to submitting reports to the Department, will also use the data internally to monitor program reach, service access equity and adherence to RFP requirements.• For one-on-one in-home family peer support, will review participant engagement history quarterly to ensure families are progressing, as identified from the FJ's outcomes data and to identify any barriers to progress. Will use this data to inform supervision, identify emerging service gaps or barriers, and guide statewide resource allocation.
<p>6. Will develop and implement a Department-approved statewide communication plan within thirty (30) calendar days of the contract's start date.</p> <ul style="list-style-type: none">• Indicated communication plan will include digital and non-digital resource dissemination; targeted outreach to underserved populations; regular event promotion; and real-time updates on family peer support activities/events/workshops across the three (3) service regions.• 6a – Plans to mail printed newsletters, flyers and calendars to families that request paper identification or were identified during intake as lacking internet access; will distribute printed materials in the community; will have a toll-free

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support line; and plans to have Family Peer Support Specialists hand-deliver materials during outreach events and home/community visits.

- 6b – plans to use quarterly event flyers; weekly email campaigns and hard copy mailings; flyers that are tailored to community settings; provider-facing materials to ensure ease of referral; and coordination with Maine 211, the Department and schools to circulate up-to-date information on the program.
- 6c – Plans to continue offering a robust calendar of evidence-informed educational workshops on topics related to parenting and behavioral health to increase parental/caregiver knowledge and increase family resiliency factors, with a non-exhaustive list included of various educational workshop topics.
- Plans to have most training presented by nationally credentialed Family Peer Staff and Regional Parent Support Coordinators and will have several GEAR staff be certified trainers in Nurturing Parenting for Families in Recovery and Research Units in Behavioral Intervention (RUBI).
- Plans to develop events in response to parent/caregiver feedback and needs assessments, including culturally responsive and condition-specific sessions. Will provide surveys to educational event participants after each event to provide feedback and offer suggestions for future topics.
- Plans to provide group offerings in accessible venues or offered virtually with accommodations, including closed captioning or call-in options.
- 6d – plans to have staff engage in supportive trauma informed, family driven, structured conversations with family members to understand the family's needs, goals, and their readiness for specific support, including mentoring, education and services.
- Plans to co-develop Family Vision Plans that are aligned with family-identified goals and priorities, including regular follow-up to adjust goals, per family identification.
- Plans to have resource guides and printed handouts.
- Indicated Family Peer staff will share their lived experience and advocacy experience to help families navigate educational, behavioral healthcare, healthcare, housing, child welfare and juvenile correction systems.
- 6e – Plans to have all program communications promote provision of Family Peer Supports with no shame, blame or judgement, and communicate that “families are not alone!”
- Plans to regularly update their GEAR website with workshops/event information, event calendars, registration links and self-help tools.

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- Plans to utilize social media platforms, including Facebook, to promote workshops, events, share family peer stories, resiliency tips, upcoming statewide community events/workshops and other community spotlights.
- Plans to utilize e-newsletters, Zoom-based workshops and opt-in SMS alerts to help maintain engagement across digital channels.
- Plans to explore YouTube content for sharing of recorded workshops that exclude parent personal/confidential information and parent-led educational vignettes.
- 6f – Will have at least one (1) Family Peer Specialists staff with lived experience serve on their communications' oversight team to help develop messaging, review social media content and shape public-facing materials to ensure they are family-centered and accessible.
- Plans to have Family Peer Specialists staff contribute to blog posts, social campaigns, and monthly family highlights that will be featured in newsletters and on their program website.
- Plans to have their Program Director and Communications Team review the communication plan quarterly to ensure they meet outreach targets, that messages are reaching key populations and to ensure engagement metrics align with expectations.
- Will invite families to provide feedback on how they learned about services, what methods they found helpful and where improvements can be made.
- Plans to use surveys, supervision discussions and community advisory input to inform ongoing improvement.
- Plans to have their Regional Parent Support Coordinators report monthly on outreach efforts, unmet needs and accessibility of materials.

C. FPSSN Services for Families/Primary Caregivers

1. Plans to fully integrate the System of Care (SOC) Core Values and Principles into all components of their FPSSN delivery model.
- Stated services are inherently family-driven, youth-guided, community-based and culturally and linguistically competent, with no shame, blame or judgement.
 - For operationalization of the SOC values and principles, plans to utilize the following practices and tools: family-driven and youth-guided support; community-based service delivery; cultural and linguistic competence with intake and service forms in multiple languages and staff to receive training on cultural humility, trauma-informed care and inclusive practices; individualized, least restrictive services; cross-system collaboration; care coordination and continuity; developmentally appropriate practices; promotion, prevention and

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	<p>early identification; accountability and quality improvement; and equity and advocacy.</p> <ul style="list-style-type: none">• Did not address ensuring use of effective, evidence-informed, community-based services and supports for Children and their families.• Did not address ensuring families, other caregivers and Youth are full partners in all aspects of planning and delivery of their services.• Plans to monitor their integration of the SOC framework through: supervisor fidelity reviews and reflective supervision; family feedback surveys and focus groups; ongoing SOC and wraparound training for staff (frequency not described); outcome tracking aligned with family goals and SOC principles; and quarterly reports to assess alignment with core values and system indicators such as access, engagement and satisfaction.• Plans to have Family Peer Support Specialists document how each family's preferences and cultural needs are incorporated into service planning.• Plans to have leadership review trends to ensure their service model continues to reflect the SOC foundational principles.
2.	<p>2 – met requirement.</p> <ul style="list-style-type: none">• Will have supports and services designed and implemented to be trauma-informed, culturally and linguistically competent, family-driven and accessible across the three (3) regions.• Stated community collaborators may co-present workshops or host events, with their FPSSN/GEAR staff to retain responsibility for service coordination, delivery and follow through.• Plans to provide direct 1:1 support and education to one hundred two (102) families, meeting the specific minimums indicated for each region; with each family to receive an average of 12-15 direct support hours across a six (6) month period. Plans to consider longer involvement for families that are navigating complex, time-intensive systems, such as Child Welfare and Juvenile Corrections.• Stated outreach efforts to referral sources for ensuring referrals will be received equally in each of the three (3) regions.• Stated support is provided by staff with over five (5) years of lived experience parenting a child/youth with behavioral health concerns and navigating Maine's child serving systems.• Stated supports are tailored to families' unique needs.• Plans to utilize structured assessment tools, such as the FJA, Target Parent Assistance and Family Vision Plan documents.

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- Stated their parenting education draws from evidence-informed curricula and “customized to each family’s context and developmental stage”.
- Described in detail their intended service provision for Supportive Educational Workshops and activity-based Social/Educational Events.
- Stated their Supportive Educational Workshops are facilitated by family peer staff and occasionally co-hosted with professional experts or community partners; with offerings available during day, evening and weekend hours to maximize participation.
- Stated their activity-based Social/Educational events are often co-hosted with Boys and Girls Clubs, local libraries, schools or recreation programs.
- For Supportive Educational Workshops and Educational Events, plans to also provide printed and digital handouts so families can take materials home and continue learning on their own terms.
- For sustainable community-based supports, Bidder referred to hosting events virtually and in familiar, family-centered community-based venues; and stated they maintain standing partnerships with the Maine Alliance of Family Organizations, schools, WIC offices, behavioral health agencies and other parent-led groups.
- Plans to have Family Peer staff encourage formation of ongoing informal supports.
- Will track service delivery in their centralized database, with reporting segmented by type of service provided, attendance, geographic reach and follow-up engagement via their event survey.
- Plans to have a printable log of each family’s activity/event documentation available, indicating all activities they engaged in.
- Stated quality assurance processes will include weekly supervision and review of family peer documentation; event survey feedback forms for each group and event; quarterly 1:1 Peer Support Surveys to each open family; ongoing needs assessments for guiding of topic selection; and community partner feedback to evaluate reach and relevance.
- Stated families have the option of seeing or receiving their documentation at written request, within five (5) business days.
- Plans to maintain a real-time service calendar and referral tracking system to ensure follow-up for each family.

3. Plans to have staff make initial contact within five (5) business days of referral receipt.

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<ul style="list-style-type: none">• Provided a detailed, comprehensive overview of their process upon referral receipt, either by phone, online form, their Access Center, fax or direct partner contact.• Indicated plan for their follow-up protocol, where their Specialist will make one (1) contact attempt per week for four (4) consecutive weeks, as required; with each attempt documented.• Plans to have their Program Director review weekly reports from the referral tracking system to ensure timeliness of initial contacts.• Plans to hold monthly quality assurance audits to ensure no referrals exceeded the five (5) business day threshold without documented outreach and justification.• Plans to utilize real-time alerts to notify staff and supervisors if there is action pending beyond the five (5) day window.• Plans to include metrics regarding contact timelines, referral opening or closure status and engagement outcomes with their quarterly reports and will also review such during internal performance improvement meetings.
<p>4. Indicated a commitment to integrating Families and Primary Caregivers into all phases of the FPSSN, from design and development to delivery, implementation and ongoing evaluation.</p> <ul style="list-style-type: none">• Plans to have regular individual and community listening sessions and feedback forums to identify gaps, needs and emerging issues to inform future programming.• Will have annual family surveys include targeted questions relating to new service concepts, preferred delivery methods and resource development needs.• Stated their FPSSN programming, GEAR, maintains an internal Parent Leadership Council that is composed of current and former participants who review materials, suggest service enhancements and advise them on outreach strategies.• Stated many of their Regional Parent Support Coordinators and Family Peer Support Specialists are former GEAR service recipients.• Plans to continue to have families and youth be invited to co-present at workshops to share their expertise, lived experience, participate in panel discussions and assist with community events.• Plans to have Family Peer Support staff use family feedback from their Family Vision Plans to customize support plans and tailor educational offerings' content to match family-identified needs.

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<ul style="list-style-type: none">• Stated family voices will guide decisions on scheduling (e.g., weekend/evening events), venue selection based on access and comfort and service delivery modality.• Plans to regularly review program procedures for family readability and relevance, with updates to be informed by parent feedback.• Indicated all FPSSN services will include mechanisms to collect direct feedback from families through surveys, interviews and follow-up calls.• Plans to hold quarterly program quality review sessions to share aggregated feedback with staff and participants, and to be used to refine service provision.• Plans to consult families in creation and revision of satisfaction surveys, intake tools and program evaluation measures to ensure the language and focus is aligned with their lived experience.• Plans to have supervisors work with their peer staff to review feedback application for improvement of service relevance and responsiveness.• Stated quarterly and annual reports will also include documentation of family involvement in design and evaluation activities, including examples of program changes made in response to family input.• Plans to acknowledge and offer opportunities for further leadership development (e.g., peer training, public speaking or advisory roles) to families that have contributed their time and insights to program design and evaluation.
<p>5. Provided a detailed comprehensive response.</p> <ul style="list-style-type: none">• Plans to utilize their internal case management platform's tracking system to prompt staff when a three (3) month reassessment is due.• Plans to provide quarterly QA reports to the Department and internal stakeholders to analyze improvement in caregiver confidence, systems' navigation ability, survey data and goal progress.
<p>6. Plans to provide individualized, relationship-centered support by trained Family Peer Support Specialists with lived experience parenting children with behavioral health needs.</p> <ul style="list-style-type: none">• Plans to utilize parent-friendly language in their skill and knowledge building sessions/Supportive Educational Workshops.• Stated their workshop topics are guided by family input and are interactive.• Stated they do not record a majority of their workshops in order to promote emotional safety and protect confidentiality.• Stated their ten (10) community-based Social/Educational Events will be informal gatherings at welcoming, family-friendly environments where

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<p>caregivers and children can build relationships and strengthen their support networks.</p> <ul style="list-style-type: none">• Plans to offer Social/Educational Events in both in-person and virtual formats; and will shape each event using the voice and choice of participating families, and will reflect the cultural, geographic and developmental diversity of the communities served.• Supportive Educational Workshops to be offered in-person and via Zoom or recorded platforms.• Will have weekly supervision for all peer staff.• Will have regional staff meetings to review participation trends, adjust scheduling and develop new offerings in response to local needs.• Plans to have their Program Director oversee continuous quality improvement efforts and ensure offerings are inclusive, flexible and aligned with System of Care principles.
<p>7. Provided a detailed response regarding their initial needs and strengths assessment, cross-system navigation, resource linkage and referral assistance, coordination with agency services and their community partnership network.</p> <ul style="list-style-type: none">• Plans to have each Family Peer Support Specialist maintain a contact note tracking supports offered and referral follow-up status.• Plans to have their weekly supervision include review of referral patterns, barriers to access, and “sometimes outside of the box thinking and strategies to better serve whole-family mental health and family basic needs.”• Stated their quarterly family feedback surveys include questions on resource navigation support and if families felt the support was helpful and if they were able to access needed supports.• Indicated their quarterly quality improvement reviews will analyze trends in referrals and service outcomes.
<p>8. Plans to have their awareness campaign during the first full week each May, in observance of Children’s Mental Health Awareness/Acceptance Week (CMHAW).</p> <ul style="list-style-type: none">• Will begin planning for CMHAW in January of each year, including development of a proposal that includes goals, target audiences, event descriptions, marketing plans, materials and timelines.• Plans to have the full campaign plan submitted to the Department for review and approval no later than March 15, annually.

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- Will incorporate Department feedback prior to public launch of promotional materials.
- Plans to host a statewide kickoff event in a central location, or virtually, including speakers with lived experience and/or professional expertise, a youth panel, creative performances and community partner recognition.
- Other campaign components include: attending local family-friendly community events/activities across the regions; distribution and use of public awareness materials through printed and digital distribution; a youth and family storytelling campaign where brief stories, testimonials or creative works will be featured online and in print; media engagement through press releases, op-eds, radio interviews and local news features; and the green light campaign conducted in partnership with local governments and businesses where public buildings and landmarks will use the color green, for children's mental health awareness, throughout the week.
- Will ensure all campaign materials are ADA accessible and translated into multiple languages, as needed.
- Plans to have events held in-person, virtually or hybrid.
- Plans to develop and implement a campaign feedback and evaluation tool to assess reach and impact of the campaign.
- Indicated they will track the following metrics: event attendance, media impressions, social media engagement, number of distributed materials and family and partner feedback.
- Plans to have the Program Director include a full summary of campaign activities and outcomes in their quarterly Department report.

9. Plans to utilize the 1-800-264-9224 as the toll-free phone line.
- Stated the phone line will be actively monitored from Monday to Friday, 8am to 5pm, excluding state holidays.
 - Plans to have calls answered directly by knowledgeable Regional Parent Support Coordinators.
 - Plans to also have some evening and weekend coverage, as staff availability allows, through leveraging their staff's flexible work schedules.
 - Plans to check all voicemail messages at least three (3) times a day, in the morning, mid-day and at end-of-day.
 - Plans to maintain a log of incoming calls and messages.
 - Will return all voicemails within one (1) business day; including ensuring follow-up is provided within the one (1) business day should staff need additional time to gather information or match the family.

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- Plans to have all incoming calls triaged by a Regional Parent Support Coordinator, based on the nature of the request, and will document each inquiry and address in a timely manner, with follow-up coordinated as needed.
- Will assign the call to the most suitable Regional Parent Support Coordinator, when appropriate.
- Plans to have interpreter service coordination, when necessary, and will have staff follow established protocols to accommodate language access needs and disabilities.
- Plans to train staff in trauma-informed, family-centered communication and staff will have access to a statewide resource library.
- Plans to have the Program Director review call logs weekly to ensure voicemail response timelines are met; and will flag, address and correct missed or delayed responses in supervision.
- Stated staff have access to a shared contact log system and Microsoft Teams to ensure calls are routed efficiently, including built-in alerts to track open call responses until resolution.

10. Will provide interpreter services at no cost to Families/Primary Caregivers that request or demonstrate a need for them.
- Interpreter services will be provided for in-person, phone, virtual service interactions and public-facing events.
 - Plans to have interpreter services provided through external vendors such as AMN Healthcare Language Services and Pine Tree Society, who they currently contract with, and the providers will be responsible for delivering real-time interpretation in the family's preferred language via telephone, video or in-person; provision of certified ASL interpretation; and supporting communication during intake, ongoing services and community events.
 - Plans to have staff coordinate all interpreter-related logistics and ensure quality and confidentiality during the interpretation.
 - Plans to have staff ask whether language support is needed during intake or first contact and will document such in the family's electronic record. Will also train staff to recognize when a family may benefit from language access, even when not explicitly requested.
 - For virtual meetings or phone calls, on-demand telephonic or video interpretation will be available; and pre-scheduled interpreters will be arranged in advance, in coordination with the family for in-person services or public events.

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- Plans to translate core intake documents, program flyers, privacy policies, grievance procedures and consent forms in the most commonly requested languages, including but not limited to: Spanish, French, Somali and Arabic.
- Plans to make materials available in plain language and in large print, as needed.
- Plans to “schedule ASL interpreters or provide real-time captioning during events and workshops.” Bidder did not address if they will provide an ASL interpreter for someone who is deaf or hard of hearing that requests an ASL interpreter for the events and workshop interpretation, as opposed to solely relying on real-time captioning.
- Plans to track interpreter usage in participant service logs and usage will be monitored by supervisors to ensure timely and appropriate support.
- Plans to maintain an internal tracking log of language access requests and fulfilled accommodations.
- Plans to include a question in their participant feedback forms regarding interpreter or accommodation satisfaction.
- Plans to regularly review interpreter usage data to guide translation priorities for written materials and event planning.

D. Website and Social Media Requirements

1. Plans to continue to maintain their dedicated, public-facing website at www.gearparentnetwork.org.
 - Stated their website offers information, workshop content, peer support details and contact information for staff in each service region; is informational in nature and is not used to collect sensitive personal data or deliver clinical services; complies with ADA; and includes an up-to-date, easy-to-navigate calendar of FPSSN events, workshops and activities across the state.
 - Stated their site is maintained by agency’s Communications and IT teams, with oversight from their program leadership.
 - Plans to have site updates performed at least quarterly, or more often as needed to ensure accuracy and relevance.
 - Stated their website includes: a dedicated landing page with staff contact information and peer support descriptions; downloadable resource guides and program brochures; FAQs; a link to the statewide toll-free support number; updates on program initiatives, family-led events and system advocacy opportunities; and available trainings, including descriptions with event date, times and locations, including the ability to register for the training.

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- Will have staff periodically run ADA compliance checks using tools such as the Web Accessibility Evaluation Tool (WAVE) and Lighthouse.
- Stated their website is in alignment with ADA standards, including accessible design elements.
- Stated their website's event calendar is embedded on their site's homepage and events section and has filterable views by date, region and event; direct links to register for workshops or attend virtual events; and options to download or subscribe to the calendar for personal reminders.
- Plans to track website traffic and user engagement using Google Analytics to monitor usage trends, identify accessibility issues and prioritize updates.
- Plans to update their calendar and resource content at least monthly, with calendar and resource content reviewed weekly to ensure active links and accurate event details.
- Plans to have quarterly quality reviews conducted by their Communications team and program leadership to verify ADA compliance and content relevance.
- Plans to regularly seek feedback from Families/Primary Caregivers to inform ongoing improvements.

2. Plans to continue to manage and regularly update their existing GEAR Parent Network Facebook page (and included URL to such).
 - Commits to ensuring their Facebook page includes curated, accessible content in alignment with the RFP requirements.
 - Plans to have a dedicated Program staff and Communications Team member collaborate to post content at least five (5) or more times a week, ensuring coverage of the required areas.
 - Plans to schedule posts in advance, to be monitored daily for engagement and comments.
 - Plans to ensure developed content is trauma-informed, inclusive and family-friendly, and will ensure content is reviewed by a staff person with lived experience to ensure alignment with program voice and values.
 - Plans to promote upcoming educational events two to four (2-4) weeks in advance, with reminders posted closer to the event.
 - Will share activity photos, with documented photo consent.
 - Plans on sharing relevant content from other Maine-based organizations.
 - Plans to include "alt text" for all images and posts, as allowed by the Facebook platform.
 - Will monitor comments to ensure the page remains a safe and respectful space.

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<ul style="list-style-type: none">• Will have Facebook content align with their monthly programming calendar and statewide FPSSN event schedule to ensure consistency.• Plans to cross-promote scheduled posts with their GEAR website and newsletters.• Plans on monitoring engagement metrics monthly to assess effectiveness of posts.• Plans to invite families and staff to suggest content, share stories and provide feedback on how their Facebook page can better serve their needs.• Will include a report summarizing their Facebook engagement and content categories in the submitted quarterly Department reports.• Plans to refine posting strategies and explore new tools such as Facebook Events, live streaming and community polls, per analytics and feedback.
<p>3. Stated their informational website is built using an ADA-compliant content management system which supports WCAG 2.1 Level A and AA standards and Revised Section 508 guidelines.</p> <ul style="list-style-type: none">• Stated their website will include accessible design features including alt-text for all images, keyboard navigation, high-contrast settings and accessible form controls.• Stated their social media presence, primarily through Facebook, will be governed through established oversight protocols, aligned with State policy regarding business use of social platforms, transparency, record retention and appropriate public engagement.• Stated their website's accessibility-critical elements (navigation, headers and forms) are built into the website design and locked at the administrative level to prevent unintentional changes by content staff.• Use of web accessibility test tools like WAVE, Axe, Lighthouse and screen reader testing to monitor ADA compliance.• Plans to complete Accessibility Conformance Reports (ACRs) in VPAT format, if requested by the Department.• Plans to draft and review all social media content internally prior to publication.• Plans to have content approved and posted by a designated Social Media Manager to ensure compliance with agency message, the State's Social Media for State Business Policy and relevant laws including COPPA, FOAA and the State Records Retention Schedule.• Plans to train all staff responsible for website content or social media post management in digital accessibility, responsible public communication and MaineIT policy compliance. Will provide a refresher training annually.

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| <ul style="list-style-type: none">• Described their moderation and public interaction protocols, including posting of clear terms of use and comment moderation guidelines on their website and social media pages.• Plans to include disclaimers for all links to third-party platforms.• Plans to have their Communications Team, in collaboration with program leadership, conduct quarterly audits of their website and social media content to verify compliance with MaineIT policies.• Plans to have a visible feedback tool on the website for users to report accessibility issues; and plans on promptly responding to all accessibility concerns and will implement an Equally Effective Alternative Access Plan (EEAAP), as needed, to ensure uninterrupted access.• Plans to archive social media content using their internal documentation systems, in compliance with Maine's Records Retention Policy.• Plans to consult legal counsel, as needed, when expanding or modifying their digital communications.• Will not post any personal opinions, political content or promotional endorsements on FPSSN-affiliated channels.• Plans to ensure their child- and youth-related posts comply with COPAA and will not publish any personally identifying content without written consent. |
| <p>4. Committed to not releasing data without written approval from the Department, including for research, marketing or analytic purposes.</p> <ul style="list-style-type: none">• Stated they embed data confidentiality and security within their internal policies, contractual safeguards and technology infrastructure.• Stated they will configure all website analytics tools by their agency's IT and Communications teams in order to restrict external data sharing and prevent automatic reporting to third parties.• Plans to host data in secure environments that are managed exclusively by agency personnel.• Commits to not engaging in any arrangement that would allow outside vendors, platforms or advertisers access to website usage data; and will disable or exclude entirely: pixel tracking, advertising cookies and other data-harvesting tools.• Plans to limit access to website usage data to a small group of authorized staff within their Communications and IT departments; and the staff are trained on the limits of permissible data access, and the need for Department approval prior to sharing any usage metrics externally. |

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<ul style="list-style-type: none">Plans to route any request to use or share usage data through their compliance and executive leadership teams; and will submit a formal written request for information release to the Department when applicable, with no data to be shared without the Department's written consent.Plans to anonymize, aggregate and de-identify any usage data analyzed internally for service improvement purposes, in accordance with "MaineIT's TLP:WHITE standard and the State's Data Classification Policy".Plans to implement the following, to safeguard against unauthorized disclosure: inclusion of data access, handling and release policies to be formally incorporated into the program's standard operating procedures (SOPs) and reviewed annually; staff training; quarterly compliance audits; tool and vendor vetting; and an incident response protocol where any suspected or confirmed breach of policies will trigger their incident response plan, which includes internal investigation, containment, notification to the Department, and corrective action.
5. Provided a detailed, comprehensive response, including secure, policy-compliant data systems; de-identification protocols; staff training and spot audits; internal review and quality control; and transmission safeguards.
6. Provided a detailed, comprehensive response.
E. Data Collection and Quality Assurance Requirements
<ul style="list-style-type: none">1. Plans to develop and implement a robust internal process for comprehensive collection, management and reporting of all data elements required.Stated their data collection system will be able to support real-time program monitoring, performance measure evaluation and high-fidelity service delivery across all FPSSN components.Plans to use their data collection system to generate the required reports.Stated they are transitioning their program's data management system into NEO's certified electronic medical record (EMR) and data tracking system.Stated they manage NEO internally and it is designed to support behavioral health and peer-based programming.Stated their system allows for role-based access to records and integrates: referral tracking; unique participant ID assignment; outcome measure tracking; and satisfaction survey collection.Plans to have staff complete progress note data entry within forty-eight (48) hours of service delivery.Plans to enter referral contact logs, outcome measure forms and satisfaction surveys weekly, and/or directly upload such into the EMR.

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<ul style="list-style-type: none">• Plans to have their program Director conduct a weekly review of incomplete data fields for data integrity assurance.• Will store all data in compliance with HIPAA, 42 CFR Part 2 and the Mine Notice of Risk to Personal Data Act.• Will ensure only trained staff with designated access credentials are able to view, edit or export data.• Stated their IT team will ensure encryption, access controls and back up protocols are in place.• Plans to conduct a monthly internal QA audit to assess data completeness, timeliness and accuracy.• Stated they will have a reporting dashboard to track progress toward key indicators.• Plans to have a Data Oversight Committee that is co-led by the Program Director and agency's Quality Improvement staff meet quarterly to review trends and resolve any systemic data collection issues.• When there is a missed benchmark or data inconsistencies, this will trigger a corrective action plan.• Plans to utilize data trends and family feedback to improve outreach methods, scheduling and support materials.
<p>2. Plans to implement a comprehensive, secure, and centralized data collection and tracking process for the FPSSN program within ninety (90) calendar days of the initial period of performance.</p> <ul style="list-style-type: none">• Bidder's response to E.2. did not address E.2, nor E.2a-d.
<p>3. Plans to have their Program Director, agency Quality Improvement staff and the QA committee conduct quarterly internal data review meetings to validate data accuracy; identify participation trends or anomalies; ensure each category's data aligns with contractual performance metrics; and to plan responsive actions for program refinement.</p> <ul style="list-style-type: none">• Plans to share QA results with staff quarterly in regularly scheduled team meetings to foster learning, share best practices and set goals for the next reporting period.
<p>4. Commits to developing a plan for training, implementation and tracking the consistent administration of the Department-approved outcome measures tool.</p> <ul style="list-style-type: none">• Plans to use the Department-approved outcome measures tool to evaluate FPSSN services, assess progress toward family-identified goals and support quality improvement and accountability across the state.

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- Plans to administer the tool within the first two (2) visits after initial contact, every three (3) months during service provision and at discharge or transition from services.
- Plans to have all staff receive initial training at onboarding that covers the purpose and use of the outcome measures tool; shadowing of other program staff; trauma-informed, culturally competent and family driven techniques; and data entry procedures with deadline expectations, tracking intervals and confidentiality protections.
- Plans to have hold annual refresher trainings, which will also be included as part of group supervision reviews.
- Plans to have their Program Director and designated data compliance lead deliver training and maintain staff completion documentation.
- Plans to embed the outcome tool in their electronic data management system and tie it to each family's unique Participant ID.
- Plans to have staff receive automated reminders on when a tool is due; and indicated each tool will include a date/time stamp.
- Plans to maintain a centralized data report of all outcome measure activity to ensure family participation is documented and tied to service milestones.
- Plans to have their internal dashboards track timely administration, completion rates and trends overtime; and missed or overdue completions will trigger supervisor review and corrective follow-up.
- Plans to discuss outcome measure usage at regular one-on-one weekly supervision sessions.
- Plans to have their Program Director and QA Committee conduct quarterly audits.
- Plans to include aggregated data from their outcomes tool in their quarterly reporting and will analyze such to inform ongoing service delivery refinement, staff training priorities and goal tracking.

5. Commits to meeting the requirement.

- Plans to use the survey responses to assess service quality, responsiveness and effectiveness.
- Will design the satisfaction survey in collaboration with the Department; and plans on collecting both quantitative measures and qualitative feedback.
- Will distribute surveys quarterly through paper copies, email distribution and phone-based or mailed forms for those without internet access, upon request.
- Will make the satisfaction survey available in multiple languages and formats upon request (e.g., large print).

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<ul style="list-style-type: none">• Plans to coordinate language access services for families with limited English proficiency and will make accommodations for individuals with disabilities.• Plans to anonymize and store data in a secure databased managed by their GEAR administrative team; with each survey dated and associated with the reporting period and service region, with names or identifiable details excluded.• Plans to have the Program Director review survey responses monthly, with responses to be summarized quarterly.• Plans to analyze the following feedback trends: service category, region and mode of delivery.• Plans to utilize satisfaction data to identify areas for service delivery enhancement, staff training or resource development. Plans to share key findings and anticipated action steps in supervision and group supervision meetings and will incorporate updates in quarterly Department reporting.• Plans to track satisfaction survey response rates by distribution method and will implement targeted follow-up through reminders and personal outreach to ensure they reach a representative sample of Participants each quarter.
<p>6. Stated they have and will implement a structured, responsive feedback loop that integrates family driven care principles “utilizing family voice verbal feedback” from Families/Primary Caregivers, including their responses on the Satisfaction survey for program design, development, and implementation efforts.</p> <ul style="list-style-type: none">• Plans to collect feedback through: soliciting verbal input during one-to-one sessions, workshops and events, with comments documented in supervision logs, team notes or structured feedback forms; the quarterly family satisfaction survey; and event evaluations.• Plans to collect feedback in structured and narrative formats, to be categorized by theme; and will log the input into a centralized tracking form to be reviewed by the Program Director and Quality Improvement (QI) staff monthly.• Plans to have staff conduct quarterly feedback review meetings to analyze trends and develop action plans based on data.• Plans to prioritize feasible and within-contract-scope suggestions, to be implemented in the next program quarter with Department input.• Plans to earmark complex or resource-dependent ideas for future development or funding opportunities.• Indicated suggestions from families will inform new or modified educational workshop topics; changes to event timing, format or location; accessibility

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<p>improvements (e.g., translation, childcare and transportation barriers); and strategies to increase family engagement and satisfaction.</p> <ul style="list-style-type: none">• Plans to share “You Used Your Voice, We Listened” summaries quarterly, on their GEAR website and social media channels to show how input has shaped services.• Plans to monitor each family-input-inspired service improvement initiative for effectiveness using participation data, follow-up surveys and anecdotal reports from staff.• Plans to analyze feedback by region and demographic segment to ensure service adjustments are appropriate.
<p>7. Provided a detailed, comprehensive response committing to meeting the requirement.</p> <ul style="list-style-type: none">• Plans to hold data review meetings each quarter with staff and the Family Feedback Advisory Group and will document any recommendations for changes to evaluation tools, focus areas or reporting.• Plans to formally review the full evaluation plan and revise such annually, incorporating lessons learned, Department guidance and evolving family needs.• Plans to incorporate evaluation review into their broader quality assurance system to ensure performance monitoring informs program adjustments.• Stated dashboard tools and quarterly QA reports will summarize findings and act as an accountability mechanism for ensuring outcomes are pursued equitably and transparently.• Plans to provide the Department with regular updates (frequency not described) and will submit any mid-year revisions to their evaluation plan to the Department for review and approval.
F. Confidentiality Requirements
<p>1. Affirmed commitment to meeting obtaining and maintaining the necessary insurance as outlined in the IT-Service Contract.</p> <ul style="list-style-type: none">• Specified the specific minimum insurance policies they will secure and maintain.• Stated their Chief Administrative Officer, in coordination with their Director of Compliance, will be responsible for ensuring the required policies are active, maintained without lapse and aligned with minimum coverages identified in the Rider B-IT.• Plans to have their internal risk management system track all insurance policy renewal dates, notify administrative leads of upcoming expirations and facilitate

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<p>annual policy reviews to ensure coverage remains compliant with State requirements and evolving operational tasks.</p> <ul style="list-style-type: none">• Plans to conduct annual insurance coverage limit and riders' review, in conjunction with their organization's broader insurance portfolio, maintained in alignment with any State updated requirements.• Plans to ensure insurance documentation is audit ready.• Should there be a claim-triggering event, they will activate their incident response plan, notify the Department as required, and ensure coordination with the applicable carrier to initiate coverage protections.
<p>2. Commits to meeting the requirement.</p> <ul style="list-style-type: none">• Stated all FPSSN platforms for data collection and management will be required to demonstrate equivalency with MaineIT standards prior to use under the resulting contract, if awarded. Specifically, plans to have their IT and Compliance teams conduct a pre-use security review, including risk and vulnerability documentation from the vendor.• Provided a detailed, comprehensive response.• Plans to review and update their internal security policies, including RA-1 and RA-5 equivalents, annually. Plans to include risk logs and scan records with quarterly compliance audits.• For third-party vendors that fail to maintain the required security posture, plans to suspend data operations with that vendor until corrective actions are verified or a compliant alternative is implemented.
<p>3. Committed to meeting the requirement, and specifically indicated plan to comply with HIPAA, 42 CFR Part 2, the Maine Notice of Risk to Personal Data Act and the HITECH (Health Information Technology for Economic and Clinical Health) Act.</p> <ul style="list-style-type: none">• Stated they have a comprehensive set of policies and procedures in place to ensure privacy, integrity and security of data collected and maintained.• Stated they have a formal breach notification policy that establishes clear steps for identification, reporting, investigation and mitigation of any actual or suspected data breach involving protected health information (PHI), personally identifiable information (PII) or other sensitive data.• Stated all staff will be required to report suspected confidentiality breaches immediately, with reports routed to the Privacy Officer for triage and investigation.• Stated they maintain an internal reporting system and audit trails to monitor system activity and potential access anomalies.

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<ul style="list-style-type: none">• Described the anticipated processes for notification to affected individuals, in the event of a confirmed breach, including written notification within sixty (60) calendar days of discovery.• Described risk assessment and documentation; federal and state reporting; business associate agreement compliance; and law enforcement exemption.• Plans to review breach and privacy policies annually, with updates made to reflect changes in law or best practices.• Indicated they have a designated Privacy Officer that ensures implementation of breach response procedures, staff training, incident documentation and coordination with state and federal agencies.• Plans to have all staff receiving onboarding and annual training on confidentiality, data protection and breach responsibilities under HIPAA, 42 CFR Part 2, and Maine law.• Plans to conduct periodic mock breach drills to ensure staff readiness and policy effectiveness.
4. Provided a detailed, comprehensive response; including quarterly audits of data access and usage, annual policy reviews and designated Privacy Officer and IT Security Lead that oversee implementation of confidentiality protocols, investigation of incidents and enforcement of contractual obligations.
5. Provided a detailed response committing to meeting the requirement.
G. Staffing Requirements
<ul style="list-style-type: none">1. Plans to have staffing meet or exceed all RFP outlined requirements, including full certification, relevant supervision and appropriate oversight.• Plans to have a full-time FPSSN Project Lead, synonymous with their GEAR Program Director position title, who will be responsible for the statewide coordination and implementation of FPSSN services, including training and supervision of all Family Peer staff.• Minimum hiring qualifications for the FPSSN Project Lead/GEAR Program Director are: minimum of two (2) years of supervisory experience, ideally in family peer support or related services; completion and maintenance of the Department-approved certification in Family Peer Support for supervisors; completion and maintenance of a Department-approved supervisor certification; and completion and maintenance of the Department-approved State BHH and National Certified Family Peer Specialist certifications.• Plans to have their Project Lead/Program Director receive supervision by an agency senior leader that holds at least a bachelor's degree in a related field.

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| <ul style="list-style-type: none">• Stated their team of Family Peer Support Supervisors are synonymous with their GEAR Regional Parent Support Coordinator position titles, and indicated staff in those positions are both Maine BHH and Nationally certified to oversee the three (3) regions.• Stated their Supervisors/GEAR Regional Parent Support Coordinators will all complete and maintain Department-approved supervisor certification and Department-approved State BHH and National Certified Family Peer Specialists certifications.• Will have Family Peer Support Specialists complete and maintain Department-approved State BHH and National Certified Family Peer Specialist certifications.• For minimum qualification requirements, indicated all positions (Project Lead/Program Director, Supervisors/Regional Parent Support Coordinators, and Family Peer Support Specialists) will require that the staff person be a parent/caregiver with at least five (5) years of lived experience for one (same) child/youth with behavioral health challenges.• Stated they maintain an internal credentialing database to track certification progress and renewals; and they will support all staff in meeting training and documentation requirements on time.• Plans to provide all family peer staff with regular, weekly structured supervision and monthly group supervision.• Will have their Program Director/Project Lead conduct team-wide performance reviews and lead quality assurance processes tied to certification and service fidelity.• Will have required onboarding, annual trainings and continuous education for all roles, with a non-exhaustive list included.• Plans to utilize Department-approved training providers/certification commission for certification coursework. |
| <ol style="list-style-type: none">2. Plans to conduct comprehensive pre-employment and ongoing background checks for all staff, volunteers, contractors, students and any other individual that may directly provide services under the resulting FPSSN contract, if awarded. <ul style="list-style-type: none">• Provided a detailed response regarding background checks, motor vehicle checks (conducted every two (2) years after initial check), and internal review and tracking, including a centralized background check compliance log. |

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- Indicated all supervisors and HR personnel receive training on background check protocols and compliance expectations; with any procedure deviations to be reported to senior leadership for immediate correction.
- Plans to keep background check documentation “audit-ready” and available upon request.
- Should a staff member become ineligible due to new legal concerns, plans to suspend their duties immediately and will notify the Department, as required.

H. Staff Training and Supervision

1. Indicated their training and supervision plan will include certification requirements, onboarding, learning collaboratives, booster sessions, required trainings and supervisory protocols that reinforce fidelity to the Family Peer Support model, with an emphasis placed on lived experience and the unique role of Peer Support.
 - Stated their training and supervision plan will apply to all FPSSN roles.
 - Plans to have their Specialists and Supervisors complete Family Peer Support Certification through a Department-approved provider.
 - Met requirement for H.1.a.ii. and H.1.a.iv.
 - Plans to provide two (2) days of “annual booster trainings and/or up to 16 annual contact training hours”; this does not meet the requirement of H.1.a.iii. that requires a minimum of two (2) Booster Trainings, annually.
 - Plans to have supervisors utilize a Department-approved fidelity tool, such as the staff annual evaluation, to review the five (5) Family Peer Core Domains of Competence, and to assess and verify each Peer Specialist’s understand and application of model-aligned competencies. Will utilize observations, case note reviews and reflective supervision to inform the process.
 - Did not address ensuring delivery of Department approved training is evidence informed (part of H.1.a).
 - Did not address ensuring the fidelity process is Department approved (part of H.1.a.v.).
 - Met requirements for H.1.b. – H.1.c.iv.
Plans to have all training certification, sign-in sheets and documentation of certification or fidelity assessments placed in each employee’s personnel file; with files maintained electronically and in paper form, available upon request.
 - Met requirement for H.1.e.
 - Plans to provide training in trauma-informed, strength-based and culturally responsive supervision methods to supervisors.

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<ul style="list-style-type: none">Plans to review completion of required training and demonstration of the 5 FPS Core Competencies as part of each staff's annual performance evaluation.
I. Performance Measures
<ol style="list-style-type: none">Provided a detailed, comprehensive response; including detail regarding performance monitoring and QA oversight; corrective action and continuous improvement; and transparency and accountability.
J. Reports
<ol style="list-style-type: none">Provided a detailed, comprehensive response; including detail regarding their internal reporting calendar and workflow; performance monitoring and feedback loops; and transparency and continuous improvement.
2. Staffing
<ol style="list-style-type: none">Job descriptions provided for: GEAR Director; Regional Parent Support Coordinator; and Family Peer Support Specialist. <ul style="list-style-type: none">Job description for the Regional Parent Support Coordinator and GEAR Director did not address obtaining and maintaining Department approved certification in Family Peer Support for supervisors (as required by the RFP). Bidder's response to G.1. in the proposal indicated that Regional Parent Support Coordinators and the GEAR Director would be required to receive Department approved certification in Family Peer Support for supervisors.In response to G.1. in the proposal, Bidder stated their Regional Parent Support Coordinators would also be required to maintain Maine BHH certification, this was also not indicated in the provided job description.In Bidder's response to G.1., Bidder stated that their Regional Parent Support Coordinator positions are synonymous with the Department-required Family Peer Support Supervisor position; however, the job duties for this position do not include supervision, and the job description for the Family Peer Support Specialist indicates that they report to the GEAR Director, and not the Regional Parent Support Coordinator/Family Peer Support Supervisor.The Regional Parent Support Coordinator and Family Peer Specialists positions both only require an educational background of a high school diploma or GED, maximizing ability to hire qualified staff.For the GEAR Director position, job description indicated "A Bachelor's degree and/or a minimum of 5 years supervisory experience required." This does not meet the requirement of G.1.a.i. in the RFP which requires a minimum of two (2) years of supervisory experience for the Project Lead position, not substitutable with educational experience.

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<ul style="list-style-type: none">• G.1. of the RFP requires that the FPSSN Project Lead (GEAR Director) receive supervision by staff with a minimum of a bachelor's degree in a related field; a relevant job description for the GEAR Director's supervisor was not included. The job description for the GEAR Director position indicates that the position reports to the agency's "Chief Operating Officer of Mental Health Services (Administrator)".
<p>b. Stated they expect no subcontractors will be utilized in the delivery of services for contract resulting from this RFP, if awarded.</p>
<p>c. Provided a staffing plan that addresses position titles and time allocation for each.</p> <ul style="list-style-type: none">• Plans to have: 1.0 FTE for the Project Lead; 3.0 FTE Regional Parent Support Coordinators to cover one (1) or more per region; 1.25 FTE Family Peer Support Specialists, proportional based on service targets to support all Regions; and 1.39 FTE of "Administrative/Outreach Support" located at the central office or remote, for a total of 6.64 FTE.• Bidder did not include a job description for the "Administrative/Outreach Support" position.• It is unclear to this evaluator if 1.25 FTE of Family Peer Support Specialists will be sufficient to support the statewide FPSSN need; especially given the anticipated plan of 3.0 FTE of Regional Parent Support Coordinators who would Bidder indicated would act as their Family Peer Support Supervisors.• Stated they will require all staff providing direct peer support to be certified per Department requirements within ninety (90) days of hire and receive national credentialing as CFPS within two (2) years of hire.• Stated their supervisors and the Project Lead will obtain or maintain their family peer certification and complete learning collaborative requirements.• Stated their Project Lead will have or be certified per Department requirements within ninety (90) days of hire and have at least two (2) years of supervisory experience (this is incongruent with the provided job description for the GEAR Director, which requires a bachelors, or five (5) years' experience).• Detailed minimum supervision to be provided.• Stated all direct service staff reside within the communities they serve.• Plans to utilize agency-issued laptops, VoIP desk phones and/or cell phones for secure, remote service delivery.• Plans to utilize office space and/or community partner venues for in-person events and family meetings or held in the family's home.

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- Stated their staffing plan will support one-to-one Family Peer Support delivery to a minimum of one hundred two (102) families; with eighty-two (82) total regular workshops and social educational events across the regions.
- Plans to monitor caseload regularly to ensure alignment with family needs' intensity and complexity of involved systems (e.g., Child Welfare and Juvenile Corrections).
- Bidder also provided separate "staffing time-on-task summaries" each position that indicates a task category, core responsibilities for each task, and estimated monthly and annual hours for each of the tasks and specific core responsibilities listed.
- The GEAR Program Director's "Time-on-Task Summary" includes an indication of "Available Hours" per month and annually (equaling one (1) FTE), and also includes a "Final Estimate Total" amount that goes over the "Available Hours" amount. It is unclear to this evaluator if Bidder is anticipating their Program Director will need more than 1 FTE; and if so, this was not indicated in the provided staffing plan. All other provided "Time-on-Task Summaries" for each position included a matching amount for "Available Hours" versus "Final Estimate Total".
- Stated that estimates for 1:1 Family Support were grounded in historical averages, however, workload is higher for families involved with multiple, high-need systems of care.
- Stated they have their GEAR Program Director regularly step in to absorb overflow and backfill tasks that are beyond the standard FTE allocations.
- For recruitment, will prioritize individuals with Lived Experience, bilingual capacity and community connection.
- Indicated their retention strategies include paid professional development; flexible scheduling; access to wellness support and peer networking; and recognition of staff contributions through supervision and agency-wide initiatives.
- Stated they will cross train Regional Coordinators to provide coverage during vacancies or leaves of absence; and they will develop a pool of per-diem or part-time certified peer staff to respond to emerging needs or coverage gaps.

3. Implementation - Work Plan

- a. Provided in a timeline chart with detailed tasks, month to be carried out and position(s) responsible indicated.
- Plans to complete the QA plan, communication plan, comprehensive evaluation plan, modify existing eligibility and intake processes and develop

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DATE: 6/24/2025

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

and implement their staff training plan from June 2025 – September 2025. This is prior to the contract start date indicated in the RFP (10/1/2025), it is unclear to this evaluator if Bidder intends on completing this work prior to contract start, or if Bidder meant for their work plan to occur after the contract start date of 10/1/2025.

- Included establishment of standard operating procedures (SOPs) for their data entry, validation and corrections by 1/15/2026, including semi-annual SOP review.
- Plans to create written protocols for tracking referrals, assessments, service delivery and outcomes by 11/15/2025 and will review these written protocols annually.
- Provided a detailed, comprehensive timeline chart.

Part IV, Section IV. Cost Proposal and Budget Narrative

- Personnel FTE allocation in the cost proposal, across direct care/clinical staff and administrative staff totals to 5.89 FTE; however, this is inconsistent with FTE indicated in the staffing plan, which totals to 6.64 FTE. As such, the actual anticipated staffing for the resulting contract is unclear to this evaluator. The provided budget narrative does not include FTE indication for each position in order to calculate FTE.
- Budget proposal's personnel section includes positions that Bidder did not provide a job description for: "BHH Family Support"; "COO for Mental Health Services"; "Marketing Communications Coordinator"; "Support Staff Allocation"; and "Medical Records Allocation".
- In the "FORM 5 EXPENSE DETAILS" tab of the cost proposal, Bidder included \$6,416 in costs for the "MISCELLANEOUS" category; however, as indicated in the cost proposal form, the amount in this section should be less than \$1,000.
- Indirect cost is low at 7.94%.
- In the budget narrative, Bidder states they have .25 FTE Family Peer Support Specialist (FPSS) that will be delivering peer support under separate agreements with Behavioral Health Home (BHH) providers; and stated "these staff are budgeted separately and do not contribute to the RFP's direct service deliverables". However, the cost proposal includes a "BHH Family Support" position under the personnel section, with cost indicated and included. In the organizational chart provided, Bidder stated that the BHH Family Peer Support Specialists delivers "FPSS services to BHH providers under separate

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contracts.... they do not provide peer support under this contract". As such, it is unclear to this evaluator why the "BHH Family Support" position is included in the provided cost proposal for this RFP.

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Individual Evaluator Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none">KBH was founded in 1960 and is accredited as a nonprofit organization.KBH serves over 18,000 individuals each year.It has a broad array of services that they provide, such as outpatient therapy, psychiatric services, case management, peer driven services, crisis response, and residential services.GEAR Parent Network, who presently provides FPSSN services, was merged into KBH December 2024 (proposal says 2025 but it was 2024)(Q)-In paragraph 2 states that GEAR staff holds both the Department approved BHH and national CFPS certifications. What is the Department approved BHH certification?GEAR was established in 1992, fully family run and supported over 1176 families in 2023.GEAR provides regionally responsive services using Regional Coordinators who reside in the communities they serve.The proposal states GEAR staff and efficient in delivering trauma-informed, community based and culturally competent peer support.KBH provides fiscal stewardship, risk mitigation, and systems alignment to GEAR.Project One- Responsive Community Based Family Peer Support and Education: Bangor Housing and Boys and Girls Club Collaboration, (Q) is this a project when it is a contract requirement for the present FPSSN contract as it relates to community partnership, family driven care, and fostering natural support networks.Project Two- Penobscot Community Health Center- Family Peer Support Deliver to Behavioral Health Home Providers. (Q) can a contract be considered a project? These are all supports that are contractually required.Project Three- Statewide Toll Free Parent Support Warm Line with DHHS/CBHS- (Q) can this be counted if it is a contract deliverable?	
2. Subcontractors	
<ul style="list-style-type: none">None	
3. Organizational Chart	
<ul style="list-style-type: none">The Bidder provided both an enterprise wide org chart showing all staff as well as a smaller org chart for the FPSSN staff.	
4. Litigation	

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<ul style="list-style-type: none">• none
5. Financial Viability
<ul style="list-style-type: none">• The Bidder provided the most recent 3 years of financial statements completed by One River CPAs.• Bidder appears fiscally sound
6. Certificate of Insurance
<ul style="list-style-type: none">• Yes, until 7/1/25

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Part IV, Section III. Proposed Services

Part II

A. Facility Standards and Operational Requirements

1.

- Administrative offices will be housed at KBH's office at 10 Caldwell Road in Augusta.
- The space is ADA compliant. Bidder indicates they will have staff embedded in all three regions addressed in the RFP. FPSSN will have all the equipment needed to have hybrid work arrangements.
- The program will have a statewide toll-free number.
- Bidder indicates evening and weekend availability will be available for direct family peer support to accommodate flexibility in schedules for families served.

2.

- Bidder indicates they will be open during the hours of 8am-5pm for full administrative and programmatic operations. This excludes State holidays and administrative closings as requested in the RFP.
- Bidder indicates that these operations will include intake, referrals, supervision, training, data entry and admin support for all FPSSN activities.
- Bidder states that administrative office space will include internet, private meeting spaces, private workspaces and video conferencing capacity.
- Bidder shares that this location will serve as a hub for statewide coordination and will house the Project lead as well as admin staff.
- Bidder indicates Support warm line will be open during standard business hours to respond to referrals, follow up with families, and other activities, events and 1:1 family peer support work.
- GEAR reports they will route calls to the staff working remotely/hybrid in the specific regions the calls are intended for.
- Bidder reports that all calls will be documented and logged and followed up on by the Director.
- Bidder indicates responsibility and coverage plans will be used to ensure all work is supported administratively, whether during normal business hours or not.

3.

- Bidder indicates the use of a hybrid work schedule which has staff working both in person and remotely from home offices to ensure that staff can be located in the communities in which they live.
- Bidder explains the schedule allows support to be informed, flexible, accessible, and family centered.

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- The bidder shares they will support in urban, rural, and underserved communities without delay or disruption.
- The bidder shares that when there is bad weather, support will still go as planned with virtual forums of support.
- Bidder indicates supervisions will be virtual to allow everyone to participate at the same time and reduce the amount of travel so that more time is focused on other tasks.
- The bidder indicates data and records are entered and reviewed using an electronic system, which ensures compliance with HIPPA and Maine confidentiality standards.

4.

- Bidder indicates it will maintain a statewide hybrid service model that allows staff to work from home when needed as well as stay embedded within the communities they live and support. It will also provide in-person work as needed.
- For remote work the bidder shares that all staff will be provided with the necessary electronic equipment needed to complete their work in home office spaces.
- The bidder shares that even with the home office spaces, staff will still be in the community providing in person work and support as well.
- Bidder indicates that supervision will be provided weekly either in person or virtually. Staff is provided with access to virtual team huddles, and resources to complete their work with support.
- KBH indicates the ability to track data by geography, which allows them to evaluate community specific access patterns and potential service gaps.
- Bidder indicates that they gather ongoing feedback from families and community stakeholders which they use to tailor their approaches in a way that is responsive to the needs of the community.

5.

- Bidder indicates they will support families in all geographic areas of Maine based on the needs of families.
- GEAR indicates they have over 30 years of providing services statewide for families.
- Bidder indicates that Family Peer Support Specialists will be hired from within the regions they will be serving. They also indicate that they will have lived experience and there will be multiple staff in each region.
- The bidder indicates they use a combination of data from DHHS, schools, and family feedback to identify community needs.

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- Bidder indicates they have many longstanding partnerships with providers, schools, childcare, DHHS, medical professionals and other child serving agencies.
- The bidder indicates they will collect and share quarterly data that measures number of contacts, number of families served, Number receiving emotional support, referral and advocacy as well as number involved in 1:1 Family Peer Support.

B. Eligibility, Intake, and Service Level Policies and Procedures

1.
 - Bidder indicates they have existing eligibility and intake policies and will make any modifications to them needed within 30 days of the contract start date.
 - Bidder indicates the referral form will include diagnosis by family report, will not enroll families involved with BHH unless approval by Department, will support families who are uninsured or underinsured.
 - Bidder indicates they will build upon their present intake process and that the intake can be completed by using the toll-free number or digital on the website.
 - Bidder indicates all families will undergo eligibility screening by trained staff.
 - The bidder indicates all policies will be presented to the Department within 30 days of the contract start date and will not be initiated until approved.
2.
 - Bidder indicates they will accept referrals in many ways. Some of these include self-referral from families, provider referral, primary care referral, schools, DHHS and 2-1-1 (Q) will GEAR ask the referent if the family is aware the referral is being made?
 - The bidder listed ways in which referrals will be accepted. This includes by phone, online, email and fax, access center, in person or event-based referrals, partner referral coordination
 - Bidder indicates upon referral; staff will contact the family to complete an eligibility screening and determine appropriate level of service. (1,2,or 3)
 - Bidder indicates the Intake will be logged into database
 - Bidder indicates that referrals will be tracked and monitored with an internal case management system and will track referral source, date received, date of first contact, eligibility verification and status, date of staff assignment and initial meeting.
 - Bidder indicates they will conduct a monthly review of referral data.
3.
 - Bidder indicates the initial meeting will be offered in person, virtually, or by phone. Intake forms will be completed and documented,

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<ul style="list-style-type: none">• The bidder indicates they will complete a Family Journey Assessment within the first 2 visits and again every 3 months and at the end of service. (Q) Curious why the bidder chose this assessment• Bidder provided a list of the intake documentation and covered all that was asked in the RFP• The bidder provided a list of the data they plan to collect and that these metrics will be reported quarterly.
4. <ul style="list-style-type: none">• Bidder indicates they have 30 years of experience building relationships with a variety of community providers.• The bidder indicates they will use outreach strategies such as printed flyers and materials, local media, resources tables and community events, word of mouth, partner collaboration, direct mail campaigns• Bidder shares they will use geographic needs identification to determine where outreach and services are most needed in Maine.• Bidder indicates outreach updates will be in monthly reports• Bidder indicates counties that are consistently higher in need regarding behavioral health needs, poverty, and lack of transportation. (Q) Where does this information come from?• Bidder indicates a lower engagement rate in these same counties. (Q) is there any information on why as reported by families?• The bidder indicates an intensive plan to address these disparities related to outreach in areas of need.
5. <ul style="list-style-type: none">• Bidder indicates they will develop a comprehensive secure data management system that will track an unduplicated count of all FPSSN participants for each category of support.• The bidder indicates they will track the type and amount of services provided.• The bidder indicates this system will be HIPPS compliant and cloud based in its tracking.• The bidder indicates key components they will track are Unique participant identifiers, service specific logs, de duplication safeguards, cross region reconciliation and data entry protocols.• Bidder indicates they will conduct routine audits and generate quarterly reports
6. <ul style="list-style-type: none">A.<ul style="list-style-type: none">• This was addressed in another area of the response

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B.

- Bidder indicates they will provide quarterly event flyers (digital and print), weekly email campaigns with hard copy mailings, tailored flyers, provider facing materials, and coordination with 2-1-1 and others.

C.

- Bidder indicates events will be developed in response to parent/caregiver feedback and needs.
- Bidder indicated they will provide culturally responsive and condition specific sessions as well.
- Bidder indicates these will be held in places that are accessible, as well as virtually and will have closed captioning option.

D.

- Bidder indicates the staff will engage in conversations with family members to better understand needs, goals, and readiness for support.
- Bidder indicates they will co-develop family vision plans with families around their identified goals.
- The bidder states resource guides and printed handouts will be provided.

E.

- Bidder indicates all communication promotes no shame, no blame, no judgement.
- The bidder indicates they will have social media platforms such as Facebook to promote programming
- The bidder indicates they will explore using YouTube to share recorded workshops and parent led educational vignettes.

• F

- Bidder indicates that one Family Peer Specialist staff member will serve on the KBH communications oversight team to hold the voice of lived experience.
- Bidder indicates staff will contribute to blog posts, social campaigns, and monthly family highlights featured in newsletters and on the program website.
- Bidder indicates input collected via surveys, supervision discussions, and community advisory will be used to inform improvement.

C. FPSSN Services for Families/Primary Caregivers

1.

- The bidder indicates they will fully integrate the SOC Core Values and Principles into every component of its FPSSN.
- The bidder indicates they will operationalize the SOC values and principles and spelled 10 of them out with detail on how they will do this.

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<ul style="list-style-type: none">• The bidder shared with detail how they will integrate the SOC framework into the direct work they are doing.• The bidder indicates staff will know and document how each family's preferences and cultural needs are incorporated into service planning.
2. <ul style="list-style-type: none">• The bidder indicates they will provide a full array of FPSSN services.• The bidder indicates that community collaborators may co-present workshops or host events and staff will coordinate the events.• The bidder indicates that they will provide support and education with 102 families, 35 in Region I, 35 in Region II, and 32 in Region III, with each family getting 12-15 direct support hours over a 6-month period.• The bidder's staff have a combination of 181 years of lived experience.• The bidder provides a detailed response regarding the methods they will use for 1:1 Family Peer Support and Parenting Education.
3. <ul style="list-style-type: none">• The bidder provided a detailed description of the steps they will take after receiving a referral.• The bidder indicates that these outcomes will be ensured through supervisory oversight, QA audits, real-time alerts, quarterly reporting
4. <ul style="list-style-type: none">• The bidder indicates their program will be one built entirely upon the lived experience of parents and caregivers of children with behavioral health needs.• The bidder states they maintain an internal Parent Leadership Council of current and former participants who review materials and provide suggestions around services and service provision.• Bidder indicates that a number of staff are former recipients of GEAR services.• Bidder indicates that all services include ways to collect direct feedback from families.• Bidder indicates that they ensure inclusion of family voice through Governance, Supervision and Coaching, Reporting, and Recognition and Empowerment
5. <ul style="list-style-type: none">• Bidder indicates they will use the Family Journey Assessment that has been approved by the Department for the present provider.• Bidder indicates they will meet this requirement.
6. <ul style="list-style-type: none">• Bidder indicates they will meet this requirement with detail• (Q) Some of the responses are written in present tense, not in what they will do rather what they are doing now.

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7. <ul style="list-style-type: none">Bidder indicates that they will meet this requirement through Initial needs and strengths assessment, cross system navigation, resource linkage and referral assistance, coordination with KBH services, described in detail how each of these would be done.
8. <ul style="list-style-type: none">The bidder indicated they will meet this requirement with detail. They indicated their campaign will include a statewide kickoff event, local events across the regions, public awareness materials, youth and family storytelling campaign, media engagement, and green light campaign. Each of these were explained in the response.The bidder indicated they will develop and implement a feedback and evaluation tool for their campaign as well.
9. <ul style="list-style-type: none">The bidder indicated they presently have a toll-free number that will be maintained and staffed.The bidder indicated they will provide live support and coverage from 8am-5pm Monday-Friday, excluding State holidays.The bidder indicated all voice mails will be checked at least three times a day and will be returned within one business day. A log of all incoming calls will be kept.The bidder indicated they will triage all calls based on the nature of the request and route them to the most appropriate staff member.The bidder indicated they will follow and establish protocols for accommodations around language and disability access needs to include interpreter services.
10. <ul style="list-style-type: none">The bidder indicates that interpreter services will be made available to families/caregivers at no cost and will be provided in person or by phone.The bidder indicates these services will be provided by an outside entity such as AMN Healthcare Language Services and Pine Tree Society.The bidder indicates they will provide in-time interpreter services and ASL servicesThe bidder indicates they will also provide language identification and documentation, qualified interpreters, translation of written materials, ASL and ADA accommodations, and scheduling and coordination.
D. Website and Social Media Requirements
1.

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<ul style="list-style-type: none">• Bidder met this requirement with detail.• Bidder shared information about the website platform and maintenance, Content and information features, ADA compliance and event calendar integration.
2. <ul style="list-style-type: none">• Bidder met requirements.• Bidder indicated that the methods and resources that would be used will be content development and posting schedule, service categories, accessibility and safety, and content calendar integration.• The bidder indicates they will ensure expectations and outcomes are met through analytics monitoring, community feedback, quarterly review, and continuous improvement.
3. <ul style="list-style-type: none">• The bidder indicated this would be met with detail.• Bidder provided detail about the methods that would be used, which included, template-based accessibility, compliance testing and documentation, content oversight and social media approval workflow, staff training, moderation and public interaction protocols, and disclaimer and branding protocols.• The bidder indicated that internal oversight, accessibility feedback and remediation, archiving and records retention, and content integrity controls would be used to ensure outcomes are met.
4. <ul style="list-style-type: none">• The bidder indicated this would be met.• The bidder shared this would be met using local administration and data containment, no third party data release, restricted internal access, formal approval process for data sharing, and anonymization for internal use.• The bidder will use written SOPs, staff training, quarterly compliance audits, tool and vendor vetting, and incident response protocol to ensure these outcomes are met.
5. <ul style="list-style-type: none">• The bidder indicates all summary reports, dashboards, and usage data will only include aggregated, non-attributable data and will exclude direct identifiers.• Bidder indicates that this will be done with the use of Secure, policy-compliant data systems, de-identification protocols, staff training and compliance, internal review and quality control, and transmission safeguards.

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<ul style="list-style-type: none">• The bidder indicates they will use written data governance protocols, quarterly data audits, responsive quality assurance, and incident response plan to ensure these outcomes are met.
6. <ul style="list-style-type: none">• Bidder indicates they will meet this requirement.• Bidder indicates they will use the following methods to meet this, content management control, exclusion of TikTok and ByteDance Services, and exclusion of State/Department identification.• Outcomes will be met through quarterly website audits, staff training protocols, approval workflows, and incident responses.
E. Data Collection and Quality Assurance Requirements
1. <ul style="list-style-type: none">• The bidder indicates they will meet this requirement.• Bidder indicates they will use a NEO data system integration that will record and integrate referral tracking, unique participant ID , Outcome measures and satisfaction surveys.• Bidder indicates that a missed benchmark or data inconsistencies will trigger a corrective action plan.
2. <ul style="list-style-type: none">• Bidder indicates they will meet this requirement.• Bidder indicates they will hold information in a centralized data system.• Bidder indicates they will collect satisfaction survey data to all active families quarterly and upon closure. Bidder indicates they will offer paper, digital, and phone options for survey completion.
3. <ul style="list-style-type: none">• The bidder indicates they will meet this requirement.• The bidder indicates the QA plan will be embedded in the daily operations of the provider.• The bidder indicates that the GEAR Program Director and KBH QI staff and QA committee will hold internal data review meetings quarterly.
4. <ul style="list-style-type: none">• Bidder indicates they will meet this requirement• Bidder indicates that after training, new staff will shadow other program staff to observe the implementation of the tool.
5. <ul style="list-style-type: none">• (Q)-Bidder indicates they will design the satisfaction survey in collaboration with the Department. The RFP is asking the provider to develop this for Department approval.

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<ul style="list-style-type: none">• Bidder indicates surveys will be available in multiple languages and formats upon request.• Bidder indicates survey responses will be reviewed monthly by the Program Director.
6. <ul style="list-style-type: none">• The bidder indicates that they will have a continuous improvement of the FPSSN and will implement a structured, responsive feedback loop for families• The bidder indicates they will provide feedback in both narrative and structured formats.
7. <ul style="list-style-type: none">• The bidder indicates they will meet this requirement.• The bidder indicates include the following domains; Family engagement and retention, geographic and demographic equity of service delivery, family driven, trauma informed and culturally responsive practices,• The bidder indicates they will conduct listening session and/or structured interviews to gather insight.
F. Confidentiality Requirements
1. <ul style="list-style-type: none">• The bidder indicates they will meet this requirement.• The bidder shared the minimum insurances they will carry.
2. <ul style="list-style-type: none">• The bidder indicates they will meet this requirement.• The bidder indicates they will use a vendor screening and approval for this• The bidder indicates they will ensure outcomes are met through Pre implementation security review, annual policy review and validation, incident preparedness, and suspension of non-compliant platforms.
3. <ul style="list-style-type: none">• Bidder indicates they already have comprehensive policies and procedures in place that ensure privacy, integrity and security of the data collected.• Bidder indicates they will have Breach notification policy and procedures.• Bidder indicates they will have incident detection and reporting and notification of affected individuals.
4. <ul style="list-style-type: none">• Bidder indicates they will meet this requirement and acknowledges that confidentiality extends to all program staff, contractors, and subcontractors and continues beyond the termination or expiration of a contract.

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<ul style="list-style-type: none">• The bidder indicates that they will use the following methods; secure systems and data platforms, policy framework and staff training, and information handling and access controls.
5. <ul style="list-style-type: none">• The bidder indicates they will meet this requirement.• The bidder indicates it will use methods such as having its own internally managed systems, which include NEO certified electronic medical records.• The bidder indicates they will verify that all data exchanges between DHHS and KBH occur through a one way, file-based transfer method.
G. Staffing Requirements
1. <ul style="list-style-type: none">• The bidder indicates it will provide the staffing positions required within the RFP.• The positions with job responsibilities were provided for the following positions: FPSSN Project Lead/GEAR Program Director, Family Peer Support Supervisors/Regional Parent Support Coordinators, Family Peer Support Specialists• The bidder indicates they will maintain certification and credentialing oversight and ongoing supervision and evaluation.• The bidder indicates the Program Director will conduct performance reviews for every staff member.
2. <ul style="list-style-type: none">• Bidder indicates they will meet this requirement.• Bidder indicates they will complete background checks related to criminal history checks, sex offender registry checks, BMV, OCFS, professional licensing verification.• Bidder indicates they will provide training in the following areas; Department approved family peer support training (Q) The bidder says they will do this through a Department approved provider but does not indicate what they plan to request as the training.• The bidder indicates they will ask FPS for input regarding ongoing additional topics of learning for the learning community component.• The bidder indicates they will provide fidelity monitoring around model aligned competencies but does not say which model they plan to use.• The bidder indicates they will provide additional training related to; confidentiality, mandated reporting, and instruction on creating a contact note. CBHS as well as Trauma informed care.
H. Staff Training and Supervision

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202503046

RFP TITLE: Family Peer Support Statewide Network

BIDDER NAME: Kennebec Mental Health Associates dba Kennebec Behavioral Health

DATE: June 23, 2025

EVALUATOR NAME: Alice Preble

EVALUATOR DEPARTMENT: DHHS/CBHS/OBH

1. <ul style="list-style-type: none">• The bidder does not indicate that the training they will use will be evidence informed.• The bidder does not indicate a proposed certification training
I. Performance Measures
1. <ul style="list-style-type: none">• The bidder indicates they will meet this requirement.• The bidder gave a very detailed response to how they will do this.
J. Reports
a and b <ul style="list-style-type: none">• The bidder provided a detailed response to how they intend to meet this requirement. Many of the methods are discussed in other responses as well.
2. Staffing
a. <ul style="list-style-type: none">• The bidder provided job descriptions with detail for the following positions: GEAR Director, Regional Parent Support Coordinator, and Family Peer Support Specialist.• The positions that were on the project team org chart but no descriptions for : Chief Operating Officer, Support Staff, BHH Family Peer Support Specialist.
b. There are no subcontractors identified.
c. <ul style="list-style-type: none">• The bidder provided a staffing plan as Attachment 8. One of the positions identified was Administrative/Outreach support. That was not identified in the project specific org chart and there was no job description/responsibilities provided for this position.• The bidder provided a detailed staffing plan which included things such as staffing capacity, task category, cored responsibilities, estimated monthly hours and annual hours for the following positions: GEAR Program Director, Regional Parent Support Coordinator, Family Peer Support Specialist
3. Implementation - Work Plan
a. The bidder provided a detailed work plan as an attachment 9.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Alice Preble

EVALUATOR DEPARTMENT: DHHS/CBHS/OBH

Part IV, Section IV. Cost Proposal and Budget Narrative

- Food is not an allowable expense and can be addressed during contract negotiations.
- Other travel cost indicates staff professional development, conference attendance and mileage reimbursement. There are no conference attendance requirements in this contract. There is no details on what they want to attend.
- The Family Peer Coordinator and FPSS pay is the same with more responsibility expected for the coordinators.
- Marketing and Communication Coordinator is not identified in the positions where the requirements and responsibilities were shared.
- Chief Operating Officer job requirements not in staffing plan.
- Administrative support staff is not indicated in the shared job descriptions
- Medical records allocation is not identified in the proposal.
- What is meant by program income and where does it come from? The proposed cost in \$856,598 and the federal grant dollars identified are \$783,098.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202503046

RFP TITLE: Family Peer Support Statewide Network

BIDDER NAME: Kennebec Behavioral Health

DATE: 6/13/2025

EVALUATOR NAME: Mindy Smith

EVALUATOR DEPARTMENT: OBH

Individual Evaluator Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">Q: Notes they have been operating as a Statewide program for GEAR since December 2025. This is a future date. When was the accurate date?
2. Subcontractors
<ul style="list-style-type: none">NA
3. Organizational Chart
<ul style="list-style-type: none">I: One FTE to coordinate a broad geographical area of the State, including Maine's largest county.N: One .25 Family Peer Support Staff to support 5 counties, one of which is Maine's largest county, does not satisfy section G.1 of the RFP which requires sufficient staffing.
4. Litigation
<ul style="list-style-type: none">P: None
5. Financial Viability
<ul style="list-style-type: none">P: Meets requirement. Demonstrated history of financial viability provided
6. Certificate of Insurance
<ul style="list-style-type: none">P: Meets requirement

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202503046

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BIDDER NAME: Kennebec Behavioral Health

DATE: 6/13/2025

EVALUATOR NAME: Mindy Smith

EVALUATOR DEPARTMENT: OBH

Part IV, Section III. Proposed Services	
Part II	
A. Facility Standards and Operational Requirements	
<ol style="list-style-type: none">1. P: Existing availability of an administrative location2. P: Existing hours of operation meet expectations.3. P: Existing venues and staff within identified regions4. P: Existing hybrid statewide service model5. P: Existing regional support in place	
B. Eligibility, Intake, and Service Level Policies and Procedures	
<ol style="list-style-type: none">1. P: Meets requirement2. P: Referral system in place3. P: Current system in place to meet requirements4. P: Demonstrated history of outreach process5. P: Acceptable data collection system described6. P: Meets requirements, but agency should consider having at least two family peer specialist staff as part of the communications teams as outlined in 6.f.	
C. FPSSN Services for Families/Primary Caregivers	
<ol style="list-style-type: none">1. P: Outline of SOC implementation provided2. P: Detailed plan outline of each effort3. P: Describes acceptable processes, including real-time alerts, supervisory oversight, quarterly reporting, and QA audits4. P: Meets requirement5. P: Processes in place to meet this requirement6. P: Describes acceptable processes for service provision7. Q: What type of holiday celebrations would they have as a family gathering?8. P: Provided processes for support and referral of individuals to many forms of mental health services and resources9. P: Describes campaign timeline and components10. P: Provides description of voicemail service as well as quality Esurance mechanisms11. P: Utilizes AMN Healthcare Language Services and Pine Tree Society for interpretation services	
D. Website and Social Media Requirements	

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: 6/13/2025

EVALUATOR NAME: Mindy Smith

EVALUATOR DEPARTMENT: OBH

1. P: Will maintain the existing website
2. P: Will maintain existing social media page, and continue with content development and posting schedule
3. P: Annual audits and staff trained in online accessibility
4. P: Several processes and safeguards in place
5. P: Acceptable safeguards in place
6. P: Acceptable content management and control. Exclusionary processes for banned content

E. Data Collection and Quality Assurance Requirements

1. P: Meets requirement with process outlined in proposal
2. P: Process outlines performance monitoring for contractual compliance and program improvement
3. P: Describes processes for data tracking. Will use data for contractual requirements, as well as quality improvement for programming
4. P: Included as part of the electronic records system with automated reminders for program staff for follow-up
5. P: Describes process and timeline for development, distribution, accessibility, quality improvement and monitoring
6. Q: Will program participants have opportunity for active involvement in formal planning sessions for improvements/modifications
7. P: Process timeline, participant engagement and evaluation review details included.

F. Confidentiality Requirements

1. P: Adequate process outlined in proposal
2. P: Meets requirements for both internal and third-party documentation handling
3. P: Meets requirements
4. P: GEAR access data base moving to NEO EMR
5. P: KBH IT compliance team will monitor and ensure no bidirectional integration of applications

G. Staffing Requirements

1. P: Meets requirements for staffed positions as outlined by the Department
2. P: Procedures include comprehensive criminal, child protection and BMV background checks with period renewals

H. Staff Training and Supervision

1. P: Trainings and processes in place to support Department requirements

I. Performance Measures

1. P: Meets requirement

J. Reports

1. P: Meets requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Mindy Smith

EVALUATOR DEPARTMENT: OBH

2. P: Meets requirements
2. Staffing
a. P: Meets requirement
b. N/A
c. Q: Community and event engagement lists baby showers as a possible event. What do these events entail? Who is selected for these events and how is that decision made? What are the financial obligations from the programming?
3. Implementation - Work Plan
a. P: In-depth work plan included
Part IV, Section IV. Cost Proposal and Budget Narrative
<ul style="list-style-type: none">Met requirement

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202503046

RFP TITLE: Family Peer Support Statewide Network

BIDDER NAME: Kennebec Behavioral Health

DATE: June 26, 2025

EVALUATOR NAME: Kelly Ann Staples

EVALUATOR DEPARTMENT: Office of Behavioral Health

Individual Evaluator Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	<ul style="list-style-type: none">• Agency provides continuum of care including outpatient therapy, psychiatry, crisis response, residential services, case management, and peer-driven programs• GEAR – Gaining Empowerment Allows Results was established in 1992• GEAR originated as a grassroots effort in 1987• P - Consistently met or exceeded state contract requirements and benchmarks• GEAR operates state-wide utilizing regional coordinators who have lived experience• P – trained in restorative practices• Q – Response states GEAR started being offered through KBH starting in December of 2025 (a date that hasn't happened yet)• Bangor Housing/Boys and Girls Club partnership starting in 2023, provide monthly sessions as well as access to state-wide resources and workshops• Beginning in 2020 with Crisis and Counseling and then transitioning in 2024 to KBH, Penobscot Community Health Center – Family Peer Support Partners – 1:1 support to families utilizing Behavioral Health Home Services• P -works with marginalized populations including fathers and people for whom English is not their first language• Parent Support Warm Line – staffed by Certified Family Peer Support Specialists, available during business hours, voicemail access after hours, 99.8% of survey respondents expressed satisfaction with this service, toll free number is available on all GEAR promotional material.
2. Subcontractors	<ul style="list-style-type: none">• none
3. Organizational Chart	<ul style="list-style-type: none">• Chart was provided and included all staffing for the network• P – only one vacancy• Q -Curious why there is only .25 Family Peer Support Specialist for Region 3
4. Litigation	<ul style="list-style-type: none">• None
5. Financial Viability	<ul style="list-style-type: none">• Meets Requirements
6. Certificate of Insurance	<ul style="list-style-type: none">• Dated 6/1/2024

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202503046

RFP TITLE: Family Peer Support Statewide Network

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DATE: June 26, 2025

EVALUATOR NAME: Kelly Ann Staples

EVALUATOR DEPARTMENT: Office of Behavioral Health

Part IV, Section III. Proposed Services	
Part II	
A. Facility Standards and Operational Requirements	
<ol style="list-style-type: none">1. Meets - KBH offices at 10 Caldwell Street Augusta will be utilized as the hub, Family support specialists physically present in the communities they serve, regional staff have the tools necessary to work remotely and in hybrid arrangements2. Meets – Family support specialists who work outside of business hours are supported administratively3. Meets - Parent Support Coordinators and Family Peer Support Specialists will live in the regions/counties where they work. Staff will meet with families at locations of their choosing. Remote operations will be utilized when necessary.4. Meets – Supervisors provide weekly supervision and regular check ins5. Meets – Utilizes data to identify high need communities, geographic service delivery trends will be reviewed on a quarterly basis and staffing assignments and outreach will be adjusted as needed.	
B. Eligibility, Intake, and Service Level Policies and Procedures	
<ol style="list-style-type: none">1. Meets – will modify already existing policies and procedures and long-standing intake process, staff will be trained in these procedures, monitored by program director2. Meets – referrals accepted from a broad range of sources3. 3a and 3a.i. 3b - Did not address a process, 3c - meets4. Meets - has established relationships with community partners, will use historical data to identify communities to target with outreach, P - Customize outreach materials to reflect local language, culture, and service context.5. P - Some families may move between regions or access events across regions, the system will be configured to detect and consolidate cross-region activity under a single-family record.6. P – SMS alerts for those who opt in	
C. FPSSN Services for Families/Primary Caregivers	
<ol style="list-style-type: none">1. Meets Requirements2. Meets requirements – workshops offered during the day, evening and weekends3. Meets requirements4. Meets - Program will host community listening sessions and forums, has a parent leadership council, families and youth invited to co-present at workshops	

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Office of Behavioral Health

5. P -Families invited to reflect on their own outcomes during meetings and to give feedback on the process during quarterly surveys.
6. Q – Most workshops not recorded, to honor confidentiality, are any workshops recorded, and what is the reasoning?
7. Meets requirements
8. P – Youth and family storytelling campaign – featured online and in print, materials printed in multiple languages
9. Meets requirements
10. Meets requirements

D. Website and Social Media Requirements

1. P – website is updated monthly by program staff, and reviewed weekly to ensure active links and accurate event details. Feedback on the site from families and caregivers is solicited
2. P – content posted to Facebook page at least 5 times per week, images and posts will offer alt text.
3. Meets expectations
4. Meets expectations
5. Meets requirements
6. Meets requirements

E. Data Collection and Quality Assurance Requirements

1. Meets requirements
2. P -data may be completed by parent/caregiver utilizing a paper version or secure intake forms, with restricted access
3. P – When the event participants’ names are entered into the system, they are automatically linked to the family’s unique ID
4. Meets requirement
5. Meets requirement
6. P- “You Used Your Voice, We Listened” summaries will be shared quarterly on the G.E.A.R. website and social media channels to show families how their input has shaped their services
7. P -Within the first 30 days of the contract, G.E.A.R. will host listening sessions and/or structured interviews with Families/Primary Caregivers across all regions. Family driven feedback will shape the creation of questions asked

F. Confidentiality Requirements

1. Meets Requirement
2. Meets requirements
3. Meets requirements
4. Meets requirements

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFP #: 202503046

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DATE: June 26, 2025

EVALUATOR NAME: Kelly Ann Staples

EVALUATOR DEPARTMENT: Office of Behavioral Health

5. Meets requirements
G. Staffing Requirements
1. Q- It is unclear if project lead will be supervised by someone with a Bachelor's Degree
2. Meets requirements
H. Staff Training and Supervision
1. Meets requirements
I. Performance Measures
1. Meets requirements
J. Reports
1. Meets requirements
2. Meets requirements
2. Staffing
a. Q – the need for Regional Parent Support Coordinator and Family peer Support Specialist to have an “Understanding of mental health symptomology” and “Familiarity with psychotropic medication usage and monitoring and administering its use”
b. N/A
c. Q – is the Project Lead the Gear Director?
3. Implementation - Work Plan
a. Meets requirements

Part IV, Section IV. Cost Proposal and Budget Narrative
• Meets requirements



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202503046
RFP TITLE: Family Peer Support Statewide Network**

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

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

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

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

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

Signed by:

Autumn Hughes

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Jun-12-2025

Signature

Date



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202503046
RFP TITLE: Family Peer Support Statewide Network**

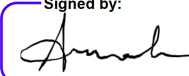
I, Anna Ko, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with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

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Signed by:

532CF4ABF8C2423...

Signature

Jun-12-2025

Date



**STATE OF MAINE
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SERVICES**

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202503046
RFP TITLE: Family Peer Support Statewide Network**

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

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DocuSigned by:
Alice Preble
3CCE417EC5EE4C3...

Jun-11-2025

Signature

Date



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202503046
RFP TITLE: Family Peer Support Statewide Network**

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

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Signed by:

2F1BCD80547641E...

Jun-12-2025

Signature

Date



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202503046
RFP TITLE: Family Peer Support Statewide Network**

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

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

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

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

Signed by:

Kelly Staples
21346B19B47442C...

Jun-11-2025

Signature

Date