State of Maine
Master Score Sheet

RFP# 202508118			
Housing Stability Services – Hub 2			
	Bidder Name:	**Catholic Charities Maine**	**Preble Street**
	Proposed Cost:	**$436,626.00**	**$241,869.00**
Scoring Sections	**Points Available**		
Section I: Preliminary Information	Pass/Fail	Pass	Pass
Section II: Organization Qualifications and Experience	30.00	22.00	27.00
Section III: Proposed Services	40.00	17.00	37.00
Section IV. Cost Proposal Budget Narrative	25.00 5.00	13.85 1.00	25.00 5.00
5.00	**100.00**	**53.85**	**94.00**

REV 4/4/2023

RFP# 202508118			
Housing Stability Services – Hub 7			
	Bidder Name:	**Community Care**	**Penquis C.A.P., Inc.**
	Proposed Cost:	**$498,133.00**	**712,176.00**
Scoring Sections	**Points Available**		
Section I: Preliminary Information	Pass/Fail	Pass	Pass
Section II: Organization Qualifications and Experience	30.00	23.00	21.00
Section III: Proposed Services	40.00	33.00	33.00
Section IV: Cost Proposal Budget Narrative	25.00 5.00	25.00 4.00	17.49 2.00
TOTAL	**100.00**	**85.00**	**73.49**

RFP# 202508118		
Housing Stability Services – Hub 9		
	Bidder Name:	**Mercy Hospital dba Northern Light Mercy Hospital**
	Proposed Cost:	**$145,363.00**
Scoring Sections	**Points Available**	
Section I: Preliminary Information	Pass/Fail	Pass
Section II: Organization Qualifications and Experience	30.00	19.00
Section III: Proposed Services	40.00	10.00
Section IV: Cost Proposal Budget Narrative	25.00 5.00	25.00 3.00
TOTAL	**100.00**	**57.00**

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner

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

Award Justification Statement
RFP# 20258118
Housing Stability Services

I. Summary

Through RFP# 20258118 Housing Stability Services the Department sought proposals for establishing a Housing First Program (Housing First). Five (5) Bidders responded to the RFP:

Hub 2	• Catholic Charities Maine • Preble Street
Hub 7	• Community Care • Penquis C.A.P., Inc.
Hub 9	• Mercy Hospital dba Northern Light Mercy Hospital

Through the evaluation process, the following Bidders received the highest scores and were determined to provide the best value to the State of Maine.

Hub 2	• Preble Street
Hub 7	• Community Care

II. Eligibility and Evaluation Process

An Evaluation Team, composed of five (5) State employees, verified the Bidders' eligibility requirements and applied the consensus method in scoring the Bidders' Qualifications & Experience and Proposed Services. Scores for the Cost Proposals were assigned using a mathematical formula, with the Team providing a consensus score for the budget narrative.

III. Qualifications & Experience of Conditional Awardees

Each of the Conditional Awardees offered an accomplished, experience-laden portfolio demonstrating the ability to deliver establishment a Housing First Program (Housing First) in the State to address Chronic Homelessness and successfully perform under the prospective contract.

IV. Proposed Services by Conditional Awardees

Each of the Conditional Awardees provided a well-rounded response outlining an understanding of, and ability to meet, programmatic requirements of the RFP. Additionally, each of the Conditional Awardees demonstrated the means and skills necessary to meet the RFP's performance requirements through their project teams' competencies, subject matter expertise, and background.

V. Cost Proposal and Budget Narrative

The Conditional Awardees provided detailed Budget Narratives, demonstrating full utilization of program resources, and the following initial-period-of-performance costs:

Hub 2	• Preble Street	$241,869.00
Hub 7	• Community Care	$498,133.00

VI. Conclusion

Out of 100 possible points, the Evaluation Team awarded the Conditional Awardees the following scores:

Hub 2	• Preble Street	94.00
Hub 7	• Community Care	85.00

The strength of each of the Conditional Awardees' proposals outweighed other Bidders through their qualifications and experience and the services and costs they proposed. The Evaluation Team determined that the proposals submitted by these Conditional Awardees represent the best value to the State of Maine.

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Janet T. Mills
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Feb-04-2026

Via Electronic Mail: apekins@ccmaine.org

Catholic Charities Maine
Alyssa Pekins, Chief Compliance Officer
PO Box 10660
Portland, Maine 04102

SUBJECT: Notice of Conditional Contract Awards under RFP #20258118, Housing Stability Services.

Dear Ms. Pekins,

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

- Hub 2 - Preble Street
- Hub 7 - Community Care

The bidders listed above received the evaluation team's highest rankings. The Department will be contacting the aforementioned bidders 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:
Adrienne Leahey
EFD18D286BE941B...
Adrienne Leahey
Chief Operating Officer
Office of Behavioral Health

Signed by:
Debra Downer
5DC6307B8558482...
Debra Downer Grady
Deputy Director for Competitive Procurement
Division of Contract Management

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Feb-04-2026

Via Electronic Mail: kbutts@preblestreet.org

Preble Street
Karyn Butts
55 Portland Street
Portland, Maine 04101

SUBJECT: Notice of Conditional Contract Awards under RFP #20258118, Housing Stability Services.

Dear Ms. Butts,

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

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Sincerely,

Signed by:
Adrienne Leahey
EFD18D286BE941B...
Adrienne Leahey
Chief Operating Officer
Office of Behavioral Health

Signed by:
Debra Downer
5DC6307B8558482...
Debra Downer Grady
Deputy Director for Competitive Procurement
Division of Contract Management

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Feb-04-2026

Via Electronic Mail: jstevenson@comecareme.org

Community Care
Jody Stevenson
40 Summer Street
Bangor, Maine 04401

SUBJECT: Notice of Conditional Contract Awards under RFP #20258118, Housing Stability Services.

Dear Ms. Stevenson,

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 Housing Stability Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract awards to the following bidders:

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Sincerely,

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EFD18D286BE941B...
Adrienne Leahey
Chief Operating Officer
Office of Behavioral Health

Signed by:
Debra Downer
5DC6307B8558482...
Debra Downer Grady
Deputy Director for Competitive Procurement
Division of Contract Management

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

Feb-04-2026

Via Electronic Mail: jgiosia@penquis.org

Penquis C.A.P., Inc.
Jennifer Giosia, Housing & Energy Services Director
262 Harlow St.
Bangor, Maine 04401

SUBJECT: Notice of Conditional Contract Awards under RFP #20258118, Housing Stability Services.

Dear Ms. Giosia,

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 Housing Stability Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract awards to the following bidders:

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Sincerely,

Signed by:
Adrienne Leahey
EFD18D286BE941B...
Adrienne Leahey
Chief Operating Officer
Office of Behavioral Health

Signed by:
Debra Downer
5DC6307B8558482...
Debra Downer Grady
Deputy Director for Competitive Procurement
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Feb-04-2026

Via Electronic Mail: skahanm@northernlight.org

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

SUBJECT: Notice of Conditional Contract Awards under RFP #20258118, Housing Stability Services.

Dear Ms. Skahan,

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

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

Sincerely,

Signed by:
Adrienne Leahey
EFD18D286BE941B...
Adrienne Leahey
Chief Operating Officer
Office of Behavioral Health

Signed by:
Debra Downer
5DC6307B8558482...
Debra Downer Grady
Deputy Director for Competitive Procurement
Division of Contract Management

APPENDIX I

State of Maine
Department of Health and Human Services
Office of Behavioral Health
NOTICE OF INTENT TO BID
RFP# 202508118
Housing Stability Services

Bidder's Organization Name:	Catholic Charities Maine

Proposed Target Area (Hub)
*Select **only** one (1) Hub per proposal submission*

Hub	County(ies)
☐ **Hub 1**	York
☒ **Hub 2**	Cumberland
☐ **Hub 3**	Midcoast: Sagadahoc, Knox, Lincoln and Waldo Counties, and the Towns of Brunswick and Harpswell
☐ **Hub 4**	Androscoggin
☐ **Hub 5**	Western: Oxford and Franklin Counties, and the Towns of Livermore and Livermore Falls
☐ **Hub 6**	Central: Somerset and Kennebec
☐ **Hub 7**	Penquis: Penobscot and Piscataquis
☐ **Hub 8**	Downeast: Washington and Hancock
☐ **Hub 9**	Aroostook

Chief Executive - Name/Title:	Stephen Letourneau, CEO		
Tel:	207 523 1166	**E-mail:**	sletourneau@ccmaine.org
Headquarters Street Address:	307 Congress Street, PO Box 10660		
Headquarters City/State/Zip:	Portland, ME 04104		
(Provide information requested below if different from above)			
Lead Point of Contact for Proposal - Name/Title:	Alyssa Pekins, Chief Compliance Officer		
Tel:	207 904 1296	**E-mail:**	apekins@ccmaine.org
Street Address:	307 Congress Street, PO Box 10660		
City/State/Zip:	Portland, ME 04104		

Provide a brief description of the Bidder's experience and ability to perform the work required within this RFP.
Catholic Charities Maine (CCM) is excited to extend our community-based services to Freedom Place, a housing community for women committed to recovery located in downtown Portland. The opportunity is in clear alignment with our operating principles,

regional experience, and positive working partnership with the property owner, Developer's Collaborative. We also bring a breadth of well-established community partnerships, working collaboratively with many other service providers and government agencies in the Greater Portland area for several decades.

As evidenced from our many successfully executed and long-term state contracts, CCM has been a careful and effective steward of public contracts for more than 50 years in Maine. Our programs support the needs of more than 27,000 of Maine's most vulnerable individuals statewide every year.

Our history demonstrates our sustained focus on developing and implementing innovative services and programming relevant to the needs of people of all faiths, backgrounds and stage of life recovery. This effort requires ongoing monitoring of local societal issues such as public health and economic stressors, the ability to recognize shifts in the human service environment, and the agility to respond with new/expanded programming.

Across our entire network of services, we provide adults, children, and families resources and supports to help them achieve their identified emotional and physical health goals while strengthening their ability to engage in educational, vocation and volunteer-led opportunities. CCM is committed to a low barrier access to care while actively maintaining collaborative partnerships with the greater provider community.

CCM's skilled workforce reflects the communities we serve. This representation by staff with lived experience reinforces CCM's credibility with clients and community partners alike.

Signature of person authorized to enter into the contract with the Department:	
Name (Print): Stephen Letourneau	**Title:** CEO
Authorized Signature:	**Date:** 9/28/25

STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER: Catholic Charities Maine
DATE: October 29, 31, November 17, 19, 24, 2025

SUMMARY PAGE

Department Name: Health and Human Services
Name of RFP Coordinator: Casandra Manson
Names of Evaluators: Anna Ko, Michael LaBua, Taylor LaCroix, Sara Wade, Kelly Watson

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Pass/Fail Criteria	Pass	Fail
Section I. Preliminary Information (Eligibility)	**X**	
Scoring Sections	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**22.00**
Section III. Proposed Services	**40.00**	**17.00**
Section IV. Cost Proposal Budget Narrative	**25.00** **5.00**	**13.85** **1.00**
Total Points	**100.00**	**53.85**

STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER: Catholic Charities Maine
DATE: October 29, 31, November 17, 19, 24, 2025

OVERVIEW OF SECTION I
Preliminary Information

Section I. Preliminary Information

Evaluation Team Comments:

Provided a signed Attestation Statement and Letter of Commitment from a Property Owner indicating up to thirty-eight (38) units are available to support HSS

STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER: Catholic Charities Maine
DATE: October 29, 31, November 17, 19, 24, 2025

EVALUATION OF SECTION II
Organization Qualifications and Experience

	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**22.00**

Evaluation Team Comments:

1. Overview of the Organization

- Provides services in Greater Portland and across Maine since 1966, with services available regardless of religious affiliation
- Nationally accredited by the Council on Accreditation (COA) for twenty-five (25) years
- Provides relevant services: Behavioral Health Network; transitional Recovery housing; transitional housing; independent support and homemaker services; refugee and immigrant resettlement and vocational/employment coordination; “Relief and Hope emergency micro-grants and community referrals”; Dental and Orthodontic Center; and has an active community of over 400 volunteers
- Partnerships in Maine and part of national organization
- Staff with lived experience and tenure
- Experience with the specialized population of people experiencing chronic homelessness
- Identifies agency programming as clinically based
- Identifies the agency’s national network of having experience in Housing First
- Identifies specific work with the asylum seeker population over the last two (2) years
- Commitment to low-barrier access to care
- Response indicates a pathway for participants to become paid workers using living experiences
- Referenced transitional housing multiple times, which is not the service indicated in the RFP
- Has long-term systems to capture and utilize data to manage programs, monitor quality of services, ensure compliance, and improve services
- Provided two out of three relevant projects
  - Project One is for the site that is intended to provide HSS (Housing Stability Services), evaluation team is concerned that the intended site is for gender specific housing which results in tenant eligibility restrictions for this property
  - Project two is a related service (SUD residential support)
- Demonstrated contract experience with detailed reporting

STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER: Catholic Charities Maine
DATE: October 29, 31, November 17, 19, 24, 2025

2. Project Team Organizational Chart
• Offers several organizational charts including executive leadership, programming/services, and Behavioral Health
3. Litigation
• Provided
4. Financial Viability
• Appears financially viable
5. Certificate of Insurance
• Provided

STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER: Catholic Charities Maine
DATE: October 29, 31, November 17, 19, 24, 2025

EVALUATION OF SECTION III
Proposed Services

	Points Available	Points Awarded
Section III. Proposed Services	**40.00**	**17.00**

Evaluation Team Comments:

A. Administrative Requirements

- Indicates anticipated property aligns with Housing First principles and is already a participant in the regional Continuum of Care (CoC). However, the abstinence-based approach is not in alignment with the Basic Principles of Housing First Services of *"Participants do not have to be in treatment or recovery from mental illness or substance use disorder or possess all of the skills necessary to live independently at the time they move in"*
- As the current embedded service provider at the proposed location, it is unclear how service duplication will be avoided or managed
- Does not offer data and data sources for people experiencing chronic homelessness in proposed service area
- Proposed units have existing Project Based Vouchers (PBVs), eliminating the need to locate tenant-based subsidy for Participants
- Is currently enrolled as a MaineCare provider for Targeted Care Management (TCM) under Section 13 of the MaineCare Benefits Manual; plans to apply to become a CoC Homeless Management Information System (HMIS) participating agency within ninety (90) days of award
- Intends to employ staff who have experience with the HMIS system
- Indicates current Core Values are in alignment with the required Basic Principles
- Intends to integrate HSS with recovery residence principles; recovery residence principles do not align with the Basic Principles
- Hub Coordinator acts as an agent for the property owners when units become available and actively interacts with the Coordinated Entry System (CE)
- Identifies a communicative partnership with the property owner
- Has a Board of Directors-approved Opioid Overdose Prevention and Response Plan
- Established relationship with the local municipal prevention programming to support ongoing Naloxone training and availability
- HSS team members will train in operational protocols and administration of Naloxone which will be maintained on site and accessible for administration by HSS staff to residents

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER: Catholic Charities Maine
DATE: October 29, 31, November 17, 19, 24, 2025

- Recognizes the need to provide operational oversight of the HSS units separate from non-HSS units
- Intends to utilize and balance resident voice coupled with required and best practices for policy production. However, no indication was offered as to how policy guidelines for HSS decision making, program operations, and monitoring will be developed prior to HSS service provision
- Offers a comprehensive grievance and complaint process according to other program regulators with nuances to address HSS specific requirements. HSS agency staff are educated on the grievance process. There is an established reporting and tracking structure
- Demonstrated ability to develop a survey specific to HSS services
- Utilizes Credible for client management which provides an agency-wide record for Participants; intends to broaden its use to include HSS; prior to HSS implementation, will conduct a thorough assessment to identify which current practices can be expanded to include HSS Participants, and what practices may warrant adjustments to ensure adherence
- Staff will have the ability to access client records on-site and remotely
- Privacy and Information Security Policies and Procedures will be applied to the awarded contract to ensure sensitive, personal information, up to and including Protected Health Information (PHI), 42 CFR Part II information, and other information protected by state and/or federal law is maintained securely and confidentiality

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- Has extensive working relationships with a broad array of providers in the form of Memorandums of Understanding (MOUs) and formal contracts including MaineCare. Provided a non-exhaustive list of available programs and services qualified Participants can receive, funded through MaineCare, a Department contract, and/or philanthropy
- Has a Behavioral Health Network accessible to HSS participants which includes Individual and Group Outpatient Counseling, Medication Management, Behavioral Health Home Services, Opioid Health Home Services, Independent Support Services, Dental Services
- Demonstrated ability to ensure Participant access to medical care, Crisis Services, behavioral health treatment, and 24/7 on-call support
- Currently has a reliable infrastructure of community-based ancillary supports
- Plans to facilitate engaging ancillary supports to provide on-site workshops for tenants at properties under the HSS program
- Provided a detailed list and evidence of partnerships/anticipated partnerships with specific MaineCare Health and Behavioral Health Providers
- Intends to explore additional MOUs and formal arrangements with other agencies; only offered specific services delivery (mobile crisis) for one of the proposed agencies

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- Will provide Independent Support Services "(Homemaker services)" for qualifying individuals; has a robust network of volunteers and community social institutions, including Portland Public Library, vocational support services, religious/secular organizations, and the State of Maine's Literacy Hub
- Demonstrated ability to leverage positive working relationships with providers and entities, including resources that address food access/security, basic furnishings (Furniture Friends), community-based peer support services (Peer Recovery Community Center), Recovery-oriented programming (India Street and Harm Reduction Center) and self-help community meeting engagements
- Has two (2) unique and exclusive resources designed to help meet the needs of vulnerable populations:
  - The Mother Teresa Fund which provides up to $250 to pay for a broad range of qualifying one-time client expenses
  - Showtime Hospitality Foundation to provide new, high quality, season-specific clothing to clients
- Demonstrated understanding of Projects Assisting Transitions to Housing (PATH), but did not reference any intention to partner with the Department's PATH provider or other providers to provide education on Housing First

C. Property-based Partnerships

- Developing several iterations of training for property partners including pre-implementation (prior to first lease signing), annual, and new facility staff training as part of the HSS program's specific training plan. Training and ongoing education will include but not limited to basic principles, interacting in a trauma-informed, recovery environment, and the proposed properties current programmatic framework
- Trainings will be available in person and digitally
- Has established roles and responsibilities for service provider and property owner
- Outlined training opportunities for Participants to mitigate property management issues
- Weekly Participant engagement activities will be offered to create opportunities to address any challenges or concerns prior to being escalated to the level of triggering sanctions and eviction

D. Minimum HSS Units and MOUs Requirements

- Will collaborate with the property owner/manager to ensure a minimum of 10 units specific to HSS at the proposed property, and an openness for discussing additional units
- Currently working on developing a strategy with the property manager to mitigate risk of falling below the required ten (10) units
- Provided no indication of a plan to engage with new property owner entities to ensure 10 unit minimum
- Has an existing service agreement between the property manager and intends to develop and execute an addendum

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- Provided no specific indication for subsequent MOUs developed for new HSS Units identified during the contract period
- Will garner property management authorization to report issues to the Department; however, the Department must be notified of all concerns, regardless of property management authorization
- Intends to have weekly meetings with the property owner "at scale up and at least monthly thereafter"; with a standing item on the agenda to assess any situations or dynamics that may risk or result in HSS Units becoming unavailable

E. Participant Outreach Prior to Tenancy

- Participant may be referred to a higher level of care to stabilize prior to tenancy; this is not in alignment with Basic Principles of Housing First
- Will consider existing milieu dynamics "to ensure admittance of the potential Participant is aligned with the Freedom Place community and culture of safety, stability and life recovery; this is not in alignment with the Basic Principles of Housing First Services
- Will confirm Participant "eligibility and readiness"; plans to connect the Participant with a property management representative who will initiate the rental application process; provided a description of what the process will include. It is unclear if the "readiness" review includes consideration of the Basic Principles
- No additional details were offered on how eligibility documentation and program requirements will be confirmed during enrollment into HSS
- Indicates point of access documentation will be attached to the electronic health record (HER), unclear if this will include eligibility documentation as required by the Department
- It is unclear if proposed practices align with Coordinated Entry based on reference to an additional assessment after referral of potential Participant

F. Programmatic Requirements

- Staff training during orientation will include Title VI of the Civil Rights Act of 1964 regarding limited English proficiency
- Will have necessary resources available to staff at all times, including written protocol for accessing an interpreter or Maine Relay
- Has a contract with Lango for translation services, and if a language is not available through Lango will seek alternative resources for interpreter services
- Did not directly address ensuring accessibility, aside from interpreter services
- Will provide twenty (20) weekly hours of HSS on-site support and included/described multiple functions of support
- Will provide advocacy and service delivery support at the Participant's request or authorization
- Will ensure HSS services do not duplicate other services received by the Participant through managing information, including utilization of the living Individual Services Plan to be held in the comprehensive client record

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- EHR has security measures that ensure only authorized staff are able to view the broadest record scope, with reviews to occur at regular intervals per the individual, and no less than thirty (30) days from move in and then at least quarterly thereafter
- Documented role definition across all HSS team members will be included in decision making and planning to prevent duplication of services
- Services provided through the Behavioral Health Network will be billed to MaineCare
- Will conduct Participant meetings to air concerns and design collective solutions and will invite and train Participants for roles in management of the community as Participant mentors, peer leaders, and event managers
- Property has adequate amenities for HSS to be provided on-site
- Participants are given choices for timing around engagement related to individual and group sessions
- Demonstrates an understanding of required Department approval for policies and procedures not delivered in-person
- Intends to provide on-site service hours early morning, early evening, and with weekend availability
- An On-Call Clinical Supervisor will manage 24/7 support and requests and Participants will have access to on-site staff
- Participants must voluntarily participate in a tiered approach in order to participate in volunteer, vocational, educational, and/or employment activities; which does not indicate person centered approach
- Suggests "financial opportunity" for Participants that volunteer in peer roles; but specifics provide related to such financial opportunities (i.e., are these considered salary or payment)
- Unclear if peer mentorship/leadership role opportunities will be available for Participants that do not follow the “Tiered, voluntary participation” outline

G. Housing Stability Services (HSS)

- Did not indicate how rapport would be built with Participants who are not engaging
- It is unclear if the Bidder understand HSS services are voluntary to Participants
- Will participate with Participants during required insurance coverage reviews and when adjusting enrollment throughout transitions in care
- After Participant education and consent, referrals will be made for appropriate MaineCare programming such as Section 13, 17 or 92, 93, 65 services
- Staff will be trained to help Participants navigate a variety of additional services
- All enrolled Participants will be provided contact information for HSS team members as well as other pertinent services, which will be posted in multiple, visible locations throughout the facility, including on Participant doors; it is unclear if Participant’s consent will be sought for posting information on the Participants’ doors

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- Will confirm Participant's ability to independently reach out to needed emergency resources during onboarding and one-to-one assessment
- Freedom Place has several community rooms designed to support on-site social activities as well as group meetings of residents; each floor also has a lounge area for communal and casual interaction
- Plans to screen for food insecurity, in addition to other social determinants, during initial point of contact
- Provided an anticipated list of activities that may be provided, per interest from Participants
- Intends to collaborate with the property owner and local community-based partners if off-site activity space is needed; commits to alerting the Department when challenges occur with locating appropriate space
- Plans to have all staff receive training in the cognitive behavioral and systemic interventions that were introduced in Ruby Payne's "The Framework for Understanding Poverty"; and will include the training principles in the development of the New Participant Orientation, which will also include topic focused workshops such as "Navigating Community Systems" and "Time Management"
- Move in assistance and lease comprehension provided primarily by property owner supplemented by HSS volunteers does not meet the RFP requirements
- Will support Participant understanding and implementation of lease obligations, which may include collaborative support meetings with HSS team members (including Peer Support), the property manager representative, Participant preferred natural supports, and the participant to ensure ongoing mediation to mitigate barriers to sustainable housing; did not indicate other means of accessing peer support
- Orientation includes reference to consequences for breaching HSS personal and housing community safety policies and protocols, which is outside the scope of the RFP
- Requirements for housing outside of the lease, in alignment with Housing First, is inappropriate
- Did not address provision of Housing Support to Participants as it pertains to assistance with recertification requirements, including preparation for Housing Quality Standards and National Standards for the Physical Inspection of Real Estate (HQS and NSPIRE) inspections, as applicable
- Will ask Participants to make suggestions for workshops and activities to support identified needs, preferences and goals
- Will have individual and workshop options for Peer-to-Peer and Peer Recovery Support
- Plans to make information available to Participants on local prevention services that offer Syringe Service Program options and harm reduction support in the Participant Orientation Packet

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- Offered limited information regarding anticipated Harm Reduction services to be offered and provided
- There will be an assessment of current case management needs during initial onboarding
- Community Resource Coordinator will be available for Participants who do not have an external case manager or do not need or want one
- Plans to offer ongoing sharing of available resources through a central communication platform that is accessible to all Participants
- Plans to codify agreed upon support in the Individual Service Plan (ISP) to be regularly reviewed every ninety (90) days after the initial thirty (30) day review
- Individuals in active use or needing opioid use support will undergo a medication evaluation, if warranted, and bridged to higher level of care which does not align with Housing First principles
- A comprehensive review of service provider and behavioral health supports such as Case Management, Medication Management, Individual and Group Counseling, Peer and Nurse Care Management Supports will be performed and reviewed for eligibility at new Participant orientation and periodically
- For those that identify with suicidality, “homicidally” or symptoms consistent with a psychiatric need that requires inpatient stabilization and support, plans to bridge the individual through the clinical team, in collaboration with mobile crisis, to access identified care
- If an assessment has been completed by another provider within the past 12 months, a release of information will be obtained, contingent upon resident consent, and that assessment will be used as the basis for subsequent service planning
- Plans to update ISPs quarterly and as needed, to reflect goal achievement or changes in need
- Only provided a description as it pertains to Harm Reduction in “traditional Housing First” and Harm Reduction in the context of a “recovery residence”; did not address how the ISP would address Harm Reduction
- Will develop Individual Crisis Support Plans with the Participant’s input as the primary driver, to “be reviewed and modified at any time upon request by the Participant and/or the HSS team, property management or community team members”
- Did not address level of Participant input and/or consent should any individual other than the Participant request review or modification of the Individual Crisis Support Plan
- Committed to working with the property management to support mitigation efforts
- Monthly wellness and housing stability check-ins will be early risk factor identifiers
- Will implement eviction review meetings when eviction is unavoidable
- Committed to following all applicable timelines of the HSS program manual published by the Department

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- ISP reviews will occur at a minimum quarterly

H. Staffing

- Described current service provisions at the anticipated property; however, it is unclear if the described current practices will extend to HSS, if awarded (e.g., 24/7 staff support on site)
- Envisions transition to an on-call staff and largely peer monitored system during overnights and weekends, and anticipates drawing from individuals on site that have demonstrated stability and the HSS desired level of participation; the evaluation team has some concern regarding the plan for a peer monitored system during overnights and weekends
- Plans to have staff receive individual supervision, participate regularly in clinical team meetings and have access to back-up support 24/7 to ensure quality support services for Housing First participants
- Offered no indication of ensuring on-call support is available when staff are not in-person to ensure Participants' needs are appropriately triaged
- Many direct care staff have experienced homelessness
- Will ensure CIPSS, MHRT/C and Clinical positions (LCSW/LCPC)
- On call clinical back up provided 24/7 under supervision component
- Will ensure culturally informed staffing support is maintained through utilization of staggered schedules; assignment of on-call staff to provide contingency coverage; 24/7 supervisory support; and managerial flexibility
- May train and transfer some current experienced staff to roles at the anticipated property
- HSS staff will have a regular program of peer review discussions and team meetings where staff learn from each other, compare successful Participant interactions, as well as share community partner experiences and resources
- Additional professional development opportunities will be available within the organization
- Meets best practice standards for supervision, including both administrative and clinical supervision by appropriately licensed individuals including weekly 1:1-hour long supervision for our direct care and clinical staff
- Split out the New Employee Training Orientation Matrix based on training all staff will have to take, position relevant trainings, and a training to property and community partners regarding the Housing First model
  - The Matrix indicates "Annual PayCom Learning Trainings (See Attached)"; however, the proposal did not include the attachment
  - No timeline provided for initial and ongoing training completions or training(s) that must be completed prior to interacting with Participants
- A comprehensive training series will be provided to HSS staff at orientation and required annually thereafter

- Staff trained to engage Participants from an understanding of how the systemic challenges the Participant experienced have shaped their trust and engagement with service providers
- Will provide training and clinical supervision to HSS staff to ensure culturally sensitive methods
- Response does not offer how HSS staff would be reflective of the Participants
- At intake, plans to inventory Participants' communication access and needs, have a discussion, and develop a plan to ensure all communication needs are met
- Did not address diversity of HSS staff composition
- Demonstrates ability for Participants to participate in Peer Recovery or CIPSS training
- Volunteer base includes approximately 420 individuals
- Plans to support provision of an "opportunity to join the HSS team (or other community provider team)" for Participants that "establish themselves as neighbors who are responsible, safe and encouraging to the overall Freedom Place Community, and have successfully completed a peer support training"

I. Participant Tracking and Confidentiality Requirements

- Did not offer additional Participant date collection points relevant to achieving the programmatic goals of HSS
- Response indicates a commitment to the data collection requirements within HMIS (Homeless Management Information System)
- Will offer access to HSS staff for the HMIS database
- Support of staff entering data into HMIS will include value of data as well as value of data integrity for reporting
- Provided a detailed plan on obtaining HMIS access and management of data
- Designated program and central services staff will contribute to understanding and commitment of data quality standards
- When seeking disclosure authorization for entry into HMIS, plans to educate Participants on HMIS, including purpose, data to be disclosed, benefits and risks
- Currently holds and maintains the insurance requirement for other State agreements and awards; and indicated the project scope "would not materially alter the number of clients served under the requirements"
- Did not directly/explicitly address how risk assessment and vulnerability scanning policies and procedures required by MaineIT will be implemented
- Detailed current methods for security (partnering with Systems Engineering, use of Arctic Wolf's Managed Detection and Response platform, and Huntress)
- Established "legally sound" privacy and security policies and procedures that set the framework for use, disclosure, handling, retention and destruction of confidential and/or sensitive information
- Participants' personal information will not be disclosed to any individual, entity or agency outside of the HSS agency, except as provided in policy; as permitted or required by applicable law, valid legal process or governmental order, and/or any

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professional conduct rules applicable to HSS personnel; and/or as permitted by the client per the Participant's written authorization
- Notification to the Participant in the event of unauthorized access or disclosure only occurs "when necessary"; specific criteria to determine when the notification would be necessary was not indicated
- Committed to upholding all state and federal requirements to protect sensitive information
- Prepared to follow Department protocol for submission of Critical incident Reports
- Have incorporated questions and prompts within the current internal incident reporting processes to ensure the Critical Incident process is followed to completion, including any Department follow up requests for information; the policy will carry over to the HSS contract, if awarded

J. Performance Measures

- Met requirement

K. Reports

- Met requirement

2. Staffing

- Job descriptions do not include requiring HSS staff, at minimum, to have at least one (1) year of experience providing direct services to individuals experiencing homelessness and/or at least one (1) year of direct lived experience with homelessness
- Operations Manager at 13hr/week seems high
- Health and wellness coordinator at 40hr/week seems high
- On-Call Clinical Supervisor position is to "assist Residential Mentors with evaluating and resolving safety issues as they arise"; no listed staff position includes provision of on-call services for Participants when staff are not in-person, as required. Additionally, "Residential Mentors" are another title for the "Mentor" position, per the job description, and are only anticipated to work eight (8) weekly on-site hours. It is unclear how and where Participants would reach out for support during hours when staff are not on-site

3. Implementation - Work Plan

- A number of program development and implementation tasks not included on the workplan, and instead, the workplan seems to mostly focus on regular anticipated tasks to occur during service provision (e.g., monthly floor meetings and periodic review meeting); Some program development and implementation tasks not included are: becoming a CoC HMIS participating agency within ninety (90) calendar days of the initial period of performance; development and provision of the satisfaction survey to the Department for approval within sixty (60) calendar days of the initial period of performance; and signing and execution of the MOU with the property owner within thirty (30) calendar days of the initial period of performance

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- Workplan indicates a plan for the property manager to conduct a monthly housing inspection, or as needed should issues arise; it is unclear why a monthly housing inspection by the property manager would be needed; and how this may affect the Participants' relationships with the property owner and property

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EVALUATION OF SECTION IV
Cost Proposal

Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
$241,869.00	**÷**	**$436,626.00**	**x**	**25 points**	**=**	**13.85**

Submitted budget only addresses one (1) year of service provision as opposed to encompassing the full initial period of performance (1/1/26 - 12/31/27). The evaluation team thus multiplied the proposed $218,313 annual amount by two (2) to account for the two (2) year initial period of performance. Cost proposal score is based on this calculation.

	Points Available	Points Awarded
Section IV. Budget Narrative	**5.00**	**1.00**

Evaluation Team Comments:

- Minimal detail provided in budget narrative
- Budget includes 1.88 FTE, while narrative lists two
- Budget lists 0.17 administrative support, while narrative lists 0.12
- On-call supervisor is listed for weekly stipend payment only. Stipends should have been listed on Forms 2 & Form 5 and not form 3

APPENDIX I

State of Maine
Department of Health and Human Services
Office of Behavioral Health
NOTICE OF INTENT TO BID
RFP# 202508118
Housing Stability Services

Bidder's Organization Name:	**Preble Street**

Proposed Target Area (Hub) *Select **only** one (1) Hub per proposal submission*	
Hub	**County(ies)**
☐ **Hub 1**	York
☒ **Hub 2**	Cumberland
☐ **Hub 3**	Midcoast: Sagadahoc, Knox, Lincoln and Waldo Counties, and the Towns of Brunswick and Harpswell
☐ **Hub 4**	Androscoggin
☐ **Hub 5**	Western: Oxford and Franklin Counties, and the Towns of Livermore and Livermore Falls
☐ **Hub 6**	Central: Somerset and Kennebec
☐ **Hub 7**	Penquis: Penobscot and Piscataquis
☐ **Hub 8**	Downeast: Washington and Hancock
☐ **Hub 9**	Aroostook

Chief Executive - Name/Title:	Mark Swann, Executive Director		
Tel:	207-775-0026	**E-mail:**	mswann@preblestreet.org
Headquarters Street Address:	55 Portland Street		
Headquarters City/State/Zip:	Portland, ME 04101		
(Provide information requested below if different from above)			
Lead Point of Contact for Proposal - Name/Title:	Karyn Butts, Senior Director of Public Grants		
Tel:	207-775-0026 x1153	**E-mail:**	kbutts@preblestreet.org
Street Address:	Same as above		
City/State/Zip:			

Provide a brief description of the Bidder's experience and ability to perform the work required within this RFP.
Preble Street is Maine's largest nonprofit provider of homeless services for youth and adults. Since its founding in 1975, Preble Street opened an emergency shelter and service center for teens; established Maine's original three rental apartment developments that provide permanent, supportive housing; launched a Veterans Housing Services program; created an Anti-Trafficking Services program to meet the needs of survivors; and expanded its Rapid Re-Housing, Health Services, Street Outreach, Food Services, and emergency shelter programs.

Preble Street has two decades of experience in supporting chronically homeless individuals in obtaining and maintaining housing and wellness through supportive services. Combined with extensive housing stability work through community-based programs for Transitional and Rapid Re-Housing, Preble Street has much of the infrastructure required under this RFP in place, including staffing and supervisory structures, policies and procedures, administrative and data systems, and a workforce with experience and expertise in person-centered care, assessments and planning, Trauma-informed Care, Harm Reduction strategies, housing stability, and navigation of social services and benefits. Preble Street's relationships with other providers allow for efficient referrals, care coordination, and resource sharing. And, because of the wide range of services offered under one organizational umbrella, Preble Street minimizes the logistical and emotional barriers current and potential clients face in accessing crucial support and reduces the stress and time associated with navigating multiple agencies and systems. Preble Street's approach to housing stability improves outcomes for clients by enhancing their quality of life, addressing the root causes of their homelessness, and reducing barriers to the care that they need to achieve housing stability and wellness.

In addition, Preble Street meets other RFP requirements, including current enrollment as a MaineCare provider for Targeted Case Management and HOME services, as well as participation in the Maine Continuum of Care Homeless Management Information System and Coordinated Entry System.

Signature of person authorized to enter into the contract with the Department:	
Name (Print): Mark Swann	**Title:** Executive Director
Authorized Signature:	**Date:** 10/1/25

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SUMMARY PAGE

Department Name: Health and Human Services
Name of RFP Coordinator: Casandra Manson
Names of Evaluators: Anna Ko, Michael LaBua, Taylor LaCroix, Sara Wade, Kelly Watson

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Pass/Fail Criteria	Pass	Fail
Section I. Preliminary Information (Eligibility)	**X**	
Scoring Sections	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**27.00**
Section III. Proposed Services	**40.00**	**37.00**
Section IV. Cost Proposal Budget Narrative	**25.00** **5.00**	**25.00** **5.00**
Total Points	**100.00**	**94.00**

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OVERVIEW OF SECTION I
Preliminary Information

Section I. Preliminary Information

Evaluation Team Comments:

Provided a signed Attestation Statement and Letter of Commitment from a Property Owner indicating ten (10) units are available (either at one location or split between two location) to support HSS

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EVALUATION OF SECTION II
Organization Qualifications and Experience

	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**27.00**

Evaluation Team Comments:

1. Overview of the Organization
• Operates site-based Housing First Permanent Supportive Housing • Operates several other homelessness and housing programs • Utilizes Housing First principles in other housing programs • Serves specialized populations including youth, veterans, survivors of human trafficking and domestic violence, seniors and individuals with disabilities • Servicing Maine since 1975 • All three (3) projects are relevant and related • In good standing with current contracts • Offers services beyond housing, including food; healthcare; support services; street outreach; and emergency shelters
2. Project Team Organizational Chart
• The organizational chart indicates the positions that will be assigned to HSS, with a specific staff name indicated for each position
3. Litigation
• Indicated “none”
4. Financial Viability
• Appears financially viable
5. Certificate of Insurance
• Provided

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EVALUATION OF SECTION III
Proposed Services

	Points Available	Points Awarded
Section III. Proposed Services	**40.00**	**37.00**

Evaluation Team Comments:

A. Administrative Requirements

- Identified the anticipated target area and provided data to support the need for Housing Stabilization Services (HSS)
- As of October 2025, there were 986 individuals in Hub 2 identified as chronically homeless; referencing Maine Homeless Planning data for Hub 2 as the data source
- Services offered in Hub with highest counts of people experiencing chronic homelessness
- Enrolled as a MaineCare Provider (next MaineCare enrollment revalidation is 2030); is both a Housing Outreach and Member Engagement (HOME) and Targeted Case Management (TCM) agency; and is a Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency; and will maintain enrollment and participation throughout the HSS contractual period
- Has been implementing Housing First Program (Housing First) principles for more than 20 years
- Is an active participant in CoC Coordinated Entry System (CE) and operates as both an access point and referral partner
- Has a close working relationship with the Hub 2 coordinator and demonstrated ability to take referrals via case conferencing
- Will be notified of upcoming unit vacancies by the property management partner, Westbrook Housing Authority (WHA); and once notification is received, the will notify the Hub 2 coordinator as soon as possible who will update the CE on availability of the HSS Unit; and described subsequent anticipated processes
- Demonstrated an understanding that the CE will make matches for the program and will not advocate for any specific individual at any time; and reason for such (ensuring equitable chance for enrollment)
- HSS staff will re-train on naloxone use and accompanying response protocol every six months. Should an HSS staff member need to administer naloxone to a participant, supervisors and managers will work with the staff member to report the incident, debrief with and provide support to the staff person, and create a plan for engaging with that participant going forward

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- HSS policy guidelines will supplement existing policies which cover confidentiality, non-discrimination, boundaries, client access to records and grievances, and others
- Will have HSS policy guidelines include the existing Client Grievance policy and forms; and briefly described the grievance and complaint process, including ability to appeal any decisions made through HSS management structure
- Will ensure anonymity of responses by providing both paper and electronic versions of the survey; detailed plan for anonymous survey including small incentive for survey completion
- Will ensure the caseworker and supervisor who know the Participants best, only have access to the compiled survey data and will not have access to the individual completed surveys
- Will welcome the opportunity to work collaboratively to develop a common survey tool with any other HSS agencies selected through this RFP process to build a community of practice across Maine for HSS delivery
- Utilizes ClientTrack, a third-party client management software application and the Homeless Management Information System (HMIS) to manage client records and for managing and reporting client data
- HSS staff will maintain a separate client file outside of ClientTrack for each Participant that will include records of intake paperwork; service plans; eligibility documentation; vital documents; housing or benefit applications; and any other relevant documents
- HSS caseworker will enter service data, case notes, and other relevant client information into ClientTrack on a daily or weekly basis

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- Will build strong relationships with partners through meeting and communicating regularly, at the partner agency and staff levels, to ensure referral processes and policies are followed; set-up of appropriate feedback loops to caseworkers, with clients' consent; both agencies understand the trends in client needs; and communication regarding changes in service delivery are timely discussed to avoid service disruptions
- Will use existing formal and informal relationships with MaineCare providers to connect participants to necessary behavioral health, medical care, crisis, and other services to support their long-term housing stability
- Will ensure formal partnership with assigned eligibility specialists to expedite enrollments in benefit programs
- Demonstrated a wide variety and deep knowledge of the local services landscape and area providers
- Anticipated Partnerships with MaineCare Health and Behavioral Health Provides clearly outlined the types of services, anticipated partnership agencies, and specific services to be provided by each agency which include substance use

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treatment and recovery support; healthcare services; mental health care; and community case management
- Demonstrated strong relationships with local agencies to ensure partnerships across the full spectrum of services for referral receipt when Participants need legal, housing, employment, food, transportation and other services
- HSS staff may remind Participants about and attend appointments, work with Participants to empower them with the information, and skills needed for them to be able to advocate for themselves
- Provided examples of existing relationships with local, non-MaineCare agencies and programs; HSS staff will maintain these existing relationships through regular meetings and communication
- Existing relationships will help to expedite connections for Participants to ensure services and other specialized programs, such as anti-trafficking services and food programs, can be provided as close to the time of occupancy as possible and to avoid Participants moving into an empty apartment
- Has ongoing and longstanding relationship with the local PATH provider
- Participation in Hub-level meetings, case conferencing meetings, and other meetings to educate others on Housing First
- Will provide written materials on Housing First that will be shared with partners
- Have internal training curriculum on Housing First that can be shared with PATH and other providers
- Has a staff member who is a tri-chair of the Region 1 Homeless Council and can be utilized as an avenue to connect and educate providers on Housing First

C. Property-based Partnerships

- HSS staff will work to educate property management partners on why certain behaviors may be present and how they will collaborate with Participants to make changes and avoid being placed on a path toward eviction
- Extensive education will be provided “prior to lease up” and annually through multiple avenues ensuring both Westbrook Housing Authority (WHA) property management partner staff and HSS staff can work in alignment
- Provide an extensive list of anticipated methods and strategies to mitigate common reasons for eviction
- Demonstrated solid understanding of Rapid Rehousing requiring property-based partnerships
- Regular check-ins between HSS and property management to discuss any issues that have arisen with Participants including, but not limited to late rent payments, potential lease violations, reasonable accommodation requests, and maintenance issues

D. Minimum HSS Units and MOUs Requirements

- Will continue to build relationships with other housing authorities to ensure there are at least 10 units and expand, if allowed

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- Is interested in collaborating with other HSS program providers to learn from their experiences and offer support to ensure 10 HSS Units
- Will immediately engage with the housing authority owner identify other available units to become an HSS unit when an identified HSS Unit is no longer available
- Working with a single entity with multiple properties will ensure collaboration to maintain availability of designated HSS units; address participant needs and unit issues; have “smooth lease-ups and move-ins”; and provide access to buildings and units
- MOUs will detail how collaboration with WHA to support provisions of HSS to achieve mutual housing goals, including terms under which HSS staff have access to the building in emergencies and common areas for program activities
- Rapid Re-housing Director will be responsible for providing the Department with all subsequent MOUs developed for newly identified HSS Units
- Transmittal of new MOUs to the Department will be included within HSS policies and procedures developed
- Will meet at least monthly with the property ownership and any future property owners/managers providing HSS Units to ensure open and regular communication
- Rapid Re-housing Director will contact the Department if HSS staff identify concerns with property ownership that may result in an HSS Unit becoming unavailable to discuss concerns and plans for ensuring HSS Unit availability

E. Participant Outreach Prior to Tenancy

- HSS staff will begin outreaching to the Participant awarded a housing resource within the first two (2) business days after match receipt; after connection HSS staff will begin gathering necessary eligibility documentation and other documentation needed for lease-up (e.g., proof of income)
- Will work with the hub coordinator, when possible, to have Participants “document ready” prior to being matched; lack of required documents at time of match will not preclude the Participant from being matched
- Demonstrated ability with maintaining eligibility verification documentation through the other permanent supportive housing programs
- Client files are reviewed by supervisors as stop gap measures
- HSS staff will attend lease signing with Participants and spend significant time assisting the Participant to ensure the Participant is familiar with and understands the lease

F. Programmatic Requirements

- Participants will not be required to abstain from substances or commit to any kind of treatment prior to accessing or retaining services, reducing participation barriers
- Intake documents, information, and grievance procedure documents will be translated into several languages including Spanish French and Lingala

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- Provided examples of low barrier model including prioritizing building relationships with Participants and never forcing services, being flexible and creative in outreaching Participants in their homes and honoring Participant choice
- Demonstrated an understanding of low barrier model both site based and scattered site
- HSS staff will work with Participants to gather documentation needed, accompany Participants to pre-housing appointments, and assist with the move-in process, including helping the Participant to obtain furniture and other move in supplies
- Has a language access policy and established relationships with language interpretation services, should the interpretation services be needed
- Demonstrated an understands of the needs that may evolve throughout the enrollment period and HSS staff are trained to offer flexible services to meet with need of the Participant
- Services will be built on relationships; utilize collaborative assessment and planning; utilize assertive engagement through a trauma-informed approach; and provide referrals to other services
- A supervisor will provide coverage for the caseworker when services are required and a caseworker is unavailable
- When services are deemed to be duplicative, the Participant will be asked to identify which services are a priority and/or preferred
- Provided a comprehensive response regarding how services are not duplicated
- Plans to implement existing processes regarding MaineCare billing within HSS and will have the HSS supervisor and director of rapid re-housing provide supervision to ensure MaineCare billable services are appropriately billed
- As wraparound care teams are developed, HSS staff will work to form connections with and have ongoing communication with support systems
- Expectation will be for HSS caseworkers to work primarily in person with Participants; clear expectations will be set with HSS staff regarding in-person service provision, starting at the hiring process and will be reflected in job descriptions; will train and supervise HSS staff for in-person service delivery but will be in contact with the Department as soon as possible should that change
- Plan is for HSS caseworkers to work primarily Monday-Friday, 8:30 a.m. to 5:00 p.m.; however, schedules can and will be flexible for Participants that cannot meet during that time
- Indicates it is against current policy to hire currently enrolled Participants, however former Participants have been hired over the years
- Has a strong volunteer program and HSS staff can connect interested program Participants to the volunteer program through the program volunteer manager, with the goal of matching the Participant to the most appropriate volunteer placement

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- Participants preferred volunteer placement will be honored as much as possible, within the context of currently available volunteer placements
- Provided examples of volunteer services and stated opportunities for volunteering also exist within the Health Services Team that engages directly with sheltered and unsheltered populations surrounding treatment and policy development for substance use
- HSS staff will work with the Participant to address and solve barriers; such as appropriate clothing to volunteers, if interested, as part of the ongoing service plan

G. Housing Stability Services (HSS)

- HSS "will be grounded" in strengths-based, trauma-responsive, person-centered care planning and will be built through establishment of trusting relationships with clients
- HSS support services are entirely voluntary. Participants will be encouraged, but not required to accept services to keep housing
- HSS staff will use multiple components of progressive engagement
- Engagement will focus on building relationships with all Participants, including those who have historically been hesitant to engage
- Provided a detailed response to offering and assisting Participants will accessing, maintaining, and navigating, insurance coverage, needed MaineCare Services, social services and benefits, and community-based clinical resources
- Provided a detailed list of contacts to be provide to Participants at time of lease up
- Works closely with the local police department's Behavioral Health Unit and can utilize the Behavioral Health Unit resource, as needed
- At intake, HSS staff will create an individualized crisis support plan with the Participant to ensure a familiar plan is in place should a crisis need arise
- Provided examples of community events to be offered
- HSS staff will speak with Participants about the homeless community and how to maintain connections while balancing the lease requirements regarding guests
- Proposed properties offer common areas for hosting community events; will work with property management if the spaces become unavailable; will have events in common spaces at least once per quarter
- Participants will be asked during intake, when service plans are updated, and on feedback surveys, what types of events should be offered; information will be utilized by HSS staff for planning quarterly events
- Will ensure transport access for off-site events, if needed
- Will work with the Department to find a location that would be suitable if a space for community events is unable to be identified
- Detailed a "meet and greet" event annually between HSS staff, property management staff, and Participants

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- Services are rooted in the belief that all Participants can and will be successful in housing with the appropriate supports in place
- Services are offered with a progressive engagement lens which ramps up or scales back services based on the needs of the Participant
- Training is offered to HSS staff include common challenges that Participants face when moving into housing after experiencing chronic homelessness; mediation between Participant and property manager and/or between Participant and neighbors
- Plans to ensure Participants have furniture and move-in supplies as close to lease signing time as possible.
- Universal information will be provided on living in a home, including reviewing trash and recycling processes; using and conserving electricity or gas; submitting maintenance requests; and general maintenance and cleanliness
- Provided a list of examples of support for common challenges
- Mediation strategies will include assisting the Participant with developing skills to navigate challenges, as challenges arise, in ways that will support ongoing housing stability
- If crisis needs arise, HSS staff will utilize the assessment, de-escalation, and community crisis services
- Recognizes Harm Reduction is a core principle of all services and Participants face many challenges; unsafe behaviors are often coping mechanisms; and Participants have different goals related to health and wellness
- Provided descriptive examples on how HSS will provide Harm Reduction, including potentially organizing groups on a variety of topics to reflect the needs and interests of the Participants to build community, and mitigate isolation
- Connections will be offered to case management and have the capacity to assume case management role in cases where needed
- Case manager will focus on supporting the 10 units intensively over the course of the week
- Staff will be trained in various interventions including motivational interviewing, collaborative safety planning, and empowerment-based practice to support housing stability
- Will use social work assessment skills for paperwork completion with Participants, including use of a trauma-informed care lens and allowing Participants to move at their own pace
- Release of Information (ROI) forms will be executed to communicate and collaborate with any existing ancillary and natural supports
- Assessments will include a needs assessment; housing assessment; and biopsychosocial assessment, as needed.
- Ancillary Supports will incorporate the data into their own assessment as appropriate

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- Per Participant consent, may share the service plan with Ancillary Supports to further enhance the team approach and create clear communication around each party's roles
- Will review information from the assessment directly with the Participant to ensure relevance and accuracy
- HSS staff will be responsible for updating assessments at least annually and Participant service plans at least every 90 days, or sooner if there are changes
- Commits to a team approach and will be in regular contact with existing Ancillary Supports and communication may include updates made to assessments or service plans, made by HSS staff or the ancillary support
- Will use active and current ROI signed by the Participant to support communication
- When Ancillary Supports assessments are completed will directly communicate with the Ancillary Support, with Participant consent, to ensure that sensitive questions are not asked to the participant multiple times
- Assessments will be used from the Ancillary Support and will work alongside the Participant to ensure the information is still reflective of the Participant's experience
- Staff will be trained in creating person-centered and strengths-driven individual service plans ensuring each Participant is active in the process
- Assessment information will drive the service planning process and staff will offer structure and assistance to support Participants with identifying their own needs and goals
- Each assessment will have a section where Participants are asked to identify their own strengths; which will be highlight and used to identified strengths as tools to assist in meeting identified goals
- Plans to complete the individual service planning process and a separate housing assessment within 30 days of Participant intake;
- Housing assessment will address housing needs and goals as identified by the Participant (accessibility needs; information on pets, emotional support animals and/or service animals; and needs related to move in supplies and furniture) and barriers (eviction history, criminal background, and previously unpaid debts to housing authorities or utilities)
- Housing assessment will ask Participants to identify personal strengths to aid in ongoing housing stability; and identified barriers will be explored, including strategies for addressing identified barriers
- Detailed how medical and mental health needs, support systems, harm reduction needs, life skills development, care coordination will be addressed
- HSS staff will work with Participants to develop a comprehensive Crisis plan as part of the overall individual service plan, to be completed within thirty (30) days of intake

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- Will review the Crisis plan with the Participant's overall service plans at least every ninety (90) days and will be updated as necessary
- Demonstrates an understanding that it is "normal – and even expected" for housing stability challenges to arise with Participants who have experienced chronic homelessness, and challenges are not met with the lens of shame or being punitive, but instead of partnership and problem solving
- HSS agency will use the housing assessment to identify any housing barriers, current and previous
- After the completed housing assessment, HSS staff will work with Participants to integrate an individualized housing stability mitigation plan into service plans
- Have an established client tracking system to inform when the annual date arises
- Staff are trained to update plans when there is a life-changing event, new information is obtained or a Participant wishes to update their plans
- Will closely review the HSS program manual once published and follow all applicable review timelines for individualized service, Crisis and mitigation plans
- Demonstrated ability to comply with funder timelines

H. Staffing

- Has an existing 24/7 on call system
- Participants can use the on-call number when immediate support outside of usual working hours is needed
- On-call will assess for any immediate crisis or any safety needs; once immediate needs are addressed, HSS staff will reach out to HSS management to advise of any needed follow-up and will note if follow-up is time sensitive
- HSS leadership and staff have varied backgrounds and experiences; described additional leadership staff's professional and experiential details for their Rapid Re-housing program, including an LCSW senior director and director
- Well-established approach and structure to provide staff supervision, including weekly one-on-one supervisory sessions for all staff and ongoing social work management professional development sessions
- Job postings will include language that values various lived experiences and backgrounds
- Will build upon existing housing first interventions to align with participant needs
- Senior director of social work, who oversees the Rapid Re-Housing program, will work with the director of Rapid Re-Housing to guide program development, drawing on current experiences with overseeing two Permanent Supportive Housing (SPH) communities, and former experience with managing their Veterans Housing Services program
- Staff have a wide base of knowledge working with chronically homeless individuals and segments of the homeless population
- HSS team will use information gathered from Participant feedback surveys, data and information gathered from Hub coordinators and other local providers to assess how to continue aligning staffing and services with Participant needs

- Policy will ensure each staff person meets with an assigned supervisor one-on-one at least weekly for structured and intentional supervision, to cover three (3) types of supervision
- Minimum weekly clinical supervision will be provided by the director of Rapid Re-Housing (LCSW)
- Provided a table listing each training topic; the facilitator; the month and year of initial training and ongoing training; and whether the training would be required prior to Participant interaction
- Plans to have monthly meetings to foster team alignment and develop shared approaches to individual client challenges
- The supervisor and director of Rapid Re-Housing will be responsible for implementing and updating the training plan for all HSS staff
- The training plan will be reviewed monthly by the Rapid Re-Housing management team to ensure staff are meeting training expectations and to identify any additional training opportunities
- Stipends will be offered to bilingual and multilingual caseworkers and housing support staff in programs where specific language skills will significantly enhance client services, which aids in the recruitment and retention of skilled staff
- Training will include a focus on cultural responsiveness, and will include topics such as use of language interpreters, working with New Mainers, provision of inclusive services and racial equity
- Peer-led research activities will be available that offers opportunities for Participants with lived experience
- Existing network of volunteers will be available for peer-to-peer support
- Interested Participant will be connected with HSS resources or other available resources in the community

I. Participant Tracking and Confidentiality Requirements

- Recognizes Participant-level data collection will be negotiated with and subject to Department approval prior to implementation
- Uses the HMIS (Homeless Management Information System)
- Data collected for Participants will include the HMIS universal data elements
- Program Administrator reviews HMIS data by caseworkers
- As data becomes available the HSS staff will enter required data into the Maine CoC HMIS with Participants consent; caseworker will request Participant consent; related to entering data in HMIS, as part of the intake and enrollment process
- HSS staff will be fully trained in using HMIS
- Will obtain appropriate insurance as required
- Uses the same standards and frameworks that MaineIT uses for protection of data and infrastructure, following various listed national Institute of Standards and Technology (NIST) frameworks

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- Uses outside vendors for scheduled network vulnerability scanning, penetration testing, security vulnerability evaluations and remediations, and monthly phishing tests and user training for improved security awareness
- Provided a descriptive list of provisions that the Confidentiality Policy includes and ensures; including timely notification to impacted individuals, regulatory, and funding agencies regarding unauthorized access or disclosure of data that includes any legally required notices, and a description of actions being taken to reconcile any damage resulting from the breach
- HSS staff access to confidential data will only be provided when necessary and will be provided with role-based permissions
- Electronic transmission of confidential data will use password protection and encryption, with designated programs that are approved by agency's Information Technology and Systems Department
- Confidentiality Policy describes how staff and systems will be used to protect confidential information generated by or acquired; provided a comprehensive description on how the policy aligns with the State's IT-SC
- HSS staff will be trained to document critical incident reports
- Director of Rapid re-housing will be responsible for Critical Incident reporting
- HSS program has the same requirements for critical incident reporting as in other contracts with the Department and understands the importance of reporting compliance; Critical Incident Reporting timelines will be incorporated into the HSS policies and procedures

J. Performance Measures

- Detailed and comprehensive response regarding how each of the indicated performance measures will be met
- Will provide supporting documentation to validate performance measure data, as appropriate and negotiated with the Department; director of Rapid Re-Housing will be responsible for working with the Department if any additional supporting documentation is requested

K. Reports

- Provided a detailed comprehensive response regarding each required report

2. Staffing

- Provides justifications for each position included in the staff plan
- Director of Rapid Re-Housing requires 3-4 years of experience providing direct services to those experiencing homelessness
- Caseworker candidates must have a positive regard for individuals accessing services for homelessness and poverty
- Job descriptions for Supervisor, Program Administrator, and Complex Project and Grants Specialist does not include at least a one (1) year experience providing direct services to individuals experiencing homelessness and/or one (1) year of direct lived experience with homelessness

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- Relevant experience is required for the Supervisor, Program Administrator, and Complex Project and Grants Specialist positions
- Staffing Plan includes staff and associated hours of service provided in-person at the property, a justification for each position title, associated time allocation, and specific tasks to be completed during working hours per anticipated case load
- Caseworker will be responsible for all in-person HSS service hours, at twenty (20) hours per week; with an additional twenty (20) hours per week to be used for client documentation work, and other described activities, including an estimation of time needed for each of the indicated activities
- Staffing plan indicates the plan is sufficient to provide twenty (20) hours of services for ten (10) HSS Units; however, there is the capacity to provide services for more than ten (10) units and are open to negotiating with the Department regarding an increase in services

3. Implementation - Work Plan

- Will meet with the Hub 2 Coordinator to discuss HSS related eligibility requirements and the workflow plan through CE in January 2026
- Regular meetings with WHA will begin in February 2026 and includes training on Housing First principles
- Outreach to other housing authorities in Hub 2 to begin in May 2026 and ongoing to identify additional HSS Units
- Plans to have an annual meet and greet for WHA, Participants, and HSS staff occur June 2026, and June 2027

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EVALUATION OF SECTION IV
Cost Proposal

Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
$241,869.00	**÷**	**$241,869.00**	**x**	**25 points**	**=**	**25.00**

	Points Available	Points Awarded
Section IV. Budget Narrative	**5.00**	**5.00**

Evaluation Team Comments:

- Budget narrative is detailed and concise with $241,869 total cost over 2 years
- Open to negotiating more than 10units/20hours.
- Provided detailed budget narrative, included detailed anticipated billing for Section 91 billing for the initial period of performance.
- Form 1- includes revenue from MaineCare-Sec 91 according to narrative
- Form 2- staff training expense- $1,596.40= $614/ per FTE
- Material and supplies include 10- $5 gift cards
- Form 3- “Caseworker” is the only full-time staff, “Supervisor” position 8 hrs per week.
- No costs indicated in budget narrative or budget for 24/7/365 on-call support, as stated in the proposal; indicates 24/7/365 on-call support will be provided through existing on-call line

APPENDIX I

State of Maine
Department of Health and Human Services
Office of Behavioral Health
NOTICE OF INTENT TO BID
RFP# 202508118
Housing Stability Services

Bidder's Organization Name:	Community Care

Proposed Target Area (Hub)
*Select **only** one (1) Hub per proposal submission*

Hub	County(ies)
☐ **Hub 1**	York
☐ **Hub 2**	Cumberland
☐ **Hub 3**	Midcoast: Sagadahoc, Knox, Lincoln and Waldo Counties, and the Towns of Brunswick and Harpswell
☐ **Hub 4**	Androscoggin
☐ **Hub 5**	Western: Oxford and Franklin Counties, and the Towns of Livermore and Livermore Falls
☐ **Hub 6**	Central: Somerset and Kennebec
X **Hub 7**	Penquis: Penobscot and Piscataquis
☐ **Hub 8**	Downeast: Washington and Hancock
☐ **Hub 9**	Aroostook

Chief Executive - Name/Title:	David McCluskey, Executive Director		
Tel:	(207)299-1142	**E-mail:**	dmccluskey@comcareme.org
Headquarters Street Address:	40 Summer St.		
Headquarters City/State/Zip:	Bangor, ME 04401		
(Provide information requested below if different from above)			
Lead Point of Contact for Proposal - Name/Title:	Jody Stevenson, Development Consultant		
Tel:	(207)469-8587	**E-mail:**	jstevenson@comcareme.org
Street Address:	40 Summer St.		
City/State/Zip:	Bangor, ME 04401		

Provide a brief description of the Bidder's experience and ability to perform the work required within this RFP.

Community Care (CC) is a non-profit mental health and social service agency carrying out the mission of providing quality, community-based services that are timely and effective in promoting the health, well-being, and independence of individuals and families. CC has proudly held national accreditation through the Council on Accreditation for Children and Families (COA) since 2005 and has been voted as one of the Best Places to Work in Maine six years in a row. CC holds State of Maine licensure in the categories of child placing, mental health, residential, emergency shelter, and substance abuse treatment. Established in 1995, CC has strived to provide a wide range of services to adults, children, and families across a broad geographic area of the state including our most rural counties. Services are provided through established service contracts with a variety of entities including DHHS, Maine State Housing Authority, HUD, and the Administration for Children and Families which oversees the Federal Youth Services Bureau. CC also holds a Mainecare Provider Agreement to deliver several services including, but not limited to, Targeted Case Management.

CC has been providing supportive services for individuals experiencing homelessness, including chronic homelessness, through several of our organization's programs. Since 2007, our Targeted Case Management program has served as a valuable referral source for front line providers serving the homeless population. Additionally, CC holds the Youth Homeless Continuum of Care contract for central/northern Maine (referred to as the Shaw House Program), providing a comprehensive continuum of care for youth and young adults experiencing homelessness including emergency shelter, day programming, residential transitional living, and housing support for young adults up to the age of 21. Further strengthening CC's experience in providing supportive services to individuals experiencing homelessness is CC's position as the sole contract holder with HUD to provide supportive transitional/permanent housing and mobile diversion through the Youth Homeless Demonstration Project (YHDP).

CC has the organizational capacity and expertise to perform the deliverables described within this RFP. Due to CC's longevity providing services within Hub 7, CC is well networked across this geographic region, further lending to CC serving as an ideal candidate to deliver these services within this area.

Signature of person authorized to enter into the contract with the Department:	
Name (Print): David McCluskey	**Title:** David McCluskey
Authorized Signature:	**Date:** 9/22/25

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BIDDER: Community Care
DATE: October 29, 31, November 24, December 17, 2025

SUMMARY PAGE

Department Name: Health and Human Services
Name of RFP Coordinator: Casandra Manson
Names of Evaluators: Anna Ko, Michael LaBua, Taylor LaCroix, Sara Wade, Kelly Watson

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Pass/Fail Criteria	Pass	Fail
Section I. Preliminary Information (Eligibility)	**X**	
Scoring Sections	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**23.00**
Section III. Proposed Services	**40.00**	**33.00**
Section IV. Cost Proposal Budget Narrative	**25.00** **5.00**	**25.00** **4.00**
Total Points	**100.00**	**85.00**

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OVERVIEW OF SECTION I
Preliminary Information

Section I. Preliminary Information

Evaluation Team Comments:

Provided a signed Attestation Statement and Letter of Commitment from a Property Owner indicating ten (10) units are available across multiple locations to support HSS

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EVALUATION OF SECTION II
Organization Qualifications and Experience

	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**23.00**

Evaluation Team Comments:

1. Overview of the Organization
• Non-profit licensed mental health and substance use disorder (SUD) and social service agency • Have held national accreditation through the Council on Accreditation for Children and Families (COA) since 2005 and voted as one (1) of the "Best Places to Work" in Maine for six (6) years in a row • Holds the Youth Homeless Continuum of Care contract for Central/Northern Maine • Strong knowledge and experience working with persons experiencing homelessness in Maine • Extensive experience under the provision of supportive transitional/permanent housing and mobile diversion through the Youth Homeless Demonstration Project (YHDP) for young people up to age 24; transitional living program (Mason Place); "Day Program"; youth emergency shelter; street outreach/mobile diversion; Shaw House Program (part of its homelessness continuum of care program); and Targeted Case Management (TCM) program • Provided a breakdown of individuals served under its programming for the last 3 years and year to date for 2025 • Most members of the senior management team have specialized in delivery service to the homeless population either currently or at some point in their career • Established provider since 1995 • Maintains an active network within the Homeless service delivery system of Hub 7 • Projects are relevant and/or related services • In compliance with current Department contracts
2. Project Team Organizational Chart
• Provided agency organizational chart that delineates where services will be located and the staff supporting it
3. Litigation
• Indicted "NONE"
4. Financial Viability
• Significant deficiency and material weakness in internal control related to federal awards listed as a finding by the Independent Auditor in March 2024; includes

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citations of noncompliance with Rider A deliverables and reporting schedule; provided planned corrective action on audit finding
5. Certificate of Insurance
• Provided

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EVALUATION OF SECTION III
Proposed Services

	Points Available	Points Awarded
Section III. Proposed Services	**40.00**	**33.00**

Evaluation Team Comments:

A. Administrative Requirements

- Provided point-in-time data to support the need in the identified area of proposed services
- Approximately 30% of Hub 7 unhoused population are unsheltered and no other Hubs approach this number or proportion of unsheltered individuals, when considered against those in shelters or transitional housing
- Provided an analysis of service distribution regarding availability and scope of homeless response services for adults across Hubs; indicated Hub 7 only has 2 general purpose shelters, with only 94 beds between the two general purpose shelters, serving Penobscot and Piscataquis Counties; stated 1 of the Hub's two shelters is a "dry" shelter that requires sobriety for accessing the 38 beds
- Established MaineCare and TCM provider
- An established Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency and has demonstrated compliance with all HMIS data entry procedures
- Maintains an HMIS Administrator who is responsible for working with the Director of Homeless Services to meet all HMIS data entry and reporting requirements
- Has fully embraced the Basic Principles of Housing First and described how they embrace each principle, including: immediate access to housing with no preconditions; consumer choice and self-determination; recovery orientation; individualized and client-driven supports; social and community integration; and harm reduction
- Will have HSS leadership team review the Housing First manual, once available, and the Basic Principles and ensure an understanding of Housing First principles aligns with those defined by the Department and adjust the approach accordingly
- Director of Homeless Services will review the manual and incorporate requirements in the manual into training curriculum through creation of training specific to the topic
- Established member of the Maine CoC and participates in quarterly member meetings; participates in sub-committees of the Maine Coc
- Executive director is co-chair of the Region III Statewide Homeless Council

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- Well versed in the use of coordinated entry to accept referrals and facilitate matches for housing resources
- Information will be entered into HMIS within 24 hours of administering coordinated entry assessments
- Staff working in HSS will complete Coordinated Entry System (CE) training
- Will ensure HSS staff understand that CE prioritizes Participants equitably based on prioritization assessment scores only and advocating for one Participant over others is outside the scope of expectations for a provider that is participating in CE
- Has a formal agreement with Bangor City Public Health and Community Services (BPHCS) for Narcan, receives in-person staff training on Narcan use, and will extend this agreement to HSS which will ensure HSS staff are knowledgeable about Narcan and its administration and ensure a commitment from BPHCS to provide and maintain an ongoing supply of naloxone to ensure HSS staff always have naloxone on-hand
- Identified a staff person responsible for coordinating the initial training of program staff, annual training
- Maintains training record within RELIAS system
- Staff will be required to receive annual refresher training, after hire; naloxone training will be required at hire and prior to providing direct services
- Director of Homeless Services will organize a development team to ensure agency systems and practices are modified, as needed, to ensure compliance with HSS service delivery
- Development team will include a representative from each organizational arm and will reference the HSS contract and program manual to develop HSS specific policies to inform decision making, program operations and monitoring; including a grievance and complaint process
- If the program manual is not available at the time of policy creation, the development team will reconvene to cross reference the published manual with existing policies
- Modified policies will be presented to the Board of Directors for review and approval
- Should policy adaptations be needed, will have the Director of Homeless Services review the training curriculum to ensure any necessary modifications align with the modified policies
- Plans to provide a QR code for digital completion of the survey, with assistance provided only as requested or needed
- Will assist with survey completion while ensuring anonymity, e.g., provision of a tablet to be used in private to complete the survey if the Participant does not have access to a smart phone, computer, or tablet
- Plans to present the draft survey to the Department by 1/15/26 to allow time for feedback and to make any necessary corrections, with the goal of securing official Department approval by 2/15/26

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- Utilizes Credible for electronic medical record to document/track and will use this same tool for HSS
- Required data elements will be recorded in HMIS
- Identified staff will convene a development team to modify the electronic medical record to capture the program specific data

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- Established Memorandum of Understanding (MOUs) and formal agreements in the proposed service area to ensure timely access to medical health, behavioral health, and behavioral health crisis needs and other services
- Provided a table of existing formal and informal relationships including service provision
- Medication Management, Outpatient, TCM, Behavioral Health Home (BHH) offered in-house; care fund for emergent needs
- For all potential referral services listed, plans to work alongside the Participant in accessing services and providing transportation assistance, as needed, to address transportation barriers "(i.e. taxi/Uber vouchers, bus passes, direct transportation, etc.)"
- Provided MOUs and MaineCare Provider Agreement which indicates the specific agency and anticipated service(s) to be provided
- Included signed MOU with the property management company
- Provided a non-exhaustive list of service providers they will work alongside for HSS delivery, including the specific service provided by each organization
- Experience providing education to organizations such as Projects for Assistance in Transition from Homelessness (PATH) providers
- Plans to continue educating community-based providers, including PATH providers

C. Property-based Partnerships

- Preferred practice is to not enter into a supportive services tenancy agreement unless the property manager is willing to center around Housing First principles
- Described learning, experience, and process for reaching out to landlords and property managers; indicated the anticipated property manager joined the dialogue to understand the mutually beneficial protective factors that will be at the center of quality, supportive services
- Have developed a formalized agreement with property management that addresses the dual role held by HSS agency to mediate risks to all involved; responsibilities of both parties; action steps the HSS agency will take to minimize risk to tenancy and property; and mutually, an agreement to consider eviction as a last resort option and to instead allow grace and space for services, interventions and education provided by HSS staff to positively improve long-term tenancy outcomes

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- Will have a one-to-one conversation with the landlord/property manager prior to the first Participant signing a lease, at least once annually thereafter, and when there are new property associated staff hired
- Plans to use an educational, progressive engagement approach to continue building the list of landlords and property managers that are willing to utilize a Housing First approach
- Housing First principles will be attached to each lease
- Demonstrated a zero percent eviction rate; provided a table indicating common reasons for eviction, and anticipated associated mitigation strategy for each, with the non-exhaustive reasons for eviction and associated anticipated mitigation strategy
- Focuses on a strong relationship with one owner with many units rather than many owners
- Has formal tenancy addendums that outline the specific responsibilities and appropriate responses from each party

D. Minimum HSS Units and MOUs Requirements

- Monthly meetings with property manager to discuss status of the units
- All identified units will undergo appropriate Housing Quality Standards (HQS) inspection processes, conducted by a certified inspector and inspections will occur prior to Participants assuming tenancy
- Demonstrated ability to collaborate with the identified property management on a long-term basis
- Plans to identify units through a collaborative conversation between agency's Director of Homeless Services and the property owner (who owns and manages more than one hundred (100) units through apartments and houses); does not specifically address how engagement with new property managers to ensure the 10 unit minimum
- HSS agency has the right to first refusal when a unit is available in the event a HSS Participant needs housing
- Director of Homeless Services, with final approval from the Executive Director, will be the only individual authorized to enter an MOU with any other property manager that may be interested in making units available to HSS
- Should a property manager be open to earmarking units for HSS, Director of Homeless Services will meet with the newly identified property manager to discuss HSS, and principles of HSS to ensure logistical and philosophical alignment between HSS and the property manager
- Will work with the property management entity to identify other housing units that meets service criteria if a unit were to become unavailable
- If an anticipated HSS Unit becomes unavailable for any reason, including a change in property ownership, Director of Homeless Services will notify the Department within twenty-four (24) business hours of being made aware of the change

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E. Participant Outreach Prior to Tenancy
• When there is difficulty reaching the Participant within 14 days or 5 attempts, staff will follow up with the Hub coordinator for assistance • HSS Supervisor/Case Manager will remain in contact with the property manager throughout the process to coordinate a meeting with the Participant to review and sign the lease, and to coordinate the move-in date • HSS Supervisor/Case Manager will work alongside any external case manager supporting the Participant and will invite them to the initial lease signing meeting, with Participant approval • Provided an example of how supporting documentation will be gathered based on eligibility requirements • Plans to maintain all supporting documentation within the Participant's file, housed in Credible, to demonstrate eligibility for Housing First services
F. Programmatic Requirements
• Strategies for reducing barriers from the outset and ensure accessible and timely services include, but are not limited to relying on their existing contracted relationship with an agency for interpreter services; administrative support through their HMIS Administrator/Administrative Coordinator; a central administrative support team, and adequate coverage for direct support and supervisory positions to ensure consistency in service delivery and staff supervision • Did not specifically address accessibility • Direct care staff will include a combination of a full-time Supervisor/Case Manager and a full-time Permanency Specialist that will work together to meet Participant needs and assist in building independent living skills, address challenges to maintain housing, and navigate accessing MaineCare and non-MaineCare community-based services • Services by the Supervisor/Case Manager and Permanency Specialist will be provided in-person, within the Participant's apartment, community, or other community-based location (e.g., assistance with going grocery shopping and going to the bank to open a checking account) • Provided multiple examples of anticipated support services • Experience with direct staff without any supervisory responsibilities deliver 28-30 direct services hours • For recreational groups – at program start-up, will have HSS Permanency Specialist seek feedback from Participants on areas of interest and enlist Participants support with creating a calendar of events • Recreational and skill-building groups will occur in the community or at an agreed upon location such as the local community center that is in proximity to the Units; HSS Permanency Specialist will work to address any transportation barriers • Maintains an office location in Bangor that has several large groups that can be utilized for group activities, and will draw upon this location and other locations within the community

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- Upon Participant intake into HSS, HSS Supervisor/Case Manager will conduct a thorough review of the Participant's formal and informal support system, including capturing a list of all ancillary supports/formal service providers, contact information for each, and a detailed description of services provided for each
- For Participants with no external case manager, will capture necessary information during the initial comprehensive assessment; once an external case manager is acquired the will add the information as an addendum to the assessment
- Will reference information captured at assessment when completing the initial service plan to ensure HSS does not duplicate other services received by the Participant
- Upon Participant entry into HSS, plans to check MaineCare to determine eligibility for MaineCare services and educate the Participant on their eligibility and service options
- MaineCare authorization submission will assist in avoiding any duplication of services
- HSS Supervisor/Case Manager will be responsible for ensuring appropriate services are billed to MaineCare and will work with Participants to secure existing MaineCare service providers to maximize service delivery; including MaineCare provision should the Participant desire case management services through the HSS Service Provider
- HSS staff will be trained to recognize self-sabotage and will be empowered to prioritize availability in real-time to always lean into the most urgent needs on the caseloads
- Demonstrated an understanding that housing stabilization after long-term disruption will require a lot of hands-on learning; and HSS staff will provide hands-on learning with the Participant (e.g., having Participant on speakerphone to set a dentist appointment versus having staff make the call on behalf of the Participant)
- Policies and procedures not delivered in-person will be highlighted for easy identification and review; however, in-person services are anticipated
- Upon Participants assuming tenancy, the HSS Supervisor/Case Manager will learn from each Participant their day-to-day schedule to assess their availability to receive HSS services; the HSS Permanency Specialist will remain updated on each Participant's availability and will draw upon this information to identify times for service provision, groups, etc. that best meet the scheduling needs of Participants
- Volunteer opportunities will be in the Welcome Packet provided upon entry to HSS
- Three volunteer opportunities within the program
- Response did not indicate method for work opportunities, if any.
- As HSS launches and groups begin, plans to have HSS staff explore other volunteerism ideas with Participants

G. Housing Stability Services (HSS)

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- Plans to provide HSS through the governing principles of Motivational Interviewing (MI)
- Provided a detailed, comprehensive description on MI, including examples of MI-based conversation and a non-MI-based conversation with a Participant regarding a lease violation incident of moving a friend in
- Staff will attend Stephen Andrew's Foundational Motivational Interview training upon hire
- Will confirm directly with Participants regarding consent to services, with full informed consent (e.g., description and understanding of service being referred to)
- HSS staff will receive MI training semi-annually, which will be conducted by the Clinical Director
- Demonstrated an understanding of MI conversations vs non-MI conversations
- HSS Staff will try to establish rapport with Participants not interested in services and provided examples of how they would establish rapport
- Clinical Director will provide clinical consultation for HSS who has LCSW and LADC licensure and serves on Management Team
- Will assist Participants with calling DHHS to apply over the phone and/or filling out the applicable application form with the Participant, with support and assistance provided to the extent requested and found helpful by the Participant; including monitoring of application status and coverage maintenance; HSS staff will encourage Participants to let HSS staff know when correspondence is received from DHHS; will assist the Participant in responding accordingly to maintain services
- Did not detail other insurance coverage attainment outside of MaineCare
- HSS staff will be trained in SSI/SSDI Outreach, Access and Recovery (SOAR)
- Will link Participants with MaineCare services through education on various providers and programs, including education on MaineCare services available through HSS; plans to provide TCM and/or Behavioral Health/Community Integration services on-site for Participants interested in having the HSS agency as their provider
- When Participants are denied benefits, will utilize an existing collaboration with a law firm who can aid the Participant in a situation of denial
- HSS Supervisor/Case Manager will partner with Participants to assess service need, educate on service options, and offer hands-on support to link the Participant with services – following Participant lead and offering support per Participant comfort level
- A laminated resource list with magnets will be provide to participants for placement on their refrigerator for easy reference and will include contact information to the Crisis Line, accessing crisis support through CHCS's crisis program, local emergency rooms, National Suicide Hotline, and the local intimate partner violence hotline
- Each Participant will be provided a Welcome Packet with a list of resources

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- Provided examples of skill-based groups including rent smart, money management, healthy cooking, shopping on a budget, strategies to maintain a clean home, personal hygiene, maintaining a safe home, and organizational strategies
- Will offer Participants opportunities to engage in skill building activities on a one-to-one basis with a HSS Permanency Specialist and invite Participants to participate in groups with other Participants, facilitated by HSS program staff
- Participation in skill building activities is 100% voluntary
- HSS staff will facilitate groups with guest speakers from the community, as appropriate
- Plans to locate a site, in central proximity to the Units for groups and will have HSS staff work with Participants to address transportation barriers to ensure interested Participants are able to attend
- Upon referral and enrollment into HSS, the HSS Supervisor/Case manager will hold an initial orientation meeting with the Participant for introductions and orientation to the program, guided by an orientation checklist
- Participants will sign the orientation checklist including checking a box that indicates participation in services is voluntary
- Orientation topics will include a thorough description of offered supportive services; assessment and individual service planning process discussion; voluntary service participation; how the Participant can stay current on groups/activity offerings; role of the HSS Permanency Specialist; volunteer opportunities; and a review of the Welcome Packet, including what to do during a crisis
- Detailed move in assistance including packing and moving boxes and furniture, apartment set-up, shopping for essential items, and daily check-ins over the first few days
- HSS Permanency Specialist will provide concrete examples for each section of the lease to make lease more understandable
- Plans to provide mediation to avoid possible eviction and improve the relationship between the Participant and landlord/property manager
- Welcome Packet will include a description of peer support available through volunteers, including Participant volunteers
- HSS Permanency Specialist will a have discussion with Participant for insight into what a crisis looks like, crisis/es they may have experienced in the past, and what to expect when crisis services is called; during the crisis discussion, HSS Permanency Specialist will provide the Participant the HSS 24/7 phone line and provide education on when to call crisis versus when to call the HSS 24/7 line for support
- Will provide opportunities for Participants to participate in healthy activities
- Will ensure Naloxone is always accessible to HSS staff, providing items to Participants to aid in harm reduction

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- Will assist Participants in the safe disposal of medication and access to medication lock boxes (secured through alternative funding)
- Harm reduction support services will be enlisted from Wabanaki Public Health (WPH), linking Participants with services and inviting WPH staff to facilitate groups and activities
- Participants will be linked with a Syringe Service Program through WPH and Needle Point Sanctuary
- Plans to hold a minimum of one group/activity per week at program launch outset and will adjust frequency per participation and feedback from the group
- Transportation will be offered directly to group/activity through bus passes or taxi vouchers
- Full-time blended Supervisor and Case Manager position will have a bachelor's degree in the health and human services field, meeting MaineCare staff qualifications for a case manager
- HSS Supervisor/Case Manager will educate the Participant on options for an external case manager and assist with referring Participants to the Behavioral Health agency of the Participant's choosing, with HSS case management program as one (1) of the options
- When the external case manager begins working with the Participant, the HSS Supervisor/Case Manager will facilitate a warm hand-off after signage of appropriate release of information by the Participant and will join with the Participant in providing an update to the external case manager on case management activities that have occurred to date, review of the Participants individual service plan, progress status, any assessments completed and other pertinent information
- During the encounter with the external case manager, the HSS Supervisor/Case Manager will provide an orientation to HSS, including the Basic Principles
- HSS Supervisor/Case Manager will be responsible for assessing whether an initial needs assessment has been conducted externally; if so, will obtain written consent from the Participant to request a copy of the assessment, and will scan into the Participant's record in Credible; HSS Supervisor/Case Manager will complete the initial assessment if an external assessment has not been completed
- HSS Supervisor/Case Manager will complete an "Arizona assessment" at HSS entry and quarterly thereafter to identify independent living and soft skills that Participants feel are most important to work on; HSS Permanency Specialist can then join to work on those specific objectives; did not specify the exact name of the assessment to be utilized, aside from referencing it as "Arizona assessment"; it is unclear of the specific assessment to be utilized
- HSS staff and the Participant will work together to develop the individuals service plan after reviewing the assessment
- HSS Supervisor/Case Manager will ensure an updated assessment occurs quarterly after the initial assessment; if an assessment was completed by an

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external provider, will garner written consent, request a copy of the assessment, and scan into the Participant's record in Credible
- Will train HSS Supervisor/Case Manager on a strengths-based person-centered approach, drawing on the principles of MI for strategizing goals with Participants
- Assessment information will be used to update the Participant's individual service plan no less than annually
- Able to adapt selection options in the electronic health record to ensure all individual service planning is addressed
- The strengths of the "Arizona Assessment" allows the Participant to acknowledge a deficit while also prioritizing a need that is too complex/unapproachable at the time
- Development of an individual crisis plan will occur as a part of the Participant's individual service planning process and will be facilitated by the Supervisor/Case Manager
- Participants will be provided with a copy of their service/crisis plan
- HSS Supervisor/Case Manager will learn the Participant's crisis triggers prior to them experiencing one and through creation of an individual crisis plan HSS staff will be made aware of such triggers and subsequent reactions to more effectively assist in intervening prior to entering a crisis state
- Service/crisis plans will be stored in the Participant's file
- Permanency Specialist will review each crisis plan to prepare them to help Participants avoid a crisis
- Subsequent discussions will be held as needed on crisis plan with the Participant to serve as a reminder and/or make necessary revisions
- Provided an example of a housing challenge and a potential approach
- Identification of the Participants strengths and how those strengths can serve as a protective factor to mitigate barriers
- Mitigation plan will be developed by the HSS Supervisor/Case Manager in unison with the Participant, will be provided to the Participant and act as a standalone document in the Participant's record
- An additional strategy to mitigate barriers will be conducting quarterly assessments and making frequent updates to the service plan to provide more opportunity to recognize success
- Director of Homeless Services will convene a development committee for development of all facets of HSS and will adapt policies as necessary to govern operations; plans to have procedures and policies remain in draft form until the program manual is published and available
- Director of Homeless Services will re-convene the committee to review the program manual, providing a detailed overview of the review as it pertains to any discrepancies; development team will then make necessary revisions and/or draft additional procedures

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- Did not address completion of plans according to the required timelines for individualized service, Crisis, and mitigation plans

H. Staffing

- 24/7/365 on-call support is intended to be provided through the 24/7 homeless service program phone line; phone line will act as the initial point of contact and staff will be trained in how to appropriately triage calls
- Plans to maintain a secondary HSS specific on-call tier made up of HSS staff; support staff from the primary tier will access the homeless service program phone line, as needed, depending on the situation
- Should on-site support be needed, HSS staff from the secondary on-call tier will respond
- Will have a devised multidisciplinary team of direct service providers and clinical/non-clinical supervisors to meet both the diverse needs of participants and the clinical/administrative supervision needs of program staff
- Clinical supervision offered by the Clinical Director (LADC, LCSW and CCS) who will provide group supervision each week for one (1) hour with all HSS staff in attendance, including the HSS Program Manager
- Clinical Director will provide individual supervision, as needed, and will meet clinical training needs for HSS staff
- Plans to have HSS staff meet with the direct administrative supervisor once a week to receive support, case supervision, address any safety issues, identify and strategize barriers encountered in meeting Participant needs, and any/all aspects for service delivery
- Staffing structure includes safeguards ensuring when a staff member is unavailable coverage will be provided by a supervisor, as needed
- Response did not explicitly address how the staffing will align with the needs of Participants
- Staffing structure meets provision of 20 hours per week and includes group and individual support
- HSS staff will participate in ongoing professional development through participation in ongoing HSS specific training and/or training to enhance knowledge and skills to meet Participant needs and working with the administrative supervisor to draft a professional development plan, including professional development goals and strategies
- The supervisor will work alongside the supervisee to operationalize learning strategies reflected in the professional development plan and will offer feedback as appropriate to assist staff in assessing progress toward goals
- Most trainings require staff to complete upon initial hire, prior to interacting with Participants with some completed within thirty (30) days of hire
- Training Plan includes effects of drug/alcohol use (to be completed within thirty (30) days of hire and annually thereafter); HSS program specific training, in-depth overview on HSS, staff roles, deliverables and contract requirements (required at

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hire and prior to service provision) and MI; SOAR and "Chronic homelessness in the State (required upon hire and prior to interaction with Participants), among others
- Utilizes RELIAS for the training record system, will incorporate HSS training requirements into RELIAS; online training, in-seat, and external training can be documented in RELIAS
- Program Manager to ensure program staff receive all required training within the required timelines
- Training reports for each HSS staff person can be made available to the Department, by request
- Cultural awareness training will be required within 30 days of hire
- Interpreter services will be utilized to facilitate communication as needed for language barriers
- Volunteers will include Participants, groups will include announcements of volunteer opportunities, and Participant Welcome Packets will include a flyer on volunteer opportunities
- Volunteer recruitment flyers will be appealing and informative and disseminated through social media, posted at locations throughout the community, presented throughout the community, via word of mouth, and through tabling events.
- Will recruit and maintain a volunteer base through a current Open Table program

I. Participant Tracking and Confidentiality Requirements

- HMIS Administrator will ensure data within each data field is appropriately reflected in HMIS and will notify the Director of Homeless Services of any compliance concerns
- Demonstrated ability to comply as a HMIS participant
- HSS staff will be required to enter contact notes, assessments, releases, and entry/exit documentation into Credible within twenty-four (24) hours of service delivery; after which, HMIS Administrator will conduct a documentation review and transfer of necessary data elements to HMIS upon verifying receipt of Participant permission signature form
- Program Manager will be responsible for ensuring all data elements are appropriately recorded within established timeframes in HMIS
- Participant permission is not required for HMIS data entry but is required for data sharing; and per CoC CE policies, HSS staff will capture this permission at time of CE referral and will be valid for 2 years
- When a Participant does not elect to permit data sharing among providers of CoC funded services, will facilitate the process to lock down the Participant's file to other providers, but will continue to complete all required HMIS fields, as outlined in the relevant Support Services Only (SSO) HMIS guide
- All technology containing PHI and expected to leave the HSS office location (e.g., laptops and phones) will be encrypted and all connections made from outside the internal network are secured using TLS/SSL

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- All employees are given appropriate pertaining to use of technology and access of PHI
- Has stringent confidentiality and HIPAA policies and procedures, and will have quality assurance measures taken by the HIPAA Compliance Officer to ensure compliance
- Provided detailed steps to follow in the case of unauthorized access or disclosure, including notification to the affected individual
- HSS staff are trained in the confidentiality policies and procedures throughout new hire orientation and annually thereafter
- Provided a detailed description of the anticipated critical incident process, including drafting of a Critical Incident Reporting policy prior to program start-up, with training incorporated regarding the Critical Incident policy, to be received at initial orientation
- Critical Incident Reporting policy will include definition of a critical incident, reporting timeline, and steps to take to notify the Department of critical incidents, within established timelines and through established procedures, per the HSS Program Manual

J. Performance Measures

- Described the tracking and reporting requirements to be offered, including anticipated quality improvement related actions
- Plans to partner with the Department to review program outcomes, including performance measures, to strategize on barriers and changes needed to ensure outcomes are met
- Director of Quality Improvement will be charged with fulfilling these reporting requirements with assistance from other individuals and departments within the agency

K. Reports

- Provided a detailed, comprehensive response, including a table indicating the report/on-site visit, person responsible, strategy to track/record data and timeline

2. Staffing

- Director of Homeless Services will act as the project lead
- All positions aside from HSS Supervisor/Case Manager and HSS Permanency Specialist are current filled positions
- All job descriptions include mention of a six (6) month probationary period
- HMIS Administrator/Administrative Coordinator and Clinical Director do not require at least one (1) year of experience providing direct services to individuals experiencing homelessness and/or at least one (1) year of direct lived experience with homelessness as required by the RFP
- Staffing plan did not indicate anticipated associated hours of in-person service provided by each staff position

3. Implementation - Work Plan

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- Only described ramp-up-related activities, mostly prior to contract start, and Department on-site visit and reporting requirements within the provided workplan and did not indicate specific tasks to be completed after Participant tenancy (e.g., scheduling and finalizing of anticipated group activities)

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EVALUATION OF SECTION IV
Cost Proposal

Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
$498,133.00	**÷**	**$498,133.00**	**x**	**25 points**	**=**	**25.00**

	Points Available	Points Awarded
Section IV. Budget Narrative	**5.00**	**4.00**

Evaluation Team Comments:

- No MaineCare revenue included. It may be reasonable to expect some MaineCare revenue contributing to the overall program
- Maintenance & Repair- $2,000 = $1,000 per year. Landscaping and trash removal. Assume this would be this program's share of that total expense
- Program Services Social Events including refreshments $4,000.00
- Client Travel- $10,000 = $5,000 per year; includes Bus/Uber/Taxi -for clients; would be listed elsewhere if allowable and would require more detail such as count and average cost for each
- Training $640 = $320 per year
- Two full time staff- Case Manager and Permanency Specialist; HMIS administrator dedicating 208 hours per year = 4 hours per week
- Detailed budget narrative provided

APPENDIX I

State of Maine
Department of Health and Human Services
Office of Behavioral Health
NOTICE OF INTENT TO BID
RFP# 202508118
Housing Stability Services

Bidder's Organization Name:	**Penquis C.A.P., Inc.**
Proposed Target Area (Hub) *Select **only** one (1) Hub per proposal submission*	
Hub	**County(ies)**
☐ **Hub 1**	York
☐ **Hub 2**	Cumberland
☐ **Hub 3**	Midcoast: Sagadahoc, Knox, Lincoln and Waldo Counties, and the Towns of Brunswick and Harpswell
☐ **Hub 4**	Androscoggin
☐ **Hub 5**	Western: Oxford and Franklin Counties, and the Towns of Livermore and Livermore Falls
☐ **Hub 6**	Central: Somerset and Kennebec
☒ **Hub 7**	Penquis: Penobscot and Piscataquis
☐ **Hub 8**	Downeast: Washington and Hancock
☐ **Hub 9**	Aroostook

Chief Executive - Name/Title:		Kara Hay, Chief Executive Officer	
Tel:	207-973-3643	**E-mail:**	khay@penquis.org
Headquarters Street Address:		262 Harlow St.	
Headquarters City/State/Zip:		Bangor, ME 04401	
(Provide information requested below if different from above)			
Lead Point of Contact for Proposal - Name/Title:		Jennifer Giosia, Housing and Energy Services Director	
Tel:	207-973-3629	**E-mail:**	jgiosia@penquis.org
Street Address:		262 Harlow St.	
City/State/Zip:		Bangor, ME 04401	

Provide a brief description of the Bidder's experience and ability to perform the work required within this RFP.
Penquis is a nonprofit organization with a nearly 60-year history of improving the financial stability of Maine residents. It is a community action agency and a licensed behavioral health agency, a community development corporation, and a community housing development

organization. Penquis programs support housing stability, access to transportation, school readiness, and healthy lives.

Penquis has the experience and ability to perform the work required within this RFP. It has delivered numerous housing stability, navigation, and assistance programs with success, including the following:

- Housing Navigation & Assistance for Human Trafficking Survivors (since 2022, funded by DOJ, OVC) in Penobscot, Piscataquis, and Knox counties.
- McAuley House (since 2020, subcontract with Northern Light Health) in Bangor, Maine.
- Housing Navigation Pilot Program (2022-2025, funded by MaineHousing) in Penobscot, Piscataquis, Knox, and Waldo counties.
- Building Family Futures (2020-2025, funded by MaineHousing) in Penobscot and Piscataquis counties.
- Housing Stability with Emergency Rental Assistance (ERA) 1 & 2 (2021-2022, funded by US Department of Treasury) in Penobscot and Piscataquis counties.
- Transitional Housing for Domestic Violence Victims/Survivors (2007-2021) in northern Penobscot County.
- COVID Rent Relief Program (2020, funded by MaineHousing) in Penobscot, Piscataquis, and Knox counties.
- CDBG-CV19 (2020, funded by CDBG) in Penobscot, Piscataquis, and Knox counties.
- Rental Counseling (since 2020, funded by NeighborWorks) in Penobscot, Piscataquis, Knox, Waldo, Hancock, and Washington counties.
- Homeless Prevention Rapid Re-housing Program (2011-2012) in Penobscot, Piscataquis, Waldo, and Knox counties.

Through these programs, Penquis has gained experience and achieved success with landlord engagement, with nearly 500 landlord and property managers in its database with whom staff interact.

Penquis is a Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency with three staff currently licensed to use HMIS.

Penquis offers numerous ancillary services that support individual and family stability, including the following:

- Case Management
- Counseling
- Behavioral Health Navigation
- Adult Behavioral Health Home Organization
- Healthcare Navigation
- Whole Family Services
- Transportation Services
- Financial Coaching
- Home Energy Assistance Program
- Low-income Assistance Plan (LIAP)
- The Arrearage Management Program (AMP)
- Head Start/Early Head Start

In addition, Penquis has a robust referral network, including medical and mental health providers, recovery supports, job training programs, education programs, and more. It currently has formal and informal partnerships with 625 organizations.

Penquis' ability to perform the work required is supported by its organizational capacity:

- Local knowledge and experience, gained from nearly 500 staff, 491 dedicated volunteers, 50 service delivery sites, and 58 years of service.
- Experience using best practices and evidence-based approaches, including trauma-informed and trauma-responsive practices, supportive housing with decreased barriers, and Whole Family approach.
- Excellent physical and technological infrastructures that include three regional offices within Hub 7, a highly resilient IT infrastructure that supports accessibility and efficiency, and empowoR, a state-of-the art, web-based client, services, and results tracking software designed for comprehensive client services.
- Financial strength, demonstrated by a positive contract history with DHHS that spans nearly sixty (60) years, a track record of leveraging public and private resources, audits that consistently receive unmodified opinions, and an "exemplary status" rating from NeighborWorks America®.
- Community collaborations that include 625 partnerships spanning geographies and sectors and staff engagement on numerous committees, coalitions, and community initiatives.

Penquis appreciates the opportunity to bid on these critical services and advance housing stability in Hub 7. We are eager to apply our expertise and collaborate with the Department to achieve meaningful outcomes.

Signature of person authorized to enter into the contract with the Department:	
Name (Print): Kara Hay	**Title:** Chief Executive Officer
Authorized Signature:	**Date:** 9/29/2025

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SUMMARY PAGE

Department Name: Health and Human Services
Name of RFP Coordinator: Casandra Manson
Names of Evaluators: Anna Ko, Michael LaBua, Taylor LaCroix, Sara Wade, Kelly Watson

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Pass/Fail Criteria	Pass	Fail
Section I. Preliminary Information (Eligibility)	**X**	
Scoring Sections	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**21.00**
Section III. Proposed Services	**40.00**	**33.00**
Section IV. Cost Proposal Budget Narrative	**25.00** **5.00**	**17.49** **2.00**
Total Points	**100.00**	**73.49**

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OVERVIEW OF SECTION I
Preliminary Information

Section I. Preliminary Information

Evaluation Team Comments:

Provided a signed Attestation Statement and Letter of Commitment from multiple Property Owners indicating a total of thirty-four (34) units are available to support HSS

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EVALUATION OF SECTION II
Organization Qualifications and Experience

	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**21.00**

Evaluation Team Comments:

1. Overview of the Organization
• Nearly 60 years of experience serving under-resourced and marginalized populations • Received exemplary status from NeighborWorks America • Experience with Continuum of Care and Coordinated Entry • Established community action agency, licensed behavioral health agency, community development corporation, community housing development organization and a MaineCare provider • Has more than sixty (60) programs that support housing stability, access to transportation, school readiness and healthy lives • Database houses nearly 500 landlord and property managers • 625 community partnerships • CEO is a member of/involved with multiple Boards/organizations • Low Income Housing Tax Credit housing developer and landlord • Current Homeless Management Information System (HMIS) participating agency with 3 licensed staff members • Provided multiple recognitions/award • Recently received the Maine Public Health Association's Public Health Program of Excellence award and an honorable achievement at the Bangor Community Development Showcase for development of Theresa's Place • Experience providing and referring individuals to the Arrearage Management Program • Provided 3 relevant and related projects • Multiple active contracts throughout DHHS
2. Project Team Organizational Chart
• Organizational chart indicates positions to be supported through the contract and positions that will provide program support, but will not be funded directly through Department contracted funding
3. Litigation
• Provided as required

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4. Financial Viability
• Appear financially viable
5. Certificate of Insurance
• Provided

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EVALUATION OF SECTION III
Proposed Services

	Points Available	Points Awarded
Section III. Proposed Services	**40.00**	**33.00**

Evaluation Team Comments:

A. Administrative Requirements

- Provided justification for the anticipated target area to be served, including a chart and data reference (with source) regarding the population within the Hub
- Per the September 2025, Maine Highlands Integrated Response Network (MHIRN) meeting, homelessness in Dover-Foxcroft, Piscataquis County has reportedly increased significantly in recent months
- Currently enrolled in MaineCare, is certified as a Targeted Case Management (TCM) agency, and HMIS participating agency
- Housing First Program manual will be incorporated into the standard operating procedures within 60 days of its release
- Fidelity monitoring will be included in the quality assurance plan
- There will be no requirements related to sobriety, treatment, income or service participation
- Services will be voluntary and Participants will choose a unit, providers, and level of service engagement
- Core HSS will include maintenance of active relationships with landlords/property managers across the Hub, including a Memorandum of Understanding (MOU) execution and standard inventory target of HSS Units, tenancy placement and assistance with sustaining services and housing, and care coordination and warm handoffs
- HSS staff will provide in-person services at least twenty (20) hours per week locally and will maintain extended coverage through scheduled evening or weekend appointments, with 24/7/365 Crisis linkage through 988 or Mobile Crisis, and staffed on-call support line
- Will provide Participants with written rights, grievance procedures and privacy notices at enrollment, and noted consents/Release of Information (ROI) are voluntary and revocable, with Protected Health Information (PHI) protected per Health Insurance Portability and Accountability Act (HIPPA) and agency policy
- Description what each Participants' record will include as it pertains to tracking and documentation

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- Will conduct monthly data quality checks and annual Housing First fidelity reviews and will participate in State-led monitoring and learning collaboratives
- Will designate a coordinated entry Liaison (Program Manager) and an alternate (lead Housing Navigator) to ensure continuous participation at the Hub's coordinated entry operations, including attendance at CE (Coordinated Entry System) By-Name-List meetings, case conferencing as requested, and ongoing communication with the Homeless Response Service Hub Coordinator
- Notifications to CE regarding HSS Unit availability and changes will be provided by having the Program Manager email the Hub Coordinator within one (1) business day of unit availability or status change; a weekly availability update every Monday by 12pm to confirm total HSS capacity, current fills, projected openings, accessibility features, geographic location and any lease-up constraints; and, when the program operates with reserved or master-leased units, the Program Manager will note estimated lease-ready dates and any property-specific criteria (e.g., elevator, no stairs) to support appropriate matches through CE
- All HSS enrollments will originate through CE per Continuum of Care (CoC) policy; out of process referrals will not be accepted
- Described the process for HSS staff actions upon CE referral notification, including a tight timeline for next-step actions; with notification back to the Hub Coordinator to occur within 5-7 business days
- Described how operational coverage and continuity, including staff coverage; standard operating procedures; and maintaining provision of weekly capacity projections (anticipated openings) will be ensured should HSS capacity be temporarily full
- Demonstrated an understanding of the neutrality and non-advocacy requirement at CE; with descriptions offering to ensure neutrality and non-advocacy, including disclosure and management of any potential conflicts of interest
- HSS staff must complete online naloxone training before field work; includes a scored assessment and electronic attestation; annual naloxone refresher, either online or live, with updated guidance and re-attestation naloxone training
- Plans to implement and enforce a written Naloxone Readiness Policy for HSS which requires all HSS staff to be trained and competent in recognizing opioid overdose and administering naloxone; HSS staff will have naloxone on-hand at all times when providing HSS; vehicles will have naloxone back-up kit; naloxone Readiness Policy is reviewed annually, or sooner if guidance changes, to update training content and field practices
- Naloxone Kits issued during employee onboarding; inspection of expiration dates to follow first in and first out; overdose response, incident reporting and manager follow up; replacement naloxone is issued within 24 hours of use

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- Any naloxone use is reported to the Program Manager same day; Incident Reports are completed and filed per policy; a brief team debrief identifies improvements
- Will maintain relationships with Bangor Public Health and other local providers for training support and supply coordination, as permitted
- Plans to have comprehensive, written HSS policy guidelines fully developed, approved and in force prior to initiating HSS services
- Within 60 days of program manual release, will crosswalk and update Standard Operating Procedures, train staff, and document any monitoring changes
- Plans to use a structured policy development lifecycle prior to enrolling any Participant; cycle includes crosswalk, drafting, approval, training, implementing and auditing
- Offers a comprehensive and detailed overview of anticipated steps, processes, and positions responsible for weeks 0-4 prior to service “go-live”, and indicated all deliverables during that time frame will be complete and documented prior to commencement of HSS services
- Provided a comprehensive detailed overview of what the policy guidelines will contain for decision-making and operations; monitoring and quality assurance; records, privacy and security; and financial controls
- Provided a comprehensive detailed overview of the anticipated grievance and compliant process, to be included in policy and participant-facing procedures, for HSS purpose and principles; how to file; intake and acknowledgement; triage and early resolution “(Level 1)”; escalation “(Level 2)”; final external appeal; anti-retaliation and support; tracking, analysis and reporting; and recordkeeping
- Targeted coaching will be implemented, if warranted by audit findings
- Has a document control processes
- Findings from grievances, QA audits, data reviews, and Department feedback will be used to drive policy updates; when revisions are made, revised policies will be redistributed and staff attestations re-collected
- Grievances and complaints can be submitted via multiple channels including accepting anonymous complaints where practicable; Participants receive the Grievance & Complaint Notice at enrollment and upon request; grievance policy allows for appeals
- A voluntary and anonymous HSS Participant satisfaction survey will be conducted once a year across all HSS Units and participation or non-participation will not affect services
- Detailed plan for survey content, distribution, collection, storage, and analysis; dimensions to be measured include access and timeliness; respect and responsiveness; choice, voluntariness and Harm Reduction; tenancy-sustaining supports; care coordination; safety and well-being; outcomes and recommendations; and open comments

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- Multiple completion options will be offered to protect anonymity and maximize accessibility; described how anonymous survey completion will be ensured for each method
- If Participant requests assistance, HSS staff who are not directly part of the Participant's direct service team will utilize a read only script
- Plans to have a thirty (30) day survey window for survey completion each year, to occur during the same month annually for trend comparison
- Will provide invites via mail and email through paper and QR code, with one (1) reminder and optional text/email reminders, to those that previously consented to receive messages for survey purposes
- Surveys will not capture any Personally Identifiable Information (PII) and PHI
- Survey findings will be included into the program's QA plan, staff training, and policy updates; and changes will be logged and tracked through closure
- The survey will be in English and "priority translations" available
- Provided details regarding the draft survey instrument and proposed Participant materials; accessibility and language plan; data management and reporting plan; and document control metadata
- Prior to survey release, Program Manager will complete a brief cognitive review with a small number of volunteers, with no identifiers recorded, to confirm readability and neutrality and will incorporate minor edits, if needed
- Will create and maintain a comprehensive electronic record
- Will provide data entry for intake and Universal Data Elements (UDEs) within three (3) business days of enrollment; service notes within two (2) business days of contact; plans/outcomes monthly; and exit data within five (5) business days of closure
- Participants records are maintained in HMIS for HUD-required data; HUD-approved EmpowOR by CSST Software will be utilized, for day-to-day service documentation to track Participant demographic and household data, program participation and service delivery, referrals and external services, assessments and outcomes
- Electronic records are stored in secure file systems behind firewalls and security layers and include scanned client files to reduce risk of loss and improve retention management
- Maintains offsite backups in a fire-protected environment; access to backups is restricted to authorized individuals, and identification is required for entry
- Quarterly QA audits will be conducted against the Maine HMIS Data Quality Plan and the HIPAA/confidentiality policy
- Participants may request to review or correct their record, consistent with policies
- Retains records for 7 years, or longer if required, and then archives/expunges, per policy.
- Hard copy documentation is stored securely in locked cabinets accessible by authorized personnel

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B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
• Has established formal and informal relationships with MaineCare providers in the service area; plans to maintain relationships and expand, as needed • Should additional partnerships be identified, plans to establish MOUs within the first 90 days and define scope, referral pathways, service-level expectations (e.g., triage and appointment windows), information sharing and escalation protocols • Maintains an up-to-date resource list of behavioral health, medical, and crisis providers • Plans to touch base with key provider liaisons (behavioral health clinics, Federally Qualified Health Centers (FQHCs), hospital primary care and crisis providers) to review capacity, openings, and address any care coordination issues, on an ongoing basis through care coordination staff • Provided a detailed table which lists service categories, with information on each regarding formal and informal partnership plans, including related anticipated HSS service actions for care coordination and referral • Business Associate Agreements and the internal HIPAA governance will be utilized to ensure compliant data exchange should PHI be exchanged • Plans to track referrals and attendance; missed or delayed appointments will trigger outreach and barrier resolution by a Housing Navigator or other agency care coordination staff member • Plans to review monthly dashboards and will address bottlenecks through capacity huddles, and if needed, will garner additional MOUs to expand the network • Plans to have all relationship management and referral workflows follow Housing First principles, to be supported by the existing Behavioral Health Navigator (BHN) program, cross-program navigation capacity and HMIS participation • HSS staff will receive routine training and supervision on HIPAA and 42 CFR-sensitive workflows (e.g., substance use disorder records) • Established agency emergency response policies (e.g., escalation, incident reporting and safety) which guide staff actions and dovetails with external crisis protocols • Will use a standardized Authorization for Release of Information to enable two-way, need-to-know information exchange with each external provider the participant chooses; forms are HIPAA-aligned and permit specific, time-limited consent; and are renewed at least annually or as needed • Partnerships include both MaineCare and non-MaineCare providers; outlines each service/support • Identified multiple formal and informal relationships with specific agencies and the anticipated service that will be utilized which include a diversity of services • Additional services included transportation, dental care, and SUD and mental health counseling

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- Established Community Partner Directory that tracks relationship status, points of contact and service categories
- HSS staff will submit a standardized referral form (with releases) and directly connect the Participant to the partner, prioritizing a three-way call or in-person introduction when possible
- Provided a process description regarding how operationalization of community relationships is completed, through shared infrastructure and coordination, at systems-level; formal agreements with non-MaineCare providers through MOUs and Letters of Agreement (LOAs); informal community networks with trust and flexibility; and landlord and property management partnerships
- Care coordination staff will maintain active communication with partner agencies, schedule joint assessments, and resolve service delays
- Described how to ensure permanent housing maintenance through a tenancy support ecosystem; landlord partnership and risk mitigation; community-based engagement opportunities; and leveraging of local relationships
- Plans to leverage the network of community-based partnerships, including Projects for Assistance in Transition from Homelessness (PATH) provider, Community Health and Counseling Services (CHCS), to provide education on the Housing First model
- Have existing relationship with PATH provider and Hub 7 administrator, which will allow for collaboration effectively in education and outreach
- Plans to work with PATH teams through joint training initiatives to co-develop and deliver training modules on Housing First
- Will use a multi-modal delivery method for participants including move in briefings, monthly series, and 1:1 teach backs
- Will offer interpreting, Telecommunications Devise for the Deaf (TDD), and American Sign Language (ASL) access; curriculum translations; and trauma-informed delivery

C. Property-based Partnerships

- Plans to implement a structured and responsive education plan to ensure Housing First principles are clearly understood and consistently applied to all property partners
- Described standardized curriculum which covers Housing First principles under 22 M.R.S §20-A; roles and boundaries; tenancy sustainment essentials, including reasonable accommodation and incident prevention/response and approaches to preserve tenancy while addressing safety; privacy and information sharing; and accessibility
- Plans to have MOUs for property-based partnerships to formalize the agreement to provide ongoing Housing First education prior to first lease-up and upon staffing changes
- Prior to any Participant signing a lease, individualized education sessions will be offered to introduce the core principles of Housing First, sessions will be

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conducted in-person; include materials explaining rights and expectations under Housing First, emphasizing housing is not contingent on treatment or sobriety; and be facilitated by HSS staff, with support from PATH-aligned outreach workers, when appropriate

- Newly hired property-associated staff will receive Housing First orientation training delivered through a standardized onboarding module, developed in collaboration with PATH providers and behavioral health partners; tailored to the staff person's role, with emphasis on how Housing First principles will apply to the HSS staff daily responsibilities; and supported by follow-up coaching or check-ins from the HSS team to reinforce learning and address questions
- Addressed provision of education prior to first lease signage and when new property-associated staff are hired; no additional details offered regarding annual training with property partners
- Will use CoC workgroups and CE case conferencing to surface real-time learning needs, such as, tenancy preservation and landlord mediation, and ensure PATH outreach and HSS tenancy supports are tightly coordinated
- All education activities will be tracked in the internal systems, including logs of training dates, attendees and content covered; and feedback mechanisms to improve future sessions
- Will provide a 24/7/365 on-call HSS line for property partners and Participants for de-escalation, safety planning, and linkage to crisis resources when staff are not onsite
- Provided examples of targeted strategies by common eviction reason
- MOUs will be executed for property-based partnerships with each participating owner/manager to formalize agreements to develop and implement strategies in collaboration to mitigate common reasons for eviction; accept shared responsibilities for eviction prevention; and report relevant data for tracking performance metrics, such as reduction in eviction filings, Participant retention rates and resolution timelines
- Plans to support strategy implementation through joint operating procedures that includes and describes information sharing and releases; eviction prevention protocol (EPP) through a time-bound workflow that must be attempted prior to filing for eviction, except in imminent safety risk; data sharing, especially for "early warning "signals""; after-hours coordination; and rapid maintenance/repair pathway
- Plans to convene a Pre-Eviction Case Conference, where needed, to agree on corrective steps and timeframes, including Participant, property manager, HSS Program Manager and, with Participant consent, legal aid or natural supports
- The HSS agency and property managers will utilize shared early warning "signals" that commonly precede evictions
- Plans to engage in Participant-facing prevention services, with descriptions offered for tenancy education and lease literacy; housing stability plans; income

and benefits support; after-hours support; and alternative resolution for when eviction cannot be avoided HSS will negotiate move-out terms to protect Participants from formal filings and facilitate rapid re-housing
- Will engage in owner/property manager-facing supports
- Will implement a shared performance dashboard to track evictions presented vs filings, time of resolution for EPP cases, arrears cured, recertifications completed on time, unit condition corrective plans completed and partner satisfaction; lease-up retention at six (6) and twelve (12) months; and training reach for number of property staff trained against required HSS cadence
- Findings from metrics will drive MOU addenda or practice adjustments during quarterly reviews
- Described anticipated responsibilities and roles for owner/property manager; housing navigator/property liaison; and HSS program manager
- Will embed a standardized, pre-filing EPP into each property's MOU, training owners/managers and pairing early-warning data with rapid, flexible supports will assist with addressing root causes of eviction prior to escalation, while preserving landlord relationships and lease compliance

D. Minimum HSS Units and MOUs Requirements

- Provided strategies to ensure the minimum 10 HSS Units through collaboration and outreach with property owners; property-based partnerships and education; formal agreements MOUs; a "reserve pipeline" strategy maintained of at least five (5) pre-vetted units and contingency agreements to ensure rapid activation of replacement Units, conducting monthly inventory audits and quarterly performance reviews to identify trends and adjust outreach strategies, if needed
- Should active HSS Units go below 10, a 30 day "surge plan" will be activated and include broker canvassing and incentive-aligned messaging, until the minimum HSS Units are restored
- Notification will be sent to the Department in writing within 7 calendar days for anticipated vacancy and when a Unit is no longer available, including unit information, reason for unavailability, and immediate actions taken
- Anticipated vacancies will be logged in a housing inventory spreadsheet within 24 hours and assign a Housing Navigator to confirm details
- When a Unit is no longer available, will immediately update its internal inventory and flag the unit as inactive
- Has an anticipated plan to maintain the minimum 10 HSS Units which includes: securing replacement Units within 14 calendar days of vacancy through pre-approved reserve units or expedited outreach; activation of contingency agreements with property owners for rapid onboarding; utilization of a housing inventory spreadsheet for real-time tracking and reporting to the Department; and partnering with local housing coalitions, PATH providers and landlord associations to expand the pool of potential units, including Americans with Disabilities Act (ADA)-compliant and accessible housing options

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- Plans to have internal housing coordination team to monitor the unit status weekly and maintain real-time updates in the housing database; conduct quarterly performance reviews and adjust strategies based on vacancy trends and Department feedback; and proactively communicate any concerns related to property ownership or potential loss of a Unit to the Department
- Provided a detailed description of the components of MOU with property owners; MOUs to be executed within 30 calendar days of start of contract
- Plans to maintain an MOU tracker to document outreach milestones, escalation steps and status for each property
- A standardized MOU Management Protocol will be implemented to guarantee that all newly executed MOUs for additional HSS Units are submitted to the Department within 7 calendar days of execution which includes a centralized MOU tracker, automated alerts and escalation protocols, submission workflow, quality assurance review, and continuous monitoring
- The Department will be notified when ownership/property control changes, financial/insurance risk, regulatory/physical risk, owner withdrawal, legal constraints are received; will incorporate such events into MOUs as owner-notification duties so property owners can receive prompt notification of the event and the Department can be notified timely
- Will use a SharePoint compliance folder to store documentation; tracker fields; and conduct a post-event review within 30 days for resolution when a unit is at risk to refine events and timelines
- Plans to implement a Property Ownership Risk and Notification Protocol to ensure early detection, rapid notification and documented mitigation
- Anticipates detection and monitoring methods through structured monthly property owner check-ins; document tracking; and an MOU clause for early notice where MOUs will require property owners to inform the HHS agency within 48 hours of any event that is likely to reduce HSS unit availability
- Upon detection of a potential risk to a Unit availability will provide a same day risk rating (high, medium, low); have same day internal escalation; and Department notification within 48 hours for high/medium risk items with notification within 5 business days, or include in the next scheduled status report, unless risk escalates, for low-risk items
- Provided details regarding notification channel and content, including evidence, interim protection, mitigation plan, requested guidance and a communication update cadence to be used until resolution (e.g., weekly)
- Plans to notify CE of any temporary access limitations and of newly available replacement units, once secured, consistent with CE participation requirements
- Will ensure Participant protection and maintain service continuity, access accommodations and move/recert support should temporary relocation be needed

E. Participant Outreach Prior to Tenancy

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- Once an individual has become a Participant and is awarded a housing resource for a Property Under the Program, HSS staff will deploy a time-bound, checklist-driven Pre-Tenancy & Lease Execution Protocol that provides hands-on support to the Participant and the Participants natural/professional support network to remove barriers to tenancy and complete lease execution promptly
- Provided a detailed overview of how Participant eligibility documentation will be maintained in the Participant file
- Will maintain a complete, auditable Participant record demonstrating eligibility for Housing First services, including documentation of the correlating Condition and Chronic Homelessness

F. Programmatic Requirements

- All interpreter and accommodation supports are provided at no cost to Participants
- Plans to have a barrier-reduction policy approved and enacted prior to service launch setting standards for low-threshold engagement, rapid access, flexible delivery and simple documentation
- Plans to adopt plain-language communications, trauma-informed practice and linguistic responsiveness; with interpreter use to follow best practice with professional, qualified interpreters
- Missed appointments do not equal discharge
- Intake will only collect necessary information to start support with full documentation to proceed in stages, so assistance is not delayed
- Staff may coordinate transportation when participants must travel
- Participants can initiate or continue services in-person or virtually (with Department approval for remote modalities); appointments are offered evenings/weekends when needed
- Upon first contact staff will record preferred language by participant
- Provided a comprehensive description of HSS agency anticipated disability access and reasonable accommodations
- Upon intake and quarterly, will complete an access needs screening for accommodations
- Vital documents (rights/responsibilities, releases, grievance forms, service summaries, appointment notices) are available in the most common languages in the Hub; other languages are produced on request with rapid turnaround
- Should a physical feature limit access (e.g., broken elevator or locked common rooms), plans to have the Landlord Liaison/Housing Navigator escalate to ownership, and if needed, arrange an alternate accessible venue for services while issues are remediated
- Ability for grievances to be submitted in person, over phone, email, mail, online form or via a designated third party such as an advocate or case worker
- Will accept anonymous complaints, when practical; interpreter support is offered for any complaint or appeal

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- Annual satisfaction survey will include language and accessibility questions
- Plans to engage in rapid barrier removal with reported access issues logged, assigned and resolved within defined timeframes, less than 2 business days for urgent needs and less than 10 business days for routine needs; plans to have trends inform training and process updates
- Described the access metrics that will be measured on a monthly basis
- Supervisors will conduct file audits at 30 and 90 days to verify documentation of language preference, accommodation and use of interpreters/aids when indicated; with deficiencies to be corrected within 5 business days
- Access indicators will be included in routine reports and will be ready to provide supplemental documentation upon request
- Will post a weekly HSS schedule with at least 20 in-person hours open for participant contact (field, home, common areas, community sites); HSS staff will reserve floating blocks for walk-ins/outreach, ensuring real access beyond published in-person hours
- Plans to spread hours across multiple days, with at least 1 early evening block, and weekend as needed, to ensure work schedules, transportation, or health issues do not create barriers
- Individualized housing stabilization plan will record preferred days/times of participant
- Plans to use remote contact only when approved by the Department, with the default being in-person contact
- Plans to align hours with CE workflows so when a unit is matched or a lease step is due, HSS availability will be immediately actionable
- HSS will be delivered where Participants are—at home, on site, or in the community around scheduled social events—to minimize no-shows and logistical barriers
- Review of housing stabilization plan will be conducted at least quarterly, or after any critical event, to ensure adequacy and right-sizing of service intensity
- Housing Navigators backfill Personal Time Off/illness so the 20-hour floor is never missed; supervisors are trained to step in if needed; a live on-call HSS line for property partners and tenants for de-escalation, safety planning, and linkage to crisis resources when staff are not onsite
- Early tenancy coaching will be offered in the first 60-90 days, with increased visit frequency to prevent early lease violations; and mediation with property managers through Housing Navigators to de-escalate issues before the violations or issues threaten housing
- Assistance with accessing MaineCare services will be provided and will ensure proper billing with tenancy supports and navigation to complement medical/behavioral care
- For access to non-MaineCare community-based services, will utilize formal and informal relationships and assist with SSI/SSDI through SSI/SSDI Outreach,

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Access and Recovery (SOAR) referral, SNAP/TANF, utility assistance and other stabilizing resources that directly protect housing retention
- Will provide evening blocks for HSS, field visits and alternative accessible locations when a property feature impedes access
- Plans to ensure HSS is fully integrated with all ancillary supports through formal partnerships and MOUs; participation in monthly multidisciplinary care coordination case conference meetings to align service plans and address housing stability barriers; coordination across providers to ensure integrated service plans; technology integration through leveraging of HMIS for secure data sharing and ensuring real-time updates on Participant progress and service utilization; and use of warm handoffs
- Shared service plans will be implemented to develop integrated service plans that incorporate housing goals and clinical or social supports, ensuring alignment across providers
- Will implement financial controls and separate cost centers for HSS and MaineCare services
- HSS staff will be trained to verify MaineCare eligibility
- Review of Participant records in HMIS and MaineCare will be completed to identify existing services and providers, maintain a service inventory for each Participant, clearly define HSS functions from clinical or case management services provided by MaineCare or other programs
- Will ensure appropriate services are billed to MaineCare through compliance audits; monthly internal audits; and participation in Department-led reviews to ensure adherence to billing requirements
- Will implement an In-Person Service Delivery Strategy including dedicated field-based staff ensuring availability for home visits, landlord meetings, and community-based support
- Will use a “scattered site model” and leverage spaces like library, town sites, park and higher education spaces for community events
- Virtual services will only be used when in-person delivery is impractical due to Participant preference, safety concerns, or public health emergencies—and only with Department approval
- Any alternative delivery requests will include justification, Participant consent, and a plan to return to in-person services as soon as feasible
- Continuous feedback through collection of Participant input via surveys and case reviews, to adjust scheduling practices and improve accessibility
- Engagement during supportive onboarding and training will be practiced including pre-employment orientation covering workplace expectations, confidentiality and trauma-informed practices; skill development through offering training in relevant skill areas to prepare Participants for success; and mentorship through pairing Participants with experienced staff for ongoing guidance and support

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- Will maintain a list of entry-level positions suitable for Participants, such as administrative support, peer navigator roles, and program assistants and provide job descriptions, qualifications, and application guidance in accessible formats
- A volunteer program will be implemented and include roles such as event support, peer mentoring, and community outreach and ensure flexible scheduling and task assignments aligned with Participant interests and abilities
- Will ensure all employment and volunteer opportunities comply with Department policies, labor laws and ADA requirements and will provide accommodations, as needed, to support individuals with disabilities or other barriers to employment
- Participants will be informed of opportunities during intake, case management sessions and through agency newsletters and postings
- A dedicated point of contact will be maintained for inquiries related to work and volunteer roles
- Participation in work or volunteer activities will remain voluntary, and not a condition of tenancy, consistent with Housing First principles; and opportunities will be designed to enhance self-sufficiency and community engagement, without interfering with housing stability

G. Housing Stability Services (HSS)

- Tenancy will never be contingent on HSS participation, or any ancillary services; services will be offered as options to empower Participants to select supports that align with personal goals; and use of transparent communication at intake and through ongoing engagement where staff will clearly explain that participation is voluntary and will not affect housing eligibility or retention
- Will utilize an individualized service planning that reflects Participant priorities, preferences and identified strengths; goal-oriented support focusing on Participant-defined goals; and trauma-informed practices
- Will engage in regular scheduled outreach check-ins, e.g., through monthly in-person visits or calls and to maintain connection and offer support; relationship building through use of Motivational Interviewing and active listening; strengths recognition to highlight Participant successes and capabilities during interactions to reinforce empowerment; provide flexible engagement through offering informal opportunities for connections, such as community events or resources fairs, without linking attendance to service requirements; and consistent presence to maintain a visible and approachable staff presence in housing sites to normalize engagement and reduce stigma
- Will provide eligibility screening and enrollment support of insurance coverage, including hands-on support with applications, renewals and documentation through in-person and virtual appointments; partner with certified MaineCare Navigators for real-time eligibility checks; and educate Participants on coverage options, rights and responsibilities and advocate for expedited processing when coverage lapses risk housing stability

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- Will perform a review of Participant needs during intake and ongoing assessments to identify applicable MaineCare services, including facilitate direct introductions to MaineCare-approved providers through warm handoffs and scheduling of initial appointments and will ensure billing compliance for MaineCare billable services, through coordination with providers and internal financial controls
- Will screen for disability benefit eligibility and refer to SOAR specialists for expedited application assistance; connect Participants to Non-Emergency Transportation (NET) and local transit programs; assist with Supplemental Nutrition Assistance Program (SNAP) applications and referrals to food pantries and community meal programs; and provide guidance on Temporary Assistance for Needy Families (TANF), General Assistance and other state/local resources
- Will coordinate access primary care providers, federally qualified health centers and preventative care programs; refer Participants to outpatient and residential programs, including Medication Assisted Treatment providers; participate in multidisciplinary team meetings with clinical providers to align housing and health goals; and maintain protocols for emergency referrals to crisis stabilization units and detox facilities, when needed
- Housing Navigators will be trained in serving as the primary contacts for navigating insurance, benefits and clinical resources
- Quarterly reviews will be conducted for referral processes and Participant feedback to enhance service integration
- Every Participant will receive a welcome and safety packet at enrollment and updated as needed; plain language and language access; and in-home visual prompts, with Participant permission; will affix small, discreet crisis-number magnets near phones/charging stations
- Welcome and safety packet will include a one-page emergency and crisis quick card that includes multiple resources; will include a QR code to a mobile-friendly resource page mirroring the card, updated in real time, and program after-hours instructions; and a ROI option for streamlining warm handoffs during Crisis
- All materials will be written at approximately a 6*th* grade reading level and be translated to the top non-English languages used in the service areas, accompanied by language identification aids and available in large print upon request
- Crisis information will be embedded into individualized plans and everyday practice through safety and stability planning; teach-back and rehearsal for practicing what to do in Crisis and/or other situations (e.g., if feeling unsafe); and closed-loop referrals and tracking
- On-call coverage will be staffed live 24/7/365 by trained personnel who can de-escalate non-clinical situations; determine if the Participant needs behavioral health crisis intervention or emergency services; and initiate appropriate warm transfers; on-call staff will remain on the line until the Participant is successfully

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connected to the appropriate resource and staff confirms that handoff is complete
- All after-hours contacts will be logged into EmpowOR and have the assigned HSS staff follow up on the next business day to ensure needs are met and update the safety plan, if needed
- Will implement a rotating schedule with backup coverage to prevent gaps with the on-call system
- For non-emergent needs and crisis stabilization, plans to have HSS staff provide a warm handoff to local behavioral health partners that HSS agency has existing collaborations with, using existing MOUs/relationships, and adding to HSS-specific agreements as needed
- Quarterly validation of crisis numbers will be conducted, instructions on the Quick Card, magnets and the webpage to ensure changes are made when there's an update
- Plans to log post-event contacts in EmpowOR, with unresolved needs automatically flagged for supervisory review
- Will assist Participants with building durable independent living skills by addressing priority Social Determinants of Health (SDOH) across the 5 domains recognized by Healthy People 2030
- Detailed content of the coaching and workshops include tenancy sustainment and rights, financial capability, food and nutrition security, health access, transportation problem solving, and digital readiness and safety
- Services delivered in 1:1 coaching, small group workshops and peer support sessions
- Initial assessment and Housing Stability Plan will be completed within 30 calendar days of enrollment
- Will maintain and refresh a county-by-county linkage map to various listed services and partners
- Warm handoffs are completed with ROI and scheduled introductions, when possible
- Facilitation through direct scheduling, information exchange (as allowed) and feedback loops to ensure Participants move from referral to service activation without friction will be implemented
- Participant input for topics, timing and facilitation of on-site community-building social events will be guided through pulse surveys, suggestion cards and open meetings
- Coordination of transportation support to maximize attendance will be implemented
- Events will adhere to HSS agency safety and incident reporting policies and staff will be trained to de-escalate, document, and escalate per protocol
- Will document limitations and proactively identify housing and community sites that have suitable space

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- Will track Participant defined goals, completed linkages, class attendance and completion, and changes in SDOH conditions will align with Healthy People 2030 SDOH domains
- Program leadership to inform the Department of any alternative location needs within 2 business days of a constraint and will initiate the alternative-site protocol
- Plans to leverage current collaboration agreements to quickly secure community rooms, including libraries, town sites, FQHC spaces, parks/rec facilities and higher-education rooms
- Will provide a brief venue packet that indicates access, safety plan, dates, and insurance for Department review and upon confirmation, will finalize reservations and publish the calendar
- Should fixed sites be limited, will deploy pop-up/mobile sessions, and, where appropriate, virtual skill-building using teleservices within HSS agency practice
- Post-cycle summaries will be shared with the Department to continuously refine site choices, with summaries to include information on attendance, Participant feedback and outcomes
- Will deliver a structured, Participant-centered move-in process designed to reduce early tenancy risk and accelerate stabilization including pre-move coordination; move-in day orientation (on-site), review of work order and maintenance request procedures; and reinforce emergency egress/safety expectations
- To ensure Participants understand of their lease, rights and responsibilities, will use plain language, teach back, and translated materials through read-along review, teach back, and provision of a one-page lease summary, with digital copy stored in the Participant record; tenancy skills coaching, classes through ongoing 1:1 coaching, group sessions, and warm handoffs to Housing Counseling and financial capability offerings
- Home visits will be offered to reinforce unit care, trash/recycling, pest-prevention, quiet hours, guest policy, and rent/payment schedule
- A structured peer volunteer program will be established to recruit individuals with lived experience of homelessness or behavioral health recovery; with peer volunteers to provide companionship for community events, assist with skill-building activities and model successful strategies to maintain housing stability
- Plans to schedule and document all peer activities, whether by staff or volunteers, in EmpowOR, including clear role boundaries, supervision and outcome notes
- When appropriate, will connect Participants to statewide peer resources and local peer groups, ensuring alignment with the individual's preferences
- Plans to operate continuous live, on-call coverage and will connect Participants to Maine's Crisis System for immediate help
- Will operate under the HSS Safety and Health and critical-incident procedures; supervisors will review all crisis events within 24 hours to ensure correct reporting, mandatory notification when applicable, and quality improvements

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- Supervisors will audit record for completeness and timeliness, with trends to inform coaching, curriculum updates, landlord engagement strategies and event design; with findings available to the Department upon request
- Specific anticipated Crisis intervention to be provided when HSS staff are in-person or on-call outside of connection to Maine's Behavioral Health Crisis System was not indicated in this response
- Plans to deliver Harm Reduction as a practical, Participant-centered approach, meeting people where they are, to reduce the negative consequences of substance use and strengthen safety and dignity while respecting autonomy
- All HSS sites will integrate Harm Reduction across orientation, day-to-day supports and crisis response
- HSS staff will provide plain-language education regarding safer use- mixing, tolerance, using alone, overdose risk factors and safety planning in the home and community
- Core service components of harm reduction include Participant education and individual safety planning; overdose prevention and response education and training; warm linkages to care, recovery, and harm reduction partners; health protection and safer use supports, post-overdose follow-up and stabilization; community building with harm reduction access points
- Harm Reduction is embedded in daily practice and coordinated with 24/7/365 on-call support
- On-site and alternative-site community events may include discreet Harm Reduction education tables and facilitated conversations with Partners, with naloxone access offered. Will ensure age and setting appropriate approaches and partner coordination
- Communications and employee materials will include pathways to treatment and recovery resources to normalize help-seeking and reduce stigma
- Case management will include a comprehensive assessment and housing stability plan, tenancy support and eviction prevention, care coordination and community linkages, electronic referrals and closed-loop follow-up, health and behavioral health navigation, harm reduction and post-overdose support, and social determinates of health problem solving
- Initial contact will occur within 2 business days of referral or enrollment, with ongoing cadence matched to acuity and Participant preference
- Will only share the minimum necessary information for ROIs
- Housing Navigators will act as primary points of contact, and peers/volunteers may augment engagement under staff supervision
- Supervision will be provided by the HSS Program Manager with clinical oversight by the HSS Clinical Director.
- Outcome indicators include housing retention at 30, 60, and 90 days

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- Should an external case manager be engaged, will coordinate a warm handoff and share, with consent, an updated plan and linkage status and will remain available for tenancy-specific support, as needed
- Will complete a structured Supports and Services Inventory within the Participant file
- Plans to use established engagement, consent, and documentation workflows to complete an initial assessment of Ancillary supports and natural supports within 30 calendar days, with the following outline described: engagement, consent and ROIs on days 0-5; supports inventory and verification on days 3-15; gaps and risk review on days 10-25; and supervisor quality check and plan inputs by day 30
- Should no current needs assessment exist, plans to complete a holistic, person-centered assessment within the same 30-day window, and indicated the domains it will cover, the anticipated structured approach and the plans for documentation and closed loop follow up
- Should a needs assessment be previously completed, will with Participant consent, integrate the assessment, and provide a description of the anticipated steps when this is the case, including integration of the assessment's findings into the Housing Stability Plan
- Participant needs will be reassessed at least annually after the initial assessment, with reassessments to also occur whenever there is a significant change in status
- Described the anticipated reassessment content and method, and indicated reassessment will be offered on site, in the community, or via phone/video to reduce barriers, following teleservices guidance
- Plans to reconfirm or update ROI, with only the minimum necessary information shared
- Described plans for integrating the reassessment with the Individual Service Plan (ISP)
- Should a Participant be unavailable or declines the reassessment, HSS staff will document outreach attempts "(multi-channel)", discuss risks/benefits, and propose alternative modalities or times; supervisors will review any non-completion within 10 business days to ensure another attempt or a mitigation plan
- Provided a description on the use of an existing assessment with Participant consent, including consent and data intake; validation and relevance check; structured crosswalk to the ISP; care team coordination and feedback loop; and ad hoc updates and annual compliance (e.g., if the external assessment is older than 12 months or materially incomplete, will have staff complete a focused reassessment)
- Electronic health record generates automated reminders prior to due date
- Goals anchored to Participant-identified aspirations
- Interim plan updates will occur after meaningful changes such as a new job or income change

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- HSS staff will set 30/60/90-day check-ins after critical milestones like move-in and post-crisis to verify tasks are active and goals remain relevant
- With Participant consent will share a concise plan summary with relevant partners (e.g., primary care, counseling, recovery supports and landlord/tenant mediation resources) to align roles and reduce duplication
- Plans to use a person-centered, trauma-informed and strengths-based planning process
- After each reassessment HSS staff will update the individual service plan
- Participants will choose where and how to meet and who to invite and may change their plan at any time and may limit or revoke information sharing via updated ROIs
- The ISP template includes 6 sections/domains: health and behavioral health; relationships and natural supports; harm reduction; life skills; housing support; and care coordination; will map assessment findings using a standardized crosswalk with each section to contain at least one Participant-defined goal and concrete action steps with owners and dates
- Dashboards will flag overdue referrals, missed follow-ups and upcoming annual reviews so no item is lost, and corrective actions will be tracked to closure
- Provided a comprehensive description of anticipated activities pertaining to individual service planning for each of the 6 sections/domains
- Supervisors will conduct monthly audits to verify that each ISP includes domain-specific goals and action steps, current consents, active tasks and timeline updates; with findings to drive coaching and Standard Operating Procedure (SOP) refinements
- The ISPs are Participant directed and plans can be changed at anytime
- Provided housing specific scenarios and how the Crisis Plan guides action
- Crisis plans are required to include early warning signs and triggers, Participant-preferred coping and stabilization steps, medications and health support, crisis contacts and escalation pathway, safety steps for unit safety, roles of natural supports and providers, and post-event follow-up
- Crisis plan is reviewed at least annually or after any significant event
- Each Participant's crisis plan is available digitally to authorized staff, is printed for the Participant to keep, and a one-page summary is maintained by on-call staff
- Crisis plan is developed during the assessment to plan process
- Crisis Plans to be written at approximately a 6*th* grade reading level and reviewed with teach back and translated Crisis Plans to be provided in the top non-English languages used in the service area
- Will have accessible alternative formats for Crisis Plans available upon request
- Natural supports with a brief "Supporter Version" of the Crisis Plan will be provided with consent
- An individualized mitigation plan will be opened within one business day of the HSS learning of the adverse action, will focus on immediate stabilization plus

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root-cause resolution of both historical and current barriers; and be documented in the Participant's file; include immediate stabilization actions; targeted barrier resolution; landlord/Participant communication plan, and court and compliance support; and remain active until the adverse action is resolved and Participant demonstrates sustained progress for at least 30 days
- Adverse incident intersects with behavioral health or substance use, HSS staff will update the crisis plan
- Once the HSS Program Manual is available will align all workflows so that ISPs, Crisis Plans, and Mitigation Plans follow the Manual's required review intervals and documentation standards
- Describes how "compliance" will be operationalized on day one of the HSS Program Manual's publication, through policy ingestion and compliance matrix created within "business-week 1"; configuration of workflow updates inside EmpowOR; use of version control and audit visibility; and, within "business-weeks 1-2", will engage in change management and staff readiness through issuance of a Staff Advisory that summarizes plan-review rules and will provide micro-trainings in team meetings/supervision, and crosswalk agency's Safety and Health procedures to the manual
- Utilization of ongoing controls to ensure timeliness will be met with automated reminders and escalations; monthly quality checks; quarterly internal audits; and language access checks
- Will have annual pre-scheduled reviews for individual service plans, with interim reviews completed when a trigger occurs; follow the Manual's periodic requirements for Crisis Plans and re-check post incident; and for mitigation plans, stated "accelerated review cadence during risk periods (e.g., weekly or Department-defined) until the adverse action is resolved"

H. Staffing

- Provided a description of how the on-call line will operate: live answering by trained personnel; identity, consent and safety check on call pick-up; and language access
- If there are multiple calls, the system immediately forwards to back-up on call responder
- On-call staff follow a scripted decision path to ensure consistent, appropriate triage and escalation including assessment of imminent risk to life or safety, behavioral health crisis, overdose concerns, non-emergent but urgent HSS needs, general questions or routine requests
- Every on-call contact generates a time-stamped note
- Participants receive the on-call number on a wallet card and magnet, and in welcome materials written in plain language; translated versions are available
- Plans to have all on-call responders complete and keep current training in de-escalation, suicide risk awareness, overdose response/naloxone, confidentiality/ROIs and emergency procedures.

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- Supervisors will conduct a weekly audit of sample on-call encounters during the first 90 days of program launch, and then monthly audit, to confirm triage accuracy, documentation completeness, language-access compliance and timeliness of handoffs; with trends to inform coaching and SOP updates
- Upon request, large-print, high-contrast and pictogram-aided summaries of when to call the on-call line, 988 or 911 will be provided
- On-call responders will confirm Participants' preferred communication method at the start of each call and will be able to pivot to text relay or interpreter, as needed
- A "C-Team", multidisciplinary group will work collaboratively across all agency departments and with community partners to address complex barriers faced; stated HSS Program Manager is a C-Team member
- Program Manager and the Housing and Energy Services Directors will provide staff supervision; with clinical supervision to be provided by the Clinical Director
- Regular supervision includes case reviews, reflective practice, and compliance monitoring
- Approach is rooted in the "Whole Families" model
- Limited detail provided related to HSS staff having at least one year of experience providing direct services to individuals experiencing homelessness or one year of direct lived experience with homelessness
- Should additional staff be needed for program scaling, will consider interested program Participants who meet position qualifications for employment
- Staff participate in ongoing professional development, including trauma-informed care, motivational interviewing, and Housing First principles
- Plans to adjust staffing levels and roles based on real-time demand and acuity trends, aligned with available funding
- All staff will receive supervision and clinical supervision
- Plans to maintain a network of volunteers, including Participants, to provide in-person peer support
- Staffing is concentrated in Bangor with over 600 actively homeless; "Needs based staffing structure"
- Considers candidates with lived experience
- Will maintain up-to-date directories of local providers for real-time referrals
- Plans to engage in monthly touchpoints with provider liaisons to ensure staffing remains aligned with service availability and Participant needs
- When staff are not physically present on-call systems are in place
- CoC CE will be actively engaged to align staffing with unit availability and anticipated Participant inflow ensuring staff are prepared to respond to new referrals and housing opportunities
- Staff participate in annual training cycles that include refreshers on core competencies and updates on evolving HSS practices; training is provided more

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frequently in response to life-changing events, new information, or Participant-driven changes to service plans
- Staff training needs assessments will be conducted regularly; will maintain a calendar of professional development opportunities, including mandated annual trainings and additional sessions that are tailored to employee needs
- Training is embedded into regular supervision sessions, team meetings, and staff development plans
- Training participation is tracked through HR (Human Resources) and department records
- Direct service staff receive supervision weekly and as needed from program manager and monthly clinical supervision
- Did not indicate the anticipated training facilitator for each training and instead provided a list of three training facilitators (human resources department, external consultants and online platforms) to refer to all indicated trainings
- Did not indicate which listed training would be required prior to interacting with Participants
- Listed specific, agency-required training as well as HSS program-specific training
- Indicated which trainings would be in-person, online, or a mix of both
- Indicated competency-based assessments are used to evaluate training effectiveness
- Plans to provide training more frequently in response to life-changing events, new information or Participant-driven changes to service plans
- Plans to embed training into regular supervision sessions, team meetings and staff development plans; with supervisors to use these opportunities to reinforce best practices, address challenges and support continuous learning
- Before delivering any services, staff will undergo initial training that includes HSS agency onboarding, departmental orientation, and service-specific instruction
- Will collaborate with external partners such as Housing Authorities and other Community Action Agencies to deliver and benefit from joint training sessions
- Hiring practices consider persons with lived experience
- Training includes strategies for engaging Participants from various backgrounds, utilizing multilingual materials and incorporating traditions into service delivery
- HSS staff are encouraged to learn directly from families the Participant's norms and communication preferences
- Offers limited detail of how diverse staffing composition will be ensured
- Peer support roles will range from group facilitation to mentorship
- Plans to develop and sustain a robust network of in-person volunteers, including Participants, who will provide peer support through a structured, trauma-informed and community-centered approach
- Will actively recruit volunteers from Participant base, recognizing the value of lived experience in peer support

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- Participants who transition into volunteer roles are supported with supervision, training, and resources to ensure success and sustainability
- Monthly meetings will provide a space for feedback, issue resolution and community building

I. Participant Tracking and Confidentiality Requirements

- Will utilize HUD's Interactive HMIS Data Standards Tool and participate in training sessions
- Will enter required data into the Maine CoC HMIS, with Participant consent, following the Maine HMIS Data Quality Plan and Best Practices guide
- All data collection will comply with federal and state laws regarding protection of PII and PHI
- Has three licensed HMIS users
- Plans to only enter data for Participants that have completed the HMIS Authorization to Disclose Information form to ensure informed consent and compliance with privacy regulations
- Participants will be informed of their rights, including the options to receive services without HMIS participation, as outlined in the HMIS Agency Participation Agreement
- All data will be entered in accordance with the timeliness standards defined in the Maine HMIS Data Quality Plan
- All staff are required to complete cybersecurity and privacy training at least annually
- Provided a comprehensive detailed response regarding how they will adopt and ensure they meet the PL-4, RA-1 and RA-5 controls
- Will participate in periodic audits and quality assurance reviews to validate compliance
- Will enforce multi-factor authentication for staff accounts
- HSS staff training for HIPAA and confidentiality during onboarding and annually
- All data is stored on secure networks behind firewalls and malware filters
- Will use an Active Directory with complex passwords changed every 90 days and have role-based management-authorized permissions
- Hard copy records are stored in locked cabinets with access limited to authorized personnel and offsite storage is secured and access-controlled, with annual verification of authorized staff
- HSS staff and subcontractors sign written assurances of compliance and agreements to report breaches immediately
- Immediate notification will be sent to the Department and affected Participants, if there is an unauthorized access or disclosure, as required by law; collaboration with the Department to investigate, document, and respond to the breach; and will provide notifications in accordance with state and federal timelines (e.g., within 30 days or "without unreasonable delay", depending on jurisdiction)

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- Will ensure full compliance with all applicable laws governing confidential and sensitive data protection, including PII and PHI, through a comprehensive framework of policy, training, technology and breach response protocols
- Confidential information will be used solely for the purpose of fulfilling contractual obligations and will not be disclosed to unauthorized parties
- All information received from the State or collected during service delivery will be treated as confidential, including: PII; PHI; financial, operational and programmatic data; and any other data designated as confidential by the State
- Supervisors will monitor access logs and ensure compliance with internal and State policies
- Detailed staff access and training protocols
- Provided a comprehensive demonstrating an understanding the State will not consume any awarded Bidder's applications, but the awarded Bidder will consume one/more State application(s)
- At least two HSS staff members will manage critical incident reporting
- Designated HSS staff will receive training and access to use Acentra for reporting
- A structured and compliant Critical Incident Reporting process will be implemented that aligns with the finalized HSS program manual and critical incident policy
- All incidents will be logged, investigated, and reviewed by supervisors and agency's Safety Committee, with escalation procedures in place for serious events
- Plans to support Critical Incident data reports with provider records and additional documentation for Department validation

J. Performance Measures

- Offers a detailed comprehensive overview of the plan to meet performance measures
- Continuous Quality Improvement (CQI) and Corrective action- any metric not met for two straight quarters triggers a 30-day corrective action plan; identifying the calculation, data source, and responsible party for each measure

K. Reports

- Offers a detailed and comprehensive response

2. Staffing

- Did not include the one-year experience providing services to those experiencing homelessness or lived experience as required by the RFP for the Housing and Energy Services Director; Deputy Department Director; Clinical Director; Housing Coordinator; and Financial Analyst
- Housing navigator job description indicates working with Participants for a minimum of one year after lease up
- Offers staffing justification for all positions including supporting roles that will not be paid through the Department contract if conditionally awarded
- Has a solid plan in the event subcontracts will be utilized

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- Compliance Director and “C-Team” will not be funded directly through the resulting contract
- No indication was offered for the associated hours of service that will be provided in-person at the properties for each position

3. Implementation - Work Plan

- Delineated the workplan into two sections, one for start-up activities and one for implementation

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EVALUATION OF SECTION IV
Cost Proposal

Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
$498,133.00	**÷**	**$712,176.00**	**x**	**25 points**	**=**	**17.49**

	Points Available	Points Awarded
Section IV. Budget Narrative	**5.00**	**2.00**

Evaluation Team Comments:

- Budget narrative seemed to be a duplication of costs indicated in the cost proposal; Minimal additional detail was indicated in the budget narrative
- It may be reasonable to expect some MaineCare revenue contributing to the overall program
- Occupancy/Rent increases in each cost center- $17,762; $18,480; $19,227. Needs more detail on form 5 regarding “building allocation cost pool”. Total occupancy = $55,469 / 6 years = $9,244.33/yr
- Covers cell phones for 4 staff: Program Manager, Director, Deputy Director, and Housing Navigator. Client-related travel increases in each cost center- $8,987; $9,166; $9,350. Covers “cost based on weekly travel to Lincoln and Dover offices”. No travel from housing sites to community locations, but there is weekly travel to offices
- Technology costs increase in each cost center- $16,170; $16,823; $17,502 which covers “IT Cost Pool based on Agency wide cost allocation for computers/support.” Unclear if this covers capital equipment purchases
- Training & Education allocates $2,800 per cost center period. Covers “Trainings for Program Manager” 2,800/2 = $1,400 per year
- Three direct service FTE’s- Program Manager, and 2 Housing Navigators at two different rates of pay
- The Program Manager’s salary starts at 145,843 and ends the 6-year period at $177,584 = 21.7%increase over the period

APPENDIX I

State of Maine
Department of Health and Human Services
Office of Behavioral Health
NOTICE OF INTENT TO BID
RFP# 202508118
Housing Stability Services

Bidder's Organization Name:	**Mercy Hospital dba Northern Light Mercy Hospital**
Proposed Target Area (Hub) *Select **only** one (1) Hub per proposal submission*	
Hub	**County(ies)**
☐ **Hub 1**	York
☐ **Hub 2**	Cumberland
☐ **Hub 3**	Midcoast: Sagadahoc, Knox, Lincoln and Waldo Counties, and the Towns of Brunswick and Harpswell
☐ **Hub 4**	Androscoggin
☐ **Hub 5**	Western: Oxford and Franklin Counties, and the Towns of Livermore and Livermore Falls
☐ **Hub 6**	Central: Somerset and Kennebec
☐ **Hub 7**	Penquis: Penobscot and Piscataquis
☐ **Hub 8**	Downeast: Washington and Hancock
☒ **Hub 9**	Aroostook

Chief Executive - Name/Title:	Charles Therrien, SVP & Regional Present		
Tel:	207.879.3433	**E-mail:**	ctherrien@northernlight.org
Headquarters Street Address:	175 Fore River Pkwy		
Headquarters City/State/Zip:	Portland, ME 04102		
(Provide information requested below if different from above)			
Lead Point of Contact for Proposal - Name/Title:	Melissa Skahan, VP Mission & Integration		
Tel:	207-879-3185	**E-mail:**	skahanm@northerlight.org
Street Address:	175 Fore River Pkwy		
City/State/Zip:	Portland, ME 04102		

Provide a brief description of the Bidder's experience and ability to perform the work required within this RFP.

APPENDIX I

Housing Stability Services

Founded in 1988 by the Sisters of Mercy and redesigned in 2010 in response to Maine's opioid crisis, McAuley Residence (McAuley) is a two-generational housing and support program for families affected by substance use disorder (SUD). Operated by Northern Light Mercy Hospital, McAuley provides a housing-first, trauma-informed model that enables women to pursue recovery while living with their children. By keeping families intact and pairing safe housing with intensive wraparound services, McAuley addresses one of the most significant barriers to recovery: the forced separation of mothers from their children.

Why It Works

Unlike most recovery housing, which excludes children, McAuley eliminates this barrier by combining safe, stable housing with evidence-based services for both mothers and children. Women receive SUD treatment, counseling, parenting education, and career development supports, while children benefit from behavioral health interventions, developmental screenings, and school-based supports. This two-generational approach breaks intergenerational cycles of trauma, poverty, and addiction by addressing the needs of both parent and child simultaneously.

The results are durable and measurable: more than 450 women have graduated since the program's founding, 76% of whom remain in active recovery, and 100% who pursue continued education, from GED attainment to higher education enrollment.

Current Program Sites and Capacity

Each year, more than 1,600 women seek admission to McAuley, far exceeding current capacity. Today, the program serves 40 families across two sites, with a third recently added:

- Portland – High Street (18 units): Serving mothers with children up to age 12. Programmatic partners include Southern Maine Community College (SMCC), which provides academic and career readiness through Success Coaches, and The Opportunity Alliance, which delivers intensive parent coaching to help mothers build positive, nurturing skills.
- Bangor (14 units): Serving mothers with children up to age 12. Programmatic partners include Penquis, which provides coordination and community-based supports.
- Portland – Winter Street (10 units): Serving mothers with teenage children who require enhanced supports and trauma-informed behavioral health care. Programmatic partners include SMCC for Success Coaching and The Opportunity Alliance for trauma-focused - family therapy and parent coaching, ensuring continuity of McAuley's two-generational model.

Expansion Plans

To meet demand and expand access statewide, McAuley will add four new sites by the end of 2026: Houlton, Rumford, Rockland, and Skowhegan. Each site will include 10 apartments, extending McAuley's two-generational model to families in underserved and rural regions.

This expansion is being made possible through McAuley's long-standing partnership with Community Housing of Maine (CHOM). CHOM is a vital program partner, securing and managing the housing infrastructure for all McAuley sites, including the new expansion communities. A $15 million federal grant to CHOM ensures the physical housing will be in place, while Northern Light Mercy Hospital provides staffing, behavioral health, parenting, and recovery supports.

Houlton Site

This Notice of Intent to Bid specifically focuses on support for Houlton site, expected to open at the end of 2026 or early 2027. Meetings with local leaders have already been held, and there is strong enthusiasm for bringing McAuley to the community. In addition, Northern Light A.R. Gould Hospital in Presque Isle has expressed readiness to support the program with clinical and operational expertise, ensuring a strong foundation for implementation in Aroostook County.

Core Program Components

At every site, McAuley's two-generational model combines services for women and children:

- Housing-first stability: Structured, safe environment with accountability and support.
- Integrated clinical care: Trauma-informed counseling, group and individual therapy, relapse prevention, and medication-assisted treatment as appropriate.
- Parent coaching: Delivered by Community Action Programs, addressing generational poverty and trauma through daily coaching, modeling, and family skill-building. This service is provided by The Opportunity Alliance in Portland and Penquis in Bangor.
- Child & adolescent services: Developmental screenings, behavioral health therapy, play therapy, and school coordination to ensure children's needs are addressed.
- Success coaching: Provided by Community Colleges, supporting educational advancement, job readiness, and career development to build long-term economic stability.
- Peer recovery & aftercare: Recovery Coaches with lived experience provide ongoing support, connection to recovery communities, and alumni aftercare.

Evaluation and Sustainability

McAuley collects and analyzes data weekly, monthly, and quarterly on housing stability, recovery milestones, parenting skill development, child health and school engagement, and employment/education outcomes. This data is used for continuous quality improvement and shared with funders and partners.

The program is sustained through a braided funding model that includes state contracts (Bangor and Portland), private philanthropy and foundation grants, federal housing

partnerships with CHOM, and an emerging McAuley endowment campaign managed through the Northern Light Health Foundation.

For more than three decades, McAuley has provided a proven, two-generational model that transforms families and communities by addressing substance use disorder at its root. With expansion to Houlton and three additional rural sites and strong housing and care partners, McAuley is uniquely positioned to expand its life-changing impact statewide, keeping families together, supporting recovery, and building stronger, healthier futures.

Signature of person authorized to enter into the contract with the Department:	
Name (Print): **John Doyle**	**Title:** **VP Finance** **Northern Light Health**
Authorized Signature: DocuSigned by: John Doyle 01FD49BB7FC7495...	**Date:** 9/30/2025 | 10:56 AM EDT

STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 9
Bidder: Mercy Hospital dba Northern Light Mercy Hospital
DATE: October 29, 31, December 17, 2025, January 6, 2026

SUMMARY PAGE

Department Name: Health and Human Services
Name of RFP Coordinator: Casandra Manson
Names of Evaluators: Anna Ko, Michael LaBua, Taylor LaCroix, Sara Wade, Kelly Watson

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Pass/Fail Criteria	Pass	Fail
Section I. Preliminary Information (Eligibility)	**X**	
Scoring Sections	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**19.00**
Section III. Proposed Services	**40.00**	**10.00**
Section IV. Cost Proposal Budget Narrative	**25.00** **5.00**	**25.00** **3.00**
Total Points	**100.00**	**57.00**

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TEAM CONSENSUS EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 9
Bidder: Mercy Hospital dba Northern Light Mercy Hospital
DATE: October 29, 31, December 17, 2025, January 6, 2026

OVERVIEW OF SECTION I
Preliminary Information

Section I. Preliminary Information

Evaluation Team Comments:

Provided a signed Attestation Statement and Letter of Commitment from a Property Owner indicating ten (10) units are available to support HSS

STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES

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EVALUATION OF SECTION II
Organization Qualifications and Experience

	Points Available	Points Awarded
Section II. Organization Qualifications and Experience	**30.00**	**19.00**

Evaluation Team Comments:

1. Overview of the Organization

- Over three decades of experience working with individuals and families experiencing chronic homelessness
- Serves two-thirds of the State's geographical region, and almost half of the State's population
- Long standing history of delivering integrated health and behavioral health to women and families
- Community college staff are co-located to assist with education attainment
- Mission-based community programs include Gary's House (accommodation while a loved one is receiving treatment at a healthcare facility); Bruni Family Integrated Behavioral Health Program; Francis Warde which provides housing and services to "homeless immigrant women"; and McAuley Residence, which includes 4 locations for provision of a 2 generational program for families affected by substance use disorder (SUD)
- Provided a list of on-site partnerships including parenting support in partnership with Penquis CAP and The Opportunity Alliance; mental health counseling in partnership with licensed therapists across 5 different agencies; peer support programs through collaboration with local recovery organizations (e.g., the Portland Recover Community Center or The BARN); job readiness workshops in partnership with workforce development agencies, with some partners listed; financial readiness in partnership with Maine Savings Bank, Key Bank and CAP agencies; and wellness and healing in partnership with Highland Yoga Studio and Sea Change
- Three listed projects are relevant and related with the same reference contact person who is internal to the HSS agency

2. Project Team Organizational Chart

- Some positions listed seem to reference staff at other agencies, it is unclear if these staff would be financially supported under the resulting contract or separately; if oversight of the specific positions would be conducted by the HSS agency and/or if a different arrangement would be utilized

3. Litigation

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• Provided as required
4. Financial Viability
• Financial statement indicated strategic initiatives used to account for previous forecasting concern identified by the independent auditor
5. Certificate of Insurance
• Provided

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EVALUATION OF SECTION III
Proposed Services

	Points Available	Points Awarded
Section III. Proposed Services	**40.00**	**10.00**

Evaluation Team Comments:

Throughout the RFP, references to what the "McAuley Residence" does (e.g., "McAuley Residence employs", "McAuley Residence receives", "McAuley Residences currently"); many responses were provided in present tense language, as opposed to referring to what the HSS agency anticipates doing under the resulting contract, if awarded; all references to 'Houlton McAuley Residence or 'Houlton', specifically, refers to the anticipated property indicated in the provided Letter of Commitment

Throughout the proposal, language seems to suggest the plan for the HSS Units is focused on family reunification and a time-limited housing situation which does not align with the RFP or 22 M.R.S. §20-A

A. Administrative Requirements

- Referenced Maine State Housing Authority Point in Time Report indicating a decline in homelessness and increase in chronically homeless counts; however, no additional information was offered within the response, did not reference homelessness or chronic homelessness data specific to the proposed Hub
- Currently an enrolled MaineCare Provider and participates as a Housing Outreach and Member Engagement (HOME) provider with MaineCare Community Care Teams
- Stated Community Housing of Maine (CHOM) is currently a participating agency that submits data within HMIS, "These requirements are in place as we submit this proposal"; CHOM is the property owner for the anticipated property; no indication of becoming a Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency within 90 calendar days of the start of the initial period of performance
- Did not indicate ensuring compliance with the Housing First manual and Housing First statute
- Daily referrals are received from multiple sources, which does not align with Coordinated Entry processes
- Unclear if CE will be utilized for referrals or only to gain clarity on acuity

- Did not address how participation in the Maine CoC Coordinated Entry (CE) system or how notification to the CoC CE regarding availability of HSS Units will occur
- Will not advocate for admission of a specific family
- Naloxone will be required at the proposed site and be clearly marked in easily accessible locations
- Did not specifically address ensure the HSS staff have naloxone on-hand at all times when providing HSS
- Each naloxone kit will include instructions, visual aids, and multilingual resources
- HSS staff and Participants will receive regular training on proper use of naloxone and overdose response protocols
- Did not address policy guidelines or decision making; discussed roles of partners; referenced other service contracts; grievances are responded to within 48 hrs; policy and phases available upon request
- Phase system for participants with milestones; unclear if the phase system aligns with the guidelines of HSS services
- McAuley Residence will use an electronic and paper survey tool for administration of annual satisfaction surveys; under ten (10) questions to allow for open-ended, free text responses, and to garner deeper resident feedback; will communicate results to the Department and convene an internal team to identify annual goals with measurable impact
- Quarterly reports will be shared with residents to ensure all interested parties can see evidence of the feedback driving improvement efforts
- Did not address providing survey assistance to Participants
- Did not address development and provision of the satisfaction survey to the Department for approval within 60 calendar days of the initial period of performance
- McAuley Residences currently keeps individual family files to allow for shared delivery of services; and releases are signed and progress notes kept for care coordination and will do so for the anticipated services at Houlton as well
- Use of “family files” does not address maintenance of a record for each Participant

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- Within the first 30 days, Participants receive referrals to service providers
- Monthly meetings with community providers/external partners to identify and engage a broad base of service providers
- Did not address establishment and/or maintenance of formal and informal relationships with providers for other services; or an anticipated plan with MaineCare providers aside from describing current formal partnerships at existing McAuley Residences, and only referred to informal relationships for the anticipated property
- Listed 5 separate service topics (“Housing”; “Behavioral Health Services”; “Parent Educator”; “Education, Financial Literacy, and Job Readiness”; and “Community

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Organizations") with associated provider(s) and status of that partnership; specific services each partnership was unclear
- Plans to finalize agreements prior to occupancy for all indicated service topics, aside from housing which is indicated as "completed"
- Has begun monthly meetings in Houlton which provide an opportunity for informal and formal relationship development with providers in Aroostook
- Will include partners in on-going weekly and monthly meetings to ensure coordinated and efficient delivery of Participant services
- Aside from a description of current community providers for existing McAuley Residence services, did not specifically describe how the HSS agency will establish and maintain formal and informal relationships, as applicable, with other non-MaineCare service providers in the local community in order to address Participant needs, ensure timely access to assessments and services and ensure permanent housing maintenance
- Will seek to develop a collaborative relationship with the Aroostook County Action Program, the PATH provider in Aroostook, to discuss Housing First and service programs
- Solely referenced discussing Housing First with a PATH provider but did not specifically address provision of education on Housing First with community-based organizations, such as PATH providers

C. Property-based Partnerships

- Did not address offering of ongoing education and minimum education provision prior to the first Participant signing at least annually and when new property-associated staff are hired
- Did not address how development and implementation of strategies in collaboration with the owner and property management entity to mitigate common reasons for eviction; states "We embrace together [CHOM, property owner and Bidder] all opportunities to connect and ensure that all needs are met and that services and interventions are responsive to the complex needs of families"

D. Minimum HSS Units and MOUs Requirements

- Will ensure the Department is fully informed if an apartment becomes unavailable and will submit a detailed plan with options for continued services
- Did not address engagement in collaboration and outreach with existing and potential new property owner(s)
- Did not specifically address notifying the Department within the required 7 calendar day timeframe for when a previously identified HSS unit is no longer available
- Have a fully executed agreement established with CHOM for expansion of McAuley Residence; and can refine the executed agreement, if necessary
- Did not specifically address providing copies of executed Memorandum of Understandings (MOUs) with property owner(s) within 30 calendar days of the start of the initial period of performance

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- Did not specifically indicate ensuring the executed MOU meets the listed requirements in the RFP
- If additional units are needed/identified, an MOU will be executed within 7 days and share such with the Department
- Did not detail how notification to the Department would occur for concerns related to property ownership

E. Participant Outreach Prior to Tenancy

- In partnership with CHOM and CE, will have McAuley Residence staff ensure necessary documents are secured to fully execute a lease agreement which will require partnership with the potential residents' health and social service providers, CE and homeless outreach providers; did not address Participant consent as it pertains to partnership with the potential residents' health and social service providers
- Aside from documentation of Chronic Homelessness, did not address maintenance of supporting documentation within the Participant's file indicating their eligibility to receive Housing First services
- All locations of McAuley Residence have waitlist of several homeless or housing insecure families which does not align with the required referral pathway for HSS

F. Programmatic Requirements

- Adheres to policy and regulation and ensures language is not a barrier to any service provided or employment, with policy provided upon request
- Did not address ensuring accessibility, outside of interpreter services, and ensuring HSS is provided with minimal barriers to accessing services
- Did not indicate how services will be no less than twenty hours per week and adequately meet the needs of Participants
- Will use Acentra Health to avoid duplicative or unnecessary services
- Staff work with Participants to obtain MaineCare coverage and continuity of coverage
- No indication provided directly regarding billing MaineCare but coordinating with MaineCare providers
- Did not address ensuring HSS is integrated with all Ancillary Supports
- Will give priority to onsite versus telehealth or virtual services; and noted, at times, follow up or brief encounters can be well handled using telehealth, including education courses or services and parenting support; "if solely virtual", will have McAuley Residence staff secure approval from the Department, which does not meet the requirement of garnering Department approval for policies and procedures not delivered in-person, regardless of amount (e.g., "solely virtual")
- McAuley Program Manager ensures access to services that meet family needs, including early in the morning and evening hours; and adjustments are made to participant program plans and schedules, as needed, to provide flexibility

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- Addressed current service provision as opposed to anticipated service provision in relation to methods for interested Participants to work and/or volunteer within the agency

G. Housing Stability Services (HSS)

- McAuley Residence embraces a strengths-based approach supporting all members of the family
- Did not address ensuring all HSS are provided voluntarily through a person-centered approach
- Did not address how engagement with Participants regularly would occur to build rapport and encourage participation, regardless of HSS participation
- Did not address offering and assisting Participants with accessing, maintaining, and navigating MaineCare services
- Basic needs such as food and transportation are provided to families until the family can access systems and services for ongoing resources; did not indicate how to facilitate the connection to the basic needs resources
- Will work closely with Financial Counselors who are employed by organization to secure and maintain insurance coverage
- Development of strong rapport with providers outside of their system will be critical to the Houlton launch and the September meetings in Houlton were the beginning of that effort
- Plans to have a close partnership with Aroostook Mental Health Center (AMHC) (crisis provider and Certified Community Behavioral Health Clinic (CCBHC)
- Did not specifically address ensuring Participants have sufficient information and resources available, including contact information, to access needed services to address any emergent needs in a timely manner, including contact information to connect with the Behavioral Health Crisis System
- Did not indicate collaboration with the Department regarding alternative locations for provision of community building social events should there be difficulties related to the provision of onsite community building social events
- Offer weekly seminars, community dinners, and social events
- Did not address move-in assistance or mediation
- There is opportunity to receive detail such as lease and facility orientation in writing and verbally
- Behavioral Health Crisis (Crisis) intervention was not addressed related to providing Housing Support and other stabilization services to Participants
- Provides a detailed packet of information during move in that is reviewed individually
- Employs a peer support specialist for connection and support
- Did not specifically address offering and providing Harm Reduction services for the anticipated property and solely referred to current services provided; only providing Naloxone, HIV/ Hep C testing

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- Did not address Participant consent as it pertains to choice of a case manager, and response suggests that the HSS agency will provide case management services to Participants who have an external case manager, without indication on how duplication of services will be avoided
- A comprehensive needs assessment includes medical, behavioral health, and social history as well as current providers; however, did not indicate how to ensure initial assessment of the Participant's existing Ancillary Support(s) and natural support(s) would occur within the thirty calendar days of request to begin HSS
- Will incorporate the external needs assessment into the client file and be used in the development of the individual service plan
- Families have the opportunity to meet weekly to articulate goals and ongoing progress notes are reviewed quarterly; however, did not explicitly address ensuring Participant needs are assessed at least annually, after the initial assessment. It is unclear if goal articulation by the family/resident is fully inclusive of an assessment on Participant's needs
- No indication regarding use of an already completed assessment for development and update of a Participant's individual service plan, if already assessed by Ancillary Supports in that year, with Participant consent
- Did not describe how assessments would be used to develop individual service plans or be updated annually or more as needed
- McAuley staff actively manage care coordination "until the resident can manage effectively independently"; it is unclear if Participants will be able to retain housing if the Participant declines HSS services (a Basic Principle of Housing First Services)
- No indication provided regarding ensuring all individual service planning addresses, at minimum relationship building and maintenance and Housing Support
- Harm Reduction related to individual service planning was not addressed
- Overall minimal response to developing an individual Crisis plan with Participants as part of their overall individual service planning, as applicable
- "Each new family develops a crisis plan upon entry, as it relates to self and their children" it is unclear if Participants will all be families with children
- Crisis plan may include natural supports, custody agreements, or other court orders and the individual's choice of crisis providers to engage with in the event of an emergency
- Intake includes review of past housing and treatment to develop a plan for success in the Participant's new home
- Did not include individual mitigation plan or how to reduce barriers for permanent housing
- Did not describe how all application review timelines for individualized service, Crisis, and mitigation plans would be followed as published in the program manual

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- Did not indicate plans would be updated when new information is obtained and/or the Participant elects to change their plan(s); and not solely when a life-changing event occurs

H. Staffing

- Minimal detail provided for ensuring on-call support is available when staff are not in-person to ensure Participants' needs are appropriately triaged; indicates on-call support will be available if McAuley staff are not present
- Participant will set criteria with staff to determine when to escalate to crisis providers or other emergent services
- Did not indicate a plan to ensure all staff have at least one year of experience providing direct services to individuals experiencing homelessness and/or at least one year of direct lived experience with homelessness
- Group supervision occurs with an external Licensed Clinical Social Worker and individual supervision occurs with licensed clinical staff
- Staff model includes licensed clinical staff, educators, persons with lived experience and parent educators
- Recovery coach or peer support role will complete requisite certification and will also have experience in a residential setting
- Focused on need for youth mental health provision and did not clearly describe staffing alignment with the needs of all Participants
- Engages with a consulting agency to provide monthly group supervision and weekly individual supervision for licensed clinical staff
- HSS staff at all locations attend quarterly professional development and attend conferences around relevant topics such as trauma informed care, motivational interviewing, youth trauma, intimate partner violence, and substance use
- Did not address ensuring all staff, not solely licensed clinical staff, receive regular supervision from qualified clinical personnel
- All anticipated training topics (Motivational Interviewing, Trauma Informed Care, Confidentiality, and Cybersecurity), aside from "MOAB" (acronym not defined), are required annually
- No indication of anticipated training facilitators
- Did not indicate which training(s) would be required prior to interacting with Participants
- Will ensure all staff have completed trauma informed care and Motivational Interviewing training within thirty (30) days of hire
- "Other staff" have a depth of training and licensure to serve families with trauma, homelessness, substance use disorders and mental health needs; unclear whom "other staff" are that is being referenced
- Partners with multiple "ethnic based community organizations, cultural brokers, and has experience serving Native American Families" and can incorporate these resources, if any need emerges to bridge any cultural gap

- Provided limited detail on how the HSS agency will ensure staff composition is diverse and culturally sensitive and reflects the Participants' cultural and communication needs
- "Sponsorships" are provided within the recovery community and by Alumni
- Plans to solicit volunteer peer support and mentorship of Participants of McAuley Residence in Houlton from the local region
- Did not address including Participants in the HSS agency development and maintenance of a network of volunteers, nor on ensuring in-person volunteers

I. Participant Tracking and Confidentiality Requirements

- Tracks and submits data to multiple partners as performance data is paramount to donors, foundations, and governmental funding
- Collects data "that is included in the HUD HMIS data elements", and will continue these data collection practices
- Offered minimal detail for ensuring Participant data collection includes HUD HMIS universal data elements
- There is concern data will not be entered into the HMIS system based on the statement that "the McAuley Program Manager will coordinate data sharing with Community Housing of Maine for entry to MCOC HMIS"
- Did not address ensuring Participant permission prior to data entry
- In partnership with CHOM, McAuley Residence staff will ensure policy is followed and necessary insurance is secured, as described in Rider B-IT, Section 19; unclear why CHOM would be involved in the HSS agency's insurance policy
- Confidentiality and cybersecurity training is required annually for all agency and McAuley Residence staff
- Did not specifically address implementing risk assessment and vulnerability scanning policies and procedures
- McAuley Residence is within the agency and "therefore, well trained in all areas of confidentiality and maintenance of sensitive information", including annual compliance education, required training, audits and ongoing newsletters.
- Did not address ensuring compliance with all State and Federal laws regarding protection of confidential and/or sensitive information collected or maintained or notifying individuals in the event of unauthorized access or disclosure
- Confidentiality is paramount as a "covered entity" and will be in place at onset of service delivery, per policy and practice
- Did not specifically address complying with all confidentiality requirements outlined in the IT-Service Contract, under B-IT, Section 30
- States "CHOM currently submits data to HMIS and in partnership, this process will continue"; but did specifically provide an understanding of the State will not consume any awarded Bidder's applications, but the awarded Bidder will consume one/more State application(s)
- Limited detail provided to reporting Critical Incidents to the Department following Department Critical Incident policy, once the HSS program manual is finalized by

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the Department; indicates Critical incidents are currently reported to Acentra Health and intends to continue this process at the Houlton location
J. Performance Measures
• Met requirement
K. Reports
• Met requirement
2. Staffing
• Three program manager job descriptions with different qualifications and responsibilities, unclear which job description reflects proposed staffing structure • Did not provide justification for each staffing position (e.g., Family Education and Supports Coordinator), as required. • Recovery Support Specialist was not a position listed but two job descriptions were provided • Job descriptions did not include one years' experience providing services to individuals experiencing homelessness and/or direct lived experience with homelessness as required for all staff, per RFP • Provided LCSW/LMSW/LMSW-CC document but does not include the job descriptions, only the duties and qualifications • The Family Education and Supports Coordinator job description is on The Opportunity Alliance' letterhead • Program Manager is responsible for the subcontractor or consultant performance and relationship • Job description' justification incudes "Licensed Clinicians", but the position was indicated in the staffing plan • Parent Coach "is staff from the Community Action Program that is co-located at McAuley Residence" there has been no previous mention of a co-located Community Action Program at the anticipated property • Each position would start within 30 days of occupancy; concern that there was no specification on staff starting prior to occupancy • Staffing plan did not include hours to be included in-person at the property
3. Implementation - Work Plan
• Work Plan did not outline month by month nor did it provide who was responsible for each task • Occupancy will not occur until Fall 2026; environmental process is still underway • Included a "Braided Financial Strategy" task, where the HSS agency will continue to pursue funds for programmatic support through an endowment, donors, grants and contracts • Work Plan was sparse and did not address all applicable program development and implementation tasks for the initial period of performance (becoming a CoC HMIS participating agency within ninety (90) calendar days of the initial period of performance; development and provision of the satisfaction survey to the

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Department for approval within sixty (60) calendar days of the initial period of performance; or development of policy guidelines for HSS)

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EVALUATION OF SECTION IV
Cost Proposal

Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
$145,363.00	**÷**	**$145,363.00**	**x**	**25 points**	**=**	**25.00**

	Points Available	Points Awarded
Section IV. Budget Narrative	**5.00**	**3.00**

Evaluation Team Comments:

- It may be reasonable to expect some MaineCare revenue contributing to the overall program
- Material and supply expense of 1,500 for year 1 only covers the purchase of a laptop; Consultants line allocates 7,200 in Year 1 and Year 2 for a total of 14,400 which covers supervision of licensed clinician at $150/hr. x 4 hours per month
- One direct care, LCSW, at 20 hours per week; no indication of coverage or back up staffing; no indirect staff listed; concerns this work time allocation will not sufficiently meet Participant needs
- Discrepancies between the budget/budget narrative and the organizational chart

STATE OF MAINE
INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER NAME: Catholic Charities Maine
DATE: 10.22.25 & 10.29.25 (Eligibility); and 10.31.25, 11.4.25, 11.5.25, 11.6.25
EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: DHHS/ Office of Behavioral Health

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
• Bidder signed the attestation form. • Included a letter of commitment with a property owner in Portland for up to twenty-five (25) project-based rental assistance units and up to thirteen (13) tenant-based rental units; all at one location/address. • Property owner did not fill out question number three (3) on the letter of commitment form indicating how the property owner intends to work with the Bidder, if awarded a contract, to support provision of HSS, including on-site services. However, the included, signed services agreement between the Bidder and the property owner does include delineation surrounding the Bidder's anticipated on-site service provision (e.g., reference to "on-site staffing"). • Property's "authorized agent" signed the letter of commitment form. • Bidder included a signed services agreement documentation between their organization and the property owner for the indicated property and associated units. The effective date for the service agreement is September 15, 2025. • The signed service agreement also includes that the property owner, at their expense, will install elevator controls and keycard access; security cameras in common areas within the property and exterior perimeter, including a viewing station for Bidder's staff; and installation of motion triggered alerts for exterior doors, that can be accessed by, and alerts provided to, "on-duty" agency staff. • Site existence confirmed.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
• Has provided services in Greater Portland and across Maine since 1966, with services available regardless of religious affiliation. • Stated that the chronically homeless population are disproportionately represented in the at-risk populations they serve. • Stated they have been an effective steward of public contracts for more than fifty (50) years in Maine, and have had contractual partnerships with the Department, MaineHousing, U.S. Department of Justice, U.S. Probation and the federal AmeriCorps.

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- Stated programs include regional behavioral health services for adults and children, including a men's substance use residential rehabilitation program and noted they have a broad spectrum of co-occurring capable services.
- Indicated they currently act as a service provider at Freedom Place, a 38-unit single room occupancy woman's residence in Portland. Bidder's provided letter of commitment is also for the same property.
- Stated their agency's core values are respect, integrity, compassion, hospitality, excellence and stewardship.
- Member of the nationwide Catholic Charities USA (CCUSA) network.
- Stated they have been nationally accredited by the Council on Accreditation (COA) for twenty-five (25) years.
- Referred to a 2023 project where they, in conjunction with MaineHousing, local governments and local social service partners, designed and implemented transitional housing with embedded housing navigation to assist with the needs of asylum seekers in Maine; with the program successfully wound down September 2025, with 100% of clients transitioned to permanent housing.
- Stated their staff include those with lived experience.
- Provided a list of services and experiences by the agency that are relevant to the services being procured: Behavioral Health Network; transitional Recovery housing; transitional housing; independent support and homemaker services; refugee and immigrant resettlement and vocational/employment coordination; "Relief and Hope emergency micro-grants and community referrals"; Dental and Orthodontic Center; and an active community of over four hundred (400) volunteers.

Project 1:

- Relevant and related service.
- Transitioned to act as a Service Provider at Freedom Place in Summer of 2025 and is still currently acting in this capacity.

Project 2:

- Related service (residential support).
- Stated they were awarded two (2) contiguous grants in 2022 and 2023 for residential substance use disorder (SUD) treatment.

Project 3:

- Relevant and related service.

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• Referred to their Asylum-Seeker Transitional Housing Programs (ASTHP) work (July 2022 to September 2025) where they provided transitional housing support and on-site services in Saco and South Portland. • Indicated programs resulted in 82% moved to permanent housing in Saco and 59% to permanent housing in South Portland. • Stated their program was highlighted as a national model by Refugees International and the Women's Refugee Commission.
2. Project Team Organizational Chart
• It is unclear to this evaluator if the provided organizational chart for housing support services at Freedom Place (anticipated property) also includes existing staff that are currently providing supportive services at the property.
3. Litigation
• Two (2) cases indicated, both settled.
4. Financial Viability
• Financial Statements with an independent auditor's report were provided for: September 30, 2022 and 2021; September 30, 2023 and 2022; and September 30, 2024 and 2023.
5. Certificate of Insurance
• Provided and current.

Part IV, Section III. Proposed Services
A. Administrative Requirements
• Stated their anticipated property in Portland is an established, abstinence based, supported housing property in downtown Portland that's designed to provide residence to thirty-eight (28) women who, at time of referral, experienced homelessness with complicating factors, including emotional well-being concerns, reentry following incarceration and/or domestic violence. • Stated their anticipated property aligns with Housing First principles and is already a participant in the regional Continuum of Care (CoC). Although Bidder indicated their anticipated property aligns with Housing First principles, the requirement of abstinence at the anticipated property is not in alignment with the Basic Principles of Housing First Services which states Participants do not have to be in treatment or recovery from mental illness or substance use disorder or possess all of the skills necessary to live independently at the time they move in. • Stated they are the embedded service provider organization at the anticipated property. It is unclear how the Bidder will ensure services provided to HSS Participants will avoid duplication of services currently available by the Bidder.

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• Stated that the anticipated property, prior to this Fall, utilized a different embedded service provider; and since this Fall the Bidder, with funding from MaineHousing, acts as the service provider for the property. • Although the provided letter of commitment noted up to thirty-eight (38) units may be available for HSS at the anticipated property; Bidder indicated in their response here, to Part II, that only ten (10) of the units will be made available for HSS. Bidder does indicate they are open to discussion on making further units available. • Stated "Few available Housing-First or "like" options exist in Southern Maine". • Does not anticipate use of subcontractors. • Stated the homeless population in Portland has increased over the years and referred to a Point in Time Count Report" that indicated a sixty-five percent (65%) increase in homelessness from 2015-2023. • Referenced various factors that have contributed to and exacerbated the homelessness concern in Portland. • Referred to the HUD published publication on Housing First, "Evidence Matters; Housing First – A Review of the Evidence", as it pertains to Housing First programs' 80% retention rate.
1. • Are currently a MaineCare provider and approved to provide TCM; plans to apply to become a CoC Homeless Management Information System (HMIS) participating agency within ninety (90) days of award. • Stated they were previously enrolled as an HMIS participating agency when they held the PATH contract from 11/2012 through 9/2018. • Stated they are prepared to re-enroll as an HMIS participating agency and they currently still have employed staff who have experience with the HMIS system.
2. • Stated their teams have done research into the Housing First model internationally and nationally; and have reviewed Housing First model documentation on how to successfully integrate Housing First principles with recovery residence principles and referred to an array of core elements indicated in the January 2025 California Interagency Council on Homelessness report. • Indicated they plan to meet people "where they are"; however, further re-iterated that Bidder anticipates utilizing an abstinence-based housing model at the anticipated property. It is unclear how the Bidder anticipates assisting an eligible Participant in their region if that individual is not actively in recovery. The Basic

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Principles of Housing First Services do not require the Participant to be in treatment or recovery from substance use disorder. • Plans to become a CoC Access Point. • Stated "abstinence can be a strategy that fits within the spectrum of ... Approaches, so long as the participant is able to choose that as their preferred recovery method and change their mind when necessary"; if the anticipated property requires abstinence, it is unclear how it would be possible for an individual who uses drugs to "change their mind when necessary" and still maintain housing at the anticipated abstinence-only property. The Basic Principles of Housing First Services do not require the Participant to be in treatment or recovery from substance use disorder. • Stated, if a Participant leaves the program voluntarily, through discharge or is removed, the staff must offer, and if the Participant accepts, provision of assistance in accessing other housing and services options.
3. • Stated they maintain close communication and coordination with the anticipated property's facility owner, who also oversees property management. • Stated they communicate with facility teams consistently from referral, during unit occupancy and through unit vacating. • Stated they are in constant communication with the property management company and are kept abreast on when units are slated for vacating and associated timelines. • Stated, upon landlord approval, they will notify the CoC and CE regarding HSS Unit availability, following requirements, guidelines and/or best practice. • Stated they have met with the CoC's Hub 2 Coordinator to learn about CoC; and stated they are a current Access Point. • Stated that, through clear role definition, their designated staff will be a consistent part of case reviews and will conduct themselves in a neutral and objective manner.
4. • Stated they have an established Medical Director and Board of Directors' approved Opioid Overdose Prevention and response Plan that spans their Behavioral Health Network programming; and HSS will be included under this Plan. • Stated their Behavioral Health Network team members have an established relationship with local municipal prevention programming to support Naloxone training and availability.

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• Plans to have HSS staff trained in operational protocols and administration of naloxone and will maintain naloxone on-site and accessible by staff to residents.
5. • Stated they are currently in their early stages acting as a current service provider for the anticipated property. • Plans to use and balance resident voice coupled with required and best practices for policy production. However, as required by A.5, Bidder did not refer to how they will ensure policy guideline for HSS decision making, program operations and monitoring will be developed prior to HSS service provision. • Plans to engage in operational oversight of the ten (10) HSS Units in alignment with the non-HSS Units; while staying conscious on honoring and fully executing specific HSS requirements. • Stated their organization has a comprehensive grievance and complaint process, staff are educated on the process and they inform clients of their right to grieve. • Stated they have an internal reporting structure for grievances and tracking, and plans to utilize this for HSS residents, with nuances to address HSS specific requirements.
6. • Stated, as a nationally accredited organization, they operate under a robust Performance Quality Improvement (PQI) protocol; and stated stakeholder satisfaction surveys are one (1) element they utilize to gauge service quality. • Stated their organization includes all programs in their stakeholder survey process and residents, including HSS Participants, of the anticipated property will be incorporated into the protocol for voluntary and anonymous feedback and input. • Plans to provide support to participate in the feedback survey, as requested by Participants. • Plans to make the resulting data from satisfaction surveys available to stakeholders via marketing, facility postings and through their agency's SharePoint performance dashboards; and stated that through this process, they hold themselves accountable to continuous quality improvement and organizational goals. • Plans to create a custom survey that considers Participant accessibility and understanding in order to support understanding, empowerment and a healthy response rate. • Plans to provide the survey template for approval to the Department within sixty (60) calendar days of the initial period of performance.

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7.

- Plans to broaden the use of their client management system to include HSS; the system they utilize is called Credible.
- Prior to implementation, plans to conduct a thorough assessment to identify which current practices can be expanded to include HSS Participants, and what practices may warrant adjustment to ensure contract adherence.
- Plans to extend their shift-to-shift noting system to include HSS via Microsoft Teams; and indicated this technology will be available to staff on-site through tablets and other computer hardware provided by the Bidder and select remote staff.
- Plans to have their organization's Privacy and Information Security Policies and Procedures apply to the resulting contract to ensure sensitive, personal information, including Protected Health Information (PHI), 42 CFR Part II information and other state and/or federally protected information.

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

1.

- Stated they work to maintain seasoned relationships and are continually seeking and nurturing budding reciprocal relationships
- Stated the proposed anticipated property location is located close to their most comprehensive behavioral health program site, their Behavioral Health Network-South, which has co-occurring capable, continuum of behavioral health programming that, should a Participant be interested and per their choice, can utilize for clinical evaluation, treatment provision and/or participation as a member of their client driven care team.
- Provided a non-exhaustive list of available programs and services qualified Participants can receive, funded through MaineCare Department contract and/or philanthropy.
- Stated as the current anticipated property's service provider, they are progressively implementing workflows for existing residents that Bidder states can be reasonably transferred to the HSS Participant panel.
- Stated they have MOUs and formal contracts with MaineCare; OSA grants for uninsured (opioid health home, outpatient and residential); regional crisis providers; vocational training organizations; laboratory services; specialized pharmacy and infectious disease testing services; interpreter and translation support services; medical and detoxification program providers; specialized outpatient providers; methadone clinical services; and medication prescribing services.

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- Stated they also maintain informal relationships with dozens of community-based providers.
- Plans to, as needed to support provision of HSS, quickly ramp up through leveraging existing, long-standing relationships while developing new relationships to ensure Participants' longevity and success.
- Stated they commit to ensure all relevant formal and informal relationships across the provider and support community to ensure Participants have timely access to the required services listed, and described specific services that will be available.
- Stated they maintain an over sixty (60) page Resource and Referral Guide for staff to identify and inform clients of available community-based services.
- Stated formal or informal relationships with other services include the Portland Police Department-Behavioral Health Unit Liaisons and the United States Probation Office (USPO).
- Included a partial list of some of their partners and service collaborators in Southern Maine, including hospitals.

Provided Attachment 6.

- Listed about eleven (11) various organizations that the Bidder currently has an MOU with and included copies of each of the MOUs.
- Bidder listed four (4) entities they plan on exploring MOUs and formal arrangements with. The anticipated service(s) to be provided by the proposed agencies they will explore relationships with was only noted for one (1) of the four (4) listed entities.

2.

- Stated their agency has Independent Support Services "(Homemaker services)" for qualifying individuals; and has a robust network of volunteers and community social institutions, including Portland Public Library, vocational support services, religious/secular organizations, and the State of Maine's Literacy Hub.
- Stated they leverage positive working relationships with providers and entities, including resources that address food access/security, basic furnishings (Furniture Friends), community-based peer support services (Peer Recovery Community Center), Recovery-oriented programming (India Street and Harm Reduction Center) and self-help community meeting engagements.
- Stated their agency also has two (2) unique resources they can utilize: the Mother Teresa Fund that provides up to two hundred fifty dollars ($250) to pay for a broad range of qualifying one-time client expenses; and a partnership with the Showtime Hospitality Foundation based in Freeport that provides new, high quality, season-specific clothing to Bidder's clients.

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• Stated they have a long-time partnership with the Cheverus High School Thanksgiving Day turkey drive. • Plans to facilitate resident engagement with other community-based resources, including Good Renters courses, financial literacy workshops and health and wellness materials. • Plans to have their initial outreach supports include collaborative partnerships and educational sharing support for housing procurement and coordination with community services and benefits, per Participant choice and voice. • As clinically recommended, will have staff ensure accurate and timely assessment of needs, level of care placement and enrollment in community-based services through referral and ongoing communication with collaborating service providers. • Stated they have "partner support" that engages in outreach efforts if care engagement drops off. • With Participant consent, plans to have outreach action include reaching out to natural supports, healthcare partners and community outreach to known safe spaces.
3. • Plans to provide resources and education to residents on the Housing First model. • Plans to provide initial training to residents upon entry, with ongoing support and coordination, as needed, to assist residents in navigating and managing the housing process. Examples of initial training include training on "How to be a Good Renter"; personal finances and budgeting; and support on advancing Activities of Daily Living essential to housing success. • Plans to also engage community providers for onsite workshops and/or individual support on specific processes. • Stated they previously managed the PATH contract for five (5) years in Maine and the person who led that contract is still working at the agency today.
C. Property-based Partnerships
1. • Stated the company (property owner and property manager) of the anticipated property is a socially conscious company; and has developed and actively manages several housing facilities across Maine, with a focus on affordable housing, including Project based Vouchers (PBVs). • Stated the property owner company was recently awarded Home for Good projects in 2025 and is versed in the concept of Housing First; but acknowledges that each owner/property manager/service provider team will

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have unique variations and relational dynamics that warrant ongoing investment through consistent communication, process development and evaluation and improvement, mutual respect and collaborative training. • Stated they are developing several iterations of training for property owners, to include pre-implementation, which would occur prior to first lease signing; annual; and new facility training as part of their program specific training plan. • Plans to have training and ongoing education include Housing First principles; trauma informed interactions; recovery environment; and the specific programmatic framework of the anticipated property. • Plans to make trainings available in person and in a digital format.
2. • Stated they and the property owner company, in its property management role, have defined pathways for supporting communication on resident maintenance, lease, financial and other property management expectations. • As a first step, plans to offer Participants the opportunity to engage in training to assist with proactively addressing property management and HSS staff to preventatively address common barriers to sustained housing. • Plans to utilize active communication to initiate the mitigation process. • Stated if communication and training does not result in resolution, additional steps include an initial written process to identify lease violations and focus a on respectful resolution with the resident. • Stated they will maintain vigilance onsite to observe any risk behaviors or resident guideline infractions; and the formal mitigation process will be driven by the property owner company. • Stated subsequent mitigation related actions, up to and including eviction, are the responsibility of the property manager/owner. • Provided a table indicating the designated roles between the property owner company and the Bidder. • Plans to have weekly resident engagement activities with staff in the form of weekly floor meetings, service coordination, health and wellness activities and peer support resources.
D. Minimum HSS Units and MOUs Requirements
1. • Stated, as units become vacant at the proposed property, and at the property owner/manager company's discretion, ten (10) units will methodically be allocated at HSS Units until it reaches the ten (10) minimum units agreed upon in the RFP-resulting HSS contract.

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• Stated they and the property owner/manager company are committed to maintaining a minimum of ten (10) units for HSS. • Stated the Bidder is also open to discuss expanding the number of units available for HSS at the anticipated property. • Stated, to structure a scaled operation and meet Department requirements, they and the property owner/manager company are developing a system whereby the property owner can provide the Bidder with advanced notice once units suitable for HSS are slated for vacancy; with exact timelines for notifying the Bidder to be determined jointly by Bidder and property owner. • Plans to develop a strategy to mitigate risk of falling under the ten (10) HSS units availability requirement.
2. • Plans to execute an addendum to their service agreement with the property owner, and will provide copies to the Department "within the 30-day window". • Stated they are currently collaborating with the property owner on the RFP proposal and budget and anticipate they would be able to easily meet the MOU timeline requirement. • Stated the property owner will ensure the Bidder has access to the building for general operations and emergency services, including common areas for program activities.
3. • Committed to meeting the requirement.
4. • Plans to have weekly meetings with the property owner at scale up and then at least monthly thereafter. • Plans to have a standing item on their agenda to assess any situations or dynamics that may risk or result in HSS Units becoming unavailable. Should such an event occur, Bidder will, with authorization from the property owner, report the issue to the Department.
E. Participant Outreach Prior to Tenancy
1. • Stated, as individuals are identified as potential Participants, they will collaborate with existing care team members and engage the participant in a holistic screening and assessment process to ensure current needs, acuity and goals are assessed. • Will have HSS available a minimum of twenty (20) hours per week for a minimum of ten (10) HSS Units, and stated services will meet Participants' needs to build independent living skills, explore volunteer and vocational

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opportunities, engage steps to maintain housing and access necessary MaineCare and other appropriate clinical and community-based services.

- Plans to consider existing milieu dynamics "to ensure admittance of the potential Participant is aligned with the Freedom Place community and culture of safety, stability and life recovery." This is not in alignment with the Basic Principles of Housing First Services which states that Participants do not have to be in treatment or recovery from mental illness or substance use disorder or possess all of the skills necessary to live independently at the time they move in. HSS Participants are not required to be in recovery.
- Stated, if the Participant is qualified for and willing to engage, for rapid intervention purposes, the Bidder will offer the Participant a referral to wrap around services by the Bidder and/or other Participant-preferred services by a different community partner.
- After Bidder's screening and applicable assessment(s), they will work alongside the potential Participant, under the property owner company's lead for entry into the property management side of the process.
- Plans to work as a partner in the process to field questions and offer support to the potential Participant, and through lease up and move in.
- Upon receipt of referrals from the CE Point list, plans to have their HSS Community Resource Intake Coordinator log the referral receipt and initiate a safety screening.
- Stated, if significant psychiatric or medical concerns are present which require "immediate response", they will take actions as appropriate to engage the Participant in higher level support for stabilization; and once immediate safety needs are achieved they will revisit the referral process.
- Stated all other referrals will be supported in reviewing "eligibility and readiness", including housing voucher status; accessing financial support for required security deposits; and providing referral for Participant requested ancillary support such as application to MaineCare, community wrap around supports and bridging to vocational and/or volunteer opportunities.
- As they confirm Participant "eligibility and readiness", plans to connect the Participant with a property management representative who will initiate the rental application process, and provided a description of what the process will include.
- As it pertains to the mentioned "readiness" review; unclear if this includes consideration of the Basic Principles which indicates Participants do not need to possess all of the skills necessary to live independently at the time they move in.

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- Plans to house all point of access documentation in their electronic health record.

F. Programmatic Requirements

1.

- Stated they will provide staff with their job description and all necessary training and ongoing support requirements and standards, as required and per Housing First principles; including minimal barriers to service and ensuring staff maintain a working knowledge on how to interact with individuals with complex histories and needs, language support and to support accessing additional systems of care.
- Stated they measure all programming continually on performance, in alignment with services expectations, including client satisfaction and Program specific quality indicators and outcomes.
- Stated staff have experience with understanding requirements around language access and linking to and communicating through interpreters.
- Stated they train staff at orientation on Title VI of the Civil Rights Act of 1964 regarding limited English proficiency.
- Stated they make necessary resources available to staff at all times, including written protocol for accessing an interpreter or Maine Relay.
- Stated they hold a contract with Lango for translation services, and if a language is not available through Lango, they will seek alternative resources for interpreter services.

2.

- Stated their electronic health record (EHR) system has service performance data reporting capacity that supports real-time access and monitoring of progress and barriers to progress.
- Plans to review all service plans on a time specific basis with the Participant and staff, to be reviewed/approved by a qualified supervisor.
- Will include referrals to eligible MaineCare and other community-based services in each resident's Individual Services Plan.
- For their data reporting, they will include ensuring that the twenty (20) hours of HSS is adequately meeting Participant needs, or if Bidder will need to recommend enrolling the client in other service offerings by the Bidder or other community-based providers.
- Stated HSS staff will provide twenty (20) weekly hours of on-site support, including: intake assessment coordination, resident orientation and initial coordinating communication; conducting of initial resident meetings; assisting with Individual Service Planning; identification and resourcing for essential

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needs (food, hygiene, laundry and other Participant identified needs); ongoing monitoring contact; motivating, educating and supporting opportunities; for healthy individual and group relationship connections; ongoing communication and meetings with staff, community partners, and property management; and provisioning of workshops and activities to promote positive emotional and physical health, choice and change.
3. • Stated their EHR logs enrollment and can accurately reflect status at any given moment; and as an individual "scales up or down" in programming, their EHR updates to show a comprehensive view of the individual's residency, HSS participation and Bidder/community provider wraparound supports and service plan. • Stated, at the resident's request or authorization, they can provide advocacy and service delivery monitoring support. • Will ensure HSS services do not duplicate other services received by the Participant through managing information, including utilization of the living Individual Services Plan to be held in the comprehensive client record. • Stated their EHR has security measures that ensure only authorized staff are able to view the broadest record scope, with reviews to occur at regular intervals per the individual, and no less than thirty (30) days from move in and then at least quarterly thereafter. • Plans to update their standards as necessary, upon release of the HSS Guidelines. • Plans to include clearly documented role definition across all HSS staff to prevent duplication of services. • Plans to log Bidder's service delivery in the integrated client record. • For services not provided by the Bidder, plans to have clear, ongoing communication between HSS staff, the resident and external providers/supports documented in the client's record at routine intervals and monitored to avoid service duplication and update or refine, as necessary. • Referred to anticipated processes for avoiding duplication of services when a Participant is referred to Bidder's existing continuum of services.
4. • Stated residents will receive HSS services on site. • Stated clients are given choices around timing for individual and group sessions to best meet their needs. • Stated their structured, supportive, client-centric environment focuses on "Life Recovery", and not only substance recovery; and they involve the residents,

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landlord and other service providers to develop the best solution for peer-supported care and to create a supportive recovery environment. • Stated they will have resident meetings to air concerns and design collective solutions and will invite and train residents for roles in management of the community as resident mentors, peer leaders and event managers. • Plans to implement a continuous feedback loop within the culture of accountability and a commitment to recovery. • Indicated they understand the need for Department approval regarding standards for HSS not provided in person and will operate accordingly. • Stated on-site services will be available to meet residents' needs, and will include early morning, early evening and weekend availability. • Plans to have an on-call Clinical Supervisor manage 24/7 support and requests.
5. • Stated tiered, voluntary participation in volunteer, vocational, educational and/or employment activities will begin at initial orientation and increase from there: "Tier 1 Activity" will include orientation for the initial thirty (30) days with a minimum of ten (10) hours of activity; "Tier 2 Activity" will be from thirty to ninety (30-90) days with a minimum of fifteen (15) hours of activity; and "Tier 3 Activity" will be "90+ days" and include twenty-five to thirty-five (25-35) hours of activity. • Stated residents with demonstrated progressive levels of stability and responsibility may be recruited or can apply for peer mentorship/leadership roles at the anticipated property. These activities may include peer mentoring, event management and site maintenance. • Bidder stated, as it pertains to peer mentorship/leadership roles, "This would provide both a financial opportunity for these individuals and leverage the value of the peer role in supporting the milieu in the recovery and personal growth process." As it pertains to "financial opportunity", Bidder did not state Participants would be provided with a salary or payment for peer mentorship/leadership roles at the anticipated property; and as such, it is unclear to this evaluator what the Bidder is specifically referring to as it pertains to the "financial opportunity" reference. • It is unclear if there would be peer mentorship/leadership role opportunities available for Participants that do not follow the "Tiered, voluntary participation" outline.
G. Housing Stability Services (HSS
1.

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• Stated their protocol engages individuals through a trauma-informed, person-centered, strengths-based approach focusing on outreach and nonjudgemental relationship building. • Stated they believe all clients, including HSS recipients, are the content experts of their own lives and define success in their own terms. • In conjunction with their Health and Wellness Coordinator, as a component of the individual service plan, will work to establish well care goals to include participation in annual primary care visits, recommended well care checkups, and will support follow up on healthcare provider recommendations. Bidder did not specify if this healthcare establishment would be voluntary. • Stated Peer Support engagement can begin at initial assessment and continue through discharge planning and follow up. • Did not address G.1.a. on how the Bidder will, regardless of HSS participation, engage with Participants regularly to build rapport and encourage participation.
2. • At initial point of contact, stated if the client does not already have insurance, they will provide support to apply for MaineCare, Medicare or Veteran benefits; and will have staff provide information regarding the relevant steps to assist Participants with sustaining their insurance coverage without disruption. • For those that do not quality for state or federal insurance, will have "HSS providers"[staff?] review programs that provide grant-based services, sliding fee scales and options for purchasing insurance through resources such as through CoverMe.gov. • Plans to have HSS staff engage Participants periodically to re-apply for MaineCare or other insurance, as circumstances or MaineCare service eligibility changes. • Stated client needs will be determined via the assessment process. • After client education and consent, will have HSS staff make referrals for appropriate MaineCare programming including Section 13, 17, 92, 93 or 65 services. • Stated their community-based array of integrated services includes a full complement of mental health and SUD treatment services; and they maintain longstanding and successful relationships with other community partners that provide specialty care and health care services. • Stated at initial contact and following the initial assessment, will have HSS staff discuss and review recommendations for support with clients, including an overview of all service options and identification, by client choice, of the services that will best meet their need.

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• Plans to make effort "at each stage" to eliminate duplication of any provided HSS services that are available through MaineCare or other sources. • Stated during the initial meetings where community partner resources are identified, plans to support bridging of the client through provision of information and assisting with calling the resource, scheduling and attending appointments, as relevant. • Plans to review options for community-based services referrals with Participants to ensure they are informed on all available services, including those that support their identified needs and choices. • Additional services Bidder stated their staff are trained to help navigate with include: community-based emotional and physical health support services; volunteer and vocational services; language support services; educational and job training support services; re-entry and legal support services; and opportunities for joining and contributing to community gatherings and events. • Did not explicitly address offering and assisting Participants with accessing, maintaining and navigating transportation and food access in this response; however, did address this in separate responses in Part II.
3. • Stated all enrolled individuals are provided contact information for staff and 24/7 on-call, mobile crisis, emergency services and the warm line. • Plans to post contact information in multiple, visible locations throughout the facility, including on every client's door. It is unclear if client consent will be sought for posting of information on their doors. • Plans to confirm client's ability to independently reach out to needed emergency resources during onboarding and one-to-one assessment.
4. • Plans to have HSS staff conduct a World Health Organization Disability Assessment Schedule (WHODAS) at initial assessment to assist with identifying skills needed for daily living; and will add the WHODAS conclusion to the assessment summary and include it in individual service plan goals and objectives, as prioritized by the Participant. • Plans to bridge Participants to Maine's single Assessing Services Agency (ASA), Maximus, to determine the need for in-home supports, as needed; and, should in-home care hours be approved, plans to encourage Participants to access this support through a community provider of their choosing. • Plans to screen for food insecurity, in addition to other social determinants, during initial point of contact.

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- Provided an anticipated list of activities they may provide, per interest from Participants.
- Plans to review Participant's income, employment and vocational needs at initial contact to establish short and long-term goals throughout individual planning meetings.
- Plans to regularly invite vocational service partners to host job training and information sharing workshops and offer enrollment and support for Participants that are seeking direct support with obtaining employment or strengthening job skills.
- Plans to offer free and/or supported educational and job training programs that they will offer to Participants to support with ongoing career and job skills training.
- Plans to have all staff receive training in the cognitive behavioral and systemic interventions that were introduced in Ruby Payne's "The Framework for Understanding Poverty". Plans to also include the principles in this training within the development of their "New Tenant Orientation", which will also include topic focused workshops such as "Navigating Community Systems" and "Time Management".
- Stated the anticipated property has several community rooms that are designed to support on-site social activities and resident group meetings. Stated each floor has a lounge area for communal and casual interaction.
- If off-site activity space is needed, Bidder and property owner will collaborate with local community-based partners.
- Commits to alerting the Department if they run into challenges with locating appropriate space.

5.

- Plans to share program structure and participant policies with prospective Participants to ensure informed decision making, prior to establishment of a formal HSS relationship.
- Once a Participant is onboarded for move-in, plans to deliver a consistent Participant orientation to further build rapport.
- Listed topics to be included with orientation, including a routine check-in schedule.
- Plans to provide ongoing support on an individual and case-by-case basis prior to and throughout tenancy to support understanding and implementation of lease obligations.
- Stated ongoing support may include collaborative support meetings with staff, including Peer Support, the property manager representative, Participant

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preferred natural supports, and the Participant, to ensure ongoing mediation for mitigation of barriers to sustainable housing. • Plans to have move-in assistance and lease comprehension be primarily provided by property owner staff, to be supplemented by leveraging support from Bidder's volunteer base. This does not meet the requirement of having the awarded Bidder provide move-in assistance and lease comprehension. • As it pertains to Behavioral Health Crisis (Crisis) intervention; Bidder did not address how they would provide such to Participants, and instead solely described how they will provide contact information for HSS staff, 24/7 on-call, mobile crisis, emergency services and the warm line. • Did not address provision of Housing Support to Participants as it pertains to assistance with recertification requirements, including preparation for HQS/NSPIRE inspections, as applicable.
6. • Plans to offer Community Workshops that support activities for health promotion, independent skill building, "maintenance of a safe and drug-free support network" and a variety of socialization activities. • Will ask residents to make suggestions for workshops and activities to support identified needs, preferences and goals. • Will have individual and workshop options for Peer-to-Peer and Peer Recovery Support. • Plans to make information available to residents on local prevention services that offer Syringe Service Program options and harm reduction support in the Participant Orientation Packet. • Provided limited information regarding anticipated Harm Reduction services to be offered and provided by the Bidder.
7. • Plans to review available services at initial contact, in planning meetings, during their New Tenant Orientation and, as needed, during in-home meetings. • Plans to perform and review for eligibility with the Participant service provider and behavioral health supports. • Plans to offer ongoing sharing of available resources through a central communication platform that is accessible to all Participants. • Plans to have initial onboarding include an assessment of the Participant's current case management; and if a Participant does not have an external case manager, Bidder will provide information for accessing such services, as needed.

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• For individuals without an external case manager and who do not wish to engage with an external one – plans to have their Community Resource Coordinator on-site who will be dedicated to coordinating and sharing resources, including behavioral health, social security, enrollment, transportation and other needs.
8. • For those without additional wrap around supports, they will have their Resource and Health and Wellness Coordinator staff ensure all available supports are reviewed with the Participant while developing a clearly documented plan of supports agreed upon by the participant. • Plans to codify agreed upon support in the Individual Service Plan, to be regularly reviewed every ninety (90) days after the initial thirty (30) day review. • Will discuss any adjustments needed to enhance participant goals or ensure mitigation of successful sustained housing for plan inclusion. • For Participants seeking services, will have HSS staff provide an overview of type and availability of services, including Bidder's Behavioral Health Network services and/or referrals to the Participant's provider of choice. • Stated referrals will engage the Participant in service screenings according to the scope of the Participant's expressed interests and eligibility and will include a review of immediate and historical risk, comprehensive assessment and recommendations, considerations of social determinants of health, evaluation of duplicative services and involvement of natural supports. • Plans to provide comprehensive screenings and assessments through a trauma-informed lens in a trauma-informed care environment to ensure physical, psychological, moral and social safety remain centric to the Participant and reflected in the next steps for care. • Plans to integrate information gathered through the comprehensive screening and through assessment of conversations into a written Psychosocial Assessment (PSA) and Individual Service Plans (ISPs). • Provided a description of what PSAs and ISPs will include. • Plans to, at first contact and throughout the care relationship, screen and assess for emotional and physical risk needs, to be completed with Participant input. • Should a physical or psychiatric risk be identified as immediate, plans to have the Community Response Intake Coordinator (CRIC) engage to initiate higher-level care support. • For those at risk of withdrawal, in active use or who identify opioid use support needs, will have the CRIC contact first responders to initiate a medical

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evaluation, if warranted. Should a higher level of care be determined at evaluation, they will then bridge the individual to the appropriate level of care. • For those that identify with suicidality, “homicidality” or symptoms consistent with a psychiatric need that requires inpatient stabilization and support, plans to bridge the individual through the clinical team, in collaboration with mobile crisis, to access identified care. •
9. • Will perform an annual assessment to inform the Individual Service Plan (ISP) and as part of their continuous engagement of resident needs and goal attainment. • Will obtain a release of information, contingent on consent, to garner an assessment from another provider if it was completed within the past twelve (12) months; and will use the assessment as the basis for subsequent service planning. • Plans to update ISPs quarterly and as needed, to reflect goal achievement or changes in need.
10. • Will have assessments, Participant and community provider input inform the ISP. • Will have the ISP collaboratively developed within the initial thirty (30) day stay, to be reviewed every ninety (90) days, at minimum. • Plans to have HSS staff actively and regularly utilize ISPs during day-to-day interactions, weekly and periodic review meetings and during individual and group skill building workshops and activities. • Will have the “HSS team milieu support” work from a trauma-informed perspective using principles of the sanctuary model and motivational interviewing to support Participants with achieving their defined recovery. • Plans to have ISPs include considerations for Participants to develop civic responsibility through engagement with community social institutions and through participation in community activities. • Plans to have ISP intervention implementation engage emotional and physical health risks with HSS staff and Participants, including supporting a shared problem-solving response to higher-risk situations, without jeopardizing housing placement. • Did not address development of person-centered, strengths based individual service plans.
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• Plans to have their Community Resource Coordinator on site at the property, and this position will be dedicated to coordinating and finding resources to support the whole person, including behavioral health, social security, enrollment, transportation and other needs. • Plans to have ISPs include encouragement and supports for relationships building, including family reunification, and development of a personal support network. • Only provided a description as it pertains to Harm Reduction in "traditional Housing First" and Harm Reduction in the context of a "recovery residence". Bidder did not address how they would ensure ISP addresses Harm Reduction (11.c.). • Plans to provide housing support in the form of daily living skills, as needed, and connecting the resident with support for housing transitioning, when warranted. • Plans to have care coordination completed with the full participation of the client, guided by their ISP framework, and supported by regular meetings with care coordinators on the Bidder's staff; to also include peer mentoring and support in the daily living environment.
12. • Plans to have an Individual Crisis Plan included with the development of each Participant's ISP. • Will develop Individual Crisis Support Plans with the individual's input as the primary driver, to be reviewed and modified at any time upon request by the Participant and/or the HSS team, property management or community team members.
13. • Stated they and the property management company have defined several pathways for communication support regarding resident maintenance, lease, financial and other property management expectations. • Plans to work with the property owner/management company to develop and implement structured processes for identifying, approaching, mitigating and managing common reasons for eviction. • Listed steps HSS staff, property management representatives and the Participant will engage in to assist with mitigating common barriers to sustained housing: early identification of risk factors; strengthening of Tenant-landlord relationships; integration of support services; utilization of Crisis prevention and intervention strategies; exploration of financial awareness and troubleshooting; engagement in eviction prevention review meting; engaging Participants in legal education and supports; and maintenance of ongoing program evaluation.

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• Plans to offer Participants the opportunity to engage in training to assist with proactively addressing common barriers to sustained housing. • Stated active communication with the Bidder, property management and the Participant regarding housing concerns, financial assistance and conflict resolution needs will initiate the mitigation process. • Stated early identification of risk factors will include monthly wellness and housing stability check-ins with Tenants; and utilization of Participants' self-reporting and HSS staff and property management reports to maintain awareness and increase early engagement regarding lease violations, financial instability or behavioral concerns. • Plans to have consistent and active engagement in wrap around and skill building activities to support sustained housing, and this will be an ongoing and essential function of their mitigation support plan. • Described what wrap around engagement will entail, at Participant's consent/willingness. • Stated, as needed, will develop an individualized mitigation plan based on historic experience, current needs and strengths. • Stated, should mitigation steps reach a point where eviction is unavoidable, an Eviction Review Meeting will be offered to the Participant, and will also include HSS staff, property management representatives, community support providers, and natural supports, as identified by the Participant. • Stated Eviction Review Meetings will include a final discussion of all previous steps to mitigate eviction and a discussion of next steps for transition planning. • Stated their relapse prevention and wellness plans include client-identified specific precipitating factors, observable signs to indicate potential struggle, names and contact information for people and/or entities whose support may be helpful and those that are not, and activities that could provide relief.
14. • Stated they are committed to following all applicable timelines for individualized services, crisis and mitigation plans; and will accomplish such by building on the existing standards currently at place at the anticipated property. • Will have ISP review meetings occur quarterly, at minimum, following the initial New Resident Orientation Meeting that will occur within thirty (30) days of move-in. • Plans to have individuals identified as primary to housing stability and the Participant's goals and objectives, with Participant input, will be invited to attend the Resident Plan Review Meeting.

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- Stated attendees to the Resident Plan Review Meeting may include identified natural supports, sponsors, HSS peers, clinical and coordinator team members.

H. Staffing

1.

- Stated establishment of a safe, secure and recovery-oriented culture within the facility is paramount.
- Described current service provisions at the anticipated property; it is unclear to this evaluator if the described current practices will extend to HSS, if awarded (e.g., 24/7 staff support on site).
- Stated they "envision transition to an on-call staff and largely peer monitored system during overnights and weekends" and stated they anticipate drawing from individuals on site that have demonstrated stability and the Bidder's desired level of participation that they are seeking to establish.
- Stated Participant participation in the leadership peer role will "provide both a financial opportunity for these individuals and leverage the value of the peer role in supporting the milieu in the recovery process"; as it pertains to "financial opportunity" Bidder did not specify if they anticipate paying Participants to participate in their leadership role.
- Stated they have experience and success in providing treatment oversight and care coordination to individuals, including through second and third shift operational models.
- Plans to have staff receive individual supervision, participate regularly in program clinical team meetings and will have access to back-up support 24/7 to ensure quality support services for Housing First participants.
- Stated their agency also supports an Employee Assistance Program (EAP) that is accessible to all staff, as needed.
- Aside from describing current 24/7 staff presence within their service provider role at the anticipated property, Bidder did not address ensuring on-call support is available when staff are not in-person to ensure Participants' needs are appropriately triaged. However, Bidder did indicate in a separate response "An On-Call Clinical Supervisor will manage 24/7 support and requests. Residents will have access to on-site staff". This response still leaves this evaluator a little unsure on whether on-call support for Participants would be available 24/7 when staff are not on-site.

2.

- Stated the average longevity of their current employees across their Behavioral Health Network is 6.8 years; and stated more than a third of their staff have been with the company for ten (10) years or more.

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• Described their agency's model of including a range of clinicians, individuals with lived experience, care coordination experience, and certified and credentialed staff. • Will ensure staff have at least one (1) year of direct experience working with unhoused individuals, with a focus on housing. • Stated their current managers meet the minimum experience requirement, and they have many direct care staff that have personally experienced homelessness. It is unclear to this evaluator if the Bidder intends on incorporating the aforementioned staff within their staffing plan for HSS.
3. • Stated they have a long history of successfully managing required coverage at intensely staffed programs, including residential ones, with examples listed. • Plans to ensure culturally informed staffing supports is maintained through utilization of staggered schedules; assignment of on-call staff to provide contingency coverage; 24/7 supervisory support; and managerial flexibility.
4. • Stated they have a rigorous onboarding program that includes mandated safety and employment training; leadership workshops; and an individual development and training plan created and executed jointly between the employee and their supervisor. • Stated they may also train and transfer some experienced current staff to roles at the anticipated property. • Plans to have staff hiring timelines be implemented into their implementation workplan. • Stated their agency meets best practice standards for supervision, which includes administrative and clinical supervision by appropriately licensed individuals. • Stated supervision includes a weekly one-to-one hour long supervision for their direct care and clinical staff. • Stated they encourage staff to and support them in accessing pertinent trainings and engaging in professional development opportunities. • Stated "Our HSS staff also has a regular program of peer review discussions and team meetings where staff learn from each other and compare successful client interactions as well as share community partner experiences and resources"; since this service is new, it is unclear to this evaluator what Bidder is referring to as it pertains to present tense reference of "HSS staff". • Bidder described their agencies current supervision processes, but did not seem to address how they will ensure all staff (not just direct care and clinical

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staff) receive regular supervision from qualified clinical personnel; and their plans to ensure all staff participate in regular ongoing professional development and training related to HSS service provision (4.a.-4.b.). • As it pertains to appropriate levels of oversight and/or supervision for each position (4.); this was not described in relation to anticipated HSS from the resulting contract, if awarded. Provided Attachment 7 – Training Plan. • Bidder split out their New Employee Training Orientation Matrix based on training all staff will have to take, position relevant trainings and a training to property and community partners regarding the Housing First model. • In their New Employee Training Orientation Matrix, Bidder indicates "Annual PayCom Learning Trainings (See Attached)"; however, this evaluator was unable to locate the attachment and is unaware of the Bidder's anticipated plan regarding ongoing trainings for staff. • Bidder provided a chart indicating their new employee orientation plans. • Bidder include an "Agency Orientation Training Requirement Grid" indicating specific trainings required for employees, per program/service. HSS is not a explicitly included in this grid/table, however, Bidder did highlight one of the columns (Behavioral Health Network trainings); which this evaluator assumes will be utilized for HSS, but it is not explicitly stated. • This evaluator was unable to locate the Bidder's timeline for initial and ongoing training completions, including training(s) that must be completed prior to interacting with Participants.
5. • Stated the agency, upon hire, requires all staff participate in a comprehensive orientation training services, with a non-exhaustive list of topics included. • Stated, at hire, they also have program specific training on special populations, case management and care protocol completed. • Stated they have annual refreshers, as required by regulation and agency policy, and staff are required to complete annual training in trauma-informed care, based on Sandra Bloom's Sanctuary Principles; shame and resiliency based on Brene Brown's curriculum; boundaries and interpersonal communication; and chronic disease and prevention training, including smoking cessation awareness.
6. • Will have HSS staff and property management team receive training in the Housing First Basic Principles and model, including philosophy; core principles;

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attending service provider configuration and delineated functions; Motivational Interviewing; social and cultural community training; and region-specific resource and referral education. • Stated HSS staff, utilizing Sandra Bloom's Sanctuary Model's basic principles, will receive training, clinical supervision and clinical consultation for milieu integration of trauma-informed and culturally sensitive methods. • Plans to have individual and group supervision, and real-time role modelling within their day-to-day milieu. Specific timeframes for individual and group supervisions and "real time role modeling" were not described. • At intake, plans to inventory Participants' communication access and needs, and have discussion and development of plans to ensure all communication needs are met. • Plans to note transitional life events and points in care as they work with each Participant. • Plans to have outreach action, with the individual's consent, include reaching out to natural support, healthcare partners, and community outreach to known safe spaces. • Bidder did not seem to address how they will ensure the staff composition is diverse and reflects the Participant's cultural needs.
7. • For Participants who express an interest and meet eligibility to participate in Peer Recovery or Certified Intentional Peer Support Services training, plans to have HSS staff support their applications toward training enrolment. • Plans to support provision of an "opportunity to join the HSS team (or other community provider team)" for Participants that "establish themselves as neighbors who are responsible, safe and encouraging to the overall Freedom Place Community, and have successfully completed a peer support training". • Plans to actively foster an environment where residents are encouraged to support one another through activity participation, informal mentoring and social interaction. • Plans to always provide peer support with the consent of the peer mentor and the recipient, and both shall be supported by their community care coordinator, as a part of their individual service and development plans. • Stated their agency's volunteer base currently includes approximately four hundred twenty (420) individuals. • Bidder and the property plan to partner with their agency's Volunteer Services program, and other community volunteer support agencies, to generate a robust volunteer contribution on behalf of the property.

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• Plans to seek volunteers that can provide connection, role modeling and skill building through individual and group experiences in area such as literacy enhancement; life skills; hobbies and interests; and engagement as an encouraging partner.
I. Participant Tracking and Confidentiality Requirements
1. • Stated they are prepared and committed to assuming a role to contribute data, as required into the HMIS. • Plans to provide specific HSS staff access to the HMIS through standard HMIS protocols; and will have designated staff who are responsible for data entry, management and leadership staff to assist with quality assurance. • Plans to support staff in understanding the function of HMIS, including data for input, the value, and the importance of data integrity in demonstrating credibility in reporting. • While Bidder addressed entry of data into HMIS, Bidder did not address ensuring Participant data collection includes the HUD HMIS universal data elements.
2. • Stated they will follow their organization's established policies and workflows for designating staff access to HMIS. • Plans to follow the standards and best practices outlined in the HMIS Data Quality Plan and Best Practicers Guide for HMIS access, training, use and management and maintenance of data input. • Plans to identify designated program staff and "Central Services (Agency)" staff for competency development in the use of and adherence to HMIS quality and best practices standards. • When seeking disclosure authorization for entry into HMIS, plans to educate Participants on HMIS, including purpose, data to be disclosed, benefits and risks. • Will secure documented, informed consent from those willing to participate in HMIS data entry.
3. • Stated they currently hold and maintain the insurance requirement for other State agreements and awards; and indicated the project scope "would not materially alter the number of clients served under the requirements".
4.

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• Stated they partner with Systems Engineering on security and vulnerability scanning of their networks and data; and currently use Arctic Wolf's Managed Detection and Response platform. • Provided a hyperlink regarding the services Arctic Wolf is certified under by the Center for Internet Security. • Stated they also run Huntress for their antivirus and zero-day monitoring tools. • Aside from the comments noted above, Bidder did not directly/explicitly address question 4, including 4.a-4.c; and instead, only described their current methods for security.
5. • Stated their agency has established "legally sound" privacy and security policies and procedures that set the framework for use, disclosure, handling, retention and destruction of confidential and/or sensitive information. • Stated their policy includes a requirement for all staff and volunteers to be trained at onboarding and annually. • Stated Participants' personal information will not be disclosed to any individual, entity or agency outside of their own, except as provided in policy; as permitted or required by applicable law, valid legal process or governmental order, and/or any professional conduct rules applicable to agency's personnel; and/or as permitted by the client per their written authorization. • As Bidder stated personal information will be shared within their own agency, it is unclear what specific firewalls the Bidder will have in place to ensure only appropriate staff have access to a Participant's information, with their consent. • Stated their agency's privacy policy includes guidance regarding initial actions to be taken in the event of unauthorized access or disclosure, including breach or potential breach, whereby they will immediately defer to their agency's internal Incident Reporting process and Breach Notification Policy. • Stated, once the concern is channeled through their internal incident reporting process and is received by their agency's Office of Quality and Compliance, then an independent review and their Breach Notification policy and procedure will be initiated. • Stated their Breach Notification policy, per HIPAA, has a transferable and structured approach to asses events on a case-by-case basis. • Stated, through their process and analysis, they will then decide and take the necessary course of action, including, when necessary, notification to an individual whose information was breached and reporting such as required by law, regulation, rule or contract.

STATE OF MAINE
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RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER NAME: Catholic Charities Maine
DATE: 10.22.25 & 10.29.25 (Eligibility); and 10.31.25, 11.4.25, 11.5.25, 11.6.25
EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: DHHS/ Office of Behavioral Health

• Bidder indicated notification to the individual in the event of unauthorized access or disclosure only occurs "when necessary"; specific criteria to determine when this notification would be necessary was not indicated.
6. • =-p • Stated their security framework is designed to ensure compliance with the confidentiality provisions that are outlined in the RFP. • Will treat all non-public information received from or acquired on behalf of the Department as confidential and protected. • Stated they confirm their commitment to full compliance with the Maine Public Law's Title 10, Chapter 210-B's "Notice of Risk to Personal Data Act" and stated their Incident Response Plan incorporates all requirements of said Act, including specific timelines and procedures to provide proper notice to affected Maine residents and relevant state agencies should a data breach occur that involves personal information. • Stated they understand their legal obligations under this statute and are prepared to execute them fully.
7. • Met requirement.
8. • Stated they are prepared to follow Department protocol for submission of Critical incident Reports. • Stated they have incorporated questions and prompts within their agency's internal incident reporting processes to ensure the Critical Incident process is followed to completion, including any Department follow up requests for information. Their policy will carry over to the HSS contract, if awarded.
J. Performance Measures
• Met requirement.
K. Reports
• Met requirement. • Stated all requested reporting information can be tracked via one (1) or more of their internal platforms; and will ensure information is made available upon request and available for reporting to the State.
• Met requirement.
2. Staffing
• Provided job descriptions for: Operations Manager – Housing; Community Resource Coordinator; Community Response Intake Coordinator; Health and Wellness Coordinator; Mentor; Staff Clinical Consultant; Integrated Program

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Administrative Assistant; On-call Clinical Supervisor; and Regional Director, Behavioral Health Network-South (program supervisory). • As indicated in H.2.a., all HSS staff, at minimum, must have at least one (1) year of experience providing direct services to individuals experiencing homelessness and/or at least one (1) year of direct lived experience with homelessness. Although Bidder indicated they would meet this requirement in their proposal response, none of the provided job descriptions include this experiential requirement. • The RFP requires a response to justify each indicated position title; this evaluator was unable to locate such.
• Does not plan to include any subcontractor/consultants in the RFP.
• Provided Attachment 9 – Staffing Plan. • Indicated anticipated hours per week for each position, including if those hours will be on site or remote: Operations Manager at thirteen (13) weekly on-site hours; Community Resource Coordinator at thirteen (13) weekly on-site hours; Community Response Intake Coordinator (CRIC) 1.32 weekly hours at agency's "Access Point"; Health and Wellness Coordinator at forty (40) weekly on-site hours; Mentor at eight (8) weekly on-site hours; Staff Clinical Consultant at three (3) weekly on-site hours; Integrated Program Administrative Assistant at 0.80 weekly remote hours; On-Call Clinical Supervisor is "as needed", remote; and Regional Director-Behavioral Health Network is as needed, on-site. • The On-Call Clinical Supervisor position, Bidder states, is to "assist Residential Mentors with evaluating and resolving safety issues as they arise."; and no listed staff position includes provision of on-call services for Participants when staff are not in-person, as required (H.1.). Per the Q&A, HSS Participants must have access to on-call support 24/7/365. Additionally, "Residential Mentors" are another title for the "Mentor" position, per the job description, and are only anticipated to work eight (8) weekly on-site hours. It is unclear how/where Participants would reach out to support from the HSS provider during hours when staff are not on-site.
3. Implementation - Work Plan
• Provided Attachment 10 – Workplan. • Workplan displayed in a chart, with tasks delineated, dates and role for each task. • There seem to be a number of program development and implementation tasks that were not included on the workplan, and instead, the workplan seems to mostly focus on regular anticipated tasks to occur during service provision (e.g., monthly floor meetings and periodic review meeting). Some program

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EVALUATOR DEPARTMENT: DHHS/ Office of Behavioral Health

development and implementation tasks not included are: becoming a CoC HMIS participating agency within ninety (90) calendar days of the initial period of performance; development and provision of the satisfaction survey to the Department for approval within sixty (60) calendar days of the initial period of performance; and signing and execution of the MOU with the property owner within thirty (30) calendar days of the initial period of performance.

- Workplan indicates a plan for the property manager to conduct a monthly housing inspection, or as needed should issues arise. It is unclear to this evaluator why a monthly housing inspection by the property manager would be needed; and how this may affect the Participants' relationships with the property owner and property.

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BIDDER NAME: Catholic Charities Maine
DATE: 10/24/2025, 10/30/2025, 11/3/2025, 11/4/2025, 11/5/2025
EVALUATOR NAME: Michael Labua
EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health
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Individual Evaluator Comments:

Part I. Preliminary Information

Eligibility Requirements

- P – Included Appendix A Proposal Cover Page
- N – Proposal Cover Page does not include the Bidders Organization Name in the first field
- P – Included Appendix B Responsible Bidder Certification
- P – Included Appendix C Attestation Statement
- P – Included Appendix C Letter of Commitment for at least ten (10) HSS units
- Q – Letter of Commitment indicates the property is for both project-based rental assistance (25 units) and tenant-based rental assistance (13 units)
- I – Property 1: 66 State Street, Portland ME is known as Freedom Place. It is restricted to women. It has 38 SRO units.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- P – Providing services since 1966.
- Q - Services to 27,000 individuals each year. Are these unique individuals or do some people get counted when they receive multiple services?
- P – 50 years of experience with State contracts.
- P – Programs include services for adults, children and families, residential rehabilitation programs, and Portland based clinical programs that help clients achieve their identified emotional and physical health goals while strengthening their ability to engage in educational, vocational and volunteer-led opportunities.
- I – From 2023-2025 collaborated with governmental agencies and other service providers to design and implement transitional housing and housing navigation for asylum seekers. Recognized nationally as a best-practice model.
- P – Relevant programmatic experience includes a Behavioral Health Network offering a continuum of clinical services statewide, recovery-based transitional housing for those exiting treatment programs, transitional housing including cultural acclimation and permanent housing coordination, Independent Support Services and homemaker services statewide, Refugee & Immigration Services resettlement & vocational/employment coordination, Relief and Hope emergency micro-grants and community referrals, Dental & Orthodontic Center accepting MaineCare patients from 15 Maine counties an active

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community of more than 400 volunteers, and a network of parish-based ministries in partnership with the statewide Diocese of Portland.

- P – Core values assist in identifying underserved persons or emerging gaps in services and developing relevant innovative services and programming. Feedback from program participants is sought and considered.
- P – Has long-term systems to capture and utilize data to manage programs, monitor quality of services, ensure compliance, and improve services.
- P – Embraces best practices, regulatory frameworks, and national accreditation standards with a person-centered and strength-bases perspective.
- P – Regularly collaborates with other program providers.
- P – Participants may receive training for paid positions within the provider's programs. Staff with lived experience reinforces creditability with clients and community partners.

Recent relevant project #1: Service provider at a 38-unit recovery-based residence at a property owned by Developer's Collaborative. Start date Oct-25 (ongoing).

- I – Intends to provide Housing Stability Services at this property.
- I – Housing vouchers provided by MaineHousing.
- P – Successfully collaborates with owner to provide a safe and nurturing housing community.
- N – Residence is for women only.
- N – residents must be "deeply committed to recovery" from life situations including substance use, domestic violence, mental illness, incarceration, and/or trauma.

Recent relevant project #2: 2023-2023 two contiguous grants based on the Medicaid IMD 1115 Waiver project from Dec-22 to Jun24.

- I – Utilized expertise in residential rehabilitation and halfway house services to provided treatment beds for men with Substance Use Disorder in recovery.

Recent relevant project #3: Asylum-Seeker Transitional Housing Programs in Saco and South Portland from Jul-22 to Sep-25.

- I – Designed to address the needs of unhoused asylum-seeking families with children.
- I – Provided transitional housing and on-site services at contracted hotels. Funded by MaineHousing.
- P – Services included case management, coordination of services including food resources, data collection and analysis, assistance with enrollment in benefits, schools, English language training, cultural orientation, accessing transportation, and connection to health care. Assistance with securing employment and permanent housing was also provided.

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- I – Assisted 266 households (971 individuals). 59% of South Portland participants moved to permanent housing, 82% of Saco participants moved to permanent housing.

2. Project Team Organizational Chart

- An organizational chart of the project team including to whom the project team reports was provided.
- All project positions were identified in job descriptions and the staffing plan.

3. Litigation

- Form was submitted. Two cases listed, both closed.

4. Financial Viability

- Financial Statements audited or reviewed by a Certified Public Accountant were submitted for FY2022, VY2023, and FY2024.

5. Certificate of Insurance

- A valid certificate of insurance was provided.

Part IV, Section III. Proposed Services

A. Administrative Requirements

- P – CCM is currently a MaineCare enrolled provider for Targeted Care Management (TCM) under Section 13 of the MaineCare Benefits Manual (please see Attachment F-3-TCM)
- P – Willing to apply to become a Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency. Has prior experience from Nov-22 to Sep-18.
- P – Have staff employed who have experience with the HMIS system.
- P – Current practices incorporate much of the Basic Principles. Will comply with all Basic Principles and established policies and procedures.
- I – Intends to integrate HSS with recovery.
- P – Currently interacts with the Coordinated Entry System as a agent for property owners when units become available.
- P – Experienced with supporting housing resource rec-pients with the transition to occupancy of a leasing.
- P – Intends to become a HUB2 CES Access Point.
- P – Board of Directors-approved Opioid Overdose Prevention and Response Plan
- P – Has an established relationship with the local municipal prevention programming to support ongoing Naloxone training and availability.
- P – HSS team members will train in operational protocols and administration of Naloxone which will be maintained on site and accessible for administration by staff to residents

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- P – Size of organization ensures versatility is service delivery to achieve successful outcomes.
- P – Experienced in development, implementation, and operation of similar sized projects.
- P – Has experience including the voice of the residents in decision making.
- P – Recognizes the need to provide operational oversight of the HSS units separate from non-HSS units.
- P – Will align operation of non-HSS units HSS unit operation standards.
- P – Has a comprehensive grievance and complaint process according to other program regulators. CCM staff are educated on the grievance process. There is an established reporting and tracking structure.
- P – Clients are informed of their right to grieve.
- P – Currently provides stakeholder satisfaction surveys across all programs and will include HSS services in these surveys via a custom HSS survey. Will provide an appropriate template for Department approval within 60 calendar days of the initial performance period.
- P –client management system includes a shift-to-shift noting system that is used within the entire Behavioral Health Network, Freedom Place, and Independent Support Services (homemaker services) and can be broadened to include HSS.
- P – Individual have one agency-wide record. Staff will have technology available to access client records on-site and remotely.
- P – Privacy and Information Security Policies and Procedures will apply to this
- contract to ensure sensitive, personal information, up to and including Protected Health Information (PHI), 42 CFR Part II information, and other information protected by state and/or federal law is maintained securely and confidentiality.

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- P – Has extensive working relationships with a broad array of providers in the form of Memorandums of Understanding (MOUs) and formal contracts including MaineCare
- P – Agency's Behavioral Health Network is accessible to HSS participants which includes Individual and Group Outpatient Counseling, Medication Management (including for Opioid Use Disorder), Behavioral Health Home Services, Opioid Health Home Services, Independent Support Services, Dental Services
- P – Experienced ensuring access to medical care, Crisis Services, behavioral health treatment, and 24/7 on-call support.

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- P – Provided a detailed list of anticipated partnerships with specific MaineCare Health and Behavioral Health Providers.
- P – Currently has a reliable infrastructure of community based ancillary supports.
- P – Initial outreach supports will include collaborative partnership and educational sharing support for housing procurement and coordination with community services and benefits that reflect the individual's choice and voice as they identify their support needs and goals.
- P – Will maintain continued collaboration and communication with client's the broader community healthcare team, and natural supports.
- I – Previous experience providing PATH services.
- P – Intends to facility engaging ancillary supports to provide on-site workshops for tenants at properties under the program.

C. Property-based Partnerships

- P – educates property owners and managers about the basic principles of Housing First.
- P – Developing several iterations of training for property partners including pre-implementation (prior to first lease signing), annual, and new facility staff training as part of our program specific training plan. The training and ongoing education will include but will not be limited to Housing First principles, interacting in a trauma-informed, recovery environment, and the Freedom Place programmatic framework.
- N – Specifically references a recovery environment more than once.
- P – Roles and responsibilities for service provider and property owner have been established.
- P – Will provide weekly resident engagement activities with staff to create opportunities to address any issues or concerns before they escalate to the level of triggering sanctions and eviction.

D. Minimum HSS Units and MOUs Requirements

- P – Target property has 23 units. At least 10 will be available for use by HSS participants.
- N – Property may be restricted to women.
- P – May have capacity to serve more than 10 participants.
- P – Will develop a strategy to provide timely communication with the Department regarding action plan when units dedicated to HSS services become available.
- P – Committed to timely execution of all MOU with property owner. Collaborates closely with the property owner. No delays anticipated.

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- P – Meets at least monthly with the property owner to have opportunity to discuss situations that may lead to the unavailability of units for HSS services.
- P –

E. Participant Outreach Prior to Tenancy

- P – Collaborate with existing care team members while engaging the participant in a holistic screening and assessment process ensuring current needs, acuity, and goals are assessed.
- P – Will collaborate with existing care team members while engaging the participant in a holistic screening and assessment process
- P – Dedicated staff for outreach activities leading to execution of the lease and move-in.
- N – Did not directly address how they will confirm eligibility documentation and program requirements during enrollment in HSS.
- P – All point of access documentation will be attached to the electronic health record.

F. Programmatic Requirements

- P – Staff utilized knowledge on interacting with individuals with complex histories and needs, language supports.
- P – Staff receive training on the language access and utilization of interpreters including via Maine Relay.
- P – Availability of interpreter services is posted in agency facilities.
- P – Provided a detailed summary of anticipated service activities to be provided to HSS participants designed to meet the needs of Participants to build independent living skills, maintain housing, and access necessary MaineCare services and non-MaineCare community-based services.
- P – Bidder's electronic health record is detailed.
- Q – Not a lot of detail on how they will ensure no duplication of effort.
- P – Clearly documented role definition across all HSS team members will be included in decision making and planning to prevent duplication of services.
- P – Services provided by staff of the bidder's Behavioral Health Network will be billed to MaineCare.
- P – Property has adequate amenities for HSS to be provided on-site.
- P – Scheduling is done to best suit the needs and abilities of the clients.
- P – On-site services will be available to meet the needs of residents and include early morning, early evening, and weekend availability. An On-Call Clinical Supervisor will manage 24/7 support and requests. Residents will have access to on-site staff
- Q – Volunteering opportunities seemed to be require minimum commitments from clients.

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EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health

- P – Qualified clients may be considered for peer mentorship/leadership roles.
- P – Provides support and training for volunteer peer support specialists across our existing continuum of statewide community-based services.
- P – will utilize the bidder's current volunteer base to identify volunteers who can provide connection, role modeling and skill building through both individual and group experiences in areas such as increasing literacy, life skills, hobbies and interests, and engaging as an encouraging partner.

G. Housing Stability Services (HSS

H. Staffing

- P – Staff will possess education and professional experience to create and maintain a safe, secure, and welcoming environment inclusive of trauma-informed practices
- P – HSS staff will have access to back-up support 24/7.
- P – model includes a range of certified and credentialed staff, including individuals with lived experience (CIPSS), care coordination experience (MHRT/C), as well as clinicians (LCSW and LCPC). The model provides a strong clinical supervision component.
- Agrees that staff must have at least one year of direct experience working with homeless individuals with a focus on housing and/or at least one (1) year of direct lived experience with homelessness.
- P – Model will ensure culturally informed staffing support is maintained by effectively utilizing staggered schedules, assignment of on-call staff to provide contingency coverage, 24/7 supervisory support, and managerial flexibility.
- P – each new hire begins with a rigorous onboarding program, including mandated safety and employment training, leadership workshops, and an individual development and training plan that is created and executed jointly between the employee and their supervisor.
- P – Meets best practice standards for supervision, including both
- administrative and clinical supervision by appropriately licensed individuals including weekly 1:1 hour long supervision for our direct care and clinical staff.
- P – Staff are encouraged to and supported in accessing pertinent trainings and engaging in professional development opportunities.
- P – Staff also has a regular program of peer review discussions and team meetings where staff learn from each other and compare successful client interactions as well as share community partner experiences and resources.
- P – Staff trained to engage Participants from an understanding of how the systemic challenges the client has experienced have shaped their trust and engagement with service providers.

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EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health

- I – Did not directly address how they will ensure the staff composition is diverse.

I. Participant Tracking and Confidentiality Requirements

- P – is well versed in accessing third party portals.
- P – Will develop designated staff who are responsible for data entry as well as management and leadership staff who will assist in quality assurance.
- P – Access to HMIS, training, use, and management of data input and
- maintenance will follow the standards and best practices as outlined in the HMIS Data Quality Plan and Best Practices Guide and will identify designated program staff and Central Services (Agency) staff to develop competency in use of and adherence to HMIS quality and best practices standards.
- P – Currently holds and maintains the insurance requirement, including Cyber Insurance, to be compliant with Rider B, Section 19 for other State agreements and awards. The scope of this project would not materially alter the number of clients served under the requirements.
- I – Partners with Systems Engineering on the security and vulnerability scanning of the bidder's networks and data. Bidder currently use Arctic Wolf's Managed Detection and Response platform which is certified in the following services by Center for Internet Security: Arctic Wolf.
- I – Utilizes Huntress for antivirus and zero-day monitoring tools.
- P – Has established legally sound Privacy and Security policies and procedures which set the framework for use, disclosure, handling, retention and destruction of confidential and /or sensitive information. Included in the policy is a requirement for all staff and volunteers to be trained at onboarding and annually. The personal information of Freedom Place residents, including those served by the HSS contract will not be disclosed to any individual, entity, or agency outside of Catholic Charities Maine's organization, except as (1) provided in CCM policy; (2) as permitted or required by applicable law, valid legal process or governmental order, and/or any rules of professional conduct applicable to CCM's personnel; and/or (3) as permitted by the Client pursuant to his or her written authorization.
- P – In the event of unauthorized access or disclosure (breach or potential
- breach), CCM's Privacy Policy includes guidance on initial actions to be taken, including immediate deference to CCM's Incident Reporting process and Breach Notification Policy.
- P – Bidder confirms its commitment to full compliance with the Maine Public Law, Title 10, Chapter 210-B, the "Notice of Risk to Personal Data Act."
- P – Bidder's Incident Response Plan incorporates all requirements of this Act, including the specific timelines and procedures for providing proper notice to

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EVALUATOR NAME: Michael Labua
EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health

affected Maine residents and relevant state agencies in the unfortunate event of a data breach involving personal information. Bidder understands legal obligations under this statute and is prepared to execute them fully.

- P – As a current contract holder with DHHS and as an agency licensed by the Division of Licensing and Certification, Critical Incident Reporting processes are actively adhered to by CCM in all of its Behavioral Health programming, Independent Support Services, and Child Development Centers. Bidder has incorporated questions and prompts in own internal incident reporting process to ensure the Critical Incident process is followed to completion, including any follow up requests for information by the Department.

J. Performance Measures

- P – Will include the performance measures noted here in its performance dashboards to support accountability, transparency, and ultimately, achievement of performance targets. CCM is prepared to perform the services proposed and meet the quarterly reporting requirements for HSS in the manner and within timelines required here.
- P – Requested information is able to be placed in designated, custom data fields in the electronic health record. Provider will ensure the data is input into the electronic health record by design of workflows that support data integrity and will also use its established workflow for timely reporting to contract sources and make additional information available upon request.

K. Reports

- P – Bidder is prepared to track and record the data necessary for HSS reporting, in the manner and within timelines required.
- P – Requested information is and/or can be tracked via one or more internal platforms; Credible for client records, rosters, and service delivery, Sagefor financial and accounting data, PayCom for staff payroll and training, Sharepoint for internal incident reporting and performance quality improvement, including but not limited to satisfaction surveys. Information will be made available upon request and available for reporting to the State.
- P – Bidder commits to providing the necessary narrative.
- P – Bidder has experience providing reporting in various formats and in multiple systems to the State and will lean on that experience to meet the requirements for HSS.

2. Staffing

- P – Provided job descriptions as required.
- I – Does not intend to include subcontractors/consultants.
- P – Staffing Plan was attached. It did indicate the associated hours for each staff and specific tasks to be completed during working hours.

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3. Implementation - Work Plan
• P – Workplan was attached that describes each program development and implementation task, the month it will be carried out and the person or position responsible for each task.

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RFP TITLE: Housing Stability Services – Hub 2
BIDDER NAME: Catholic Charities Maine
DATE: 10/27/2025 Eligibility, 10/29/2025 Eligibility, 11/3/2025 Org Quals, 11/4/2025 Proposed Services/Staffing/Workplan
EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
- Bidder provided all required eligibility documents signed by CEO. - Bidder indicates they do not have any financial interest - Bidder provided letter of commitment from property management. - Bidder's proposed units are mixed properties of project-based rental assistance and tenant-based rental assistance. - Bidder's unit commitment exceeds amount required by RFP. - Bidder has single address for all proposed units. - Bidder's property owner entity did not complete the Letter of Commitment form in it's entirety, missing question #3. - Bidder has active agreement with property management/development company - Bidder's agreement with property management/development company indicates 24/7 staffing in the first 6 months of the agreement. - Bidder's identified property is confirmed to have at least 10 units in the property.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
- Bidder indicates experience with the specialized population of people experiencing chronic homelessness. - Bidder indicates they have held state contracts for over 50 years in the State of Maine. - Bidder identifies their programming as clinically based - Bidder identifies their national network having experience in Housing First - Bidder references accreditation in quality improvement and data collection efforts - Bidder identified specific work with the asylum seeker population over the last two (2) years - Bidder identifies commitment to low-barrier access to care. - Bidder indicates a pathways for participants to become paid workers using living experiences - Bidder references transitional housing multiple times, which is not the service indicated in the RFP. - Bidder provided three (3) project references, two (2) being MaineHousing.

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INDIVIDUAL EVALUATION NOTES

RFP #: 202508119
RFP TITLE: Housing Stability Services – Hub 2
BIDDER NAME: Catholic Charities Maine
DATE: 10/27/2025 Eligibility, 10/29/2025 Eligibility, 11/3/2025 Org Quals, 11/4/2025 Proposed Services/Staffing/Workplan
EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health

- Bidder's first project reference is for the site in which they intend to provide HSS, evaluator concern that this is gender specific housing which results in tenant eligibility restrictions for this property. - Bidder's second project reference does not directly correlate the experience in project two to the current RFP. - Bidder's project three (3) reference highlights their case management expertise. - Bidder's project three (3) included partnerships including legal, housing, and education providers that were developed as part of housing navigation services
2. Project Team Organizational Chart
- Bidder provided several organizational charts including the executive leadership, programming/services, and Behavioral Health. - Bidder indicated in the organizational chart where the RFP services would be located.
3. Litigation
- Bidder has identified two (2) litigation items, both items are no longer active.
4. Financial Viability
- Bidder submitted the last three (3) fiscal years of audits
5. Certificate of Insurance
- Bidder provided certificate of liability insurance for period of 7/1/2025-7/1/2026.

Part IV, Section III. Proposed Services
A. Administrative Requirements
-Bidder partially met requirements for this area. Bidder did not indicate data and data sources for people experiencing chronic homelessness in proposed service area. - Bidder identified the need for service in the target area due to depleting housing resources and other assistance. - Bidder identified the proposed property is abstinence based. - Bidder identified the property has tenant eligibility requirements. - Bidder identified the property participates in the Continuum of Care. - Bidder indicates that they are embedded in the property as the current service provider. - Bidder indicates that ten (10) units within the property are available for the services within this RFP and more may be available upon discussion. - Bidder indicates that they will align with Department requirements while also aligning with the milieu of Freedom Place, which may conflict. - Bidder indicates that they will maintain a recovery forward mission, however the RFP indicates in the Basic Principles that recovery is not a pre-requisite to services.

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- Bidder indicates that they will not expect to use subcontractors.
- Bidder identifies local community resources that they collaborate with for basic need referrals.

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- Bidder met requirements.
- Bidder indicates that they are currently an enrolled MaineCare provider
- Bidder indicates that they are an existing approved provider for Targeted Case Management, and provided an attachment of proof.
- Bidder indicated that they are not currently a Homeless Management Information System participating agency but has experience as one from 2012-2028.
- Bidder committed to applying to enroll as a Homeless Management Information System provider upon contract award.

2

- Bidder partially met requirements in this area. Bidder's description of how their service delivery for certain Basic Principles does not align with the Basic Principles.
- Bidder indicates that they will ensure compliance with the Basic Principles outlined in the RFP and manual, when published.
- Bidder indicates that they will comply with applicable state law and rules.
- Bidder indicated that they will become a Continuum of Care Access Point
- Bidder indicates that they will deliver the RFP services via an abstinence-based housing model which is contradictory to the Basic Principles outlined in the RFP.
- Bidder indicates that the services they intend to offer will be tailored to each resident.
- Bidder indicates that they will connect residents to other community based services, as the participant indicates.

3

- Bidder meets requirements.
- Bidder identifies a communicative partnership with the property owner who will notify of any unit vacancies.
- Bidder has already met with the Hub Coordinator for the area to learn about the referral system through Coordinated Entry

4

- Bidder meets requirements
- Bidder has an established relationship and method of obtaining Naloxone training and supply.
- Bidder indicates that they will maintain Naloxone on site.

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5 - Bidder meets requirements - Bidder indicates that they will align their policies and procedures for HSS with their existing non-HSS units. - Bidder expressed a comprehensive grievance and compliant process. 6 - Bidder meets requirements - Bidder identified that they have a current system for administering stakeholder satisfaction surveys. - Bidder indicated a plan for creating a custom survey for Department approval within 60 days of the initial period of performance. 7 - Bidder meets requirements - Bidder identified they have an existing client management system that they will expand for the services within this RFP. - Bidder indicated the client management system allows for a single record across programs. - Bidder indicated their policies and procedures adhere to protected health information and 42 CFR Part II requirements.
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
- Bidder meets requirements - Bidder indicates that they have extensive internal resources for participants receiving services under this RFP - Bidder indicates that their Behavioral Health program, which includes outpatient counseling, medication management, behavioral health home services, opioid health home services, independent support services, dental services, is local to the proposed property - Bidder identified current MOUs with regional crisis providers, vocational training organizations, laboratory services, specialized pharmacy and infectious disease testing services, interpreter and translation support services, medical and detoxification program providers, specialized outpatient providers, methadone clinical services, and medication prescribing services - Bidder indicated that they commit that the participants will have timely access to Behavioral Health treatment, medical care, crisis and other services. - Bidder completed Attachment 6-MaineCare & Provider Contracts
- Bidder meets requirements - Bidder identified community resources and agencies which they are currently connected with.

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- Bidder identified resident engagement resources that they intend to offer to participants receiving services under this RFP
- Bidder partially met requirements. - Bidder indicated that their own staff will provide initial training on Housing First and ongoing training to the residents. - Bidder provided examples of trainings they would offer to the residents - Bidder identified that they are familiar with the PATH Program as they had previously been contracted to provide PATH services. - Bidder did not indicate how they would partner with PATH to provide education on Housing First
C. Property-based Partnerships
- Bidder meets requirements - Bidder indicates that the property management entity is adequately versed in Housing First - Bidder indicated that they will implement collaborative training - Bidder indicated that they are developing trainings for property partners and new staff in Housing First principles as well as other topics. - Bidder indicates that the trainings will be available in person and digitally. - Bidder meets requirements. - Bidder outlined training opportunities for tenants to mitigate property management issues - Bidder outlined responsibilities delineation between service provider and property owner for operations.
D. Minimum HSS Units and MOUs Requirements

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- Bidder partially met requirements - Bidder indicates a plan for ensuring a minimum of ten (10) units for this service at the proposed property, and an openness for discussing additional units - Bidder indicates that once the property manager notifies the Bidder they will inform the Department within 7 days of an anticipated vacant unit. - Bidder indicates that they are working on developing a strategy with their property manager to mitigate risk of falling below the required ten (10) units. - Bidder did not indicate plan for engaging new property management entities to ensure 10 unit minimum - Bidder meets the requirements - Bidder has an existing service agreement with the property manager and indicates that they will complete an addendum. - Bidder partially meets the requirements - Bidder indicates that they will provide MOUs to the Department within 7 calendar days of execution - Bidder did not address specifically MOUs for future HSS units, only with community partners.
- Bidder meets requirements - Bidder indicates that they will need property management authorization to report issues to the Department
E. Participant Outreach Prior to Tenancy
- Bidder meets requirements - Bidder indicates that they will provide screening and assessment of the referral. - Bidder indicates that they may refer participant to a higher level of care to stabilize prior to tenancy - Bidder notes that the referrals will be screened with the milieu dynamics considered. - Bidder described assisting through the voucher application process.
F. Programmatic Requirements
- Bidder met requirements - Bidder identified connections to interpreter services - Bidder identified an existing contract with a translation service agency - Bidder met requirements - Bidder identified how their Electronic Health Record will assist in service performance data - Bidder detailed the services available to the tenants for the on-site service provision.
- Bidder met requirements

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- Bidder detailed utilizing their electronic health record to ensure HSS services are not duplicative and to integrated care - Bidder indicated that they would check a database for duplication of services and allowing the participant to chose the provider - Bidder described two methods of billing MaineCare for services
- Bidder met requirements - Bidder indicates that clients are given choices for timing around engagement related to individual and group sessions - Bidder indicates understanding needing Department approval for policies and procedures not delivered in-person - Bidder indicated the on-site services hours of early morning, early evening, and weekend availability - Bidder indicated on-call support 24/7 by Clinical Supervisor - Bidder partially met requirements - Bidder outlined the voluntary participation structure - Bidder indicates that residents will participate in volunteer, vocational, education and/or employment activities through the tiered approach, which does not indicate person centered if individuals do not desire to engage in these activities - Bidder indicates that there are paid opportunities in peer roles if there is demonstrated progress through the tiered participation
G. Housing Stability Services (HSS
- Bidder partially met requirements - Bidder did not indicate how they would continue to build rapport with Participants who are not engaging. - Bidder indicates that they have operating protocols that engage individuals through a trauma-informed, person centered, strengths based approach. - Bidder indicates that individuals are the experts of their own lives.

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- Bidder met requirements - Bidder identified during initial point of contact, the bidder would provide support in applying to insurance benefits. - Bidder identified other options for insurance coverage if individuals do not qualify - Bidder noted their experience with applying for MaineCare sections - Bidder outlined the list of services that their team is familiar with helping clients navigate, which addressed the key areas of this section - Bidder met requirements - Bidder identified 24/7 on-call, mobile crisis, emergency services and warm lines - Bidder indicated information on crisis system services will be located throughout the property, including on every client's door.
- Bidder met requirements - Bidder indicated they would use the World Health Organization Disability Assessment Schedule to identify skills needed for daily living - Bidder indicated results of the assessment would be included in the individual service plan. - Bidder identified an in-home support assessment to which they can assist individuals in finding provider of their choosing - Bidder listed six current community building activities that they conduct at the property - Bidder identified the property has several community rooms for on-site social activities. - Bidder indicated a commitment to alerting the Department if locating appropriate space for community activities becomes a challenge.
- Bidder partially met requirements - Bidder indicated that move-in assistance and lease comprehension will be provided by property owner staff and supplemented by Bidder's volunteer base rather than their staff. - Bidder outlined orientation upon move-in of a participant. - Bidder indicated consequences of breach of policy - Bidder identified access to peer support during collaborative support meetings, but did not indicate other means of accessing peer support - Bidder indicated ongoing support and understanding of lease obligations - Bidder indicated that all enrolled individuals are provided with staff contact information, on-call, mobile crisis, emergency services, and warm line.
- Bidder met requirements

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- Bidder indicated that there will be workshops and activities available including Peer to Peer and Peer Recovery Support - Bidder indicated an established relationship with municipal program to support Naloxone training and availability. - Bidder indicated information to be made available about Syringe Service Program options and harm reduction support.
- Bidder met requirements - Bidder indicated decades of case management experience - Bidder indicated review of available services with participants and ongoing review of supports. - Bidder indicated during initial onboarding there will be an assessment of current case management needs. - Bidder indicated a staff, Community Resource Coordinator, will be available for participants who do not have an external case manager that don't need or don't want one. - Bidder met requirements - Bidder outlined assessment of supports with participant within the first 30-days and regularly reviewed every 90 days. - Bidder indicated using a Psychosocial Assessment that informs the Individual Service Plan. - Bidder referenced Targeted Case Management and HOME models of care that require the assessment plan. - Bidder identified they will use the Electronic Health Record system. - Bidder indicated during assessment the Community Response Intake Coordinator may be engaged to initiate a higher level of care. - Bidder indicated that individuals in active use or needing opioid use support needs will undergo a medication evaluation if warranted and bridged to higher level of care. - Bidder met requirements - Bidder indicated that if another provider has completed an assessment within the last 12 months, a release will be obtained for the assessment to be used for service planning. - Bidder indicated they conduct annual assessments that inform the individual service plans.
- Bidder met requirements - Bidder indicated that the individual service plan will be participant driven - Bidder indicated that the individual service plan will be collaboratively developed within the first 30 days and reviewed every 90 days at a minimum

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- Bidder indicated that staff will utilize individual service plans in day-to-day interactions
- Bidder partially met requirements - Bidder has identified a staff person who will be dedicated to coordination of behavioral health and healthcare needs. - Bidder indicated that they will use the individual service plans to address relationship building and development of personal support network - Bidder indicated that in recovery residence harm reduction extends to include committing to a safe environment, however these services are not recovery residences. - Bidder met requirements - Bidder indicated developing the individual crisis plan with the individual service plan within he first 30 days and reviewed every 90 days - Bidder met requirements - Bidder indicates they will work with the property management to support mitigation efforts - Bidder indicates monthly wellness and housing stability check-ins will be early risk factor identifiers - Bidder indicates that they will implement eviction review meetings when eviction is unavoidable - Bidder met requirements - Bidder indicates that they will commit to follow all applicable timelines - Bidder indicates that individual service plan review will occur at a minimum quarterly
H. Staffing
- Bidder met requirements - Bidder is currently providing 24/7 staffing at the site - Bidder plans to transition to on-call staff during overnights and weekends - Bidder indicates that they will leverage paid peer opportunities during non-staffed hours
- Bidder met requirements - Bidder outlines current staffing models and credentials within the agency. - Bidder indicates a strong clinical supervision component within their structure - Bidder indicates their current staffing has beyond the one year minimum requirement providing direct services to people experiencing homelessness or at least one year of lived experience. - Bidder indicates that many of their direct care staff have experienced homelessness

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- Bidder partially met requirements - Bidder describes their experience with managing recovery and residential programming - Bidder indicated staffing schedules and on-call support to be flexible to the needs
- Bidder met requirements - Bidder described their onboarding program with mandated safety training - Bidder indicated a development and training plan for staff between them and their supervisor - Bidder indicated that they may transfer already employed experienced staff to this property to accelerate onboarding. - Bidder describes supervision as weekly 1:1 hour long supervision - Bidder indicated additional professional development opportunities within the organization. - Bidder included training plan with training topics and facilitators. General timeline was included. - Bidder partially requirements - Bidder references their orientation training and ongoing refresher trainings - Bidder indicates PayCom system for training but no attachment with description of trainings and timeline - Bidder did not meet requirements - Bidder indicates they will provide training and clinical supervision to their staff to ensure culturally sensitive methods - Bidder did not indicate how they would ensure the staff would be reflective of the participants - Bidder met requirements - Bidder indicated their background of volunteer engagement - Bidder described the ability for participants to participate in Peer Recovery or Certified Intentional Peer Support Service training. - Bidder indicated that peer support will be available to participants - Bidder indicated their volunteer base includes approximately 420 individuals
I. Participant Tracking and Confidentiality Requirements
- Bidder met requirements - Bidder indicates commitment to the data collection requirements within HMIS - Bidder indicates they will provide access to staff for the HMIS database
- Bidder met requirements - Bidder provided detailed plan on obtaining HMIS access and management of data

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- Bidder met requirements - Bidder indicated they currently are compliant in other state contracts
- Bidder met requirements - Bidder described in detail their internet security system software - Bidder met requirements - Bidder described their Privacy and Security policies. - Bidder indicated process for notifying individuals in the event of unauthorized system access. - Bidder met requirements - Bidder confirms compliance with confidentiality requirements sited in this section - Bidder met requirements - Bidder described understanding under this section - Bidder met requirements - Bidder indicated understanding the current protocol for submitting Critical Incidents to the Department
J. Performance Measures
- Bidder met requirements - Bidder described in detail their quality improvement system and contract management.
K. Reports
- Bidder met requirements - Bidder detailed their readiness and commitment to submit all required reports - Bidder met requirements - Bidder detailed their current systems that could be used to collect the required data by this contract
2. Staffing
- Bidder met requirements - Bidder completed attachment 8 - Bidder met requirements - Bidder does not indicate plan to include subcontracts/consultants - Bidder met requirements - Bidder completed attachment 9
3. Implementation - Work Plan
- Bidder met requirements - Bidder completed attachment 10 - Bidder indicates hiring will be one month

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- Bidder indicates monthly floor meetings and skills group
- Bidder indicates monthly housing inspection

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EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Meets eligibility requirements. Property review- • Freedom Place- 66 State St Portland; (up to) 25 Project Based; 13 Tenant based. 38 max units. Total capacity according to website is 38 single rooms with shared common spaces. https://www.freedomplaceportland.com/ o I- according to website, services currently being provided by Amistad, now known as Commonspace. https://www.freedomplaceportland.com/our-story o I-Building was purchased from Catholic Charities- 2018 https://www.pressherald.com/2019/07/02/portland-developer-pitches-housing-project-for-homeless-women/#goog_rewarded

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P- reports serving 27,000 individuals each year. Been serving Maine since 1966. I- begin transitioning as Service Provider at Freedom Place in September, 2025.
2. Project Team Organizational Chart
Included Org. chart.
3. Litigation
Two cases reported, both settled.
4. Financial Viability
Submitted 3 years of financial statements, certified by an Independent Auditor. No financial viability concerns.
5. Certificate of Insurance
Verified.

Part IV, Section III. Proposed Services
A. Administrative Requirements

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1. P- Current MaineCare Provider, enrolled to provide TCM, has been HMIS participating agency in the past and will re-enroll. 1. N- Unclear what services will be provided, was looking for assessments, plans, referrals, etc. Q- Question on “Abstinence based approaches” aligning with Housing First and “meeting people where they are”. 3. P- Current “Access Point” under the CoC Coordinated Entry. 4.P-Naloxone will be maintained on site and accessible by staff. 5.P-Monitoring& grievance policies seem like a strength. N- “early stages as service provider” unclear of the Program Operations policies. 6.P- can meet the survey requirement. 7.P- EMR “Credible” in use.
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
1.P- MOUs and informal agreements in place with multiple agencies. Seems CCM covers behavioral and SUD services, and partners, or will partner for Medical, crisis and other services as appropriate. 2.P-Furniture and clothing organizations, good renters classes and financial literacy. 3.N- discussed their history with PATH, but not their intention to partner with the PATH provider for that area.
C. Property-based Partnerships
1.I- Training for property partners and staff is under development. 2.P- Roles and responsibilities grid for common situations.
D. Minimum HSS Units and MOUs Requirements
1.P-open to expanding beyond 10 units. C- as units become vacant they will “methodically be allocated until reaching the minimum ten”. 2.P- Addendum can easily be incorporated. 3.P- commits to submitting to the department within 7 days. 4.P-Committs to informing the department.
E. Participant Outreach Prior to Tenancy
1. I- plans to receive list from CE, will initiate a safety screening prior to becoming a participant. May refer out for stabilization and higher levels of care.
F. Programmatic Requirements
1. P- training and vendor contracts in place to reduce language barriers. 2.P- Individual service plans reviewed regularly. Will use EHR reporting to ensure 20 hour min is met.

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3.P- use of EHR to prevent duplication of services. Regularly updating service plans and communicating with external providers. 4.I- Oncall clinical supervisor 24/7, On site services available early mornings, evenings and weekends. 5.P- opportunities for Residents to be peer mentors, event planners and site maintenance.
G. Housing Stability Services (HSS

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- 1.N- no reference to services being voluntary.
- 2.P- at initial contact, support is provided to obtain insurance.
- 3.P- All enrolled individuals are provided with contact information for CCM team members as well as 24/7 on-call, mobile crisis, emergency services, and the warm line.
- 4.P- Freedom Place has several community rooms designed to support on-site social activities as well as group meetings of residents. Each floor also has a lounge area for communal and casual interaction
- 5.P- All enrolled individuals are provided with contact information for CCM team members as well as 24/7 on-call, mobile crisis, emergency services, and the warm line. Information is posted on the resident's door.
- 6.N- "offer and provide harm reduction services"- information will be made available to residents on local syringe exchange programs. Use of "drug-free support network". P- Naloxone training will be provided and maintained onsite.
- 7.P- initial onboarding includes assessment to determine if case management is being received. For participants without an external case manager who either don't
- need one or do not wish to engage one, a CCM Community Resource Coordinator will be on site at Freedom Place and dedicated to coordinating and sharing resources that support the whole person including behavioral health, social security, enrollment, transportation, and other needs.
- 8.P- When physical or psychiatric risk is identified as immediate, the Community Response Intake Coordinator (CRIC) will be engaged to initiate higher-level care support. Q- Active use is bridged to another level of care?
- 9.P- Meets requirement.
- 10.P- Meets requirement
- 11. Q- unclear if this is allowable at this facility- "Harm reduction in traditional Housing First typically means clean needle use and needle exchanges. However, in a recovery residence, harm reduction extends to include committing to contributing to a safe, secure environment for all participants.
- 12. P- Meets requirement.
- 13.Q- mitigation plans sound like they will be utilized as needed and not for every participant? P- conducts monthly wellness checks.
- 14. Meets requirement.

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H. Staffing
• P- Opportunities for stabilized residents to step into leadership and mentor roles. 24/7 oncall support. Staff receive individual supervision. • 2.P- use of CIPSS, MHRT/C and Clinicial positions. Current managers meet minimum experience requirements. • P- "CCM is well positioned to ensure staffing and operations meet all requirements • while creating a safe, secure, and welcoming environment for clients." • P- PayCom learning management system. • P- comprehensive training series at orientation and annually as required. • N- no comment on diverse and culturally sensitive staff. Although a training on the topic is required. Rely on assessment to determine the communication needs. • 7.P- CCM's volunteer base is 420 individuals.
I. Participant Tracking and Confidentiality Requirements
• I- Not currently entering data in HMIS. • P- Committed to data quality. • P- Meets requirement. • Q- fully reliant on 3rd party? Unsure if the vendor meets IT policy requirements - Bidder has established privacy policies. • P- incident response plan for data breech. • P- Bidder noted understanding. • P- experience with critical incident reporting timeframes.
J. Performance Measures
1.P- prepared to meet the quarterly PM reporting. Requested information can be added to the EHR.
K. Reports
1.P- experience in submitting various reports as required by Dept contracts.
2. Staffing
1. Job descriptions- P- nine different roles. N- Operations Manager JD did not require 1 year experience minimum- (at minimum, ensure all staff have at least one (1) year of experience providing direct services to individuals experiencing homelessness and/or at least one (1) year of direct lived experience with homelessness.) N- BHN Community Resource Coordinator- requires 2 years of adult case management experience, but does not include the requirement mentioned above; Community Response Intake Coordinator JD does not require

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BIDDER NAME: Catholic Charities of Maine
DATE: 10/23/25; 10/30/25 Eligibility; 11/4/25 Qualifications; 11/5/25- Services; 11/13/25-Cost
EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health

homeless experience mentioned above; Health and wellness coordinator JD does not require homeless experience mentioned above; Mentor JD does not require homeless experience mentioned above; Clinical Consultant JD requires Master's level social work; Integrated Program Administrative Assistant JD does not require homeless experience.
2. No subcontractors.
3. Staffing plan- Operations Manager at 13hr/week seems high; Health and wellness coordinator at 40hr/week seems high.
3. Implementation - Work Plan
1. P- Supplied work plan with Task, dates and roles.

Part IV, Section IV. Cost Proposal and Budget Narrative

Budget Narrative- I-Total cost $218,313 annually-RFP asked for a two-year period. De minimus indirect of 15%. Two FTE's of direct staff over multiple position titles. Administrative support of 0.12 FTE.

Budget-

- Form 1 Revenue. Q-Freedom Place likely has multiple revenue streams. It may be reasonable to expect some MaineCare revenue contributing to the overall program. Example- The deliverable requiring Case Management Services when Participants do not have a Case manager, likely will have billable activity to TCM or HOME.
- Form 2 & 5- 66% of total cost is personnel and fringe with a rate of 28.06%. I-Maintenance and minor repair- $2,500 for "ongoing maintenance/fuel for company van." Telephone- $4,632= $25/per month per employee and Voyager after hours call support. I- Only $405 allocated to mileage = 750 miles / 52 weeks = 14.4 miles per week. I- Technology and software is the largest expense item- $31,500, includes equipment, licenses, helpdesk and connectivity. I-Misc expense is for $5,775 and identifies payroll processing fees. I- Bonding/Insurance- "Professional and Commercial insurance .87%. Material & Supply- 2,000- no allocation formula provided.
- Personnel form 3- "Health and Wellness Coordinator" is the only full time staff. The Community Resource Coordinator and Operations manager are both dedicating 676 hours to the program/ 52 weeks = 13 hours per week. The Mentor position dedicates 416 hours /52 weeks = 8 hrs per week. Community Response Intake position dedicates 68.38 hours/52 weeks = 1.3 hours per week. On-call supervisor

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is listed for weekly stipend payment only. Stipends would be listed on Forms 2 & Form 5 and not form 3. Total 1.88 FTEs of direct service. Administrative staff combined for a total of 0.17 FTE.

- Form 4- will use de minimus indirect rate.

Q- Narrative and Budget are not matching. Budget has 1.88 FTE, narrative lists two. Budget lists 0.17 administrative support, narrative lists 0.12.

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Based on review, I believe eligibility requirements have been met: Submitted Attestation Form – no financial interest in property Submitted Appendix C – letter of commitment for up to 38 units in Portland

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P – current work in homeless services sector P – partnerships in Maine and part of national organization P – staff with lived experience and tenure N – gender specific housing may be outside of scope
2. Project Team Organizational Chart
Met requirements - included organization, Maine specific, and program specific
3. Litigation
Q – 2 suits listed, both settled, unsure if they are relevant to this RFP
4. Financial Viability
Provided 4 years of audited financials
5. Certificate of Insurance
Provided certificate

Part IV, Section III. Proposed Services
A. Administrative Requirements
P – established program and services P – PBVs P – experience in homeless services P – already enrolled as MaineCare provider and TCM provider P – existing survey protocol N – gender specific housing may be outside of scope of RFP Q – is recovery housing low barrier/housing first if sobriety is required
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
P – long partner list I – flex funding source and clothing partner N – mentioned only internal partnerships in question 3, no community partnerships
C. Property-based Partnerships
P – MOU with current property in place

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P- property owner participating in other Housing First programs
P – role table
D. Minimum HSS Units and MOUs Requirements
P – meets minimum units and MOU provided
E. Participant Outreach Prior to Tenancy
Q – holistic screening and assessment process – is this a screening process on top of CE Q – referrals screened for readiness – is this housing first
F. Programmatic Requirements
I – question around minimal barriers vague and other responses indicate sobriety as a barrier Q – meetings with partners and property management included in 20 hour requirement, is this the intent P – volunteer and peer mentorship opportunities
G. Housing Stability Services (HSS
N – narrative on voluntary services lacking detail on how they are voluntary P – multidisciplinary agency with multiple supports/services P – whole person approach and workshops I –move in assistance and lease comprehension mostly provided by property owner I – Harm reduction in recovery residence is approached differently
H. Staffing
P – already providing 24/7 support in facility I – staff longevity averages 6.8 years and staff include those with lived experience P – current employee base of over 400 people N – answer to culturally diverse question only addressed cultural sensitivity but not diversity P – volunteer base of over 420 individuals
I. Participant Tracking and Confidentiality Requirements
I – designated central services staff for HMIS P – annual privacy and security training
J. Performance Measures
P- met requirements
K. Reports
P – met requirements
2. Staffing
N – staff training deficiencies Job descriptions included Staffing plan included

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3. Implementation - Work Plan
Work plan included

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
• Signed attestation provided. • Signed letter of commitment indicates five (5) to ten (10) units available for HSS at a property in Westbrook and zero (0) to five (5) units available for HSS at a separate property in Westbrook. • In response to question one (1) in the letter of commitment, the property owner company indicated that they will have ten (10) units available for HSS across their two Westbrook property locations; with units available for HSS once vacancies are available and units are move-in ready. • The property owner did not complete question three (3) on the letter of commitment form. • Site existence confirmed for all properties indicated.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
• Stated they were founded in 1975 as a real-world training ground for students at the University of Southern Maine's School of Social Work; and they have continued to respond to urgent social problems through emergency services, long-term solutions and advocacy, seeking to end homelessness and hunger in Maine. • Stated they have opened a shelter and service center for teens; have grown food programs from their first soup kitchens to a Food Security Hub; have established the first developments in Maine to provide site-based Permanent Supportive Housing; launched a Veterans Housing Services program with the aim to end Veteran homelessness in Maine; created an Anti-Trafficking Services program to meet survivor needs; and expanded their Rapid Re-housing, health services, street outreach and emergency shelter programs. • Stated they are now Maine's largest nonprofit provider of homeless services to youth and adults and stated they are a leader in statewide planning for both populations. • Stated their offices are in Portland, Lewiston and Bangor. • Stated each of their housing programs serve specific populations in the homeless population, including: chronically homeless adults; youth; Veterans;

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survivors of human trafficking and domestic violence; seniors; and individuals with disabilities.
- Stated they maintain strong relationships with other community organizations which allows for efficient referrals, care coordination and resource sharing.
- Stated their organization also offers services beyond housing, including food; healthcare; support services; street outreach; and emergency shelters.

Project 1:
- Relevant and related service.
- Referred to their work providing 24/7/365 housing stability and support services at three (3) site-based Permanent Supportive Housing (PSH) programs, since 2005, utilizing a Housing First approach that aligns with 22 MRS § 20-A and national best practice.

Project 2:
- Relevant and related service.
- Referred to their work providing Veterans Housing Services to homeless Veterans across the state through the Supportive Services for Veteran Families (SSVF) grant from the U.S. Department of Veterans Affairs.
- Stated services are provided using a supportive services approach that focuses on helping Veterans access and sustain permanent rental housing without preconditions, while facilitating access to needed supports in order to maintain permanent housing and improve quality of life.
- Stated they support more than five hundred (500) Veteran households annually with achieving housing stability goals through addressing housing needs, social determinants of health and other underlying factors that contribute to homelessness.
- Provided two (2) examples of housing stability services provided under the SSVF grant to help Veterans with maintaining permanent housing: assistance with accessing and navigating supports and services and supporting Veterans in increasing their income through partnerships with workforce development agencies, or through accessing public benefits.

Project 3:
- Relevant and related service.
- Referred to their work providing Transitional and/or Rapid Re-Housing services under the HUD Continuum of Care program, through three (3) grants with HUD.

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- Stated their three (3) grants support survivors of human trafficking, youth and individuals in Lewiston, Auburn or Portland, respectively.
- Stated they provide housing identification/navigation; rental and move-in assistance; and housing stability and case management services.
- Indicated the goal of the grant funding is to solve the immediate housing crisis while working toward long-term housing stability to reduce the amount of time spent without housing and avoid returns to homelessness.
- Stated their staff provide outreach; housing navigation; landlord engagement support to create and maintain housing opportunities; intensive case management to address needs related to income/employment; and individual service planning, including connecting clients with necessary supports and services.
- Stated they utilize a scattered site approach for their programs and indicated most Transitional Housing units are “master-leased” by the Bidder, and most Rapid Re-Housing units have leases that are held by the client.
- Stated their Transitional Housing and Rapid Re-Housing programs are built around Housing First principles.

2. Project Team Organizational Chart

- The organizational chart indicates the following positions will be assigned to HSS, with a specific staff name indicated for each position: Complex Grant and Grants Specialist; Director of Rapid Re-Housing; Program Administrator; Supervisor; and Caseworker.

3. Litigation

- Stated “NONE”.

4. Financial Viability

- Provided consolidated financial statements for: June 30, 2024, and 2023; and June 30, 2023, and 2022.
- Bidder only provided the two (2) most recent years of financial statements and did not provide the three (3) most recent years of financial statements, as required.

5. Certificate of Insurance

- Provided and current.

Part IV, Section III. Proposed Services

A. Administrative Requirements

- Stated Hub 2 has the most concentrated number of individuals that are homeless and the highest numbers of chronically homeless individuals.

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• Stated there were nine hundred eighty-six (986) individuals in Hub 2, as of October 2025, that were identified as chronically homeless, according to data provided to the Bidder by the Hub 2 coordinator. • Stated Hub 2, as of September 2025, also contains more than half (two thousand three hundred fifty-two (2,352)) of Maine's four thousand five hundred fifty-two (4,552) "actively homeless individuals", per Maine Homeless Planning, with a URL link included.
1. • Currently enrolled as MaineCare Provider, is both a HOME and TCM agency; and is a CoC HMIS participating agency. • Will maintain enrollment and participation in the above throughout the HSS contractual period.
• 2. • Stated they have implemented the Basic Principles of Housing First Services for more than twenty (20) years in their existing site-based Permanent Supportive Housing communities. • Stated their Rapid Re-Housing program will implement the proposed HSS services and is based on the Housing First model. • Provided a list on how they will provide HSS with a Housing First model through: providing all services per Participant choice; rooting services in building trusting relationships with each Participant, with a housing stability focus; enrollment and housing placement of Participants without precondition, including perceived "housing readiness";' maintenance of a low-barrier approach where Participants do not need to be in treatment or recovery to be eligible; and ensuring services are voluntary and tailored to each individual's needs, including ramp up or down of service intensity level per Participant need, request and service provider assessment.
3. • Is already an active participant in CoC CE and operates as both an access point and referral partner. • Stated they have a close working relationships with the Hub 2 coordinator and are experienced with taking referrals via case conferencing. • Will be notified of upcoming unit vacancies by their property management partner, Westbrook Housing Authority (WHA); and once they receive notification, they will then notify the Hub 2 coordinator as soon as possible who will then update the CE on availability of the HSS Unit. • After such, will have staff initiate a case conferencing process to make a referral for the potential program Participant.

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• Will have staff clearly outline legibility to the Hub 2 coordinator to ensure appropriate program referrals. • Will follow any requirements outlined for housing providers in the CE policies and procedures. • Demonstrated an understanding that the CE will make matches for the program and they will not advocate for any specific individual at any time; and reason for such (ensuring equitable chance for enrollment). • Stated that though their staff may participate in case conferencing during the match process; it will only be to answer questions on eligibility or logistics and not to advocate for any specific person.
4. • Stated HSS staff will have naloxone on-hand at all times when visiting or working with Participants. • Will have HSS re-train on naloxone use and accompanying response protocol every six (6) months. • If an HSS staff person needs to administer naloxone to a Participant, they will have supervisors and managers work with the staff person to report the incident, debrief and provide support to the staff person, and create a plan for engagement with that Participant going forward.
5. • Stated, in addition to their existing agency-wide policies, they will develop specific guidelines for HSS program decision making, operations and monitoring, if awarded a contract. • Plans to have HSS policies developed by their director of Rapid Re-Housing and agency's social work leadership through an iterative process of review prior to finalization for use. • Will have HSS policy guidelines ensure quality, person-centered services through staff training and weekly supervision; staff and Participant safety; assertive engagement with Participants; positive relationships with property owners and managers; proper documentation; and data collection, management, monitoring and reporting. • Plans to have program policies include a schedule for, at minimum, annual review of HSS outcomes to identify areas that are working well and areas for improvement. • Stated the HSS policy guidelines will supplement existing agency policies which cover confidentiality, non-discrimination, boundaries, client access to records and grievances, and others.

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• Plans to have HSS policy guidelines include the agency's existing Client Grievance policy and forms; and briefly described the grievance and complaint process, including appealing of any decisions made through agency's management structure.
6. • Plans to administer the voluntary surveys, with support provided only when requested, annually in September in order to meet the December 1 deadline to provide a summary report to the Department. • Bidder provided a detailed process on how they will ensure anonymity of responses, due to the small number of expected HSS Participants, including: multiple methods of survey completion (paper and online), and ensuring the caseworker and supervisor who know the Participants best, only have access to the compiled survey data and will not have access to the individual completed surveys. • Plans to train staff on providing objective support, if requested, to reduce potential bias in Participant responses. • Stated they anticipate low response rate challenges based on experience and the small number of anticipated HSS Participants; and propose, if approved by the Department, to boost response rates by including an incentive with survey completion, such as a five-dollar ($5) gift card for coffee. • Also plans on sending two (2) postcards to Participants to remind them to complete the survey if they haven't already; with postcards to be sent at two (2) week intervals following the initial mailing. • Plans to have an eight (8) week time frame for survey completion, and at the end of the period will have the program administrator enter and compile responses. • Once responses are complied, they will have the HSS team review responses and note observations and themes, identify trends over time compared to the previous year (as possible, per response rates) and identify what results could be used for program improvement. • After HSS team's review of the responses, the supervisor will prepare a summarized report of results and the actions HSS will take in response, to be shared with the program team and Department staff. • Plans to have the supervisor and Director of Rapid Re-housing be responsible for ensuring the implementation of any actions resulting from the survey. • Plans to model the survey on the customer satisfaction survey used by the U.S. Department of Veterans Affairs for Supportive Services for Veterans Families (SSVF) grant, a nationally used survey.

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• Will have the survey tailored to HSS program specifics, using the SSVF customer satisfaction survey as a foundation. • Provided a description of what the SSVF survey questions are designed to assess. • Will have the director of Rapid Re-housing and supervisor develop the survey and tailor questions to HSS program requirements and Housing First Basic Principles. • Will have their senior director and vice president review and approve the survey. • Stated they welcome the opportunity to work collaboratively to develop a common survey tool with any other HSS providers selected through this RFP, to build a community of practice across Maine for HSS delivery.
7. • Stated they utilize ClientTrack, a third-party client management software application for management of client records and HMIS for managing and reporting client data. • Indicated each Participant will have a record in ClientTrack and the HSS caseworker will enter service data, case notes and other relevant client information into the system on a daily or weekly basis. • Will have the program administrator be responsible for entry of client-related data into HMIS and will be responsible to ensure HMIS data is up to date. • Will also have program staff maintain a separate client file outside of ClientTrack for each Participant that will include records of intake paperwork; service plans; eligibility documentation; vital documents; housing or benefit applications; and any other relevant documents.
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
1. • Plans to use their existing formal and informal relationships with MaineCare providers to connect Participants to necessary behavioral health, medical care, crisis and other services to support long-term housing stability. • Stated they have a deep knowledge of the local service landscape and area providers to support behavioral health and physical health needs and more, based on their fifty (50) years' experience providing services to those experiencing homelessness problems. • Stated they build strong relationships with partners through meeting and communicating regularly at agency and staff levels to ensure referral processes and policies are followed; set up of appropriate feedback loops to Bidder's caseworkers, with clients' consent; both agencies understand the

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trends in client needs; and communication regarding changes in service delivery are timely discussed to avoid service disruptions. • As new relationships are formed, will have their vice president of social work and senior director of social work make HSS staff aware of any that may benefit HSS Participants. • Plans to have their director of Rapid Re-housing work with the vice president and senior director of social work to identify new and existing partners that would be open to formalizing a partnership through an MOU and will work through the MOU process with those that are interested. • Provided a non-exhaustive list of existing relationships that they will maintain through regular meetings and communication to ensure HSS Participants have timely access to care, including expediting of enrollments into supports/services such as MaineCare, SNAP and TANF. • Will provide service referrals and care coordination, as appropriate, alongside supporting the Tenant in successfully engaging services to build Participant life skills, self-reliance and self-sufficiency. Provided Attachment 6 – list of anticipated partnerships with MaineCare health and behavioral health providers: • Provided a table that indicates type of service, the agency, and the specific services provided by each agency. • Types of services listed are: substance use treatment and recovery support; healthcare services; mental health care; and community case management.
2. • Stated they have developed strong relationships with local agencies to ensure they have partners across the full spectrum of services for referral receipt when Participants are in need of legal, housing, employment, food, transportation and other services. • Plans to approach relationships with non-MaineCare providers via the same approach they use with MaineCare providers. • Plans to have HSS staff focus on connecting households to mainstream resources vital to housing stability, including SNAP and other services including employment, education, financial literacy, legal, peer supports and transportation. • In addition to making referrals and care coordination, may have HSS staff also remind Participants about and attend appointments, and work with Participants to empower them with the information and skills needed for them to be able to advocate for themselves; all of which will help ensure Participant needs are

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met and Participants are able to access assessments and services as quickly as possible, while also building Participant self-reliance and self-sufficiency to navigate services. • Provided a list and description of examples of existing relationships they have with local, non-MaineCare agencies and programs; and HSS staff will maintain said existing relationships through regular meetings and communication. Services provided through existing relationships include expediting of connections to entitlement programs such as SNAP and TANF; legal assistance provision; connection with educational advancement and employment skills and goals; provision of unit furnishings and move-in supplies, to be provided as close to time of occupancy as possible to avoid Participants moving into an empty apartment; and other specialized programs within the Bidder's agency such as anti-trafficking services and food programs.
3. • Stated their programming has been long rooted in Housing First principles and they have worked alongside other agencies, over decades, to provide education on Housing First and demonstrate success of the model. • Plans to have HSS implemented by their Rapid Re-Housing team; which has implemented Housing First principles in Hub 2 for the past five (5) years. • Stated they have ongoing and longstanding relationships with the PATH program in Hub 2 and other community-based case management programs. • Plans to continue participating in Hub-level meetings, case conferencing meetings and other various CoC meetings and will utilize opportunities as they arise to educate on Housing First and demonstrate how to run programming that is rooted in the Housing First model. • Plans to also provide written materials on Housing First to be shared with other partners. • Stated they have an internal training curriculum on Housing First which they can share with PATH and other providers to assist in training other members of the Hub. • Stated their director of Rapid Re-housing is also a tri-chair of the Region 1 Homeless Council, which offers another avenue to connect and educate providers on Housing First principles and success.
C. Property-based Partnerships
1. • Noted they have decades of experience working closely with property managers and landlords and believe that a strong, trusted relationships is the

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foundation for provision of ongoing education on how to work successfully with individuals who have experienced chronic homelessness. • Stated their experience has shown that the best opportunities for effective education occur during day-to-day program implementation, especially when dealing with housing stability issues or potential lease violations. • Plans to have staff work hard to educate property management partners on why certain behaviors may be present, and how the Bidder can collaborate with Participants to make changes and avoid being placed on a path toward eviction. • Plans to provide education prior to lease up and annually through: a training and welcome event to all interested WHA (property management partner) staff; attendance at WHA staff meeting, at least annually, to speak on HSS, services offered and answer questions; creation of written materials to go over the basic principles of Housing First and the HSS program model, specifically geared toward property managers; hosting of a yearly refresher training for WHA staff to review Housing First principles and the HSS program, with a focus on any themes or issues that arose in the year prior with HSS Tenants; a yearly casual "meet and greet" set up by WHA staff and HSS staff between Tenants, HSS staff and property management staff to build relationships; and maintenance of regular contact with property management staff as potential issues arise and work to use a Housing First lens on the property management and service provider side, with the goal of avoiding evictions for reasons that are outside of formal safety issues.
2. • Stated, over the years, they have developed many effective strategies to work closely and successfully with property managers and landlords, which will be used for HSS program implementation. • Anticipated methods and strategies to mitigate common reasons for eviction include: building of transparent and trusting relationships, with clearly defined roles; creation and planning for regular check-ins between program management and property management to discuss any issues that have arisen with Tenants; infrastructure creation to ensure all HSS program staff know how to contact property management staff timely, and vice versa; inclusion of HSS staff on all major communications between the property manager and Tenant, including notice of entry, property updates that impact the Tenant and any lease violations; ensuring HSS staff are knowledgeable on community resources to assist with any payment concerns to avoid eviction (e.g., rent payment, arrears and utility payments, when needed); assisting Tenants with lease literacy to ensure each Participant has a working understanding of issues

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that may lead to eviction; and facilitation of mediated meetings with Tenants and property managers when supportive and necessary.
D. Minimum HSS Units and MOUs Requirements
1. • Plans to have identification and maintenance of at least ten (10) HSS units be a major focus of the HSS caseworker and supervisor throughout the life of the contract. • Referred to their letter of commitment which indicates ten (10) HSS Units across two (2) properties; and Bidder stated that working with a single entity with multiple properties will allow them and WHA to work collaboratively to: maintain designated HSS Units; address Participant needs and unit issues; have smooth lease-ups and move-ins; and access provision to buildings and units. • If awarded, plans to work to establish similar relationships with other local housing authorities throughout Hub 2 to ensure at least ten (10) HSS Units are available, and to potentially expand HSS to more units, if resources allow. • Stated they would be interested in collaborating with other HSS program providers to learn from their experiences and offer support to ensure the ten (10) HSS Units. • Should an identified HSS be no longer available, plans to have staff immediately engage with the housing authority that owns the unit to identify other available units to become an HSS unit.
2. • Stated, the MOU will also describe in detail how they and WHA will collaborate to support provision of HSS to achieve mutual housing goals, including terms under which their staff have access to the building in emergencies and common areas for program activities.
3. • Plans to have their director of Rapid Re-housing be responsible for providing the Department with all subsequent MOUs developed for newly identified HSS Units. • Plans to include transmittal of new MOUs to the Department in their policies and procedures developed for HSS.
4. • Plans to meet at least monthly with WHA, and any future property owners and managers providing HSS Units, to ensure open and regular communication regarding the Units.

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- Plans to have their director of Rapid Re-housing contact the Department if HSS staff identify concerns with property ownership that may result in an HSS Unit becoming unavailable, to discuss concerns and plans for ensuring HSS Unit availability.

E. Participant Outreach Prior to Tenancy

1.

- Once an individual is identified via case conferencing as a potential participant and officially awarded a housing resource, HSS staff will begin outreaching to the client within the first two (2) business days after match receipt.
- Once HSS staff have connected with the potential participant, they will begin gathering necessary eligibility documentation and other documentation needed for lease-up (e.g., proof of income).
- Plans to work with the Hub 2 coordinator to ensure Participants are prepared and "document ready" prior to being matched, to ensure a quick and efficient process; although Bidder did note that lack of required documents at match time won't preclude individuals from being matched.
- Stated they have the infrastructure and stop gaps to ensure eligibility is assessed and confirmed via documentation prior to enrollment.
- After eligibility confirmation and Participant enrollment, plans to have HSS staff complete a housing and needs assessment with the Participant to explore strengths and barriers, housing needs, housing and other case management goals.
- Plans to create a clear service plan for sustainable housing, connection to resources and connection to/utilization of Participant's natural supports.
- Will connect Participants to peer support as requested/needed.
- Plans to have HSS staff attend lease signing with Participants and spend significant time assisting the Tenant to ensure they familiarize themselves with and understand their lease.

F. Programmatic Requirements

1.

- Plans to provide HSS with minimal barriers and according to Housing First principles, which will also directly inform client enrollment and exit.
- Stated Participants will not be required to abstain from substances or commit to any kind of treatment prior to accessing or retaining services, reducing participation barriers.
- Referred to their experience offering low-barrier services in site-based PSH and community-based housing services.

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• Plans to work with Participants where they are to gather needed documentation; accompany clients to pre-housing appointments and lease up; and will also assist in the move-in process, including helping with obtaining furniture and other move in supplies. • After lease-up, plans to have HSS staff work with their property management partner to advocate against eviction for anything that does not reflect imminent safety risks. • Stated their agency has language access policy and established relationships with language interpretation services, should it be needed. • Stated they are able to provide interpreter services by phone during in-person visits and also prepared to request interpreters attend in-person meetings, per Participant request. • Stated they have experience translating documentation, information and grievance procedure documents into several languages.
2. • Plans to have a full-time caseworker available no less than twenty (20) hours per week to provide HSS. • Plans to have HSS supervisor provide coverage for the caseworker if the HSS caseworker is unavailable (e.g., sick, vacation). • Plans to have the caseworker work with the supervisor to coordinate services among the ten (10) HSS Units to ensure the caseworker is able to provide responsive and timely services to all Participants and meet each Participants' service needs. • Will also have the caseworker work with the supervisor if there are times where more than twenty (20) hours of services are needed to adequately meet client needs. • Plans to have services built on relationships; utilize collaborative assessment and planning; utilize assertive engagement through a trauma-informed approach; and provide referrals to other services. • Stated their staff are trained to offer flexible services to meet Participant's pressing needs in the moment and are familiar with community resources, and the anticipated HSS to be provided.
3. • Plans to model other programming that utilizes an interdisciplinary team approach and will have HSS staff work to connect Participants to ancillary supports, including but not limited to mental health support, personal support staff and peer support.

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• Stated, as wraparound care teams develop, HSS staff will work to form connections with and have ongoing communication with support systems. • Provided a detailed comprehensive response regarding how they will ensure services are not duplicated. • Plans to implement existing processes regarding MaineCare billing within HSS and will have the HSS supervisor and director of rapid re-housing provide supervision to ensure MaineCare billable services are appropriately billed.
4. • Stated their expectation is for HSS caseworkers to work primarily in person with clients. • Plans to set clear expectations with HSS staff regarding in-person service provision, starting at the hiring process and to be reflected in job descriptions. • Plans to train and supervise HSS staff for in-person service delivery but will be in contact with the Department as soon as possible should that change. • Plans to have HSS Participants meet with their assigned HSS caseworker at the time that works best for them. • Stated their current plan is for HSS caseworkers to work primarily from Monday-Friday, 8:30am to 5:00pm; however, schedules can and will be flexible for Participants that cannot meet during that time. • Should there be any emergent needs, will have on-call support available for Participants to utilize.
5. • Stated they have a strong volunteer program within their agency and HSS staff can connect interested program Participants to the volunteer program through their volunteer manager, with the goal of matching the Participant to the most appropriate volunteer placement within the agency. • As it pertains to volunteer placement, stated client preference on placement will be honored as much as possible, within the context of currently available volunteer placements. • Listed some examples of volunteer services and stated opportunities for volunteering also exist within their Health Services Team that engages directly with sheltered and unsheltered populations surrounding treatment and policy development for substance use. • Stated their Homeless Voices for Justice group and advocacy team also engage volunteers with lived expertise on homeless to assist with events and advocacy efforts. • Plans to have HSS staff speak with Participants about available opportunities and assist with connecting them to the option that most interest them.

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• Should a Participant be interested in volunteering but there are barriers to doing so, such as appropriate clothing, they will have HSS staff work with the Participant to address and solve barriers as part of their ongoing service plan. • Stated it is against their agency policy to hire currently enrolled clients; however, they have hired many former clients over the years and stated their lived experience has enhanced programming and services.
G. Housing Stability Services (HSS
1. • Will ground HSS in strengths-based, trauma-responsive, person-centered care planning and will be built through establishment of trusting relationships with clients. • Plans to have HSS staff participate in trainings such as Unconditional Positive Regard, Trauma-Informed Care, Harm Reduction and Motivational Interviewing. • Provided a description of strategies and skills they plan to have HSS staff use when working with Participants, including: following the Housing First model (no preconditions to housing aside from state/local restrictions and voluntary services); provision of trauma-informed care by staff trained in such; motivational interviewing; and harm reduction. • Plans to focus on building relationships with all Participants, including those that have been historically hesitant to engage. • Stated HSS are voluntary, and continued tenancy will not be dependent on utilization of offered services. • Will have staff practice progressive and assertive engagement to build trusting relationships with clients, center client choice and will have services tailored to their individualized needs and self-identified goals. • Stated assertive engagement requires a collaborative approach utilizing interpersonal skills and creativity to adapt methods to meet client needs. • Plans to have HSS staff use the following components of progressive engagement: tailoring of support to Participant's specific needs through first providing the least amount of services needed, and then ramping up or down based on Participant's demonstrated needs or wants; ensuring support is flexible in nature and able to be scaled up or down quickly, even weekly; and include a continuous assessment of need rooted in the trusting relationships, based on nonjudgement and authenticity.
2. • Plans to have an assessment at intake regarding whether the individual has health insurance, and to what extent.

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• Once health insurance is determined, if any, will have the HSS caseworker assist the Participant in obtaining or maintaining insurance coverage. • Stated they maintain a direct relationship with the Department and other state staff working on benefits, and can help Participants with applying for MaineCare, completing recertifications and updating the Department on relevant information on Participant eligibility for MaineCare, as needed, and to avoid benefits' lapse. • Should the Participant not be eligible for MaineCare, or has other coverage, will have the HSS worker connect the individual to relevant resources in the community to assist with ongoing maintenance of coverage. • Will provide case management and refer to community-based case management, as appropriate and desired by the Tenant. • To access and maintain needed MaineCare services, including sections 13, 17, 65 and 91, will have the HSS caseworker determine individual needs and eligibility for specific MaineCare benefits; help with completing and submitting necessary paperwork for MaineCare enrollment and benefit applications; will guide Participants through the MaineCare system, including appointments, authorizations and appeals; will advocate for necessary services on Participants' behalf; will ensure they receive appropriate care; and will regularly communicate with Participants, healthcare providers and other relevant parties to monitor progress and address concerns. • Plans to have the HSS caseworker guide Participants through Social Security Disability (SSD) applications, including gathering necessary documentation and attending appointments; connecting Participants to food resources, including SNAP and their agency's Food Security Hub; and collaborate with local agencies to provide access to a wide range of social services. • Stated they maintain strong collaborative relationships with critical community-based organizations to ensure Tenants have ready access. • Will have the HSS caseworker provide referrals to and care coordination with services providers, as appropriate, and will provide support to the Participant to successfully engage those services. • Provided examples of community-based services they provide referral and care coordination for, with potential provider names indicated as well for each service: community case management; health care services; mental health care; and substance use treatment and support.
3. • Plans to provide Participants with the following information at time of lease up: the property manager's contact information, including how to place non-

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emergency and emergency work orders related to apartment maintenance issues; the agency's contract information, including email address and phone numbers for their HSS caseworker and their supervisor, including information on how to reach their 24/7 on-call team in case of emergency; contact information for any other providers that are working with the Participant; contact information for any members of their natural support team, including family, friends and neighbors; and phone numbers to call if there's a medical or mental health emergency, or other life-threatening incident, including 911, 988, crisis line, domestic violence helpline and the sexual assault helpline. • Stated their agency also works closely with the police department's Behavioral Health Unit and they can utilize this resource, as needed. • At time of intake, will have HSS staff create an individualized crisis support plan with the Participant to ensure a plan is in place that is familiar to the Participant and services provider, should a crisis need arise.
4. • Stated they approach housing work holistically. • Plans to create Participant-driven service plans that are designed collaboratively with the Participant regarding achievable goals to build independent living skills, including: increasing income; connecting with health care and behavioral health care support services, as needed and appropriate; achieving education goals, such as HiSET courses and other training programs, as appropriate and requested; connecting Participants to volunteer opportunities, as appropriate and requested; and connecting Participants to other community supports, including peer supports. • Plans to have HSS staff speak with Participants about the community they had while experiencing homelessness; and how they can maintain connections while balancing lease requirements regarding guests. • Plans to speak with Participants about any other natural supports they may have, including family and friends. • Plans to identify additional meaningful connection and creative/active outlets to support the individual's wellbeing and overall happiness. • Plans to have HSS staff focus on building community within the buildings that HSS Participants live. • Plans to host events in common spaces of Participant buildings so Participants can meet and begin building relationships with one another and other tenants residing in the buildings. • Will have the events in common spaces occur at least once a quarter, and examples of community-building social events include community meals,

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playing games or working on art projects, or support groups covering topics related to ongoing housing stability. • Plans to ask Participants what types of events they would enjoy at intake, when service plans are updated, and on feedback surveys; with information utilized by staff for planning quarterly events. • Plans to hold "meet and greet" events between HSS staff, property management staff and tenants at least once a year. • Stated WHA (property management) has offered common spaces for purposes of hosting the events; and should those spaces become unavailable, agency staff will work with WHA to identify other space, including at WHA's main office. • If there are issues with identifying a space for quarterly planned social events, they will work with the Department to find a suitable location, with a focus on ensuring access to transportation, if needed.
5. • Stated all support will have the ultimate goal of assisting the Participant with maintaining ongoing housing stability. • Stated their services are rooted in the belief that all Participants can and will be successful in housing with the appropriate support in place. • Plans to ensure Participants have furniture and move-in supplies as close to lease signing time as possible. • Plans to attend lease signings with Participants and dedicate time to reviewing major lease components so Tenants are clear on expectations. May have the lease review process spread out over several meetings, or be revisited several times, as the transition from homelessness to housing can be overwhelming. • Plans to provide universal information on living in a home, including reviewing trash and recycling processes; using and conserving electricity or gas; submitting maintenance requests; and general maintenance and cleanliness. • Plans to train staff on common challenges that Participants face when moving into housing after experiencing chronic homeless, to help staff contextualize potential issues and find strategies to help prevent related housing stability issues, as they arise. • Provided examples of support HSS staff would provide for common challenges, including setting boundaries with certain guests; ensuring access to cleaning supplies, checking in regularly, helping with cleaning and supporting the Tenant to coordinate inspections by the property manager, or assisting with getting an assessment for Personal Support Services; and facilitating connection to a mental health provider, local peer support services or online resources to assist with mental health recovery.

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• Plans to train HSS staff on mediation between Tenant and property manager and/or between Tenant and neighbors, should issues arise. • Mediation strategies will also include assisting the Tenant with developing skills to navigate these issues, as they arise, in ways that will support ongoing housing stability. • Plans to train HSS staff in how to build relationships with property managers, with a focus on how they can be as responsive as possible, when issues arise. • Stated wraparound supports will include connection to peer support services and behavioral support services, for both crisis and ongoing. • If crisis needs arise, will have staff utilize assessment, de-escalation and community crisis services (e.g., crisis line, mobile crisis team and the Westbrook Police Department's Behavioral Health Unit).
6. • Stated Harm Reduction is a core principle of all services provided by the Bidder and stated it recognizes that clients face many challenges; unsafe behaviors are often coping mechanisms; and that each individual has different goals related to their health and wellness. • Provided descriptive examples on how HSS will provide Harm Reduction, including potentially organizing groups on a variety of topics to reflect the needs and interests of the Participants to build community, and mitigate isolation.
7. • For Participants without an external case manager, they will have HSS staff work to connect Participants to a case manager through programs such as Behavioral Health Home, Opiate Health home or an ACT team, as appropriate and necessary. • Stated HSS staff will be well-practiced in providing housing-focused case management to Participants; and should a Participant not be eligible for an external case manager or does not wish to have one, they will have HSS staff assume that role, as appropriate. • Stated, the HSS caseworker role will focus on supporting ten (10) units intensively over the course of each week, and over time will foster and form a strong, trusted working relationship between the Participant and caseworker. • Plans to have HSS staff utilize the clinical expertise of program leaders, and HSS staff will be trained in various interventions, including motivational interviewing, collaborative safety planning and empowerment-based practice to support maintenance of housing stability, without needing additional case management.

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8. • Plans to complete Participant intake and, if feasible, the initial assessment at the first meeting. • If additional time/space is required, will have HSS staff conduct a follow-up meeting to complete the initial assessment of Ancillary Support(s) and natural support(s). • Will complete all assessments in the first thirty (30) days of intake and will have staff use social work assessment skills for paperwork completion with Participants, including use of a trauma-informed care lens and allowing Participants to move at their own place. • Will execute Release of Information (ROI) forms to communicate and collaborate with any existing ancillary and natural supports. • Once the intake process is complete and relevant ROIs are in place – will have HSS staff inquire if any ancillary supports have completed an assessment. If an assessment has been completed and is up to date, they will review and integrate the data into their own assessment processes, as appropriate. • If assessment process has not been completed yet, or not yet done in full, will have HSS staff complete such within the first thirty (30) days of intake, to include a needs assessment; housing assessment; and biopsychosocial assessment, as needed. • HSS staff will work alongside the Participant to create individual service plans with assessment information. • Plans to have HSS leadership review all service plans to provide additional consultation and support. • Per Participant consent, may share the service plan with ancillary supports to further enhance the team approach and create clear communication around each party's roles.
9. • Will have HSS staff responsible for updating assessments art least annually, and for updating service plans at least every ninety (90) days, or sooner if there are changes that need to be reflected. • Stated HSS staff will commit to a team approach and will be in regular contact with existing ancillary supports and communication may include updates made to assessments or service plans, made by HSS staff or the ancillary support. • Will use active and current ROI signed by the Participant to support communication.

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• Will update service plans as necessary to reflect any changes in assessment process, per communications and service plan and assessment documentation.
10. • Stated staff will use the assessment process to begin building relationships and trust with Participants. • Staff will be trained in creating person-centered and strengths-driven individual service plans, ensuring each client is an active participant in the process. • Assessment information will drive the service planning process; and staff will offer structure and assistance to support Participants with identifying their own needs and goals. • Stated each assessment has a section where Participants are asked to identify their own strengths, and they will highlight this with Participants and use identified strengths as tools to assist in meeting identified goals.
11. • Plans to complete the individual service planning process within thirty (30) days of Participant intake. • Plans to utilize a previously developed service plan that includes all items listed under 11.a.-f. for HSS. • Stated their service plan form is often coupled with a biopsychosocial assessment and asks staff and Participants to identify goals pertaining to: medical and mental health needed; support system; harm reduction needs, such as connecting to Medication Assisted Treatment; life skills development; and care coordination, including defining the role of each care team entity. • Stated their agency uses a separate housing assessment that will be completed with the Participant within thirty (30) days of intake. • Stated the housing assessment addresses housing needs and goals as identified by the Participant, including accessibility needs; information on pets, emotional support animals and/or service animals; and needs related to move in supplies and furniture. • The housing assessment will also address housing barriers, such as previous eviction history, criminal background and previously unpaid debts to housing authorities or any unpaid utility bills. • Stated the housing assessment will also ask Participants to identify personal strengths to aid in ongoing housing stability; and identified barriers will be explored, including strategies for addressing them.
12.

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• Plans to have HSS staff work with Participants to develop a Crisis plan as part of their overall individual service plan, to be completed within thirty (30) days of intake. • Plans to review the Crisis plan with the Participant's overall service plans at least every ninety (90) days and will be updated as necessary. • Stated Crisis plans will be created in tandem with Participants and will include: emergency contact information; preferred hospital and medication information; information on who to call during a crisis, including emergency services and the crisis line; triggers and strategies to deal with them; strengths and strategies that have been helpful in the past during a crisis; and a summary of what isn't helpful for the Participant when they are in crisis (e.g., not having staff be physically close).
13. • Plans to use the housing assessment to ask Participants to identify any current and previous housing barriers, with some examples included. • Through the housing assessment process, will have HSS staff speak with Participants on the identified current or historical housing barriers, and identify strategies to deal with each. • After the completed housing assessment, will have HSS staff work with Participants to integrate an individualized housing stability mitigation plan into service plans. • Demonstrated an understanding that it is "normal – and even expected – " for housing stability issues to arise with individuals who have experienced chronic homelessness, and stated issues are not met with the lens of shame or being punitive, but instead of partnership and problem solving.
14. • If awarded, will closely review the HSS program manual once published and follow all applicable review timelines for individualized service, Crisis and mitigation plans. • Plans to implement the HSS program, and using existing program processes, will ensure all plans are reviewed and updated at least annually, or as needed. • Stated they have client tracking systems for notification on when a yearly update is due; and staff will be trained to update plans when there is a life-changing event, new information is obtained, or a Participant wishes to update their plans.
H. Staffing
• 1. • Plans to utilize their existing 24/7 on-call system for HSS.

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• If a Participant needs immediate support outside of usual working hours, they can use the on-call number to connect with one of the agency's 24/7 staffed programs. • On-call staff will speak with the Participant and assess for any immediate crisis or any safety needs; once immediate needs are addressed, the staff will reach out to HSS management to let them know of any needed follow-up and will note if follow-up is time sensitive.
2. • Plans to have their Rapid Re-Housing program manage HSS, ensuring a multidisciplinary approach. • Stated leadership and staff on the team have varied backgrounds and experiences; and further described additional leadership staff's professional and experiential details for their Rapid Re-housing program, including a LCSW senior director and director. • Stated the anticipated supervisor to support HSS will have several years of experience with the Rapid Re-Housing team and brings expertise in working with survivors of domestic violence. • Stated their anticipated program administrator is experienced in providing administrative support, including data collection and reporting for Rapid Re-Housing and Anti-Trafficking Services programs. • Plans to work closely with MaineHealth-Preble Street Learning Collaborative to assist Participants with accessing needed health care services; and provided a description of the Learning Collaborative and associated MaineHealth Homeless Health Partners. • Stated they have a well-established approach and structure for staff supervision, including weekly one-on-one supervisory sessions for all staff and ongoing social work management professional development sessions. • Stated all supervisors on HSS will bring experience managing clinical and non-clinical staff. • Plans to have current Rapid Re-Housing staff manage HSS and will ensure all HSS staff have the required experiential requirement. For hiring of new staff, Bidder will also ensure the required experience is met, including explicit indication of the requirement on job postings. • Stated their agency has current and former employees with lived experience with homelessness, and on their employment web page and all job postings, includes explicit language (quote provided) regarding recognition of various lived experiences and backgrounds when assessing candidates.
3.

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• Referred to their experience providing housing stability services to individuals experiencing chronic homelessness for twenty (20) years; services provided; and the various homeless populations served by their Rapid Re-Housing program. • Will ensure staffing and services build upon their agency's existing Housing First interventions, to align with Participant needs through engaged program leadership and staff training. • Plans to have their senior director of social work, who oversees the Rapid Re-Housing program, work with the director of Rapid Re-Housing to guide program development, drawing on their current experience with overseeing two Permanent Supportive Housing (SPH) communities, and former experience with managing their Veterans Housing Services program. • As HSS progresses, plans to have the HSS team use information gathered from Participant feedback surveys, data and information gathered from Hub coordinators and other local providers to assess how to continue aligning staffing and services with Participant needs. • Plans to have their director of Rapid Re-Housing and supervisor work with staff through weekly supervision and training planning to ensure staff skills and knowledge stay aligned with Participant needs.
4. • Plans to use their existing Rapid Re-Housing program structure to ensure appropriate levels of oversight and supervision for each position. • Stated it is their agency policy to have each staff person meet with their supervisor one-on-one at least weekly for structured and intentional supervision, to cover three (3) types of supervision: administrative, supportive and educational. • Stated minimum weekly clinical supervision will be provided by their director of Rapid Re-Housing (LCSW). • Stated should any HSS staff need additional clinical supervision, their senior director of social work and vice president of social are also both licensed clinicians. • Plans to leverage experience of current supervisors who have expertise in community-based housing programs and chronically homeless individuals, to support HSS staff with achieving initial and ongoing training related to HSS service provision. • Stated their agency's Human Resources Department includes a training and staff development manager that works across all social work programs to

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coordinate new employee orientation and organize and schedule trainings that benefit all staff. • Stated they have an internal Learning Management System which streamlines in-person and online/asynchronous training through a centralized system which the HSS team will use to organize and track staff participation in trainings. Provided Attachment 7 – anticipated training plan. • Provided table that lists each training topic; the facilitator; the month/year of initial training and ongoing training; and whether the training would be required prior to Participant interaction.
5. • Stated the anticipated Rapid Re-Housing staff that will work and interact with Participants all have at least one (1) year of experience working with the agency, and they have participated in many staff orientation and development trainings. • Plans to ensure all HSS staff participate in a comprehensive two (2) day orientation for new hires and ongoing development, per Attachment 7. • All HSS staff will have weekly individual supervision, including professional development and training needs' identification. • Plans to have monthly social work staff meetings to foster team alignment and develop shared approaches to individual client challenges. • Plans to have the supervisor and director of Rapid Re-Housing be responsible for implementing and updating the training plan for all HSS staff. • Plans to have the training plan reviewed monthly by their Rapid Re-Housing management team to ensure staff are meeting training expectations and to identify any additional training opportunities.
6. • Stated their agency has a multifaceted approach to staff recruitment, retention and training, in order to build diversity and provide culturally responsive services that meet Participants' cultural and communication needs. • Stated they strive to make job postings accessible to all and their hiring process recognizes the value of lived experiences. • Stated they provide stipends to bilingual/multilingual caseworkers and housing support staff in programs where their specific language skills will significantly enhance client services, which aids in the recruitment and retention of skilled staff. • Listed current languages represented among their agency staff, which includes: French, Kinyarwanda, Portuguese and Spanish.

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• Stated they have language access policy and agreements with interpretation and translation services to ensure access. • Stated training for HSS staff will include a focus on cultural responsiveness, and will include topics such as use of language interpreters, working with New Mainers, provision of inclusive services and racial equity.
7. • Stated they currently maintain a network of peer volunteers that would be available to provide in-person peer support to Participants; and described one (1) way peer support could be provided, through their Homeless Voices for Justice (HVJ) social change organization, with advocates available for peer support purposes for advocacy and for emotional support. • Stated their Health Service team is currently engaged in multiple peer-led research activities that provide intentional peer-to-peer engagement opportunities for those with lived experience; with initiatives currently ongoing and this would be promoted and available to any Participant. • Plans to work to connect any interested Participant with aforementioned resources, or other available resources in the community.
I. Participant Tracking and Confidentiality Requirements
• Included an acknowledgement statement recognizing that Participant-level data collection will be negotiated with and subject to Department approval prior to implementation. 1. • Will have HSS staff ensure data collected includes, at minimum, the HMIS universal data elements (UDEs) included in the U.S. HUD HMIS Data Dictionary. • Stated all agency programming uses HMIS and will HSS staff will understand that UDEs information must be collected for agencies using HMIS, regardless of funding source. • Will have caseworkers collect UDEs for Participants, including other program-specific information, at intake/enrollment. • Plans to have the HSS program administrator review all Participant data collected to ensure Participant records in HMIS include UDEs and will work with the HSS caseworker to obtain any missing information from Participants.
2. • Should Participant consent be provided, will have HSS staff enter the required Participant data into the Maine CoC HMIS, as data becomes available. • Stated all proposed HSS staff will be fully trained in using HMIS.

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• Plans to have the caseworker request Participant consent related to entering data in HMIS as part of the intake and enrollment process. • Plans to have the program administrator have primary responsibility for ensuring data is entered into HMIS as soon as they are acquired and routine review of data for quality and completeness.
3. • Stated they currently have commercial liability insurance that covers the requirements indicated; and if awarded, will review requirements with their insurance brokers and adjust coverage, as needed.
4. • Stated their Information Technology Department uses the same standards and frameworks that MaineIT uses for protection of data and infrastructure, following various listed national Institute of Standards and Technology (NIST) frameworks. • Stated they also use their outside vendors for scheduled network vulnerability scanning, penetration testing, security vulnerability evaluations and remediations, and monthly phishing tests and user training for improved security awareness.
5. • Stated their agency has a comprehensive Confidentiality Policy and all staff are trained at orientation and annually on the policy. • Stated all social work staff are trained in proper technology use to ensure client information is stored securely, safeguarded and properly handled in compliance with State and Federal laws. • Stated their Confidentiality Policy covers handling of personally identifiable information; protected health information; data transmission and transportation; regulatory requirements; and data breaches. • Provided a descriptive list of provisions that their Confidentiality Policy includes and ensures; including timely notification to impacted individuals and regulatory/funding agencies regarding unauthorized access or disclosure of data that includes any legally required notices, and a description of actions being taken to reconcile any damage resulting from the breach. • Stated staff access to confidential data will only be provided when necessary and will be provided with role-based permissions. • Plans to have electronic transmission of confidential data use password protection and encryption, with designated programs that are approved by agency's Information Technology and Systems Department.
6.

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• Will comply with the confidentiality requirements indicated. • Stated their Confidentiality Policy describes how staff and systems will be used to protect confidential information generated by or acquired by the Bidder and provided a comprehensive description on how the policy aligns with the State of Maine IT-Service Contract Rider B-IT Section 30.
7. • Met requirement.
8. • Plans to train all HSS staff on how to document critical incidents in compliance with internal agency policies and procedures and following Department policy, as soon as the HSS program manual is finalized. • Plans to have the supervisor and director of Rapid Re-Housing be responsible for critical incident reporting.
J. Performance Measures
• Provided a detailed comprehensive response regarding how they will meet each of the indicated performance measures. • Stated they will also provide supporting documentation to validate performance measure data, as appropriate and negotiated with the Department; and their director of Rapid Re-Housing will be responsible for working with the Department if any additional supporting documentation is requested. • Program administrator will be responsible for computing and reporting performance measure data with oversight from the director of Rapid Re-Housing.
K. Reports
• Provided a detailed comprehensive response regarding each required report.
• Met requirement; and plans on incorporating Critical Incident Reporting timelines into their HSS policies and procedures, with the director of Rapid Re-Housing responsible for ensuring reporting timelines are met if or when incidents occur.
2. Staffing
• Provided justifications for each position included in their staff plan. • Job descriptions were provided for: Director of Rapid Re-Housing; Supervisor; Caseworker; Program Administrator; and Complex Project and Grants Specialist. • Indicated requirement of three to four (3-4) years of experience providing direct services to those experiencing homelessness for the Director of Rapid Re-Housing position. • For the Caseworker job description, Bidder also indicated that position

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candidates must have a positive regard for individuals accessing services for homelessness and poverty. • The job descriptions for the Supervisor, Program Administrator and Complex Project and Grants Specialist positions do not include at least a one (1) year experience providing direct services to individuals experiencing homelessness and/or one (1) year of direct lived experience with homelessness.
• Will not use any consultants or subcontractors.
• Attachment 9 – Staffing Plan indicated staff and associated hours of service provided in-person at the property, and a justification for each position title, including associated time allocation and specific tasks to be completed during working hours, per anticipated case load. • Time allocation indicated is as follows: 0.05 FTE for Director of Rapid Re-Housing (Project Lead), zero (0) in-person hours; 0.20 FTE for Supervisor, in-person coverage as needed; 1 FTE for Caseworker with twenty (20) in-person hours; 0.05 FTE for Program Administrator, zero (0) in-person hours; and 0.05 FTE for Complex Project and Grants Specialist, zero (0) in-person hours. • Stated the Caseworker position will be responsible for all in-person HSS services hours, at twenty (20) hours per week; with an additional twenty (20) hours per week to be used for client documentation work, and other described activities, including an estimation of time needed for each of the indicated activities. • Included a note in the staffing plan indicating the plan is sufficient to provide twenty (20) hours of services for ten (10) HSS Units; however, they do have the capacity to provide services to more than ten (10) units and are open to negotiating with the Department regarding an increase in services, if awarded.
3. Implementation - Work Plan
• Provided workplan is in a table with each task described, position responsible and the month and year it would be completed, from 2026 through 2027. • Plans to develop policies and procedures, the annual satisfaction survey and execution of MOU for the ten (10) HSS Units in January 2026; however, tasks listed did not include explicit language regarding submission of related documentation for Department review and/or approval, as applicable. • Plans to meet with the Hub 2 Coordinator to discuss HSS-related eligibility requirements and the workflow plan through CE in January 2026. • Plans to begin regular meetings with WHA, including training on Housing First principles, February 2026. • Workplan indicates plans to begin taking referrals and outreaching Participants February 2026; and enrollment of Participants and provision of HSS to

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Participants in March 2026.
- Plans to begin outreach to other housing authorities in Hub 2 in May 2026 and ongoing to identify additional HSS Units.
- Plans to have their annual meet and greet for WHA, Participants and HSS staff occur June 2026, and June 2027.
- Plans to have their community-building social events held July 2026, September 2026 and December 2026; 2027 community-building social events will occur March, July, October and December, or as requested by Participants.

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
• P – Included Appendix A Proposal Cover Page • P – Included Appendix B Responsible Bidder Certification • P – Included Appendix C Attestation Statement • P – Included Appendix C Letter of Commitment for at least ten (10) HSS units • I – Property 1: 21 Knight Street, Westbrook, Maine is listed as a 58-unit property with 26 efficiency and 32 1-BR units. • I - Property 2: 9 Dottie's Way, Westbrook, Maine is listed as a apartment complex with 1BR and 2BR units (25 units total). Applicants must be 62+ years old or disabled. It is affiliated with 21 Knight St., Westbrook, Maine.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
• P – Bidder established Maine's first developments that provide site-based Permanent Supportive Housing. • P – Has provided housing support services to persons entering into many types of housing opportunities. • P – Basic principles in line with bidder's current operations. • P – One objective is to improve outcomes for clients by enhancing their quality of life, addressing the root causes of their homelessness, and reducing barriers to the care that they need to achieve housing stability and wellness. • P – Project one: Avesta Housing: Avesta is the owner/property management for properties where bidder currently provides the services at 3 site-based permanent supportive housing programs, each with 25-30 units. Bidder has experience designing services to meet the unique needs of participants. Has experience providing on-site housing support services 24/7. • P – Project two: Veterans Affairs: Supportive housing stability services for homeless veterans. focused on helping veterans access and sustain permanent rental housing without preconditions, while facilitating access to needed supports to maintain permanent housing and improve quality of life. Short-term rental assistance. Budgeting and employment counseling. • P – Project three: Transitional and Rapid Re-Housing Grants: Transitional (6-12 months) and/or Rapid Re-Housing (12-24 months) services as a pathway

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to permanent housing for individuals experiencing homelessness or at-risk of homelessness. The three grants support survivors of human trafficking, youth, and individuals in Lewiston, Auburn, or Portland, respectively, provides housing identification/navigation, rental and move-in assistance, housing stability, and case management services; landlord engagement support to create and maintain housing opportunities. Bidder can provide intensive case management to address client needs related to income/employment; individual service planning to support housing stability by connecting clients with necessary resources, including health care, mental health services, substance use treatment, educational, vocational, public benefits, and food resources. Transitional Housing and Rapid Re-Housing programs are low barrier, • client-driven, trauma-informed, strengths-based and are built around the basic principles.
2. Project Team Organizational Chart
• P – Organizational chart was one page, identified all HSS staff and to whom they report. • P –
3. Litigation
• P – Reported None.
4. Financial Viability
• P – Provided the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.
5. Certificate of Insurance
• P – valid certificate was provided.

Part IV, Section III. Proposed Services
A. Administrative Requirements
• P – Bidder proposes to provide HSS in Hub 2, where Maine's homeless population is most concentrated and where there are the highest numbers of chronically homeless individuals. Data is provided directly to bidder by the Hub 2 coordinator who is responsible for maintaining accurate and up-to-date data pertaining to the homeless Hub 2 is where more than half • homeless individuals in September 2025 are found, according to Maine Homeless Planning • P – Bidder is currently enrolled as a MaineCare Provider; as both a Housing Outreach and Member Engagement (HOME) Provider and a Targeted Case

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Management (TCM) agency; and as a Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency.

- P – Bidder will maintain its enrollment and participation in all the above throughout the HSS contractual period. Bidder's MaineCare Provider enrollment was revalidated in early 2025; the next enrollment revalidation will occur in early 2030.
- P – Bidder will comply with and provide HSS in accordance with the anticipated program manual, as well as all applicable State laws and rules. Bidder will extend the basic principles to the proposed HSS as bidder has been implementing these principles for more than 20 years in its existing site-based Permanent Supportive Housing communities.
- P – All services provided will be centered on client choice. Services will be rooted in building trusting relationships with each participant, with the focus of keeping the participant stably housed. Program participants will be enrolled and subsequently placed in housing without precondition such as perceived "housing readiness." The program will maintain a low-barrier approach meaning participants will not be required to be in treatment or recovery to be eligible for the program; and services will be voluntary in nature and tailored to the individual needs of each participant, including ramping up or down the level of intensity of services based on participant need, participant request, and service provider assessment.
- P – Bidder is already an active participant in the Maine CoC Coordinated Entry System (CE), operating as both an access point and referral partner.
- P – Bidder will be notified of upcoming HSS unit vacancies by the property management partner. Once bidder's HSS staff receive a notification, they will then notify the Hub 2 coordinator who will in turn update the CE regarding the availability of the HSS unit. HSS staff will then initiate a case conferencing process so a referral for a potential program participant can be made.
- I – Bidder will clearly outline eligibility to the Hub 2 coordinator so it is clear which participants should be referred to the program.
- P – Bidder will follow any requirements outlined for housing providers in the CE policies and procedures.
- P – Bidder understands that it is the role of the CE to make the match to the
- program and will not advocate for any specific participant at any time.
- I – Bidders HSS staff may participate in case conferencing when a match is occurring, it will be to answer questions regarding eligibility or logistics, not to advocate for any specific individual.

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- P – All bidder staff are knowledgeable about and trained in its use during their orientation on their first day of employment with the agency. Staff providing HSS will have naloxone on-hand at all times when visiting or working with participants. HSS staff will also re-train on naloxone use and accompanying response protocol every six months. Should a HSS staff member need to administer naloxone to a participant, supervisors and managers will work with the staff member to report the incident, debrief with and provide support to the staff person, and create a plan for engaging with that participant going forward.
- P –
- P – Agency-wide policies are already in place and bidder will develop specific
- guidelines for HSS program decision making, operations, and monitoring, if awarded a contract through this RFP process utilizing experience and templates from similar programs operated by the bidder.
- P – HSS policies will be developed by the director of Rapid Re-Housing and bidder's social work leadership through an iterative process of review before being finalized for use. The HSS policy guidelines will ensure quality, person-centered services through staff training and weekly supervision; staff and participant safety; assertive engagement with participants; positive relationships with property owners and managers; proper documentation; and data collection, management, monitoring, and reporting.
- P – Program policies will also include a schedule for at least an annual review of HSS outcomes to identify what areas of the program are working well and areas for improvement. These HSS policy guidelines will supplement existing agency policies that cover confidentiality, non-discrimination, boundaries, client access to records, and grievances, among others.
- P – HSS policy guidelines will include the agency's existing Client Grievance policy and forms. A client may continue to appeal any decisions through bidder's management structure.
- P – Bidder will conduct an anonymous and voluntary satisfaction survey for participants with support provided for completing the survey only when requested. Bidder will administer surveys annually in September. Bidder will ensure anonymity of responses by using the providing both paper and electronic versions of the survey. The program administrator will be responsible for receiving completed surveys and compiling data, with review and quality assurance support provided by the director of rapid re-housing. If a participant requests assistance with completing the survey, the program administrator will be available to provide assistance by phone. If in-person assistance is requested, the caseworker will be available to provide support.

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Bidder will train the caseworker on providing objective support to reduce potential bias in participant responses. Incentives are utilized when possible.

- P – Bidder will develop the survey within 60 days of the initial period of performance.
- P – Bidder will model its survey on the customer satisfaction survey used by the U.S. Department of Veterans Affairs for the Supportive Services for Veterans Families (SSVF)
- P – The HSS-focused client satisfaction survey will be tailored to the specifics of the HSS program, with the SSVF customer satisfaction survey serving as a strong foundation.
- P – Bidder uses ClientTrack, a third-party client management software application, and the Homeless Management Information System (HMIS), to manage client records and for managing and reporting client data. Each participant will have a record in ClientTrack and the HSS caseworker will enter service data, case notes, and other relevant client information into ClientTrack on a daily or weekly basis. The program administrator will be responsible for entry of client-related data entry into HMIS and ensuring HMIS data are up to date. Additionally, program staff will maintain a separate client file outside of ClientTrack for each participant, which includes records of intake paperwork, service plans, eligibility documentation, vital documents, housing/benefit applications, and any other relevant documents.

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- P – Bidder will use bidder's existing formal and informal relationships with MaineCare providers to connect participants to necessary behavioral health, medical care, crisis, and other services to support their long-term housing stability.
- I – Bidder understands that good care coordination for participants is in part built on a strong relationship between caseworkers and leaders at referring agencies and providers.
- P – Bidder builds strong relationships with its partners by meeting and communicating regularly (i.e., often monthly) at both the agency and staff levels to ensure that referral processes and policies are being followed, and to ensure changes to service delivery that may impact clients are communicated in a timely manner to avoid disruption to services.
- P – Vice president of social work and senior director of social work will ensure HSS staff are aware of existing or new relationships with MaineCare and other providers that may benefit HSS participants. The director of rapid re-housing

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will also work with the vice president of social work and the senior director of social work to identify existing and new partners that would be open to formalizing a partnership through an MOU and working through an MOU process with those partners.

- P – Bidder partners with OFI to facilitate eligibility for MaineCare SNAP and other benefits.
- P – Bidder will maintain existing relationships with a wide range of partners.
- P – Bidder will provide referral to and care coordination with these service providers as appropriate, along with support to the tenant in successfully engaging those services as part of the important work of building participant's life skills, self-reliance, and self-sufficiency.
- P – Bidder's HSS program will have access to existing partnerships maintained by the bidder.
- P – Provided a table identifying partnerships with MaineCare health and behavioral health providers.
- P – HSS may include reminding participants about and attending appointments as well as working with participants to empower them with the information and skills they need to advocate for themselves, ensure participant needs are met and participants are able to access assessments and services as quickly as possible, while also building participant self-reliance and self-sufficiency to navigate services.
- P – Bidder described many varied current partnerships with providers whose services HSS participants may seek or benefit from.
- P – Bidder's programming has long been rooted in the basic principles and the bidder has worked alongside other agencies over decades to provide education and provide examples of demonstrated success to spread the model.
- P – The HSS program will be implemented by the bidder's Rapid Re-Housing team, which has implemented Housing First principles in Hub 2 for the past 5 years.
- P – Bidder has ongoing and longstanding relationships with the PATH program in Hub 2, as well as other community-based case management programs.
- P – Will continue to participate in Hub-level meetings, case conferencing meetings, and other CoC meetings.

C. Property-based Partnerships

- P – Bidder will utilize bidder's experience in working closely alongside property manager partners, particularly in the site-based Permanent Supportive Housing

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setting, focusing on day-to-day program implementation, particularly when dealing with housing stability issues or potential lease violations.

- P – HSS staff will work hard to educate property management partners on why certain behaviors may be present among participants, and how bidder's HSS staff can collaborate with participants to make changes, and to avoid having them placed on a path to eviction. It is in these moments that service providers and property management staff can work to become aligned and rooted in the basic principles in all decisions made regarding tenants.
- P – Bidder's partnership with property owners begins prior to leasing.
- P – New staff will receive training on the basic principles at entry and all HHS staff will received at least annual additional training. There will be regularly scheduled meetings, often at the property, with property management to ensure full awareness of operational matters.
- P – Bidder has developed many effective strategies in working closely and successfully with property managers and landlords which will be used to implement the HSS program including building transparent and trusting relationships between the service provider and property managers, in which roles are clearly identified. Creating and planning for regular check-ins between program management and property management to discuss any issues that have arisen with tenants including, but not limited to Late rent payments, potential lease violations, reasonable accommodation requests, maintenance issues, creating an infrastructure in which all HSS program staff know how to contact property management staff in a timely manner and vice versa. Including bidder's HSS staff on all major communications between the property manager and tenant, including notice of entry, property updates that impact tenant, and any lease violations. Ensuring bidder's HSS staff and participants are knowledgeable about community resources to assist tenants with rent payments, arrears, and utility payments when needed, so tenants can be connected in a timely manner and avoid eviction.
- P – Assisting tenants with lease literacy, so each participant has a working understanding of what issues may lead to eviction. Facilitating mediated meetings with tenants and property managers when supportive and necessary.

D. Minimum HSS Units and MOUs Requirements

- P – Bidder's proposal includes a commitment for 10 HSS units across two properties. Working with a single entity with multiple properties will allow the bidder and the property owner to work collaboratively to: maintain availability of designated HSS units; address participant needs and unit issues; have smooth lease-ups and move-ins; and provide access to buildings and units.

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- P – Bidder will work to establish similar relationships with other local housing authorities throughout Hub 2 to ensure there are at least 10 HSS units available and potentially expand HSS to more than 10 units if resources allow. Bidder would be interested in collaborating with fellow HSS program providers to learn from their experiences and offer support in ensuring the 10
- units.
- P – Bidder will include in its HSS policies and procedures a process for notifying the Department within seven calendar days when a property owner provides notice of an anticipated vacancy in an HSS unit and when a previously identified HSS unit is no longer available. Bidder's HSS staff will first immediately engage with the property owner to identify other units that are available to become an HSS unit.
- P – Upon notification of contract award by the Department, bidder will draft an MOU that includes all of the required elements (i.e., property owners and managers; names and locations of properties where HSS units will be located; the type of rental assistance to be provided at each unit; total number of units at each location). Importantly, the MOU will also describe in
- detail how the bidder and property owner will collaborate to support the provision of HSS to achieve mutual housing goals, including the terms under which HSS staff will have access to the building in emergencies and to common areas for program activities.
- P – Bidder will work with the property owner to complete and sign the MOU while the Department completes the contracting process which should allow sufficient time to finalize the MOU within 30 days of contract execution.
- P – The director of rapid re-housing will be responsible for providing the Department with all subsequent MOUs developed for new HSS units identified during the contract period within seven calendar days of executing the MOU. Bidder will include transmittal of new MOUs to the Department in its policies and procedures developed for the HSS program.
- P – Bidder will meet at least monthly with property owner, and any future property owners and managers providing HSS units, to ensure open and regular communication regarding HSS units. If at any time HSS staff identify concerns with property ownership that may result in an HSS unit becoming unavailable, the director of rapid re-housing will contact the Department to discuss concerns and plans for ensuring HSS unit availability.

E. Participant Outreach Prior to Tenancy

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- P – Once an individual has been identified via case conferencing as a potential participant and has officially been awarded a housing resource, HSS staff will begin outreaching the client within the first two business days after receiving the match.
- P – Once HSS staff have connected with the potential participant, staff will begin gathering necessary eligibility documentation, including vital documents, proof of chronic homelessness, and other documentation necessary for lease up (e.g. proof of a disabling condition, proof of income, etc. working with the Hub 2 coordinator to make the process quick and efficient. Lack of required documents at time of match won't preclude individuals from being matched. Bidder's HSS staff will be trained and skilled in gathering intake and eligibility paperwork and thus already have infrastructure and stop gaps to ensure that eligibility is assessed and confirmed via documentation prior to enrollment.
- P – Once eligibility is confirmed and a participant is enrolled, HSS staff will complete a housing and needs assessment with the participant that explores strengths and barriers, housing needs, as well as housing and other case management goals. This process includes creating a clear service plan for sustainable housing, connecting to resources, and connecting to/utilizing the participant's natural supports. HSS staff will also connect participants to peer support as requested/needed. HSS staff will attend lease signings with participants and spend significant time assisting the tenant to familiarize themselves with and understand their lease.
- P – Bidder has a structure in place for establishing and maintaining client files, including supervisors reviewing client files on a regular basis utilizing both paper files and virtual systems.

F. Programmatic Requirements

- P – HSS will be provided with minimal barriers, and according to basic principles, which will directly inform client enrollment and exit; participants will not be required to abstain from substances or commit to any kind of treatment prior to accessing or retaining services, thus reducing barriers to participation.
- P – Examples of utilizing a low-barrier model in engagement include prioritizing building relationships with participants and never forcing services, being flexible and creative in outreaching clients in their homes, and honoring client choice.
- P – HSS staff will work with participants where they to gather documentation needed, accompany clients to pre-housing appointments, and will assist in the move-in process, including helping the participant to obtain furniture and other move in supplies. When HSS participants are under a lease HSS staff will work

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with the property manager partner to advocate against eviction based on anything that does not reflect imminent safety risks.

- P – Bidder has a language access policy and established relationships with language interpretation services, should they be required for participants to access HSS. Bidder has translated intake documents, information, and grievance procedure documents into several languages, including Spanish, French and Lingala.
- P – Bidder will allocate a full-time caseworker to be available no less than 20 hours per week to provide HSS. The HSS supervisor will provide coverage for the HSS caseworker in the event services are required when the HSS caseworker is unavailable (e.g., out sick, on vacation). The HSS caseworker will work with the supervisor to coordinate services among the 10 HSS units to ensure the caseworker is able to provide responsive and timely services amongst all participants and meet each client's needs for services. The caseworker will also work with the supervisor if there are times when more than 20 hours of services are required to adequately meet client needs.
- P – HSS staff will work to meet the individual needs of each participant through services built on relationships, collaborative assessment and planning; assertive engagement; and referrals to other services.
- P – HSS staff will also understand that needs may evolve and change throughout the course of an enrollment period; staff are trained to offer flexible services that can shift to meet the most pressing needs of the participant in the moment. Staff are familiar with community resources as well as services mentioned above and can meet the needs of participants in a timely fashion.
- P – HSS staff will work to connect HSS participants to ancillary supports including, but not limited to, mental health support, personal support staff, and peer support. HSS staff will work to form connections with and have ongoing communication with these supports.
- P – To prevent duplication of services, HSS staff will set clear expectations around the roles of all providers on the participant's 'team;' be in regular contact with each of the different support system members to maintain awareness of what services are being rendered; have active and up-to-date releases of information for each of the ancillary service providers, to the extent possible, to ensure regular and appropriate communication between all parties; Support team meetings as necessary with the tenant at the center, so all parties understand the role of each support to avoid duplication and are working toward identified goals; and in the event service duplication is

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presented, a tenant will identify their priority and service preference that meets their needs.

- P – Bidder will implement its existing processes surrounding MaineCare billing
- within the HSS program. Bidder is experienced in billing MaineCare, most recently through section 91, and is familiar with eligibility, expectations regarding the process, and what types of services to bill.
- P – Bidder will train HSS staff on appropriate standards of documentation (e.g., requirements, timeline, content) and follow appropriate workflows identified in HSS policies and procedures to ensure compliance. The HSS supervisor and director of rapid re-housing will provide supervision to ensure that MaineCare billable services are appropriately billed.
- P – Rapid Re-Housing Program caseworkers currently work primarily in person with clients; this will be the expectation for the HSS caseworker as well. Bidder understands the importance of in-person connection between service provider and participant to support authentic relationship building.
- P – Bidder will set clear expectations with HSS staff that services are to be provided in-person, beginning with the hiring process and reflected in job descriptions.
- P – Bidder understands that express approval of the Department is necessary for any policies or procedures not delivered in person. HSS staff will be trained and supervised in delivering services in person, however if that changes HSS staff will be in contact with the Department as soon as possible.
- P – HSS participants will meet with their assigned HSS caseworker when best works for the participant. HSS caseworkers will primarily work a Monday – Friday, 8:30a – 5:00p schedule; however, schedules will be flexible if there are participants who cannot meet during that time. If there are emergent needs, participants can also reach out and use the on-call support.
- P – HSS staff can connect interested program participants to the bidder's volunteer manager, with the goal of matching the participant to the most appropriate volunteer placement within the agency. Client preference on placement will be honored as much as possible, within the context of currently available volunteer placements.
- P – HSS staff will inform participants about available opportunities and assist them in connecting with the option that most interests them. If participants are interested in volunteering but have barriers to doing so (such as having appropriate clothing), HSS staff will work with the participant to address and solve for those barriers as a part of their ongoing service plan.

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- P –Bidder has hired many former clients over the years, and their lived experience has enhanced programming and services.

G. Housing Stability Services (HSS)

- P – HSS staff will participate in trainings such as Unconditional Positive Regard, Trauma-Informed Care, Harm Reduction, and Motivational Interviewing.
- P – Strategies and skills utilized when engaging with participants include basic principles, trauma-informed care, motivational interviewing, harm reduction.
- P – Client engagement in HSS will focus on building relationships with all participants, including those who have historically been hesitant to engage. HSS support services are entirely voluntary, and continued tenancy is not dependent on the utilization of offered services.
- P – HSS staff will practice progressive and assertive engagement to build trusting relationships with clients, and center client choice and services tailored to their individualized needs and self-identified goals.
- P – Components of progressive engagement that HSS staff will use include tailoring support to the participant's specific needs by first providing the essential services first and adjusting engagement based on the demonstrated needs or wants of the participant. Support is flexible in nature and can be scaled up or back quickly, even on a week-to-week basis, a continuous assessment of need, which is rooted in the trusting relationship that has been built between service provider and participant, which is based on nonjudgement and authenticity.
- P – Assessment at intake if the participant has health insurance and to what extent it is utilized. HSS worker will assist the participant in obtaining or maintaining insurance coverage. Bidder maintains a direct relationship with Department and other state staff working on benefits, and can help participants with applying for MaineCare, completing recertifications, and updating the Department on relevant information pertaining to participant eligibility for MaineCare as necessary and to avoid a lapse in benefits. If the participant is not eligible for MaineCare, or has other coverage, the HSS worker will connect the participant with the relevant resources in the community that can assist with the ongoing maintenance of that coverage.
- P - HSS worker will assist the participant with accessing and maintaining needed MaineCare services, as applicable, including but not limited to Chapter 101, Sections 13, 17, 65, and 91 of the MaineCare Benefits Manual, including

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providing case management and referring to community-based case management, as appropriate and desired by the tenant.

- P – The HSS caseworker will determine participants' individual needs and eligibility for specific MaineCare benefits; help participants complete and submit necessary paperwork for MaineCare enrollment and benefit applications; guide participants through the MaineCare system, including appointments, authorizations, and appeals; advocate for necessary services on behalf of participants; ensure they receive appropriate care; and regularly
- communicate with participants, healthcare providers, and other relevant parties to monitor progress and address concerns
- P – HSS caseworker will guide participants through Social Security Disability (SSD) applications, including gathering necessary documentation and attending appointments, connect participants to food resources such as SNAP and collaborate with local agencies to provide access to a wide range of social services.
- P – Bidder maintains collaborative relationships with providers of community case management, health care services, mental health care, substance use treatment and recovery support
- P – HSS participants will be provided with the following information: the property manager's contact information, including information on how to place both non-emergency and emergency work orders related to apartment maintenance issues; bidder's contact information, including the email address and phone numbers for their HSS caseworker and their supervisor, as well as information on how to reach the bidder's 24/7 on-call team in case of an emergency; contact information for any other providers who are working with the participant, including outside case managers (such as an ACT team), primary care doctor information; contact information for any members of their natural support team, including family, friends and neighbors; phone numbers to call in the case of a medical or mental health emergency or other life-threatening incident, including 911, 988 (the suicide and crisis lifeline), the Opportunity Alliance's crisis line, the domestic violence helpline and the sexual assault helpline.
- P – Bidder also works closely with the police department's Behavioral Health Unit and can utilize this resource as necessary.
- P – At time of intake, HSS staff will create an individualized crisis support plan with the participant, so there is a plan in place that is familiar to both the participant and service provider, should a crisis need arise.

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- P – Acknowledgement that the participant is operating within communities, systems, and structures that have and will continue to impact components of their lives including physical and mental health, behavior and decision making.
- P – HSS staff will assist participants in building community by engaging with participants about the community they had while experiencing homelessness, and how to maintain connections while also balancing lease requirements regarding guests; speak with participants about any other natural supports that they may have, including family and friends; and identify additional meaningful connection and creative/active outlets to support with well-being.
- P – Bidder will host events in common spaces of the buildings in which HSS tenants are living so that participants can meet and begin building relationships not only with one another, but also with other tenants residing in their buildings. These events will occur at least once a quarter and will ask participants frequently for feedback to consider when planning quarterly events.
- P –Bidder will hold “meet and greet” events between HSS staff, property management staff, and tenants at least once a year.
- P – Will notify the Department is adequate community space is not available.
- P – HSS staff will use the following support and stabilization methods; ensuring that participants have furniture and move-in supplies as close to the time of lease signing as possible; attending lease signings and other housing appointments with participants, and dedicating time to review the major components of the lease, so that the tenant is clear on expectations; providing universal information to living in a home, including reviewing trash/recycling processes, using and conserving electricity/gas, submitting maintenance requests, and general maintenance/cleanliness; training staff on common challenges that participants face when moving into housing after experiencing chronic homelessness. This includes helping staff contextualize these potential issues and finding strategies that will help prevent related housing stability issues as they arise.
- P – HSS staff will receive training on meditation between tenant and property
- manager and/or between tenant and neighbors, should issues arise. HSS staff will also be trained in how to build relationships with property managers with a focus on how to be as responsive as possible when issues arise.
- P – Should crisis needs arise, HSS staff will utilize assessment, de-escalation, and community crisis resources, such as the crisis line, the mobile crisis team, and the Westbrook Police Department Behavioral Health Unit.

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- P – Harm Reduction is a core principle of bidder's services. Bidder recognizes clients face many challenges and unsafe behaviors are often coping mechanisms; and each individual has different goals related to their health and wellness.
- P – HSS staff will be trained in how to use naloxone and carry it on them when meeting with participants;
- P – Bidder will continue to partner with local programs to ensure participant access to harm reduction supplies and resources, including the City of Portland Public Health Harm Reduction Services program;
- P – HSS staff will utilize person-centered, non-judgmental listening to build trust with clients, allowing for honest, direct conversations around substance use and other coping skills and identification of realistic action steps to increase safety;
- P – Staff will promote available peer resources.
- P – Staff may organize groups on a variety of topics that reflect the needs and interests of the participants to build community, and mitigate isolation
- P – If a participant does not have an outside case manager, HSS staff will work to connect participants to one through programs such as the Behavioral Health Home, the Opiate Health Home, or an ACT team, as is appropriate and necessary.
- P – When a participant is not eligible for an outside case manager, or
- does not wish to have one, HSS staff can assume that role, as appropriate. The HSS caseworker role will focus on supporting 10 units intensively over the course of the week.
- P – HSS staff will be trained in various interventions, including motivational interviewing, collaborative safety planning, and empowerment-based practice to support maintaining housing stability.
- P – New participants will receive an initial assessment of Ancillary Support(s) and natural support(s). All assessments will be completed in full within the first 30 days of intake. Staff will use social work assessment skills when completing paperwork with participants, including using a trauma-informed care lens and to allow participants to move at their own pace.
- P – Release of Information (ROI) forms will be executed to communicate and collaborate with any existing ancillary and natural supports. After the intake process is complete and the relevant ROIs are in place, HSS staff will inquire if any of the ancillary supports have completed an assessment. If an assessment

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has been completed and is up to date, bidder will review and integrate that data into bidder's own assessment process as appropriate.

- P – If the ancillary supports have not completed the assessment process, or it has not been done in full, bidder will complete the following within 30 days of intake: needs assessment, including any imminent needs regarding food, clothing and shelter; housing assessment, including barriers to housing, previous housing placements in the last three – five years, preferences regarding housing, and any strengths the participant may have to bring to the housing process; biopsychosocial assessment, as needed.
- P – Once the review is completed, HSS staff will work alongside the program participant to create individual service plans. HSS leadership will review all service plans to provide additional consultation and support. If the participant agrees, the service plan may be shared with ancillary supports in order to further enhance the team approach and create clear communication around roles of each party.
- P – HSS staff will be responsible for updating assessments at least annually and for updating participant service plans at least every 90 days, or sooner if there are changes that need to be reflected.
- P – HSS staff will commit to a team approach and will be in regular contact with participants' existing ancillary supports. This communication will include any updates made to assessments or service plans by either the ancillary support, or HSS staff. All communication will be supported by active and current release of information signed by the participants.
- P – If ancillary supports have completed/updated their assessments, with participant consent, bidder will ask them to provide these updates to the HSS team.
- P – HSS staff will review the assessment updates provided by the ancillary supports and work alongside the program participant to ensure all information is still reflective of their current experience. Based on these documents and conversations with the participant, HSS staff will update service plans as necessary to reflect any changes in the assessment process. Service plans will be updated by HSS staff every 90 days at a minimum.
- P – Staff do not identify goals for participants but rather offer structure and assistance to support participants to identify their own needs and goals.
- P – Each assessment has a section in which participants are asked to identify their own strengths. Providers will highlight this with participants and use identified strengths as tools to assist in meeting identified goals. These

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assessments will be done at least annually, but will also be updated as participants meet and revise goals or needs they have identified.

- P – Individual service plans will be developed with a form that includes asking service providers and participants to identify goals pertaining to medical and mental health needs, as identified by the participant; what support systems are in place for the participant, including both natural supports, such as family members, and professional supports, such as outside case managers; harm reduction needs, such as connection to Medication Assisted Treatment; life skills development including employment, education and training needs, and building other skills related to ongoing housing stability; and care coordination, including identifying each member of the participant's 'team,' which could include, but isn't limited to, the HSS caseworker, outside case manager, personal support services worker and mental health support, and what role each entity is playing.
- P – HSS staff will work with participants to develop a Crisis plan as part of their overall individual service plan within 30 days of intake. This Crisis plan will be reviewed along with participant overall service plans at least every 90 days and will be updated as necessary. Crisis plans will be made in tandem with participants and will include emergency contact information; preferred hospital and medication information; information on who to call in a crisis, including emergency services and the crisis line; participant triggers and strategies to deal with those triggers; participant strengths and strategies that have been helpful in the past for them when in crisis; and a summary of what is not helpful for the participant when they are in crisis (e.g. service providers being physically close to them).
- P – Bidder will use a housing assessment that asks participants to identify any current and previous housing barriers, which could include: previous evictions or housing stability issues related to non-payment of rent; previous evictions or housing stability issues related to behavioral issues such as conflict with neighbors or guest issues; any behaviors that may result in housing instability related to substance use; and any behaviors that may result in housing instability related to current mental health symptoms.
- P – HSS will speak with participants about the identified current or historical housing barriers and identify strategies to deal with each. Following the completed housing assessment, HSS staff will work with participants to integrate an individualized housing stability mitigation plan into their service plans.

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- P – A close partnership with the housing provider is key when helping a tenant problem-solve for a potential adverse action related to tenancy. This includes the use of lease violations when appropriate and needed. In these cases, lease violations are not used to move toward evictions, but rather to both provide tenants with natural consequences of behaviors and to spark conversations on how to avoid further adverse actions in the future.
- P – Bidder will closely review the HSS program manual once it is published by
- the Department and follow all applicable review timelines for individualized service, Crisis, and mitigation plans. The Rapid Re-Housing team will implement the HSS program and using existing program processes will ensure that all participant plans are reviewed and updated at least annually, or as needed.
- P – Bidder has client tracking systems to inform staff when a yearly update is due, and staff are trained to update plans when there is a life-changing event, new information is obtained, or a participant wishes to update their plans.

H. Staffing

- P –Bidder will utilize our existing 24/7 on-call system for the HSS program. Should a participant need immediate support outside of usual working hours, they can use the on-call number to connect to bidder's 24/7 staffed programs. On-call staff will speak to the participant and assess any immediate crisis or any safety needs. Once any immediate needs are addressed, staff will reach out to HSS management to let them know of any needed follow-up and will note if that follow-up is time sensitive.
- P – Bidder's Rapid Re-Housing Program will manage the HSS program. The program is overseen by a senior director of social work who is a licensed clinical social worker. The director of rapid re-housing has master's degrees in public health and social work and is a licensed clinical social worker. The
- supervisor who will support HSS has several years of experience with the Rapid Re-Housing team.
- P – Bidder has a well-established approach and structure to provide staff supervision, including weekly one-on-one supervisory sessions for all staff and ongoing social work management professional development sessions. All supervisors working on the HSS program will bring significant experience managing clinical and non-clinical staff members.
- P – All HSS staff will have at least one year of experience providing direct services to individuals experiencing homelessness, or at least one year of lived experience. Should bidder need to hire new staff over the course of the HSS

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program, bidder will only consider candidates that meet at least one of these requirements.

- P – Bidder will ensure that staffing and services build upon the agency's existing interventions to align with HSS participant needs through engaged program leadership and staff training.
- P – The director of rapid re-housing and supervisor will work with staff through weekly supervision and training planning to ensure staff skills and knowledge continue to align with participant needs.
- P – The proposed HSS program staffing structure will provide regular (at least weekly) clinical supervision from the director of rapid re-housing who is a licensed clinical social worker. Should any HSS staff need additional clinical supervision, bidder's senior director of social work and the vice president of social work are also both licensed clinicians.
- P – Bidder's human resources department includes a training and staff
- development manager, who works across all social work programs to coordinate new employee orientation, organize and schedule trainings benefitting all staff (e.g., Housing 101, landlord engagement, motivational interviewing, unconditional positive regard, person-centered care, trauma informed services, mission & values, de-escalation, professional boundaries, harm reduction).
- P – HSS staff participate in a comprehensive, two-day orientation for new hires and ongoing development following the training plan that includes trainings offered through the Maine Continuum of Care Resource Committee; weekly individual supervision that includes professional development and identification of training needs; and monthly social work staff meetings that foster team alignment and develop shared approaches to individual client challenges.
- P – The supervisor and director of rapid re-housing will be responsible for implementing and updating the training plan for all HSS staff. The training plan will be reviewed monthly by the Rapid Re-Housing management team to ensure staff are meeting training expectations and to identify any additional training opportunities
- P – Staff recruitment, retention, and training build diversity and provide culturally responsive services to meet participants' cultural and communication needs. Hiring process recognizes the value of lived experiences. Bidder provides a stipend to bilingual/multilingual caseworker and housing support staff in programs where their specific language skills significantly enhance client services, aiding the recruitment and retention of skilled staff.

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- P – Bidder has a language access policy and agreements with interpretation and translation services to ensure clients have access to such services as needed. Training for HSS staff will include a focus on cultural responsiveness and includes topics such as using language interpreters, working with New Mainers, providing inclusive services, and racial equity
- P –Bidder currently maintains a network of peer volunteers who would be available to provide in-person peer support to participants
- P – Bidder's health service team is currently engaged in multiple peer-led
- research activities that provide intentional peer-to-peer engagement opportunities for any individual with lived experience.
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I. Participant Tracking and Confidentiality Requirements

- P – Bidder acknowledges that participant-level data collection will be negotiated with and subject to Department approval prior to implementation
- P – HSS staff will ensure that data collected for participants will include, at minimum, the HMIS universal data elements (UDEs) included in the U.S. HUD HMIS Data Dictionary. All bidder programs use HMIS, and all HSS staff will understand that UDEs are required for collection for agencies using HMIS,

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regardless of the funding source. Caseworkers will collect UDEs for participants, in addition to other program-specific information, at intake/enrollment.

- P – The HSS program administrator will review all participant data collected to ensure participant records in HMIS include UDEs, and work with the HSS caseworker to obtain any missing information from participants.
- P – If consent is given by participants, HSS staff will enter required participant data into the Maine CoC HMIS as data become available. Bidder uses HMIS for collecting and reporting client data. All proposed HSS staff will be fully trained in using HMIS. The caseworker will request participant consent related to entering data in HMIS as part of the intake and enrollment process.
- P – The program administrator will have the primary responsibility for ensuring data are entered in HMIS as soon as they are acquired, and that data are reviewed for quality and completeness routinely.
- P – Bidder has commercial liability insurance covering requirements included in the Maine IT-Service Contract, Rider B-IT, Section 19. If awarded a contract, bidder will review requirements with its insurance brokers and adjust coverage if needed.
- P – Bidder's Information Technology Department uses the same standards and frameworks that MaineIT uses to protect its data and infrastructure. Bidder follows the National Institute of Standards and Technology (NIST) Cybersecurity Framework, Risk Management Framework for Information Systems and Organizations, Guide for Conducting Risk Assessments, Technical Guide to Information Security Testing and Assessment and Security and Privacy Controls for Information Systems and Organizations. We also
- P – Bidder uses outside vendors for scheduled network vulnerability scanning, penetration testing, security vulnerability evaluations and remediations, along with monthly phishing tests and user training for improved security awareness
- P – Bidder has a comprehensive Confidentiality Policy and all staff are trained during orientation and annually on the policy. All social work staff are trained on proper use of technology to ensure client information is stored securely, safeguarded, and properly handled in compliance with State and Federal laws. The Confidentiality Policy covers handling of personally identifiable information, protected health information, data transmission and transportation, regulatory requirements, and data breaches by ensuring:
- P – Client data are stored in secure, HIPAA compliant databases or in secured file areas.

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- P – Staff access to confidential data is provided only when necessary and is provided with role-based permissions.
- P – Sharing of client data with other agencies only occurs when an agency has a business need to have confidential data and there is a formal agreement such as a contract or memorandum of understanding in place that aligns with relevant state or federal requirements.
- P – Staff needing to access confidential data while working off-site will take all steps to minimize the information accessed and will only access confidential data using bidder's laptops or approved storage devices.
- P – Electronic transmission of confidential data uses password protection and encryption with designated programs approved by bidder's information technology and systems department.
- P – Timely notification to impacted individuals and regulatory/funding agencies of an unauthorized access or disclosure of data that includes any legally required notices as well as a description of actions being taken to reconcile any damage resulting from the breach.
- P – Bidder will comply with the confidentiality requirements in the State of Maine IT-Service Contract. Bidder maintains a Confidentiality Policy that describes in detail how bidder staff and systems are used to protect confidential information generated by or acquired by bidder.
- P – Bidder acknowledges and understands that the State will not consume any bidders applications under a contract resulting from this RFP but that bidder will need to use one or more State applications.
- P – All HSS staff will be trained on how to document critical incidents both in compliance with bidder's internal policies and procedures and following the Department's policy, as soon as the HSS program manual is finalized. The supervisor and director of rapid re-housing will be responsible for critical incident reporting. Biddert has the same requirements for critical incident reporting in its other contracts with the Department and understands the importance of reporting compliance. Critical Incident Reporting timelines will be incorporated into the HSS policies and procedures. The director of rapid re-housing will be responsible for ensuring reporting timelines are met if/when incidents occur.

J. Performance Measures

- P – HSS staff will work with participants to ensure lease-up and occupancy occurs as soon as possible, and within the 45-day expectation. The HSS caseworker will work with participants to gather necessary documentation,

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including vital documents, proof of chronic homelessness, and other documentation necessary.

- P – Participants' individual service plans will focus on identifying support participants need to avoid lease violations.
- P – HSS caseworker will review unit maintenance requirements and will work with the property manager and participant to check in frequently on participants' ability to maintain their units in order to avoid failing subsequent HQS/NSPIRE inspections as a result of tenant causes.
- P – The HSS caseworker will work with participants who do not have coverage to enroll them in MaineCare, or other insurance programs as appropriate.
- P – Bidder will submit data for performance measures quarterly, using the link provided by the Department. The program administrator will be responsible for computing and reporting performance measure data with oversight from the director of rapid re-housing.
- P – Bidder will provide supporting documentation to validate performance measure data as appropriate and negotiated with the Department. The director of rapid re-housing will be responsible for working with the Department should any additional supporting documentation be requested.

K. Reports

- P – Bidder will track data for required reporting activities via a performance measures report.
- Data for the monthly report will primarily be collected in ClientTrack and HMIS.
- P – All data for performance measures will be collected in HMIS, with the exception of data related to HQS/NSPIRE inspections, which will be maintained in a program tracking sheet. The program administrator will update all relevant client and unit data at least weekly. The director of rapid re-housing will review all reports prior to submission.
- P – Bidder will inform property owner when participants are matched with housing, which will trigger the lease signing process and subsequent inspection(s).
- P – All HSS staff will be trained on how to document critical incidents, both in compliance with bidder's internal policies and procedures and following the Department's requirements using Acentra. The supervisor and director of rapid re-housing will be responsible for critical incident reporting. Bidder has the same requirements for critical incident reporting in its other contracts with the Department.
- P – The program administrator, supervisor, and director of rapid re-housing

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- will develop a standard operating procedure that maps the measures required in the monthly report to the data source using secure methods for collecting and tracking those data.
- P – At the start of the first contract period, the supervisor will develop a tracking tool for all HSS staff to use to track successes, challenges, and program improvements in real time as well as any events held with participants. At the end of the contract year, the HSS program team will review all information on the tracking sheets to identify improvements to be made in the next year. The supervisor will then prepare the Annual Narrative Report for review and approval by the director of rapid re-housing.
- P – Bidder's public grants team within its finance department will be responsible for all financial reporting. Bidder will assign a grants specialist to produce internal monthly budget variance reports as well as the Monthly Financial Reports (MFR) and Agreement Closeout Report(ACR) required by the Department.
- P – The director of rapid re-housing and the finance team will review the budget-to-actual report to monitor grant spending against the projected budget and complete a line-item review of all expenditures, including payroll, to ensure each expenditure is properly allocated, allowable under the contract terms, and reasonable.
- P – Bidder will submit all monthly, quarterly, and annual programmatic and financial reports within the timelines specified.
- P – Program and administrative staff have systems in place to manage reporting requirements for all grant awards.

2. Staffing

- P – Provided detailed job descriptions detailing the primary responsibilities, duties, and required qualifications.
- P – Provided justifications for listed job descriptions; Director of Rapid Re-housing (project lead), Supervisor, Caseworker, Program Administrator, Complex Project and Grants Specialist.
- P – Bidder will not utilize consultants or subcontractors for HSS services.
- P – Provided a staffing plan which describes the minimum staffing to meet the requirements of the RFP and which indicates which staff and associated hours of service will be provided in-person at the property(/ies) and includes a justification for each position title which includes the associated time allocation to meet the requirements of the RFP and specific tasks to be completed during each position's working hours.

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3. Implementation - Work Plan
• P – Provided a work plan for the implementation of the program through the first contract period that describe each program development and implementation task, the month it will be carried out and the person or position responsible for each task.

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
- Bidder submitted all required eligibility documents with Executive Director signature - Bidder indicated they do not have financial interest in any of the HSS properties in which they intend to provide HSS services - Bidder identified a property owner entity to provide at least the required 10 HSS units between two potential properties - Bidder's property owner entity did not complete the Letter of Commitment form in it's entirety, missing question #3. - Bidder's identified properties #1 and #2 can confirm the number of units in properties.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
- Bidder met requirements - Bidder indicates they currently operate site-based Permanent Supportive Housing - Bidder indicates they operate several other homelessness and housing programs - Bidder indicates they utilize Housing First principles in their housing programs. - Bidder indicates they serve specialized populations including youth, veterans, survivors of human trafficking and domestic violence, seniors and individuals with disabilities. - Bidder identified three (3) related housing programs that they operate - Bidder's first identified project contains 3 programs that are site-based Permanent Supportive Housing using the same approach as the Housing First Statute. - Bidder is currently serving 85 individuals in Permanent Supportive Housing in these programs, and operating a 40 bed emergency shelter. - Bidder's second identified project also focuses on Permanent Supportive Housing. - Bidder indicates that through this program they provide outreach, case management, locating sustainable housing, providing short term rental assistance, and budget and employment counseling.

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- Bidder identified project three as another housing program offering transitional and rapid rehousing through the Continuum of Care. - Bidder identified in project three that they provide outreach, housing navigation, landlord engagement support, intensive case management, and individual service planning. - Bidder indicated that the third project is low-barrier, client driven, trauma informed, strengths based and built around Housing First principles.
2. Project Team Organizational Chart
- Bidder met requirements - Bidder provided organizational chart from executive leaderships to program specific
3. Litigation
- Bidder met requirements - Bidder has no current litigation
4. Financial Viability
- Bidder met requirements - Bidder submitted financial audits from 2022, 2023, 2024
5. Certificate of Insurance
- Bidder met requirements - Bidder submitted certificate of insurance ending on 11/19/2025

Part IV, Section III. Proposed Services
A. Administrative Requirements
- Bidder met requirements - Bidder identified the anticipated target area and provided data to support the need - Bidder referenced Maine Homeless Planning data for Hub2 for their data source. - Bidder indicated as of October 2025 there were 986 individuals in Hub 2 identified as chronically homeless.
- Bidder met requirements - Bidder indicated that they are currently enrolled as a MaineCare provider - Bidder indicated that they are enrolled as both a Housing Outreach and Member Engagement provider and Targeted Case Management agency - Bidder indicated that they are currently a Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency - Bidder indicated their commitment to maintaining their enrollment to the requirements throughout the contract period - Bidder indicated that their next MaineCare enrollment revalidation is 2030.

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- Bidder met requirements - Bidder committed to complying with the program manual when published along with all applicable state laws and rules - Bidder indicated that they have been implementing Housing First principles for more than 20 years - Bidder indicated that their Rapid Rehousing Program, which will implement the proposed service, is based on the Housing First model. - Bidder provided detail on how they would implement the housing first model within HSS services.
- Bidder met requirements - Bidder indicated their already active participation in the Maine Continuum of Care Coordinated Entry system - Bidder indicates that they are experienced in taking referrals via case conferencing - Bidder detailed the process in which they will accept referrals from Coordinated Entry - Bidder indicated how they would notify Coordinated Entry of any upcoming available units at the proposed property - Bidder indicated that they understand that they will not advocated for any specific participant.
- Bidder met requirements - Bidder indicated that Naloxone is available 24/7 in all of the Bidder's programs - Bidder indicated that all their staff are knowledgeable about and trained in Naloxone use during their orientation on first day of employment - Bidder indicated that their staff will have naloxone on-hand at all times when visiting or working with participants - Bidder outlined the protocol for when naloxone is administered
- Bidder met requirements - Bidder indicated they have agency wide policies and will develop specific guidelines for the services within this RFP. - Bidder indicated the Director of Rapid Re-Housing and the Bidder's social work leadership will develop the policies. - Bidder indicated the policies will be reviewed at a minimum annually. - Bidder indicated the policy guidelines for these services will include the existing client grievance policy and forms - Bidder briefly outlined their current grievance process.
- Bidder met requirements - Bidder indicated they will conduct satisfaction surveys for participants annually

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- Bidder indicated the survey will be anonymous and voluntary, with support when requested - Bidder indicated the timeframe in which they will conduct the surveys - Bidder provided a detailed outline on how they will ensure anonymity of responses. - Bidder indicated anticipated low response rate and proposed an incentive, if approved by Department - Bidder indicated the timeline for length of availability of the survey for response by participants - Bidder indicated they will develop the survey within 60 days of the initial period of performance.
- Bidder met requirements - Bidder identified their client management software application - Bidder indicated they will also use Homeless Management Information System - Bidder detailed the functions within their client management software application.
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
- Bidder met requirements - Bidder indicated they will utilize existing formal and informal relationships with Maine Care providers - Bidder detailed their 50 years of experience in homeless service systems provide them with a deep knowledge of the local services and area providers. - Bidder detailed the manner in which they build relationships with partners - Bidder detailed the process for when new relationships with MaineCare providers are established and how staff are made aware of these new relationships - Bidder indicated an already established relationship with eligibility specialists “assigned” to work with the Bidder. - Bidder outlined a list of collaborative working relationships - Bidder provided attachment of anticipate partnerships
- Bidder met requirements - Bidder detailed non-MaineCare service provider relationships in the community - Bidder detailed their approach with relationships with other providers. - Bidder provided examples of existing relationships with local on-MaineCare agencies
- Bidder indicated an ongoing and longstanding relationship with the local PATH provider. - Bidder indicated their participation in Hub-level meetings, case conferencing meetings, and other meetings to educate others on Housing First

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- Bidder indicated that they will provide written materials on Housing Frist that will be shared with partners.
- Bidder indicated that they have internal training curriculum on Housing First that can be shared with PATH and other providers
- Bidder indicated their staff member is a tri-chair of the Region 1 Homeless Council, as an avenue to connect and educate providers on Housing First.

C. Property-based Partnerships

- Bidder met requirements
- Bidder detailed their experience working with property managers and landlords
- Bidder indicated effective education occurs during day-to-day program implementation.
- Bidder provided a detailed education plan to property partners during lease-ups, and annually and with new hires.
- Bidder indicated the training would be offered to all interested property staff, but ensure that relevant staff from the properties in which the services under this RFP are offered are present.
- Bidder met requirements
- Bidder indicated their experience with developing effective strategies for working closely with property managers and landlords
- Bidder detailed effective strategies they've utilized for working with property managers and landlords including building relationships and creating plans for regular check-ins
- Bidder indicated mediated meetings between tenants and property managers

D. Minimum HSS Units and MOUs Requirements

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- Bidder met requirements
- Bidder indicated that there is a commitment from the property management entity for ten (10) HSS units across two properties.
- Bidder indicates that, if awarded contract, they will continue to build relationships with other housing authorities to ensure there are at least 10 units and expand, if allowed.
- Bidder indicated that they will include in their policies and procedure a process for notifying the Department within seven calendar days when a there is a vacancy and when a unit is no longer available.
- Bidder met requirements
- Bidder indicates they communicated with the proposed property management entity that they will need to execute an MOU if awarded a contract.
- Bidder indicates that they will include all the required elements within the MOU outlined in this RFP
- Bidder indicates that they will work with the proposed property management entity to complete and sign the MOU during contracting process to provide sufficient time to finalize the MOU within 30 days of contract execution.
- Bidder met requirements
- Bidder identified a specific staff person to be responsible for providing the Department with subsequent MOUs within 7 calendar days of execution of MOU.
- Bidder indicated they will include transmittal of new MOUs to the Department in it's policies and procedures.
- Bidder met requirements
- Bidder indicated they will meet with the property management entity and future identified property management entities at least monthly to ensure open and regular communication.
- Bidder identified a specific staff person to contact the department to discuss any concerns or plans for ensuring unit availability.

E. Participant Outreach Prior to Tenancy

- Bidder met requirements
- Bidder provided detailed response on how they would gather necessary eligibility documentation upon an individual being identified as a potential participant
- Bidder indicated when possible they work with the hub coordinator to have participants "document ready" prior to being matched.
- Bidder indicated lack of required documents at time of match wouldn't preclude the participant from being matched

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- Bidder indicated their staff will attend lease signings with participants and assist in lease familiarization - Bidder indicated they have experience with maintaining eligibility verification documentation through their other permanent supportive housing programs - Bidder indicated client file reviews by supervisors as stop gap measures
F. Programmatic Requirements

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- Bidder met requirements
- Bidder referenced housing first principles when ensuring minimal barriers in this service provision
- Bidder provided examples of low barrier model including prioritizing building relationships with participants and never forcing services, being flexible and creative in outreaching clients in their homes and honoring client choice.
- Bidder indicated to reduce barriers their staff will work with participants to assist in gathering documents and through the lease-up process
- Bidder indicated they have a language access policy and relationships with language interpretation services
- Bidder indicated they have translated intake documents, information and grievance procedure documents into several languages including Spanish French and Lingala.
- Bidder met requirements
- Bidder identified one full time case worker to be available no less than 20 hours per week
- Bidder identified a supervisor to provide coverage for the caseworker in the event that services are required when the caseworker is unavailable.
- Bidder indicated that the caseworker will work with the supervisor if there are times when more than 20 hours of services are required to adequately meet client needs
- Bidder outlined how they would meet the participants needs by building relationships, collaborative assessment and planning, assertive engagement, and referral to other services.
- Bidder indicated that they understand needs may evolve throughout the enrollment period and staff are trained to offer flexible services to meet with need of the participant.
- Bidder met requirements
- Bidder indicated that staff will work to connect participants to ancillary supports including mental health support, personal support staff and peer support.
- Bidder detailed how they would ensure services are not duplicative.
- Bidder indicated that if services are deemed to be duplicative the tenant will identify their priority and service preference.
- Bidder indicated they will implement its existing processes surrounding MaineCare billing.
- Bidder indicated they are familiar with eligibility and expectations regarding MaineCare billing process.
- Bidder identified staff responsible for ensuring that MaineCare billable services are appropriately billed.

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- Bidder met requirements - Bidder indicates that the expectation is that the caseworkers work primarily in person with the clients. - Bidder indicates that in person work expectation will be in the hiring process and reflected in job descriptions - Bidder indicates understanding of Department approval for any services not delivered in person - Bidder indicated the primary worktime for caseworkers is Monday through Friday 8:30a-4p, however schedules can and will be flexible. - Bidder indicated there is on-call support.
- Bidder met requirements - Bidder indicated they have a strong volunteer program - Bidder indicated that there is a volunteer manager at the agency who can match the participant to the most appropriate volunteer placement - Bidder provided examples of volunteer services available. - Bidder indicated that it is against agency policy to hire currently enrolled clients, however former clients have been hired over the years.
G. Housing Stability Services (HSS)

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- Bidder met requirements - Bidder detailed how they will ensure services are delivered voluntarily through person centered and strengths based approach - Bidder indicated that participants will be encouraged, but not required to accept services in order to keep housing - Bidder indicated that staff will be trained in trauma informed care - Bidder indicated that staff will use motivational interviewing in client interactions - Bidder indicated that harm reduction is a core principle of their services. - Bidder provided examples of harm reduction strategies - Bidder detailed their approach to client engagement and relationship building - Bidder met requirements - Bidder detailed that during the intake assessment will determine the participant health insurance and extent of health insurance. - Bidder detailed their experience in applying for MaineCare - Bidder indicated if the participant isn't eligible for MaineCare then the staff will connect the participant with relevant resources - Bidder detailed how they would ensure participant access and maintenance of needed MaineCare services - Bidder detailed how they would assist participants in navigating social services and benefits - Bidder detailed their current community-based organization connections
- Bidder met requirements - Bidder provided detailed outline of the contact information and emergency line information they provide upon lease up. - Bidder indicated they would create an individualized crisis support plan with the participant upon intake.
- Bidder met requirements - Bidder indicated the importance of discussing community with participants and natural supports. - Bidder detailed community building within the buildings that the services are delivered - Bidder indicated a mechanism for including participant feedback in community events - Bidder detailed a "meet and greet" event annually between bidder staff, property management staff and tenants - Bidder provided examples of community events such as community meals, playing games or working on art projects, or support groups.

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- Bidder indicated that their proposed properties have offered common areas for hosting the community events. - Bidder indicated that they will work with he property management if the spaces become unavailable. - Bidder indicated that they will work with the Department to find a location that would be suitable if they are unable to identify a space for community events.
- Bidder met requirements - Bidder indicated that services are provided with a progressive engagement lens which ramps up or scales back services based on the needs of the participant - Bidder detailed the support and stabilization methods they use - Bidder indicated the training provided to staff including common challenges that participants face when moving into housing after experiencing chronic homelessness - Bidder indicated staff will receive training mediation between tenant and property manager and/or between tenant and neighbors. - Bidder indicated other service connections including crisis line, mobile crisis team and police behavioral health unit.
- Bidder met requirements - Bidder indicated harm reduction is a core principle of their agency - Bidder detailed examples of harm reduction including access to naloxone, access to harm reduction supplies, promote available peer resources, organize groups, and use non-judgmental listening
- Bidder met requirements - Bidder indicated that if the participant does not currently have an outside case manager, the staff will work to connect to one. - Bidder indicated that if the participant is not eligible or does not want an outside case manager, the bidder can assume that role. - Bidder indicated the staff will be trained in various interventions including motivational interviewing, collaborative safety planning, and empowerment-based practice to support housing stability - Bidder indicated the case manager will focus on supporting the 10 units intensively over the course of the week
- Bidder met requirements - Bidder indicated they will complete the participant intake and if feasible the initial assessment within the first meeting - Bidder indicated that if there is more time required to complete the initial assessment of Ancillary Supports and natural supports, those will be completed within the first 30 days of intake.

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- Bidder indicated they will execute releases of information to communicate and collaborate with existing ancillary and natural supports - Bidder indicated if the ancillary supports have completed an assessment that is up to date, then they will incorporate the data into their own assessment as appropriate. - Bidder indicated if the ancillary support have not completed their assessment, then the bidder will complete a needs assessment, housing assessment, and biopsychosocial assessment as needed. - Bidder indicated that that they will review the information from the assessment directly with the participant to ensure the assessment is relevant and accurate. - Bidder indicated that they will work alongside the participant to create individual service plans
- Bidder met requirements - Bidder indicated staff will be responsible for updating assessments at least annually and participant service plans at least every 90 days, or sooner if there are changes - Bidder indicated commitment to a team approach and regular contact with participants existing ancillary supports - Bidder indicated that if the ancillary supports assessments are completed, the bidder with the participants consent will directly communicate with the ancillary support to ensure that sensitive questions are not asked to the participant multiple times - Bidder indicated they will use the assessment from the ancillary support and work alongside the participant to ensure the information is still reflective of their experience
- Bidder met requirements - Bidder indicated that their staff are trained in creating person-centered and strengths driven service plans - Bidder indicated that the information collected in the assessment will drive the service planning process. - Bidder indicated that staff do not identify goals for participants - Bidder detailed examples of how they assist participants in identifying goals for their service plan based on what they disclosed during their needs assessment - Bidder indicated that their assessment has a section in which participants are asked to identify their own strengths
- Bidder met requirements - Bidder indicated they will complete the individual service planning process within 30 days of participant intake

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- Bidder detailed that they will address the following at a minimum in service planning: medical and mental health needs, support systems, harm reduction needs, life skills development, care coordination. - Bidder indicated that they use a separate housing assessment that will be completed within 30 days of intake - Bidder indicated the housing assessment addresses housing needs and barriers. - Bidder provided an example of how the housing assessment would be incorporated into the planning process.
- Bidder met requirements - Bidder indicated that they will work with participants to develop a crisis plan within 30 days of intake - Bidder indicated the crisis plan will be reviewed at least every 90 days and updated as necessary - Bidder outlined the crisis plan will include emergency contact information, preferred hospital, medication information, emergency services, triggers and strategies, strengths and strategies, and a summary of what is not helpful for the participant when they are in crisis.
- Bidder met requirements - Bidder indicated that they will use the housing assessment to identify any housing barriers, current and previous. - Bidder indicated that they will work with participants to integrate an individualized housing stability mitigation plan into their service plans - Bidder indicated that the housing support plans will be met with the lens of partnership and problem-solving
- Bidder met requirements - Bidder indicated that they will review the program manual when published and follow all applicable review timelines for individualized service, crisis and mitigation plans. - Bidder indicated they have experience with complying with funder timelines. - Bidder indicated that their existing program processes are that plans are reviewed and updated at least annually, or as needed - Bidder indicated that they have a client tracking system to inform when the annual date arises. - Bidder indicated that staff are trained to update plans when there is a life-changing event, new information is obtained or a participant wishes to update their plans.
H. Staffing
- Bidder met requirements

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- Bidder indicated that they will use their existing 24/7 on-call system to support the services within this RFP - Bidder indicated that participants can use the on-call number in the event that they need immediate support outside of usual working hours. - Bidder detailed how the participants needs are triaged - Bidder indicated management will be notified for any needed follow-up
- Bidder met requirements - Bidder detailed the proposed leadership staffing of this program with their respective credentials and experience - Bidder indicated an existing partnership to support the multidisciplinary approach - Bidder indicated that they will ensure that staff have at least one year of experience providing direct services to individuals experiencing homelessness or at least one year of lived experience. - Bidder indicated they will reflect the experience requirements on any future job postings - Bidder indicated that all their job postings include language that they value various lived experiences and backgrounds
- Bidder met requirements - Bidder detailed their experience providing housing stability services for 20 years - Bidder indicated their staff have a wide base of knowledge working with chronically homeless individuals and segments of the homeless population - Bidder indicated they will build upon existing housing first interventions to align with participant needs - Bidder indicated they will draw upon leaderships experience - Bidder indicated they will use information gathered from participant feedback surveys, participant data and information gathered from Hub coordinators to algin staffing and services with participant needs
- Bidder met requirements - Bidder indicated their policy is that each staff person meets with their supervisor one-on-one at least once per week - Bidder detailed the structure of supervision - Bidder identified the staff person responsible for clinical supervision and their respective credentials - Bidder indicated initial and ongoing training related to service provision - Bidder detailed a list of training and staff development - Bidder indicated they utilize an internal Learning Management System

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- Bidder provided completed attachment 7 outlining topic, trainer, date of training and ongoing training - Bidder's attachment 7 indicates that some trainings are required prior to participant interaction, which the date listed may or may not align with program start.
- Bidder met requirements - Bidder indicated that the staff for this service provision all have at least one year experience working at the agency and participated in staff trainings. - Bidder referenced attachment 7 - Bidder outlined their weekly supervision plan - Bidder indicated there is a monthly social work staff meeting to develop shared approaches to individual client challenges - Bidder identified the staff responsible for the training plan implementation
- Bidder met requirements - Bidder indicated they have a multifaceted approach to staff recruitment, retention and training - Bidder indicated they strive to make job postings accessible to all - Bidder indicated their hiring process recognized the value of lived experience. - Bidder indicated they provide stipend to bilingual/multilingual staff - Bidder detailed the current languages represented at their agency - Bidder indicated their training will focus on cultural responsiveness
- Bidder met requirements - Bidder identified their current network of peer volunteers - Bidder detailed how to incorporate their network of peer volunteers into this service provision - Bidder indicated there are peer-led research activities to which they are engaged with that have opportunities for individuals with lived experience.
I. Participant Tracking and Confidentiality Requirements
- Bidder met requirements - Bidder acknowledged data collection negotiations and subject to the Department approval - Bidder met requirements - Bidder indicated they will ensure that data collected for participants will include the HMIS universal data elements. - Bidder indicated that they use HMIS across their agency

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INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER NAME: Preble Street
DATE: 10/27/2025 Eligibility, 10/29/2025 Eligibility, 11/4/2025 Org Quals, 11/5/2025 & 11/6/2025 Scope/Staffing/Implementation Work Plan
EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: DHHS/OBH

- Bidder met requirements
- Bidder indicated that if consent is given by participants the staff will enter required participant data into Maine CoC HMIS.
- Bidder indicated that the agency currently uses HMIS for collecting and reporting client data
- Bidder indicated the program administrator will have the primary responsibility for ensuring data is entered into HMIS.
- Bidder met requirements
- Bidder indicated they have commercial liability insurance covering this requirement
- Bidder met requirements
- Bidder indicated their information technology department meets the requirements for this section
- Bidder detailed additional security measures
- Bidder met requirements
- Bidder detailed their confidentiality policy
- Bidder included timely notification to impacted individuals and regulatory/funding agencies of an unauthorized access.
- Bidder met requirements
- Bidder indicated compliance with the confidentiality requirements in the State of Maine IT Service Contract
- Bidder detailed their policy alignment with the requirements

- Bidder met requirements
- Bidder indicated their staff will be trained on how to document critical incident reports
- Bidder identified the responsible staff for critical incident reporting

J. Performance Measures

- Bidder met requirements
- Bidder provided detailed explanation of how they will achieve the performance measures
- Bidder indicated they will submit data for performance measures quarterly
- Bidder identified the staff who will be responsible for data submission

K. Reports

- Bidder met requirements
- Bidder identified the staff who will be responsible for data submission
- Bidder indicated inspection data will be provided by their property management partner
- Bidder indicated they will work with the Department to schedule onsite visits
- Bidder indicated they will use ClientTrack and HMIS for the data within the

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monthly report
- Bidder indicated they will develop a tracking tool for staff to track successes challenges and program improvements for the annual narrative report
- Bidder detailed their survey plan
- Bidder identified staff responsible for monthly financial report and agreement closeout report

2. Staffing

- Bidder met requirements
- Bidder provided justification for each proposed position
- Bidder provided completed attachment 8 with primary responsibilities/qualifications, primary duties, and job title.
- Bidder met requirements
- Bidder will not sue subcontractors or consultants
- Bidder met requirements
- Bidder provided attachment 9 with total FTE allocation for positions proposed
- Bidder indicated hours per week in-person services for each role
- Bidder provided position justification for roles

3. Implementation - Work Plan

- Bidder met requirements
- Bidder provided attachment 10 for work plan
- Bidder identified tasks, persons responsible, and month/year of work
- Bidder outlined the contract period, year 1 and year 2

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RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER NAME: Preble Street
DATE: 10/24/25; 10/30/25 Eligibility; 11/4/25 Qualifications; 11/6/25 Services; 11/14/25- Cost;
EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH
****

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Meets eligibility Property review- • 21 Knight St Westbrook 5-10 Project based. (10) Site confirmed. I- 58 total apartment units but 5-10 selected for program. • 9 Dottie's way Westbrook 0-5 Project based. (5) Site confirmed. I- 62 and older with income limits.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P- Serving Maine since 1975, largest nonprofit provider of homeless services. Use Housing first principals.
2. Project Team Organizational Chart
Included Org. chart.
3. Litigation
None reported.
4. Financial Viability
Submitted 3 years of financial statements, certified by an Independent Auditor. No financial viability concerns.
5. Certificate of Insurance
Verified.

Part IV, Section III. Proposed Services
A. Administrative Requirements
1. P- Current enrolled MaineCare, TCM and HOME. Current HMIS participating agency. **1.** P- history with HF model; low barrier status. 3.P- experience with CoC CE and accepting referrals. Both Access Point and Referral Partner. 4.P- meets requirement. 5.P- intend to draft policies using foundation of Rapid Re-housing and Transitional housing programs and experience.

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6. P- can deliver the survey paper or electronic. I- would offer incentives, if approved by the dept such as $5 gift cards for survey completion.
7.P- existing EHR software- ClientTrack and HMIS record.
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
1.P- existing partnerships with a variety of community and healthcare organizations. 2.P-existing partnerships with non-mainecare providers ex- furniture, clothing, food. 3.P- current relationship with PATH in hub 2.
C. Property-based Partnerships
1.P- list educational opportunities prior to lease up and annually/ongoing. 2.P- regular check ins with property management and HSS staff.
D. Minimum HSS Units and MOUs Requirements
1.P- could support more then 10 units if resources allow. Working with one property owner across two sites. 2.P- Could execute MOU with property owner within 30 days from contract execution. 3.P- Director of rapid rehousing will be responsible for communication to the Department regarding changes to HSS units. 4. P- Director of rapid rehousing will be responsible for communication to the Department regarding changes to HSS units.
E. Participant Outreach Prior to Tenancy
1.P- outreach within 2 business days. Strength in obtaining eligibility documents. Will utilize a housing needs assessment and create a service plan.
F. Programmatic Requirements
1. P- experience with low barrier site-based programs. Established relationships with language interpreting agencies. 2.P- dedicate a full-time case worker and supervisor to cover 20-hrs per week. 3.P- will meet this standard by participating in team meetings, clear roles and responsibilities for the care team, and monitoring by the Rapid Re-Housing director for appropriateness of billing MaineCare. 4.P- current housing programs require in-person work. Will be adapted for this program. 5.I- it is against policy to hire currently active clients but has hired former clients. P- Volunteer opportunities exist.
G. Housing Stability Services (HSS
1.P- Continuously engage tenants to inform and encourage utilization of resources. Flexibly adjust to changing needs.
2.P- insurance status verified at assessment. Application assistance provided when warranted.

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EVALUATOR NAME: Sara Wade
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3.P- information is provided at the time of lease up, and crisis plan developed at intake.
4.P- both sites have common rooms that can be utilized for social programming. 5.P- mediation strategies can be utilized between participants and property owners. 6.P- listed examples of harm reduction services. 7.I- if the participant does not have a case manager, it sounds like a referral to a community provider would occur prior to the bidder performing those services directly. 8.P- ROIs utilized for information sharing regarding assessments by other providers. 9.P- Assessment drives service planning. Updated at a min every 90 days. 10.P- Meets requirement 11.Q- Separate biopsychosocial assessment, would all participants receive this? Or just Housing needs assessment? P- Strengths based. 12.P- Meets requirement 13.P- plans to work with property owner on lease violations. 14.P- tracking system that reminds of upcoming due dates.
H. Staffing
1.P- provider has existing 24/7 on-call service. 2.P- weekly 1 on 1 supervision for clinical and non-clinical staff. 3.P- Senior director of social work and director of rapid re housing will be responsible for review. 4.P- Supervision plan appears to meet requirement 5.N- Not a robust training list. Mandated reporter, first aid? Is learning management system used? 6.P- recruitment and retention bonus for multilingual staff. 7.P- opportunities for peer-led activities.
I. Participant Tracking and Confidentiality Requirements
1.P- Program Administrator reviews HMIS data by caseworkers. 2.P- HMIS authorization part of intake. 3.P- meets requirement 4.P- Claims internal IT policies equivalent to those of Maine IT. 5.N- this reviewer would have liked to see more included here, or HMIS mentioned 6.P- Agency reports compliance with State IT Riders. 7.P- Bidder noted understanding 8. P- the Director of Rapid re-housing will be responsible for Critical Incident reporting.
J. Performance Measures
1.P- Bidder is prepared to meet quarterly performance measure reporting.
K. Reports
1.P- Utilizing ClientTrack for Performance measure tracking. Experience with Dept

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EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH

reporting forms.

2. Staffing

Job Descriptions- P 5 roles identified. P- Director of Rapid Re-Housing JD meets minimum experience-(at minimum, ensure all staff have at least one (1) year of experience providing direct services to individuals experiencing homelessness and/or at least one (1) year of direct lived experience with homelessness.) Supervisor & Program Administrator JD might meet minimum experience, uses language of "2-3 years of relevant experience". Caseworker JD meets minimum experience. N-Complex Grants JD does not require the minimum experience but does not have direct client interaction tasks.
Subcontractors- None
Staffing Plan- P- Meet minimum onsite requirements. Director, Program Administrator and Grant roles are 0.05FTE each which is 8.6 hours per month. Supervisor at .2 FTE is 34.6 hrs per month. 1 Caseworker FTE would be the primary direct service provider. P- list activities the Caseworker performs while not on site to equal a full FTE. Q/N- No on call support listed in staffing plan. P- Bidder has the capacity to provide services to more then 10 units should funding allow.

3. Implementation - Work Plan

P- Supplied work plan with Task, dates and roles.

Part IV, Section IV. Cost Proposal and Budget Narrative

Budget Narrative- $241,869 total cost over 2 years. Indirect rate 21.17%. Direct Service FTE- 1.30; Administrative 0.05. Open to negotiating more than 10units/20hours.

Budget-
General comment- this budget is not filled out correctly. Each 12-mo period should be represented in each column (cost center). The full 24-mo period is included in one cost center in this submission.
Form1- P- includes revenue from MaineCare-Sec 91 according to narrative- 13,528
Form 2- 82% of total cost is personnel and fringe, at a rate of 28.39%. P-Consultant expense- $1,774 in person and phone interpreter services. P- staff training expense- $1,596.40= $614/ per FTE. Telephone-$1,016.60= $391/FTE; Material/Supply- general office supplies at $25/mo per FTE; and (10) $5 gift cards. Travel- $972= 75 miles per month. Technology- $6,221.80 = $2,393/FTE for hardware/software, payroll, helpdesk and network services.
Form 3- "Case worker" is the only full time staff- 4,160 hours over 2 years (104 weeks) 4,160/104=40 hrs per week. The "Supervisor" position dedicates 832 hours over 2

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years, 832/104= 8 hrs per week. The Director of Rapid Re-Housing, and Program Administrator dedicate 208 hours, each. 208/104=2hrs per week, each. One administrative position at 208 hrs= 2hrs per week. Form 4- included indirect letter at 21.17%

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RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 2
BIDDER NAME: Preble Street
DATE: 10/27/2025 and 10/29/2025
EVALUATOR NAME: Kelly Watson
EVALUATOR DEPARTMENT: MaineHousing/Homeless Initiatives Department

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Based on review, I believe eligibility requirements have been met: -Submitted Attestation Form – no financial interest in property -Submitted Appendix C – letter of commitment for 10 units in Westbrook -Units in Westbrook are scattered (2) site model with a total of 83 units

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P – 40 years experience in homeless service sector P – experience with site based Housing First projects P – current involvement with the Continuum of Care and Coordinated Entry I – services provided beyond housing
2. Project Team Organizational Chart
Provided org chart for program
3. Litigation
P – no current or past litigation within last 5 years
4. Financial Viability
Provided 3 years of audited financials
5. Certificate of Insurance
Provided I – policy expires 11/19/25

Part IV, Section III. Proposed Services
A. Administrative Requirements
P – services proposed in Hub with highest counts of chronically homeless persons P – provider currently enrolled as MaineCare provider, HOME and TCM agency, and HMIS participating agency P – provider is currently both CE access point and referral partner P – all staff trained on Naloxone and have incident plan in place P – anonymous survey plan in place I – incentive for survey participation
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
P – partnership with eligibility specialists P – partnerships with PTLA, Goodwill, Voc Rehab, Furniture Friends, Maine Needs

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P – connection to SHC
C. Property-based Partnerships
P – property partnership training plan for current and new hires at WHA I – 15 years experience in RRH programming requiring site based partnerships
D. Minimum HSS Units and MOUs Requirements
P – 10 units with same property owner – continuity of services and processes I – plan to engage other PHAs for units P – monthly meetings with property owner to identify concerns
E. Participant Outreach Prior to Tenancy
P – familiarity with documentation requirements, CE, and client file systems
F. Programmatic Requirements
P – experience with low barrier model site based and community based P – full time case worker and ability to flex staff P – understanding of duplication of benefits P – many volunteer opportunities in house I – advocacy group oversight
G. Housing Stability Services (HSS
P – training in UPR, TIC, HR and MI I – creation of individualized crisis support plan at intake P – holistic approach P – building community with participants P – can assume case management role if not available elsewhere I – lease violations as a tool
H. Staffing
P – existing on call system 24/7 P – Senior Director and Director credentials P – Learning Collaborative I – one year of experience in direct service or one year lived experience of homelessness P – other housing first programs to draw from I – stipend for bilingual/multilingual staff
I. Participant Tracking and Confidentiality Requirements
P – all current programs utilize HMIS P – annual confidentiality training
J. Performance Measures
P – detailed plan on each performance metric described
K. Reports

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P – detailed plan on each report described
2. Staffing
Job descriptions provided
3. Implementation - Work Plan
P - Detailed workplan provided

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INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 7
BIDDER NAME: Community Care
DATE: 10.22.25 & 10.29.25 (eligibility); and 10.31.25, 11.12.25, 11.13.25
EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: DHHS/ Office of Behavioral Health

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
• Provided signed attestation. • The letter of commitment documentation was included in File 3, proposed services. • The letter of commitment includes a total of ten (10) anticipated HSS Units across four (4) properties. The property in Old Town has two (2) units designated for HSS; the property in Brewer has three (3) units dedicated for HSS; the property in Bangor has two (2) units dedicated for HSS; and a separate property in Bangor has three (3) units dedicated for HSS. • The property owner did not fill out question three (3) on the letter of commitment form indicating how they intend to work with the awarded Bidder, if awarded a contract, to support provision of HSS, including on-site services. However, the provided, signed MOU does indicate anticipated plans for how the property management company and Bidder will collaborate for provision of HSS. • The property owner signed the letter of commitment form. • Bidder included a signed memorandum of understanding (MOU) between their agency and the property management agency regarding HSS services provision. • Site existence confirmed for all properties indicated.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
• Non-profit mental health and social service agency. • Stated they have held national accreditation through the Council on Accreditation for Children and Families (COA) since 2005 and stated they were voted as one (1) of the “Best Places to Work” in Maine for six (6) years in a row. • Stated they are licensed in child placing, mental health, residential, emergency shelter and substance use treatment. • Stated they were established in 1995. • Stated they provide services through established contracts with the Department, Maine State Housing Authority, HUD, and the Administration for Children and Families that oversees the Federal Youth Services Bureau.

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EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: DHHS/ Office of Behavioral Health

- Stated they also hold a MaineCare Provider Agreement for several services, including Targeted Case management.
- Described experience providing supportive services to those experiencing homelessness, including the chronically homeless population: the Youth Homeless Continuum of Care contract for Central/Northern Maine; sole contract holder with HUD for provision of supportive transitional/permanent housing and mobile diversion through the Youth Homeless Demonstration Project (YHDP) for young people up to age twenty-four (24); transitional living program (Mason Place); "Day Program"; youth emergency shelter; street outreach/mobile diversion; Shaw House Program (part of their homelessness continuum of care program); and their Targeted Case Management (TCM) program.
- Stated they have been a service provider for Hub 7 for thirty (30) years; and stated their primary establishment and expertise is embedded within Hub 7 with 71% of their senior management team also living in Hub 7.
- Stated they are an established provider of homeless services in Hub 7, have many connections with various service providers in the area, and have existing relationships with property managers.
- Stated all of their management team members have served in Hub 7 in the health and human services field and noted their agency is deeply embedded and networked in the service delivery system in Hub 7.

Project 1:

- Relevant and related service.
- Referred to their work providing "Mental health TCM and Homeless TCM", and adult Behavioral Health Home and Community Integration services since 2007.
- Stated, since May 20212, they have supported six hundred fifty-five (655Z) adults in TCM and indicated an estimated 40% of recipients were experiencing chronic homelessness at any given time.

Project 2:

- Relevant and related service.
- Referred to their awarded HUD Youth Homeless Demonstration Project grant for Transitional/Rapid Rehousing (YHDP TH/RRH), which Bidder indicates is the first YHDP TH/RRH grant in Maine.
- Stated they partnered with the Maine State Housing Authority (MSHA), Youth Advisory Board, HUD and the Southern Maine YHDP recipient to create the YHDP housing program across the state.
- Also referred to them holding the Youth Homeless Continuum of Care contract for Central/Northern Maine.

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EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: DHHS/ Office of Behavioral Health

- Stated the reference contact person is an individual currently participating in the program who has given permission to share their contact as a reference; however, the Projects' section requires a "Business Reference Name" and a business reference name of "Supportive housing recipient of services" is inappropriate.

Project 3:

- Related service.
- Referred to their work, starting 2021, for the Open Table Program, which engages volunteers in developing meaningful relationships with youth that are experiencing homelessness, including hands-on support to assist with transitioning from homelessness.
- Stated the reference contact person is a current Open Table volunteer and did not note if the volunteer had provided permission to share their contact as a reference; regardless, the Projects' section requires a "Business Reference Name" and a business reference name of "Open Table volunteer" is inappropriate.

2. Project Team Organizational Chart

- Provided, indicates plan to utilize seven (7) total staff for the project: 0.04 FTE for Clinical Director; Director of Homeless Services and youth Peer Support Statewide Network (organizational chart notes "*included in G&A"); 0.1 FTE for Administrative Coordinator/HMIS Administrator; 0.1 for Assistant Director, Community Based Housing; .2 FTE for Program Manager of Housing Stability Services and two (2) other programs; 1 FTE for a Housing Stability Services Supervisor/Case Manager (vacant); and 1 FTE for a Housing Stability Services Permanency Specialist (vacant).

3. Litigation

- Indicted "NONE".

4. Financial Viability

- Provided financial statements with an independent auditor's report for: June 30, 2022, with comparative totals for June 30, 2021; June 30, 2023, with comparative totals for June 30, 2022; and June 30, 2024, with comparative totals for June 30, 2023.

5. Certificate of Insurance

- Provided and current.

Part IV, Section III. Proposed Services

A. Administrative Requirements

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EVALUATOR DEPARTMENT: DHHS/ Office of Behavioral Health

• Referred to Maine Housing Authority's Point in Time (PIT) yearly report; and referenced the decrease in those experiencing homelessness between 2024 and 2025, and how the decrease was mostly accounted for in Hub 2; with all other Hubs seeing a net increase in their unhoused populations, per Bidder. • Stated Hub 7 has consistently had the largest number of "unsheltered individuals", where individuals are living in encampments, tents or other makeshift outdoor living arrangements. • Stated that approximately thirty percent (30%) of Hub 7's unhoused population are unsheltered and stated that no other Hubs approach this number or proportion of unsheltered individuals, when considered against those in shelters or transitional housing. • Provided an analysis of service distribution regarding availability and scope of homeless response services for adults across Hubs; and indicated that Hub 7 only has two (2) general purpose shelters, with only ninety-four (94) beds between them, serving Penobscot and Piscataquis Counties. • Stated that one (1) of Hub 7's two (2) shelters is a "dry" shelter that requires sobriety for accessing their thirty-eight (38) beds. • Described and referred to the evidence base for Housing First approaches, including reference to a 2016 literature review conducted by Woodhall-Melnik and Dunn. • Stated diverse intensive services, including pre-existing Housing First programs, in Hub 2 have demonstrated a decline in homelessness; whereas Hub 7 reflects a service gap and structural inequity regarding available services and interventions. • Included a long list and reference of data sources utilized.
1. • Currently an established MaineCare/Medicaid Provider, and an approved Targeted Case Management (TCM) provider. • Stated they are an established Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency and stated that they have demonstrated compliance with all HMIS data entry procedures. • They maintain an HMIS Administrator on their staff who is responsible for working with their Director of Homeless Services to meet all HMIS data entry and reporting requirements. • It is assumed by this evaluator that Bidder will continue maintenance of the above indicated requirements, however, this was not explicitly indicated in the response.
2.

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EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: DHHS/ Office of Behavioral Health

• Stated their agency has fully embraced the Basic Principles of Housing First and described how they embrace each principle, including: immediate access to housing with no preconditions; consumer choice and self-determination; recovery orientation; individualized and client-driven supports; social and community integration; and harm reduction. • Will have their HSS leadership team review the manual, once available, and the Basic Principles, and ensure agency's understanding of Housing First principles aligns with those defined by the Department and adjust their approach accordingly. • Will have their Director of Homeless Services review the manual and incorporate requirements in the manual into their training curriculum through creation of training specific to the topic. • Will also have HSS leadership team use the manual as a reference guide to inform decision making within the program on a day-to-day basis.
3. • Stated they currently participate in the CoC quarterly member meetings; and their Director of Homeless Services is a voting member of the Coordinated Entry (CE) and NOFO sub-committees and also serves as co-chair for the CoC's Homeless Youth Provider Group sub-committee. • Stated their Director of Homeless Services previously served as co-chair of the Youth CE design workshop. • Stated their Executive Director is the co-chair of the Region III Statewide Homeless Council, and a member of the Statewide Homeless Council appointed by Governor Mills for two (2) consecutive terms, with the second term beginning recently. • Stated, as a current recipient of CoC funding, they are well versed in using CE to accept referrals and facilitate matches for housing resources. • Plans to train HSS staff to administer Maine's Mainstream CE assessment and all related release of information and participant agreements. • Plans to input information gathered into HMIS within twenty-four (24) hours and will, at the same time, email the information to the Hub Coordinator to verify that the individual has been added to the by-names list, and discern where the client's score places them as it pertains to other eligible clients.; • As openings become available within HSS, they will communicate such directly to the Hub Coordinator via email. • Also plans to have their HSS Transition Coordinator communicate openings directly to community providers, including PATH team members, through regular attendance at the Hub 7 Case Conferencing.

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• When a match is made, they will have their HSS Supervisor/Case Manager engage the referent and/or client directly to facilitate HSS program entry. • Plans to have all staff working in HSS complete CE training and ensure they understand that CE prioritizes clients equitably based on prioritization assessment scores only; and that advocating for one (1) individual over others is outside the scope of expectations for a provider that is participating in CE.
4. • Stated they have a formal agreement with Bangor City's Public Health and Community Services (BPHCS) for Narcan, they receive in-person staff training on Narcan use and will extend this agreement to HSS. • Through the agreement, will ensure HSS staff are knowledgeable about Narcan and its administration; and the agreement ensures a commitment from BPHCS to provide and maintain an ongoing supply of naloxone to ensure HSS staff will always have naloxone on hand. • Stated it will be the responsibility of the Program Manager to partner with BPHCS to coordinate training, ensuring new staff receive training at hire and prior to providing direct service, and ensuring current staff receive annual refresher training. • Will have their Program Manager complete a training sign-up form at each training and submit such to HR for data entry into each HSS staff person's training record, maintained within RELIAS. • Will have the Program Manager seek assistance from their Director of Homeless Services to address any barriers encountered in meeting this training requirement.
5. • If awarded, upon award receipt, will have their Director of Homeless Services organize a development team to ensure agency systems and practices are modified, as needed, to ensure compliance with HSS service delivery. • Stated their development team will include a representative from each organizational arm, including: IT; finance; the Director of Quality Improvement; the HSS Program Manager; the HMIS Administrator; the Executive Director; and the Human Resources/Operations Director. • Stated their development team will reference the HSS contract and program manual to develop HSS specific policies to inform decision making, program operations and monitoring; including a grievance and complaint process. • Plans to develop policies and receive approval prior to HSS service provision. • Should the HSS program manual not be available by the time the agency is ready for policy creation, they will reconvene once the manual is published and

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will cross reference the manual with their previously created policies to ensure alignment. • Plans to adapt policies as necessary to align with procedures identified in the manual and will present a modified draft of each policy to their Board of Directors for review and approval. • Should policy adaptations be needed, they will also have their Director of Homeless Services review the training curriculum to ensure any necessary modifications align with the modified policies.
6. • Plans to have their Director of Quality Improvement administer the annual voluntary anonymous Participant satisfaction survey. • Plans to provide a QR code for digital completion of the survey, with assistance provided only as requested or needed. • When assistance is provided, they will provide such while ensuring anonymity; e.g., provision of a tablet to be used in private to complete the survey if the Participant does not have access to a smart phone, computer or tablet. • If awarded, will develop the satisfaction survey on a timeline to ensure Department review and approval "well before the required 60 calendar days of the initial period of performance beginning 1/1/2026." • Plans to present the draft survey to the Department by 1/15/26 to allow time for feedback and to make any necessary corrections, with the goal of securing official Department approval by 2/15/26. • Referred evaluator to their Implementation Plan (Attachment 10) for detailed overview of dates and tasks pertaining to development and approval of the satisfaction survey.
7. • Stated they utilize Credible for their electronic medical record for client documentation/tracking and will use such for HSS as well. • Will also utilize HMIS to record required data elements. • Plans to have the Program Manager ensure all HSS staff enter documentation within the established timeframe and will seek supervisory assistance from their Director of Homeless Services to address any barriers or performance issues that interfere with meeting documentation timelines. • If awarded, upon award receipt, they will have their Director of Homeless Services organize a development team that ensures agency systems and practices are modified, as needed, to ensure compliance with HSS service delivery.

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• Stated their development team will reference the contract to identify performance outcomes, data tracking requirements, documentation requirements and required contract deliverables; and will modify Credible to capture the needed program specific data.
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
1. • Stated they have MOUs and formal agreements in the proposed service area to ensure timely access to medical health, behavioral health and other services HSS Participants may need to sufficiently maintain permanent housing. • For all potential referral services listed, plans to work alongside the Participant in accessing services and providing transportation assistance, as needed, to address transportation barriers "(i.e. taxi/Uber vouchers, bus passes, direct transportation, etc.)." • Provided a table indicating their formal agreements, informal relationships and MOUs, and the associated service provided by each agency. • Provided a separate table indicating services available through their agency, with a description provided for each, including how they plan on interacting and/or assisting the Participant with access, services include but are not limited to: medication management, outpatient therapy, Adult TCM, Adult Behavioral Health Home/Community Integration, and their Care Fund for assisting with emergent funding needs. Provided Attachment 6 • Includes attachments of MOUs and MaineCare Provider Agreement. • Included signed MOU with the property management company • Each MOU or formal agreement (MaineCare Provider agreement) attachment provided indicates the specific agency and anticipated service(s) to be provided.
2. • Stated as members of various statewide and local networking committees, they readily form new collaborations. • Provided a non-exhaustive list of service providers they will work alongside for HSS delivery, including the specific service provided by each organization, including: transportation; general assistance; DV related needs; legal support; phone cards; employment and vocational assistance; adult education/HiSET prep; sexual health; food insecurity; pet food pantry; and education, wellness and employment services for individuals with a mental health diagnosis.
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- Stated they have provided supportive housing services using Housing First principles since they launched their Youth Homeless Demonstration Project Transitional/Rapid-rehousing Program (YHDP TH/RRH) in 2022.
- Stated they have experience providing education to organizations such as Projects for Assistance in Transition from Homelessness (PATH) providers.
- Plans to continue educating community-based providers, including PATH providers.

C. Property-based Partnerships

1.

- Described their learning, experience and process for reaching out to landlords and property managers; and indicated their anticipated property manager joined them in dialogue to understand the mutually beneficial protective factors that will be at the center of quality, supportive services.
- Stated, from conversations, they and the property management company have developed a formalized agreement that addresses: the dual role held by Bidder to mediate risks to all involved; responsibilities of both parties; action steps Bider will take to minimize risk to tenancy and property; and mutually, an agreement to consider eviction as a last resort option and to instead allow grace and space for services, interventions and education provided by HSS staff to positively improve long-term tenancy outcomes.
- Stated they have a strong relationship with the property management company now, and they have also embraced the principles of Housing First and will serve as a strong partner and reference to other potential property managers.
- Plans to use an educational, progressive engagement approach to continue building their list of landlords and property managers that are willing to utilize a Housing First approach.
- Stated, their agency's preferred practice is to not enter into a supportive services tenancy agreement with a property manager that is not yet willing to center Housing First principles with tenants.
- Stated, minimally, they will ensure a one-to-one conversation with the property manager/landlord prior to the first Participant signing a lease at the property, at least annually thereafter, and when there are new property-associated staff hired (e.g., new property manager).
- Plans to provide a summary outlining the Housing First principles upon lease signing to the landlord, to be attached to each lease.
- Will maintain a copy of each lease, with associated summary attachment, in the Participant's file.

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- Provided a table indicating common reasons for eviction, and their anticipated associated mitigation strategy for each, with the following non-exhaustive reasons for eviction listed and associated anticipated mitigation strategy: lease violations; property damage; aggressive or disruptive behavior towards staff, neighbors or others; substance use-related issues; and unauthorized occupants or guests.
- Stated that, in the three (3) years that their Community Based Housing Program has been operational, they have had a zero percent (0%) formal eviction rate and described three (3) areas of performance they attribute this success to; including discussion with the landlord regarding anticipated mitigation plans.

D. Minimum HSS Units and MOUs Requirements

1.

- Stated they have been collaborating with the property management company for the last three (3) years.
- With their existing collaboration, property management company will work alongside the agency's Director of Homeless Services to ensure a minimum of ten (10) units are earmarked for HSS.
- Provided a description on the property management company, noting that the owner and his wife are dedicated to serving marginalized and underserved populations, and thirty percent (30%) of their tenants represent marginalized and/or underserved populations.
- Stated all identified units will undergo appropriate HQS inspection processes, conducted by a certified inspector and inspections will occur prior to Participants assuming tenancy.
- Stated, in preparation for this RFP, their agency's Director of Homeless Services and owner have discussed strategies to ensure availability of the ten (10) HSS Units, and strategies include, but are not limited to: providing the agency's Director of Homeless Services with the right to first refusal when a unit is available, in the event an HSS Participant requires housing; and regular monthly meetings to discuss utilization status of the ten (10) HSS Units, any in-process tenancy transitions, and any additional HSS program needs.
- Will notify the Department within seven (7) days of any anticipated HSS Unit vacancies and will notify the Department when a previously identified HSS Unit is no longer available.
- Should a previously identified unit be no longer available, will provide a written plan to the Department to ensure a minimum of ten (10) units is available within the target area; and plans to identify such through a collaborative conversation between agency's Director of Homeless Servies and the property owner (who

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owns and manages more than one hundred (100) units through apartments and houses).
2. • Already has a signed MOU with the property owner and will modify the MOU as necessary to accurately reflect HSS contract language, if awarded, with the updated MOU reviewed and signed by the property manager. • If awarded, upon award, their agency's Director of Homeless Services will meet with the property management company to update the MOU to incorporate language that allows the agency to have access to the building for general operations and emergency situations. • Plans to forward the updated MOU to the Department "well before" the indicated deadline.
3. • Stated their Director of Homeless Services, with final approval from their Executive Director, will be the only individual authorized to enter an MOU with any other property manager that may be interested in making units available to HSS. • Should a property manager be open to earmarking units for HSS, will have their Director of Homeless Services meet with the newly identified property manager to discuss HSS, and principles of HSS to ensure logistical and philosophical alignment between HSS and the property manager. • Should an MOU be established, their Director of Homeless Services will work alongside the HSS Program Manager to notify the Department within seven (7) days of MOU execution.
4. • If an anticipated HSS Unit becomes unavailable for any reason, including a change in property ownership, they will have their Director of Homeless Services notify the Department within twenty-four (24) business hours of being made aware of the change. • Stated, since the property management company they work with owns and operates an extensive number of housing units, if a unit becomes unavailable, the company will identify another housing unit that meets HSS criteria and will dedicate that newly identified unit as one of the ten (10) HSS Units.
E. Participant Outreach Prior to Tenancy
1. • Plans to provide contact information for Participants and the individual that referred them to CE for a housing resource to the property resource (CE in this case) immediately after a match has been made.

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• Stated, their HSS staff will have five (5) days to attempt initial contact with the Participant and provider, or BCAT/PATH, if currently unsheltered/appropriate. • Will document all attempts to contact in their electronic medical record, Credible. • After fourteen (14) days or five (5) attempts, they will then have their HSS Case Manager follow up with the HUB coordinator for support in locating the individual. • Plans to have their HSS Supervisor/Case Manager remain in contact with the property manager throughout the process to coordinate a meeting between them, the property manager and the Participant to review and sign the lease, and to coordinate the move-in date. • Plans to have their HSS Supervisor/Case Manager work alongside any external case manager supporting the Participant and will invite them to the initial lease signing meeting, with Participant approval. • Stated eligibility documentation for currently existing CE resources is outlined by each individual resource; and they work closely with administrators for each resource, and with the HUB Coordinator and Participant's co-providers to gather required documentation and provided an example of how they may rely on existing HMIS data and outreach worker statements for verification on length of time unsheltered. • Plans to maintain all supporting documentation within the Participant's file, housed in Credible, to demonstrate eligibility for Housing First services.
F. Programmatic Requirements
1. • Stated their strategies for how to reduce barriers from the outset and ensure accessible and timely services include, but are not limited to: relying on their existing contracted relationship with an agency for interpreter services; administrative support through their HMIS Administrator/Administrative Coordinator; a central administrative support team, and adequate coverage for direct support and supervisory positions to ensure consistency in service delivery and staff supervision.
2. • Stated their staffing plan will ensure HSS is available no less than twenty (20) hours per week to meet Participant needs. • Stated their direct care staff will include a combination of a full-time Supervisor/Case Manager and a full-time Permanency Specialist that will work together to meet Participant needs and assist in building independent living

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	skills, address challenges to maintain housing, and navigate accessing MaineCare and non-MaineCare community-based services. • Stated services by the Supervisor/Case Manager and Permanency Specialist will be provided in-person, within the Participant's apartment, community, or other community-based location (e.g., assistance with going grocery shopping and going to the bank to open a checking account). • Provided examples of what anticipated support services will include: individual support sessions offered by the HSS Supervisor/Case Manager for initial intake to conduct or review an initial assessment, develop plans and build rapport; individual support sessions offered by the HSS Permanency Specialist for hands-on assistance in day-to-day tasks associated with daily living and assisting Participants in activities to meet service plan goals; recreational groups offered by the HSS Permanency Specialist that will be open to all Participants and based on a pre-planned schedule, with example activities (e.g., bowling, game and movie nights) indicated; and skill-building groups offered by the HSS Permanency Specialist, including 'guest speakers', open to all Participants and based on a pre-planned schedule (e.g., education on harm reduction, cooking classes, money management and "exposure to a variety of health interests" such as music lessons and art lessons). • For recreational groups – at program start-up, will have their HSS Permanency Specialist seek feedback from Participants on areas of interest and enlist their support with creating a calendar of events. • Will have recreational groups and skill-building groups occur in the community or at an agreed upon location such as the local community center that is in proximity to the Units. Plans to have the HSS Permanency Specialist work to address any transportation barriers. • Indicated they maintain an office location in Bangor that has several large groups that can be utilized for group activities, and they will draw upon this location and other locations within the community. • Stated their plan for two (2) full-time positions will assist with ensuring consistency in staff coverage when a staff member may be unavailable. • Stated, per their experience, direct staff without any supervisory responsibilities are able to deliver twenty-eight to thirty (28-30) hours of direct service in the community with clients on their caseload; and thus, Bidder is confident that their anticipated staffing structure will ensure delivery of no less than twenty (20) support hours per week.
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• Stated, upon Participant intake into HSS, their HSS Supervisor/Case Manager will conduct a thorough review of the Participant's formal and informal support system, including capturing a list of all ancillary supports/formal service providers, contact information for each, and a detailed description of services provided for each. • Should a Participant not have an external case manager, plans to capture this information in the initial comprehensive assessment; and once an external case manager is acquired they will add this information as an addendum to the assessment. • Plans to reference information captured at assessment when completing the initial service plan to ensure HSS does not duplicate other services received by the Participant. • Upon Participant entry into HSS, plans to check MaineCare to determine eligibility for MaineCare services and educate the Participant on their eligibility and service options. • Should a Participant not have an established case manager, they will present case management options to the Participant; if the Participant is interested in the Bidder's case management program, their HSS Supervisor/Case Manager will make an in-house referral, including submission of MaineCare authorization to ensure avoidance of service duplication. • Stated it will be the HSS Supervisor/Case Manager's responsibility to ensure MaineCare billable services are billed to MaineCare and will work with Participants to pull in existing MaineCare services providers to maximize service delivery.
4. • Stated their HSS staff will be trained in how to watch out for self-sabotage and empowered to prioritize their availability in real-time to always lean into the most urgent needs on their caseloads. • Demonstrated an understanding that housing stabilization after long-term disruption will require a lot of hands-on learning; and they will provide such with the individual (e.g., having Participant on speakerphone to set a dentist appointment versus having the staff person make the call on their own). • Stated policies and procedures not delivered in person will be highlighted for easy identification and review; however, at time of proposal, they anticipate providing all services in-person. • Upon assuming tenancy, the HSS Supervisor/Case Manager will learn the day-to-day schedule from each Participant to assess Participant's availability to receive HSS.

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• Plans to have the HSS Permanency Specialist remain updated on each Participant's availability and will use this information to identify times for service provision, groups, etc. to best meet Participant scheduling needs. • During groups, plans to have HSS staff enlist Participant support in identifying the best times for following groups and will utilize group consensus. • For scheduling of individual support sessions, plans to have HSS staff ask the Participant what times work best for them and then schedule accordingly based on availability.
5. • Plans to provide each Participant a Welcome Packet upon entry into HSS. • Stated the Welcome Packet will include a flyer announcing the opportunity to volunteer with HSS. • Stated the flyer will outline volunteer opportunities which include: acting as a co-facilitator with an HSS staff to co-lead recreational and skill building groups; volunteering as a peer mentor for others entering the program; and volunteering to be an ambassador of HSS through educating peers on the availability of HSS services. • Stated as HSS launches and groups begin, plans to have HSS staff explore other volunteerism ideas with Participants.
G. Housing Stability Services (HSS
1. • Plans to provide HSS through the governing principles of Motivational Interviewing (MI), an intervention model Bidder states is grounded in a person-centered, strengths-based approach. • Provided detailed, comprehensive description on MI, including an example of an MI-based conversation and a non-MI based conversation with a Tenant regarding a lease violation incident of moving a friend in. • Plans to have their HSS Program Manager, HSS Supervisor/Case Manager and the HSS Permanency Specialist attend Stephen Andrew's Foundational Motivational Interviewing training upon hire, and staff will be signed up for the first training opportunity available after their start date. • In the interim, they will provide staff an overview of MI during initial orientation by their Clinical Director, who serves as their agency's trainer for MI. • After the initial foundational training by Stephen Andrew, they plan to have HSS staff receive MI training semi-annually, which will be conducted by their Clinical Director.

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- Plans to have their Clinical Director utilize weekly group supervision and individual clinical consultation to incorporate principles of MI into discussions and case planning.
- Plans to utilize MI to provide services in a person-centered, strengths-based approach.
- Plans to have trusting relationships formed through reaching out and engaging Tenants in a nonjudgemental manner to build rapport and encourage participation; ensure Tenants feel safe within the property and around HSS staff as a steppingstone towards a trusting relationship; provide individual emotional support; and flex and adapt to meet Tenants' needs.
- Plans to use a transparent, trauma-informed approach so individuals can understand the service and assess if it feels safe for them.
- Demonstrated an understanding of and the importance of a person-centered approach.
- Plans to have their Clinical Director provide clinical consultation for HSS; and stated their Clinical Director has LCSW and LADC licensure and serves on their agency's Management Team.
- Plans to confirm directly with all referents to ensure they understand the service they have been referred to; feel that they may benefit from the service; would like to receive the service; and are consenting to receive such from the agency, free of pressure or influence from other providers or representatives of authority in the person's life.
- After obtaining consent and answering all referent's program questions, the individual will complete enrollment paperwork with the HSS "TC" to provide express consent for HSS staff to engage the individual in activities outlined in the program overview.
- Should a Participant not be initially interested in participating in HSS, plans to have HSS staff make an effort to establish rapport through regular interactions; inviting them to participate in HSS events; making an effort during casual encounters to show interest in their well-being; and creatively explore strategies to help them feel a sense of belonging within the HSS community. Bidder described an example of how this constant engagement effort and rapport building outside of service provision was able to increase attendance at one of their Day Program's newly added on-site therapy services.
- Stated, through regular engagement, Participants may gradually be more at ease with accessing HSS.
- Stated, relationship establishment will be the first step to promoting participation and HSS staff will be responsible for initiating those relationships.

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2.

- Plans to provide a holistic, comprehensive approach for connecting Tenants with needed services or skill development support, either directly or through referral.
- For linking with MaineCare, plans to assist the Participant with calling DHHS to apply over the phone and/or filling out the applicable application form with the Participant, with support and assistance provided to the extent requested and found helpful by the Participant.
- Plans to have HSS staff work alongside the Participant to monitor MaineCare application status, including helping through monitoring the online portal or calling the Department to check on status.
- Plans to have HSS staff assist the participant, as appropriate, in providing necessary supporting documentation to determine eligibility.
- Will have HSS staff assist in maintaining coverage.
- Plans to have their HSS Supervisor/Case Manager document all efforts (MaineCare, SSI and SSDI, and referrals, etc.) in Credible progress notes and HMIS, as appropriate.
- Plans to link Participants with MaineCare services through education on various providers and programs, including education on Bidder's offered MaineCare services.
- Plans to assist Participants with making the referral phone call with the Participant, and/or filling out the applicable application form with the Participant and will offer assistance as requested.
- As a TCM provider, plans to provide TCM and/or Behavioral Health/Community Integration services on-site for Tenants interested in having Bidder as their provider.
- For accessing, maintaining and navigating social services and benefits, plans to have HSS staff provide hands-on assistance in completing necessary applications and making necessary phone calls to help link Participants with needed social services and benefits, as opposed to just handing out an application or providing a number to call.
- Plans to train HSS staff in SOAR to assist Tenants with accessing Social Security Administration's SSI and SSDI programs.
- Plans to rely on an existing collaboration with a law firm when assisting Participants with accessing social security disability, who can assist the individual when there's a denial.
- Stated their agency also provides medication management, outpatient therapy and TCM.

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• Plans to have the HSS Supervisor/Case Manager partner with Participants to assess service need, educate on service options and offer hands-on support to link the Participant with services – following Participant lead and offering support per Participant comfort level.
3. • Upon program entry, will provide each Participant with a Welcome Packet which will include a list of resources to address service needs that may arise. • Plans to have the resource list be laminated with magnets on the back to allow for placement on the refrigerator for easy reference, if desired. • Stated the resource list will include but not be limited to: contact information to the Crisis Line; accessing crisis support through CHCS's crisis program; local emergency rooms; National Suicide Hotline; and the local intimate partner violence hotline that serves Hub 7.
4. • Plans to provide each Participant with an assessment upon entering the HSS program and/or an assessment will be conducted by an external case manager. • Plans to offer Participants opportunities to engage in skill building activities on a one-to-one basis with their HSS Permanency Specialist and will also invite participants to participate in groups with other Participants, facilitated by HSS program staff. • Plans to strongly encourage skill building opportunities that directly align with the needs identified in the Participant's assessment, while also being understanding and accepting that participation is fully voluntary. • Plans to offer skill-based groups pertaining to key domain areas for independent living, including: Rent Smart; money management; healthy cooking; shopping on a budget; strategies to maintain a clean home; personal hygiene; maintaining a safe home; and organizational strategies. • Plans to have HSS staff facilitate groups with guest speakers from the community, as appropriate. • If awarded, upon award, plans to locate a site to be used for groups that is in a central proximity to the ten (10) HSS Units; and will have HSS staff work with Participants to address transportation barriers to ensure interested Participants are able to attend.
5. • Upon referral and enrollment into HSS, plans to have the HSS Supervisor/Case manager hold an initial orientation meeting with the Participant for introductions and an orientation to the program, guided by an orientation checklist.

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- Plans to have orientation topics include a thorough description of offered supportive services; assessment and individual service planning process discussion; voluntary service participation; how the Participant can stay current on groups/activity offerings; role of the HSS Permanency Specialist; volunteer opportunities; and a review of the Welcome Packet, including what to do during a crisis.
- Plans to have the Participant sign the orientation checklist, which will also include a box for checking off that the Participant understands all service participation is voluntary.
- Plans to provide hands-on assistance for the move-in process, including packing and moving boxes and furniture; apartment set-up; shopping for essential items; and daily check-ins over the first few days until they are settled in their unit. Level of support provided will depend on Participant desires.
- Plans to train staff during initial orientation regarding how vital move-in assistance support is within the program.
- At the first session between the Participant and HSS Permanency Specialist, plans to have the Specialist present a copy of the lease to the Participant and assess their comprehension on each section of the lease – with concrete examples provided under each section to assist with making the lease more understandable.
- Lease review and comprehension will be documented by the Permanency Specialist in their contact note in the Participant's record.
- Plans to provide mediation to avoid possible eviction and improve the relationship between the Tenant and landlord/property manager.
- Stated the Welcome Packet will include a description of peer support available through a volunteer, including Participant volunteers.
- Plans to have the HSS Supervisor/Case Manager explain available peer support during initial orientation, and Participants will be informed that they should reach out to the HSS Permanency Specialist if they're interested in Peer Support services.
- If a Participant reaches out for Peer Support services, the Permanency Specialist will document such in the contact note for the session and will notify the Supervisor/Case Manager of the request within twenty-four (24) hours; and will keep the Participant updated on the status of the request until Peer Support services begin, this will all be documented in the Participant's record.
- Plans to inform Participants on available behavioral health crisis services during initial orientation, which will be reflected on their initial orientation checklist; and will include this resource in the resource list provided in the Welcome Packet.

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BIDDER NAME: Community Care
DATE: 10.22.25 & 10.29.25 (eligibility); and 10.31.25, 11.12.25, 11.13.25
EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: DHHS/ Office of Behavioral Health

• Plans to have discussion with Participant for insight into what a crisis looks like for them, crisis/es they may have experienced in the past and what to expect when they call crisis services. • During the crisis discussion with the Participant, they will also notify them of the agency's HSS 24/7 phone line and will provide education on when to call crisis versus when to call the HSS 24/7 line for support. • Specific support to be provided to Participants during a potential crisis situation was unclear.
6. • Plans to provide Harm Reduction services through the following non-exhaustive list, with a description provided for each topic: provision of opportunities to participate in healthy activities; ensuring naloxone is always accessible to staff; providing items to Participants to aid in Harm Reduction (e.g., medication locked boxes, to be secured through alternative funding); assisting Participants with safe medication disposal; enlistment of Harm Reduction services from Wabanaki Public Health through their MOU, including inviting of Wabanaki Public Health staff to facilitate groups and activities; and linking Participants with a Syringe Service Program through Wabanaki Public Health and Needle Point Sanctuary. • As it pertains to healthy activities to be offered, activities may include, but will not be limited to: cooking classes/menu planning; on-site exercise classes; parenting classes; self-care strategies; recovery groups; support groups on various topics; game/movie nights; groups to each skills in hobby-related areas (e.g., quilting and painting); group outings; and BBQs/meal gatherings. • Plans to hold a minimum of one group/activity per week at program launch outset and will adjust frequency per participation and feedback from the group.
7. • Stated their experience allows them to effectively train HSS staff on how to provide all aspects of case management services, including knowledge about available resources and advocacy strategies. • Stated as a current case management provider, they already have training developed and if awarded, upon award, will refine training further to address the unique needs of HSS Participants. • Stated their Program Director of Case Management Services will serve as a resource for HSS program staff. • Stated their full-time blended Supervisor and Case Manager position will have a bachelor's degree in the health and human services field, meeting MaineCare staff qualifications for a case manager.

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• Stated their HSS Supervisor/Case Manager will be responsible for meeting HSS Participants' case management needs until they are connected to another case manager. • Plans to have HSS Supervisor/Case Manager educate the Participant on options for an external case manager and assist with referring them to the agency of their choosing, with Bidder's case management program as one (1) of the options. • When the external case manager begins working with the Participant, the HSS Supervisor/Case Manager will facilitate a warm hand-off to the case manager, after signage of appropriate release of information by the Participant, and will join with the Participant in providing an update to the external case manager on case management activities that have occurred to date, review of individual service plan, progress status, any assessments completed and other pertinent information. • During the encounter with the external case manager, the HSS Supervisor/Case Manager will provide an orientation to HSS, including the Basic Principles.
8. • Stated the HSS Supervisor/Case Manager will be responsible to assess whether a needs assessment has been conducted externally; if so, they will obtain written consent from the Participant to request the assessment from the rendering provider and will scan such into the Participant's record in Credible. • If an assessment has not been completed, the HSS Supervisor/Case Manager will complete the initial assessment within thirty (30) calendar days of the Participant's request to start HSS, with the assessment completed in Credible. • Plans to have the HSS Supervisor/Case Manager review the completed assessment with the Participant, and together, will develop the Participant's individual service plan to ensure a direct correlation between identified needs within the assessment and Participant's service plan goals. • Plans to have the HSS Supervisor/Case Manager complete an "Arizona assessment" at HSS entry, and quarterly thereafter to identify independent living and soft skills that individuals feel are most important to work on; and the HSS Permanency Specialist can then join to work on those specific objectives. Bidder did not specify the exact name of the assessment to be utilized, aside from referencing it as "Arizona assessment". As such, the specific assessment to be utilized is unclear.
9. • Plans to have the HSS Supervisor/Case Manager ensure an updated assessment occurs quarterly after the initial assessment.

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• If an assessment was completed by an external provider, will garner written consent and request such, and then scan the assessment into the Participant's record in Credible. • If there has not been an assessment, the HSS Supervisor/Case Manager will complete an updated assessment and ensure the assessment is completed no later than one (1) year after the initial assessment. • Plans to have the HSS Supervisor/Case Manager review the updated assessment with the Participant and partner with them to use that information for updating the individual service plan, no less than annually.
10. • Plans to have the HSS Supervisor/Case Manager conduct a quarterly assessment and utilize that for at least annual updating of the individual service plan. • For strategizing goals with Participants, plans to train the HSS Supervisor/Case Manager on a strengths-based person-centered approach, drawing on the principles of MI.
11. • Stated Credible has the ability to adapt selection options to ensure appropriateness for each program; and, if awarded, upon award, their development committee will review the current selection criteria in Credible to ensure the individual service plan includes the listed requirements as mandatory fields in Credible. • Stated a strength of the Arizona Assessment is that it allows the Participant to acknowledge a deficit while also prioritizing a need that is too complex/unapproachable at the time. • Using the same assessment quarterly will allow revisiting of the decision and provide HSS staff an opportunity to get context related to scope of need and alternative ways to incorporate non-preferred domains into case planning.
12. • Plans to join with a Participant to learn crisis triggers prior to experiencing one, and through creation of an individual crisis plan, HSS staff will be made aware of triggers and subsequent reactions to more effectively assist in intervening prior to entering a crisis state. • Plans to have crisis plan development occur as part of the individual service planning process, facilitated by and in partnership with the HSS Supervisor/Case Manager, while ensuring the plan is easily understood by the Participant, signed by both Participant and the HSS Supervisor/Case Manager, and will become part of the Tenant's chart.

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• Plans to have the HSS Supervisor/Case Manager provide the Participant with a copy of their service/crisis plan, review it with them once completed, hold subsequent discussions as needed with the Participant to serve as a reminder and/or make necessary revisions.
13. • Stated their mitigation plan goal will be to provide a structured, compassionate and comprehensive approach to addressing Participants' unique needs. • Focus of the mitigation plan will be on enhancing housing stability, improving quality of life, and preventing homelessness. • Plans to have the mitigation plan be developed by the HSS Supervisor/Case Manager and Participant in unison, will be provided to the Participant, and will act as its own document in the Participant's record. • Plans to have the mitigation plan include, but not be limited to: historical barriers and effective mitigation strategies for each; current barriers and effective mitigation strategies for each; Participants' strengths identification and how that can act as a protective factor to mitigate barriers; and a chart that reflects the Participant's formal and informal supports to clearly show supports that can be drawn on to mitigate barriers, as they arise. • Plans to utilize the mitigation plan as a guide for HSS staff to assist the Participant with navigating any situation that may arise pertaining to tenancy. • Provided a harm reduction example approach to mitigating a potential lease concern when there have been too many overnight guests.
14. • If awarded, upon award, their Director of Homeless Services will convene a development committee for development of all facets of HSS and will adapt policies as necessary to govern operations. • Plans to have procedures and policies remain in draft form until the program manual is published and available. • Once the program manual is received, their Director of Homeless Services will carefully review such and cross reference to the draft policies and procedures drafted by the committee. • Plans to have their Director of Homeless Services reconvene the committee to review the program manual, providing a detailed overview of her review as it pertains to any discrepancies; and the development team will then make necessary revisions and/or draft additional procedures. • After updates are made, the policies and procedures will be sent to their Executive Director for review and then to their Board of Directors for review prior to adoption and implementation.

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H. Staffing
1. • Plans to provide 24/7/365 on-call support through their 24/7 homeless service program phone line. • Stated this phone line will act as the initial point of contact and staff will be trained in how to appropriately triage calls. • Plans to maintain a secondary HSS specific on-call tier that is made up of HSS staff and support staff from the primary tier will access it, as needed, depending on the situation. • Should on-site support be needed, HSS staff from the secondary on-call tier will respond.
2. • Stated they have created a multidisciplinary team of direct service providers and clinical/non-clinical supervisors to meet Participants' diverse needs and the clinical/administrative supervision needs of program staff. • Stated all program staff will have at least one (1) of providing direct services to those experiencing homeless or direct lived experience. • Plans to have clinical supervision provided by their Clinical Director (LADC, LCSW and CCS), who will provide group supervision each week for one (1) hour with all HSS staff in attendance, including the HSS Program Manager. • Plans to have Clinical Director provide individual supervision, as needed, and will meet clinical training needs for HSS staff. • Plans to also have HSS staff meet with their direct administrative supervisor once a week to receive support, case supervision, address any safety issues, identify and strategize barriers encountered in meeting Participant needs, and any/all aspects for service delivery.
3. • Stated their anticipated staffing structure accommodates twenty (20) hours per week of HSS across the ten (10) HSS Units, including a combination of groups and individual support. • Stated their staffing structure includes safeguards should a staff be unavailable, ensuring coverage by supervisor, as needed.

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4. • Plans to have HSS staff participate in ongoing professional development through: participation in ongoing HSS specific training and/or training to enhance knowledge and skills to meet Participant needs; and working with their administrative supervisor to draft a professional development plan, including professional development goals and strategies. • Plans to have the supervisor work alongside the supervisee to operationalize learning strategies reflected in the plan and will offer feedback as appropriate to assist staff in assessing progress toward goals. Provided Attachment 7 – anticipated Training Plan. • Training Plan provided via a table that indicates training topic, facilitator, frequency and if the training will be required prior to interacting with Participants. • Most indicated trainings require staff to complete them initially upon hire, prior to interacting with Participants; with some completed within thirty (30) days of hire. • Included effect of drug/alcohol use as a training to be completed within thirty (30) days of hire, and annually. • Included a section for HSS program specific training, in-depth overview on HSS, staff roles, deliverables and contract requirements (required at hire and prior to service provision) and MI. • Included SOAR and “Chronic homelessness in the state of Maine” as required trainings upon hire, prior to interaction with Participants, among others.
5. • Stated they utilize RELIAS for their training record system, and if awarded, upon award, they will incorporate HSS training requirements into RELIAS. • Provided a description of the RELIAS system, abilities, and reports that can be run for the Program Manager to ensure staff receive all required training within required timelines. • Plans to have HSS staff participate in an initial orientation upon hire and prior to providing HSS services and will receive ongoing training. • Stated it will be the responsibility of the Program Manager, in partnership with the HR/Operations Director to ensure all HSS staff training requirements are met within required timelines. • Stated training reports for each HSS staff person can be made available to the Department, by request.
6.

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• Stated HSS staff, through their diverse representation and staff training, will possess skills necessary to meet the unique cultural and communication needs of Participants. • One (1) of the required trainings to be taken within thirty (30) days of hire is cultural awareness. • Should language pose as a barrier, they will utilize interpreter services to facilitate communication.
7. • Stated they have experience with recruiting and maintain volunteers through their volunteer-based Open Table program. • Plans to utilize their experience to recruit volunteers for peer support, with volunteers serving as mentors and role models. • Plans to have volunteers include HSS Participants, and groups will also include announcements of volunteer opportunities (in addition to a flyer on volunteer opportunities to be included in Participant Welcome Packets). • For volunteer recruitment, plans to create appealing and informative volunteer recruitment flyers; disseminate flyers through social media; post flyers at locations throughout the community; provide presentations throughout the community; use word of mouth; and through tabling events.
I. Participant Tracking and Confidentiality Requirements
1. • Stated as a current HMIS participant, they are adept at working alongside the HMIS Lead Agency, Maine State Housing Authority (MSHA), to perform their role as it pertains to data collection within HMIS. • Plans to continue to follow the lead of MSHA to ensure appropriate data collection within HMIS for HSS. • Stated their HMIS Administrator will ensure data within each data field is appropriately reflected in HMIS and will notify their Director of Homeless Services of any compliance concerns.
2. • Stated HSS staff will be required to enter contact notes, assessments, releases and entry/exit documentation into Credible within twenty-four (24) hours of service delivery; after which, their HMIS Administrator will conduct a documentation review and then conduct transfer of necessary data elements to HMIS upon verifying receipt of Participant permission's signature form. • Stated all HMIS required documentation has been digitized and added to their Credible library for ease of data transference.

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• Stated their Program Manager will be responsible for ensuring all data elements are appropriately recorded within established timeframes in HMIS. • Stated Participant permission is not required for HMIS data entry but is required for data sharing; and per CoC CE policies, they will capture this permission at time of CE referral and will be valid for two (2) years. • Should an individual not elect to permit data sharing among providers of CoC funded services, they will facilitate the process to lock down the client's file to other providers, but will continue to complete all required HMIS fields, as outlined in the relevant Support Services Only (SSO) HMIS guide. • This does not meet the requirement of ensuring Participant permission to enter data into the Maine CoC HMIS. Should a Participant not provide permission the HSS provider must not enter data into the Maine CoC HMIS.
3. • Plans to work alongside their insurance agency to obtain and maintain the necessary insurance; and will maintain valid insurance throughout the terms of the service contract with the Department, with up-to-date copies of their ACCORD form available, upon request.
4. • Stated as a current contract holder for several Department contracts, they have created policies and procedures equivalent to PL-4, RA-1 and RA-5, and policies relating to PHI access and use of technology for expectations that they believe closely mirror those referenced in State of Maine policies. • Stated all technology with PHI and expected to leave their office location (e.g., laptops and phones) are encrypted and all connections made from outside their internal network are secured using TLS/SSL.
5. • Plans to rely on their stringent Confidentiality and HIPAA policies and procedures, and they will have quality assurance measures taken by their HIPAA Compliance Officer to ensure confidential information complies with all applicable State and Federal confidentiality, privacy, and security laws, regulations and/or rules. • Stated their current policies, procedures and practices comply with all state and federal laws regarding protection of confidential and/or sensitive information, including detailed steps to follow in the case of unauthorized access or disclosure, including notification to the affected individual. • Stated all staff are trained in their confidentiality policies and procedures, throughout new hire orientation and annually thereafter.
6.

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• Stated as a current contract holder with the Department, their current policies, procedures and practices comply with the requirements outlined in the State of Maine IT-Services Contract.
7. • Met requirement.
8. • Stated they maintain a supervisory infrastructure allowing diligent program oversight, including thorough and timely response to critical incidents. • Provided a detailed description of their anticipated critical incident process, including drafting of a Critical Incident Reporting policy prior to program start-up, with training incorporated regarding this policy, to be received at initial orientation. • Stated their Critical Incident Reporting policy will include definition of a critical incident, per the HSS Program Manual; reporting timeline, per manual; and steps to take to notify the Department on critical incidents, within established timelines and through established procedures, per the HSS Program Manual.
J. Performance Measures
• Provided a description on how they will track and report on requirements, including anticipated quality improvement related actions. • Plans to partner with the Department to review program outcomes, including performance measures, to strategize barriers and changes needed to ensure outcomes are met.
K. Reports
• Provided a detailed, comprehensive response, including a table indicating the report/on-site visit, person responsible, strategy to track/record data and timeline.
• Met requirement.
2. Staffing
a. • Provided a justification for each position title. • Plans to have their Director of Homeless Services act as the project lead for HSS. • Indicated all positions aside from HSS Supervisor/Case Manager and HSS Permanency Specialist are filled positions. • Provided a job description for: HSS Permanency Specialist; HSS Supervisor/Case Manager; Program Manager; HSS Assistant Director – Community Based Housing; Director of Homeless Services; HMIS Administrator/Administrative Coordinator; and Clinical Director.

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- All job descriptions include mention of a six (6) month probationary period.
- All positions aside from the following include an experiential requirement of lived experience and/or one (1) year experience providing services to unhoused individuals: HMIS Administrator/Administrative Coordinator and Clinical Director. RFP requires that all HSS staff have at least one (1) year of experience providing direct services to individuals experiencing homelessness and/or at least one (1) year of direct lived experience with homelessness.

b.

- Will not utilize subcontractors or consultants to provide the service.

c.

- Staffing plan indicates the following time allocation per position: 0.04 FTE for Clinical Director; Director of Homeless Services is "included in agency G&A"; 0.1 FTE for Assistant Director – Community-based Housing; 0.2 FTE for HSS Program Manager; 1 FTE for HSS Supervisor/Case Manager; 1 FTE for HSS Permanency Specialist; and 0.1 FTE for "HMIS Administrator/Administrator Coordinator".
- Staffing plan did not indicate associated hours of in-person service provided by each staff position.

3. Implementation - Work Plan

- Provided a table depicting major components of their implementation plan, including ensuring program readiness for the 1/1/26 anticipated start date; with many activities to be completed prior to the 1/1/26 anticipated contract start date.
- Provided date/timeline for each task and person(s) responsible, with the workplan based on an anticipated award date of 11/15/2025.
- Prior to award (11/3/25) they plan to draft position announcements for all HSS positions to be ready for posting; if awarded, upon award they will meet with the Department to negotiate details and clarify specific contract agreements.
- Plans to begin incorporating HSS into their operation meetings, management meetings and board meetings starting 11/17/25 through to the end of the contract.
- Plans to begin recruiting staff, hiring process and extending offers 11/17/25 through 12/15/25.
- Plans to develop their HSS Program Development and Implementation Committee, with meetings held weekly from 11/17/25 through 1/30/26, with policies and procedures developed and presented to their management team and board of directors for review by 12/15/25, with the group to also meet for thirty (30) days post program start-up. Will provide the Department with copies

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of HSS policies and procedures for review and incorporate feedback as necessary from 12/15/25 – 12/19/25.

- Plans to notify the property manager of HSS award and discuss logistics 11/17/25-11/22/25, including strategizing unit availability to align with the 1/1/26 contract start date.
- Plans to coordinate HQS for the ten (10) units 11/24/25 – 12/19/25 to ensure inspections occur prior to the 1/1/26 start date.
- From 12/1/25-12/15/25, or upon release of the HSS program manual, will review the manual and incorporate content/requirements into trainings and documentation/forms, and will develop an HSS specific training on the manual with an associated sign off form, and will incorporate a link to the manual in their online policy and procedures. Also plans to assess if there are any needed revisions to their MOUs, including the one with the property manager, and will review any modified MOUs with the appropriate party.
- Plans to modify their agency website to include HSS and work with CoC CE regarding referral logistics for HSS, to line up Participants for the 1/1/26 program start date.
- Plans to onboard and provide initial training to HSS staff 12/15/25 – 12/30/25.
- Plans to create and send first draft of their satisfaction survey to the Department for review/feedback by 1/1/26; with feedback incorporated and final draft presented for approval by 2/1/26 and will internally adopt the survey and put it into circulation by 2/15/26.
- Pending referrals from CoC CE, plans to have tenancy begin 1/1/26, including meetings with the property manager and Tenants for lease signing and another discussion on Housing First principles.
- From 1/1/26 – 1/31/26, plans to modify their agency's QI/QA plan to include HSS program and performance outcomes and present the modified plan to their management team and board of directors.
- Bidder only described ramp-up-related activities, mostly prior to contract start, and Department on-site visit and reporting requirements within their provided workplan and did not include specific tasks to be completed after Participant tenancy (e.g., scheduling and finalizing of anticipated group activities).

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EVALUATOR NAME: Michael Labua
EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
• P – Included Appendix A Proposal Cover Page • P – Included Appendix B Responsible Bidder Certification • P – Included Appendix C Attestation Statement • P – Included Appendix C Letter of Commitment for at least ten (10) HSS units. • I – Property 1: 599 Brunswick St.is listed as a 4BR/2BA property. Apt. #1 is listed as a 2 BR/1BA unit. • I – Property 2: 83 Holyoke St., Brewer, Maine is listed as a 5+ unit apartment complex with a total of 10BR/5BA. • I – Property 3: 299 State St., Bangor, Maine is listed as 2-4 unit property with 4BA. Apt. #2 is listed as a 2BR/1BA unit. Apt. #1 is listed as a studio unit. Apt. #3 is listed as a 1BR/1BA unit. • I – Property 4: 22 Ohio St., Bangor, Maine is listed as a multifamily property with at least 8 units. Apt. #8 is listed as a 1BA/1BR unit.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
• P – National accreditation through the Council on Accreditation for Children and Families (COA) since 2005 • P – holds State of Maine licensure in the categories of child placing, mental health, residential, emergency shelter, and substance abuse treatment. • P – Experience providing services across a broad geographic area of the state • including our most rural counties. • Services are provided through established service contracts with a variety of entities including DHHS, Maine State Housing Authority, HUD, and the Administration for Children and Families • P – Holds a MaineCare Provider Agreement to deliver several services including Targeted Case Management. • P – Experience providing supportive services for individuals experiencing homelessness – including the chronic homelessness population and youth. • P – Most members of the senior management team have specialized in the service delivery to the homeless population either currently or at some point in their career • P – Provides services primarily in HUB 7. Active since 1990's.

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- P – Bidder has existing relationships with property managers who serve as partners in bidder's efforts to house individuals experiencing homelessness
- P – Maintains an active network within the service delivery system of Hub 7.
- P – Project One: TCM: Providing Mental Health TCM and Homeless TCM in addition to adult Behavioral Health Home and Community Integration services to specifically serve individuals with severe and persistent mental health needs since 2007. Collaboration with S+C projects within the bidder's agency to coordinate case management of clients. TCM work closely with emergency shelter staff; also receives referrals from the General Assistance Program.
- P – Project Two: Supportive Housing Program Management: Youth (up to age 21) focused. Transitional/Rapid Rehousing HUD funded, and a Youth Homeless CoC contract that includes emergency shelter, day programming, residential transitional living program, and supportive housing for young adults up to 21 years old.
- P – Project Three: Open Table Program: engages volunteers in developing meaningful relationships with youth experiencing homelessness and providing hands-on support in assisting them in transitioning from homelessness. Former clients mentor current participants.

2. Project Team Organizational Chart

- P – Org. chart very readable. All on one page. Focused specifically on how HSS will fit into the chart. Clearly identifies HSS positions and to whom they report. Included the FTE of each person in the report structure.

3. Litigation

- P – None reported.

4. Financial Viability

- P – Provided three audited financial statements.

5. Certificate of Insurance

- P – valid certificate was provided.

Part IV, Section III. Proposed Services

A. Administrative Requirements

- P – Uses Point in Time data to identify where services for unsheltered individuals may be needed to be shifted or expanded to.
- P – Already enrolled as a TCM provider.
- P – Bidder is an established Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency and has demonstrated compliance with all HMIS data entry procedures.

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- Bidder maintains a staffing position of an HMIS Administrator who is responsible for working alongside the Director of Homeless Services to meet all HMIS data entry and reporting requirements. A few hours a week of these positions will be focused on HSS services.
- P – Staff working in HSS will complete CE training.
- P – Utilizes electronic medical records (Credible) which can be customized to include HSS. Client level data will also be entered into the HMIS data system.
- P – Has protocols for data entry including plan to address barriers or performance issues interfering with meeting documentation deadlines.
- P – Upon receiving the award, bidder will organize a development team to ensure agency systems and practices are modified as necessary to ensure compliance with the HSS service delivery contract. Included in this development team will be a representative from each arm of the organization, including IT, Finance, the Director of Quality Improvement, the HSS Program Manager, the HMIS Administrator, and the Human Resources/Operations Director. The work of this team will include referencing the contract to identify the performance outcomes, data tracking requirements, documentation requirements and required contractual deliverables, and modifying Credible to capture the program specific data necessary.

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- P – Has entered MOUs and formal agreements in the proposed service area to ensure timely access to medical health, behavioral health, and behavioral health crisis needs and other services
- P – Bidder understands linkage processes for other services HSS participants may require to sufficiently maintain permanent housing.
- P – Has created partnerships with community-based providers that allow for timely access to assessments and services to ensure maintenance of permanent housing.
- P – Bidder's current service programs already encompass the basic principles.
- P – Will provide training on the Program Manual to program staff, the leadership team of HSS will use the manual as a reference guide to inform decision making within the program on a day-to-day basis. Will be added to the in-house training curriculum.
- P – Bidder is a current recipient of CoC funding, is well versed in the use of CE to accept referrals and facilitate matches for housing resources.
- P – HSS staff will be trained to administer Maine's Mainstream Coordinated Entry Assessment and all related releases of information and participation agreements for clients.

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- P – As openings become available within bidder's HSS program, they will be communicated directly to the HUB Coordinator by email. Through regular attendance at the HUB 7 Case Conferencing, the HSS Transition Coordinator will also communicate openings directly to community providers, including members of the PATH team.
- I – CE prioritizes clients equitably based on prioritization assessment scores only; advocating for one individual over others is outside of the scope of expectations for a provider participating in CE.
- P – has a formal agreement with City of Bangor Public Health and Community Services (BPHCS) to receive Narcan and receive in-person staff training on Narcan use. This service will extend to the HSS program. New staff receive training upon hire and prior to providing direct service, current staff receive annual refresher training.
- P – Upon receiving the award, the Director of Homeless Services for CC will organize a development team to ensure agency systems and practices are modified as necessary to ensure compliance with the HSS service delivery contract. Included in this development team will be a representative from each arm of the organization including IT, Finance, the Director of Quality Improvement, the HSS Program Manager, the HMIS Administrator, the Executive Director, and the Human Resources/Operations Director. The work of this team will include referencing the HSS contract and Housing First Program Manual to develop HSS specific policies which will inform decision making, program operations, and monitoring including a grievance and complaint process. These policies will be both developed and approved prior to HSS service provision.
- P – Policies will be adapted as necessary to align with the procedures identified within the manual.
- P – Will administer a voluntary anonymous satisfaction survey for participants on an annual basis. Assistance will only be provided to participants as requested or needed.
- P – Will develop the satisfaction survey on a timeline that will allow the survey to be provided to the department for review and approval well before the required 60 calendar days of the initial period of performance.
- P – Bidder will work alongside the participant in both accessing services and providing transportation assistance as necessary to address transportation barriers (i.e. taxi/Uber vouchers, bus passes, direct transportation.)

C. Property-based Partnerships

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- P – Focuses on strong relationship one owner with many units rather than many owners.
- P – Has formalized agreements with property owners that delineate roles and responsibilities related to repairs, operational challenges, and after-hours calls.
- P – Has developed plans to mitigate known or potential factors that can jeopardize housing.
- P – Eviction avoidance conferencing is established as needed.
- P – Only engages with owners and property managers who embrace the basic principles.
- P – Executing formal tenancy addendums between CC and the landlord for each client that consents to receiving supportive services, outlining the specific responsibilities and appropriate responses from both parties, should an incident arise.
- P – HSS staff will demonstrate unconditional positive regard and deploying progressive engagement with each participant.
- Focused on providing strong, predictable, adaptable, and reliable support services through close, authentic proximity to clients.

D. Minimum HSS Units and MOUs Requirements

- P – Has an ongoing agreement with a reliable owner specializing in providing affordable housing solutions who has agreed to earmarking a minimum of 10 units for tenants receiving HSS. Owner operates more than 100 units.
- P – Strategies to ensure the availability of ten units for the HSS program will include, but not be limited to, providing the bidder with the right to first refusal when a unit is available in the event an HSS participant needs housing, as well as regular monthly meetings to discuss the status of utilization of the ten units earmarked for HSS, any tenancy transitions that are in process, and any additional HSS program needs.
- P – Bidder will notify the Department within 7 days of any anticipated HSS unit vacancies, and will also notify the Department when a previously identified HSS unit is no longer available. In a situation where a previously identified unit is no longer available, bidder will provide a written plan to the Department to ensure that the minimum number of 10 units is available within the target area.
- P – Bidder is currently collaborating with the property owner on the structure of an HSS MOU.
- P – Upon award, the bidder will meet with the owner to update the MOU to incorporate language allowing the bidder to have access to the building for general operations and emergency situations. The updated MOU will be forwarded to the Department well before the deadline of within 30 calendar

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days of the start of the initial period of performance.

- P – For subsequent MOU, The Director of Homeless Services, with final approval from the Executive Director, will be the only individual authorized to enter an MOU with any other property manager who may be interested in joining into the effort to make HSS units available to the program. If this were to occur, the Director of Homeless Services would meet with the newly identified property manager to discuss the HSS program and principles of HSS to ensure both logistical and philosophical alignment between CC's HSS program and the property manager. If this were to result in the establishment of an MOU during the contract period, the Director of Homeless Services would work alongside the HSS Program Manager to notify the department within seven days of the execution of the MOU.
- P – If an HSS Unit utilized in this proposal becomes unavailable for any reason, including a change in property ownership, the Director of Homeless Services would notify the department within 24 business hours of being made aware of the change. If a unit becomes unavailable, the property owner would identify another housing unit that meets HSS criteria and
- dedicate that newly identified unit as one of the 10 HSS units

E. Participant Outreach Prior to Tenancy

- P – Contact information for participants and the individual that referred them to CE for a housing resource are provided to the property resource (in this case CC) immediately after a match is made. HSS staff have 5 days to attempt initial contact with the participant and provider, or BCAT/PATH if currently unsheltered/appropriate. Attempts to contact are documented within the agency's electronic medical record, Credible. After 14 days/5 attempts, the HSS Case Manager will follow up with HUB coordinator for support in locating the individual.
- P – The HSS Supervisor/Case Manager will remain in contact with the property manager to coordinate a meeting between them, the property manager, and participant to review and sign the lease and to coordinate the move-in date. The HSS Supervisor/Case Manager will work alongside any external case manager that is supporting the participant, inviting them to the initial lease signing meeting with approval from the participant.
- P – Bidder works closely with administrators for housing resources and with the HUB Coordinator and co-providers of the individual to gather required documentation.

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- P – All supporting documentation will be maintained in the participant's file, which is housed in Credible, to demonstrate their eligibility to receive Housing First services, including the appropriate correlating Condition and documentation of Chronic Homelessness, per 22 M.R.S.§20-A.

F. Programmatic Requirements

- P – Contracts with an agency for interpreter services.
- P – Knowledgeable of barriers to establishing relationships and designs services accordingly.
- P – Direct care staff consists of a combination of a full-time Supervisor/Case Manager and a full-time Permanency Specialist who will work together to adequately meet the needs of participants and assist them in building upon their independent living skills, address challenges as they arise to maintain housing, and navigate the process of accessing both MaineCare and non-MaineCare community-based services.
- P – Services provided by the HSS Supervisor/Case Manager and HSS Permanency Specialist will be in-person and provided within the participant's apartment, community, or other community-based locations (i.e. the HSS Permanency Specialist may enter the community with the participant to help them go grocery shopping, go to the bank to open a checking account, etc.).
- P – Layering in a full-time HSS Supervisor/Case Manager along with a full-time Permanency Specialist ensures consistency in staffing coverage for participants during times one of the staff members may be unavailable (i.e. vacations, training, etc.).
- P –Bidder is confident that the proposed staffing structure will be more than sufficient in delivering no less than 20 support hours per week
- P – Upon a participant's intake into the HSS program, the HSS Supervisor/Case Manager will conduct a thorough review of the participant's formal and informal support system which will include, but not be limited to, capturing a list of all ancillary supports/formal service providers, contact information for each provider, and detailed description of services provided.
- P – In a situation in which the participant does not have an external case manager, this information will be captured in the initial comprehensive assessment. When the participant has an external case manager, this information will be added as an addendum to the assessment provided by the external case manager. This information will be referenced when completing the initial service plan to ensure HSS does not duplicate other services received by the participant.

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- P – Upon a new participant's entry into the program, MaineCare will be checked to determine their eligibility for MaineCare services and educate the participant on their eligibility and service options.
- P – In the event a participant does not have an established case manager, CC will present case management options to the participant. If the participant is interested in CC's case management program, the HSS Supervisor/Case Manager will make an in-house referral. This process will include the submission of a MaineCare authorization which will assist CC in avoiding any duplication of services
- P – It will be the responsibility of the HSS Supervisor/Case Manager to ensure MaineCare billable services are billed to MaineCare and will work with the participant to pull in existing MaineCare service providers to maximize their service delivery. For example, if it is determined that a participant has an external case manager, or is working with a case manager through CC's case management program, and a need arises in which a case manager would typically assist, HSS program staff will either encourage the participant to reach out to their case manager and/or will assist the participant in reaching out to the case manager to enlist their support.
- P – HSS staff are trained on how to watch for self-sabotage, and empowered to prioritize their availability in real-time to always lean into the most urgent needs on their caseloads.
- P – Small caseloads, maximum opportunities for face-to-face encounters.
- P – Upon award and upon release of the HSS program manual, CC will develop policies and procedures. While all programmatic policies and procedures will be presented to DHHS for review, policies and procedures not delivered in person will be highlighted to allow for these procedures to be easily identified. However, at the time of this proposal, bidder anticipates providing all services in-person.
- P – Upon participants assuming tenancy, the HSS Supervisor/Case Manager will learn from each participant their day-to-day schedule to assess the availability of each participant to receive HSS services. The HSS Permanency Specialist will remain updated on each participant's availability and will draw upon this information to identify times for service provision, groups, etc. that best meet the scheduling needs of participants.
- P – When scheduling individual support sessions, HSS staff will ask the participant what times would work the best for them and will schedule accordingly around their availability.

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- P – Each participant will receive a Welcome Packet upon entry into the bidder's HSS Program. The Welcome Packet will include a flyer announcing the opportunity to volunteer with in the HSS Program. The flyer will outline volunteer opportunities which will include, but will not be limited to, the following: Volunteering as a co-facilitator alongside an HSS program staff member to co-lead recreational and skill building groups; Volunteering as a peer mentor for other participants entering the program; and Volunteering to be an ambassador of HSS by educating their peers about the availability of HSS services.

G. Housing Stability Services (HSS

- P – HSS will be provided by the governing principles of Motivational Interviewing (MI), an intervention model which is grounded in a person-centered, strengths-based approach where the participant rather than the staff member who states the need for change. MI consists of guiding principles to activate a person's own motivation and desire for change.
- P – Provided example of an MI intervention.
- P – The HSS Program Manager, HSS Supervisor/Case Manager and HSS Permanency Specialist will attend Stephen Andrew's Foundational Motivational Interviewing (MI) training upon hire - and will be signed up for the first training opportunity available after their start date. In the interim, staff will receive an overview to MI during the initial orientation.
- P – Bidder recognizes the importance of establishing a trusting relationship with consumers as the first step in their journey towards stabilization. Trusting relationships will be formed by a.) Reaching out and engaging tenants in a nonjudgmental manner to build rapport and encourage participation; b.) Ensuring tenants feel safe within the property and around HSS staff as a stepping stone towards a trusting relationship; c.) Providing individual emotional support; and d.) Flexing and adapting to meet tenants' needs
- P – In a situation where a participant is not initially interested in participating in HSS supportive services, program staff will make an effort to establish rapport with those individuals through regular interactions, inviting them to participate in HSS events, making an effort during casual encounters to express interest in their well-being, and creatively explore strategies to help them feel a sense of belonging within the HSS community. Through regular engagement, participants may gradually become more at ease with accessing support services provided by HSS.
- P – HSS staff will link participants with MaineCare by assisting the participant in calling DHHS to apply over the phone and/or filling out the applicable application form with the participant, helping to the extent requested and found

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helpful by the participant. HSS staff will work alongside the participant to monitor the status of the MaineCare application, including helping the participant monitor the status of the application through the online portal or calling DHHS to check on the status. HSS staff will assist the participant as appropriate in providing the necessary supporting documentation to determine eligibility. Once participants obtain MaineCare coverage, HSS staff will encourage participants to let them know when they receive correspondence from DHHS and assist the participant in responding accordingly to allow them to maintain coverage. The HSS Supervisor/Case Manager will document all efforts in a progress note in Credible (and HMIS as appropriate).

- P – HSS staff will link participants with MaineCare services by educating the participant about various providers/programs, including education on MaineCare services offered by bidder, assisting the participant in making the referral phone call with the participant and/or filling out the applicable application form with the participant, offering assistance as requested by the participant.
- P – Bidder is a TCM provider and will provide TCM and/or Behavioral Health/Community Integration services on-site for those tenants interested in selecting CC as their provider.
- P – HSS staff will provide hands on assistance in completing necessary applications and making necessary phone calls to help link participants with needed social services and benefits. Participants will be linked with benefits and services pertaining to, but not limited to, social security disability, transportation, food access, employment programs, and low-income benefit programs.
- P – HSS staff will be trained in SOAR to provide them with the knowledge and skills to assist tenants in accessing the Social Security Administration's SSI and SSDI programs. When assisting tenants in accessing social security disability, bidder will rely upon an existing collaboration with a law firm who can aid the individual in a situation of denial. The HSS Supervisor/Case Manager will document all efforts in a progress note in Credible (and HMIS as appropriate).
- P – Bidderh as entered into MOU's with a variety of community-based health and behavioral health organizations as a strategy to effectively and efficiently link participants with needed services including substance use treatment, harm reduction, and healthcare.
- P – Bidder is a provider of a variety of services in which participants will also
- have access (i.e. medication management, outpatient therapy, targeted case management, etc.).

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- P – It will be the role of HSS Supervisor/Case Manager to partner with participants to assess need for services, educate the participant on service options, and offer hands-on support in linking the participant with services by aiding in making the referral phone call and/or completing any necessary referral paperwork – at each stage following the lead of the participant and offering support to the extent the comfort level of the participant. The HSS Supervisor/Case Manager will document all efforts in a progress note in Credible (and HMIS as appropriate.)
- P – Welcome Packet will include a list of resources to address service needs that may arise throughout their participation in the program. This resource list will be laminated with magnets adhered to the back to allow for placement on the participants' refrigerator for easy reference. The resource list will include, but not be limited to, contact information to the Maine Opportunity Alliance Crisis Line 56-1112), accessing crisis support through CHCS's crisis program, local emergency rooms, the National Suicide Hotline, and the local intimate partner violence hotline serving Hub 7.
- P – Each participant will receive an assessment upon entering the
- HSS program by program staff and/or will have an assessment conducted by an external case manager. Participants will be offered opportunities to engage in skill building activities on a oneto-one basis with their HSS Permanency Specialist and will also be invited to participate in groups consisting of other program participants and facilitated by HSS program staff. Skill building opportunities that directly align with needs identified in the participant's assessment will be strongly encouraged, understanding and accepting that participation is 100% voluntary.
- P – Curriculum of independent living skills has been developed; topics include Rent Smart Money Management, Healthy Cooking Shopping on a Budget, Strategies to Maintain a Clean Home, Personal Hygiene Maintaining a Safe Home, Organizational Strategies.
- P – Upon award, bidder will locate a site to be used for groups that is in a central proximity to the 10 HSS units. Program staff will work with participants to address transportation barriers to ensure that those participants interested in attending are able to attend.
- P – Orientation: Upon referral and enrollment into CC's HSS program, the HSS Supervisor/Case Manager will hold the initial orientation meeting with the participant to allow for introductions and an orientation to the program which will be guided by an orientation checklist. Orientation topics reflected on the checklist will include a thorough description of the supportive services offered through the HSS program including peer support services, discussion of the

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assessment and individual service planning process, the voluntary nature of participation in services, how to remain abreast of groups/activity offerings, the role of the HSS Permanency Specialist, opportunity for volunteerism, and a review of the Welcome Packet including what to do during times of crisis. The participant will sign the orientation checklist including being asked to check a box indicating they understand that participation in services is voluntary.

- P – Move-in Assistance: This assistance has included providing hands-on assistance to participants in the move-in process, including packing and moving boxes and furniture, apartment set-up, shopping for essential items, and daily check-ins over the first few days until they are settled into their unit. HSS program staff will offer this same level of move-in assistance – deferring to the participant on how much support they would like to receive.
- I – Bidders experience is that the chronically homeless population have few healthy support options within their support network, and often heavily rely on program staff to fill this void. Program staff will be trained during initial orientation as to how vital this level of support is within the program.
- P – Lease Comprehension: During the first session between the participant and HSS Permanency Specialist, the Permanency Specialist will present a copy of the lease to the participant and assess the participant's level of comprehension of each section of the lease – providing concrete examples under each section to help make the lease more understandable. The Permanency Specialist will document this action step in their contact note in the participant's record.
- P – Mediation: mediating dialogue and conflict between the participant and landlord. When the needs of the participant and needs and demands of the landlord/property manager do not align. When this occurs, HSS staff will provide mediation to close this divide to avoid possible eviction and improve the relationship between the tenant and landlord/property manager.
- P – Peer Support: The Welcome Packet provided to the participant will include a description about peer support available through a volunteer, including participant volunteers. Additionally, this service will be explained during the initial orientation facilitated by the HSS Supervisor/Case Manager. This request will be documented in the contact note for that session, and the Permanency Specialist will notify the Supervisor/Case Manager of the request within 24 hours. The Permanency Specialist will keep the participant updated on the status of the request until which time the Peer Support service begins. The Permanency Specialist will document the start date of Peer Support services in the participant's record.
- P - Behavioral Health Crisis Services: Participants will be informed about the availability of behavioral health crisis services in the initial orientation (which will

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be reflected on the initial orientation checklist). Additionally, this resource will be included on the resource list provided in the Welcome Packet. There will be a discussion gaining the participants' insight into what a crisis looks like for them, crisis they may have experienced in the past, and what to expect when they call crisis. During this conversation, the participant will also be made aware of bidder's HSS 24/7 phone line, providing education on when to call crisis versus when to seek support through bidder's HSS 24/7 phone line.

- P – HSS program will provide harm reduction services through the following strategies: Providing opportunities for participants to participate in healthy activities, Ensuring Naloxone is always accessible to staff, Providing items to participants to aid in harm reduction, Assisting participants in the safe disposal of medication.
- P – Via MOU bidder will enlist harm reduction support services from Wabanaki Public Health, linking participants with their services and inviting Wabanaki Public Health staff in facilitating groups and activities.
- P – Will link participants with a Syringe Service Program through Wabanaki Public Health and Needle Point Sanctuary.
- P – Has capacity to effectively train HSS program staff on how to provide all aspects of case management services, from transferring knowledge about available resources to benefit programs and advocacy strategies. As a
- P – Is an experienced case management provider. The Program Director of Case Management Services (bidder's in-house expert in case management, benefits, and community-based services) will serve as a resource for HSS program staff.
- P – Bidder has carefully designed the HSS staffing structure to ensuring staff capacity to provide case management services – building in a full-time blended position of a Supervisor and Case Manager. The HSS Supervisor/Case Manager will be responsible for meeting the case management needs of all HSS participants until which time they are connected to another case manager. One of the roles of this position will be to educate the participant on options for an external case manager, assisting in referring the participant to the case management agency of their choosing – with bidder's case management program serving as one of those options. When the external case manager begins working with the participant, the Supervisor/Case Manager will facilitate a warm hand-off to the case manager after the appropriate release of information is signed by the participant – joining with the participant in providing an update for the external case manager on case management activities that have occurred to date, reviewing the individual service plan, status on progress, any assessments that have been completed, and other pertinent

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information. During this encounter with the external case manager, the Supervisor/Case Manager will provide an orientation to the HSS program including the HSS basic principles.

- P – It will be the responsibility of the HSS Supervisor/Case Manager to assess whether a needs assessment of the participant's existing ancillary supports and natural supports has been conducted by an external case manager/provider. In the event an assessment has been completed by an external provider, the Supervisor/Case Manager will obtain written consent from the participant and will request the assessment from the rendering provider. This assessment will be scanned into the participant's record in Credible. If an assessment has not been completed by an external provider, the Supervisor/Case Manager will complete the initial assessment within 30 calendar days of the participant's request to begin HSS. This assessment will be completed in Credible.
- P – The Supervisor/Case Manager will review the completed assessment with the participant allowing them the opportunity to together develop the participant's individual service plan to ensure a direct correlation between the needs identified within the assessment and the participant's service plan goals.
- P - The HSS Supervisor/Case Manager will complete an Arizona assessment at entry and quarterly thereafter to identify independent living/soft skills that the individuals feel are most important to work on. HSS Permanency Specialist can then join with individuals to work on those specific objectives.
- P – It will be the responsibility of the Supervisor/Case Manager to ensure an updated assessment occurs quarterly after the initial assessment, a frequency greater than the minimal annual requirement. If the assessment has occurred by an external provider, the Supervisor/Case Manager will obtain written consent from the participant and will request the assessment from the rendering provider, scanning the assessment into the participant's record in Credible. If an assessment has not occurred, the Supervisor/Case Manager will complete an updated assessment, ensuring this assessment is completed no later than one year after the initial assessment. The Supervisor/Case Manager will review the updated assessment with the participant and partner with them to utilize that information to update the individual service plan no less than annually. When strategizing goals with participants, the Supervisor/Case Manager will be trained on a strengths-based, person-centered approach – drawing upon the principles of Motivational Interviewing
- P – Bidders Electronic record system will be modified to include required HSS individual service plan requirements.
- P – Standardized assessments will be utilized.

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- P –Bidder has learned that timing to engage individuals who may be experiencing a lack of stabilization is essential. A strategy during this stabilization period is to join with the participantto learn their triggers before they experience one. By joining with the participant in creating an individual crisis plan, HSS staff will become aware of these triggers and subsequent reactions, and can therefore more effectively assist in intervening before they enter a crisis state.
- P – The development of this crisis plan will occur as a part of the individual service planning process and will be facilitated by the Supervisor/Case Manager. The Permanency Specialist will review each crisis plan to prepare them to help participants avoid those crisis states.
- P – The crisis plan, which will be a part of the service plan, will be completed in partnership with the participant in a manner that is easily understood by the participant, signed by the participant and Supervisor/Case Manager, and will become part of the tenant's chart.
- P – Bidder will use Credible, the electronic medical record, to appropriately maintain each service/crisis plan.
- P – The Supervisor/Case Manager will provide the participant with a copy of the service/crisis plan and review it with them once completed, holding subsequent discussions as needed with the participant to serve as a reminder and/or to make necessary revisions (which will be updated no less than annually.)
- P – The mitigation plan will provide a structured, compassionate, and comprehensive approach to addressing the unique needs of each participant.
- P – The mitigation plan will include historical barriers in maintaining permanent housing and effective mitigation strategies to each identified barrier; Current barriers to maintaining permanent housing and effective mitigation strategies to each identified barrier; Identification of the participants strengths and how those strengths can serve as a protective factor to mitigate barriers; and a chart reflecting the participant's formal and informal support system to clearly depict supports that can be drawn upon to mitigate barriers as they arise.
- P – This mitigation plan will serve as a guide for program staff in assisting the participant in navigating through any situation that may arise as it pertains to maintaining tenancy.
- P – An additional strategy to mitigate barriers will be conducting quarterly assessments and making frequent updates to the service plan. One value to quarterly assessments and service plans is that they provide more opportunity to recognize success. Goals can be broken into more manageable, incremental

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steps, almost building a parallel progressive engagement path for larger challenges.

- P –U pon award, bidder will immediately convene a development
- committee who will be responsible for developing all facets of the HSS program, including creating programmatic procedures and adapting policies as necessary to govern program operations. These procedures will include, but not be limited to, procedures for conducting/adopting external assessments for participants, completing individualized service/crisis/mitigation plans, and all completion of all other service-related documentation. These procedures and policies will remain in draft form until which time the HSS program manual is published and made available.
- P – When the HSS program manual is received, it will be the responsibility of the Director of Homeless Services to carefully review the HSS program manual and cross reference the manual to the policies and procedures that have been drafted by the committee. The Director of Homeless Services will reconvene the committee to review together the HSS program manual, providing a detailed overview of her review as it pertains to any discrepancies. The group will subsequently make necessary revisions and/or draft additional procedures. Only after this juncture will the policies and procedures be sent to the Executive Director for review and then to the Board of Directors for review prior to being adopted and implemented into the program.

H. Staffing

- P – Bidder will provide 24/7 on-call support for participants 365 days a year through the 24/7 phone line to bidder's homeless service program. This phone line will serve as the initial point of contact, and staff will be trained on how to appropriately triage calls. CC will maintain a secondary HSS specific on-call tier which will consist of HSS program staff and that the support staff from the primary tier will access as needed, depending on the situation. In the event on-site support is needed, HSS program staff from the secondary on-call tier will be the individuals to respond.
- P – Bidder has devised a multidisciplinary team of direct service providers and clinical/non-clinical supervisors to meet both the diverse needs of participants and the clinical/administrative supervision needs of program staff.
- P – All program staff will have lived experience with homelessness or at the very minimum, will have at least one year providing direct services to individuals experiencing homelessness.
- Bidder's supervisory infrastructure will meet both the clinical and administrative

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RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 7
BIDDER NAME: Community Care
DATE: 10/24/2025,10/30/2025, 11/7/2025, 11/10/2025
EVALUATOR NAME: Michael Labua
EVALUATOR DEPARTMENT: DHHS: Office of Behavioral Health

- supervisory needs of program staff. Clinical supervision will be provided by the Clinical Director, including training on Motivational Interviewing.
- P – Group supervision for program staff each week for one-hour which all program staff will attend –including the HSS Program Manager. individual supervision as needed
- P – Program staff will meet with their direct administrative supervisor once per week for the purposes of receiving support, case supervision, addressing any safety issues, identifying and strategizing barriers being encountered in meeting participant needs, and any/all aspects to service delivery.
- P – The staffing structure accommodates the provision of HSS support services in-person 20 hours per week across the program/across the 10 units, including a combination of groups and individual support. The staffing structure also allows for the provision of case management services, building case management capacity into the program for the situation in which an external case manager isn't yet involved.
- P - The staffing plan has built in safe guards to offer reinforcement during times any of the staffing positions may become unavailable, such as during times of vacation, ensuring that the supervisor of that position has the qualifications and training necessary to cover for their supervisee as needed – allowing ample coverage for participants at all times.
- P – In addition to receiving regular clinical and administrative supervision, program staff will participate in ongoing professional development by 1.) Participating in ongoing HSS program specific training and/or training to enhance their knowledge and skills in meeting the needs of HSS participants and 2.) Working with their administrative supervisor to draft a professional development plan which includes professional development goals and strategies. The supervisor will work alongside the supervisee to help them operationalize the learning strategies reflected in the plan, and will offer feedback as appropriate to assist the staff member in assessing progress towards their goals.
- P – Upon award, bidder will incorporate the training requirements for HSS program into RELIAS. This training platform allows for a forum where online training can be taken and where all training (online, in-seat, and external training) are documented once completed. Reports can be run in RELIAS capturing information including, but not limited to, the staff name, training name, trainer, date of training, training duration, etc. This report function allows the Program Manager to ensure program staff receive all required training within the required timelines.

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- P – HSS staff will participate in an initial orientation upon hire and prior to providing HSS services in addition to receiving ongoing training. It is the responsibility of the Program Manager, in partnership with the HR/Operations Director, to ensure all HSS staff training requirements are met within the required timelines. Training reports for each HSS staff can be made available to the Department by request.
- P – Recruits a diverse team of staff, including individuals with lived experience including, but not limited to, experience with homelessness, mental health, in recovery, or from an underserved or marginalized community.
- P – Program staff, through their diverse representation and through staff training, will possess the skills necessary to meet the unique cultural and communication needs of HSS participants. When language poses as a barrier, CC will draw upon interpreter services to facilitate communication.
- P – Bidder has experience in recruiting and maintaining volunteers through our Open Table program, a volunteer-based program to support individuals experiencing homelessness. Bidder will draw upon the expertise we have gained in this program to recruit volunteers to provide peer support for participants, serving as mentors and role models. Volunteers will include HSS program participants who will be made aware of volunteer opportunities by program staff, through a flyer that will be in their Welcome Packet, and through announcements at groups. Strategies to recruit volunteers will include, but not be limited to, creating appealing and informative volunteer recruitment flyers, disseminating flyers through social media, posting flyers at locations throughout the community, through presentations throughout the community, by word of mouth, and through tabling events.

I. Participant Tracking and Confidentiality Requirements

- P – As a current HMIS Participant, bidder is adept at working alongside the HMIS Lead Agency, Maine State Housing Authority (MSHA), to successfully perform our role as it pertains to data collection within HMIS and will continue to follow the lead of MSHA to ensure appropriate data collection within HMIS for HSS.
- P – HSS staff will be required to enter contact notes, assessments, releases, and entry/exit documentation into Credible within 24 hours of service delivery. The following business day, the HMIS Administrator conducts a documentation review and at that time conducts a transfer of necessary data elements to HMIS upon verifying receipt of the participant permission signature form. All HMIS required documentation has been digitized and added to CC's Credible library to allow for the ease of transference of data. The Program Manager is responsible for ensuring all data elements are appropriately recorded within

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established timeframes in HMIS.. Per CoC CE policies, this HMIS data entry permission is captured at the time of referral to CE and is currently valid for a time of two years. In the event an individual elects not to permit data sharing amongst providers of CoC funded services, CC will facilitate the process to lock down a client's CC file to other providers, but will continue to fully complete all required fields in HMIS, as outlined in the relevant Support Services Only (SSO) HMIS guide.

- P – Bidder will continue to work alongside our insurance agency to obtain and maintain the necessary insurance as outlined in the State of Maine IT-Service Contract under Rider B-IT, Section 19.
- P – Bidder will maintain valid insurance throughout the terms of a service contract with the Department and will provide up to date copies of the ACCORD Form upon request.
- P – Bidder has created policies and procedures that are equivalent to MaineIT policies for Rules of Behavior (PL-4), Risk Assessment Policy and Procedures (RA-1) and Vulnerability Scanning Procedures (RA-5) – including, but not limited to, policies relating to access of PHI and the use of technology that set expectations we believe closely mirror those in the referenced State of Maine policies. All technology that contains PHI and is expected to be removed from a Community Care office location (laptops, phones, etc.) is encrypted and all connections made from outside of Bidder's internal network are secured using TLS/SSL. All employees are given training at the time of hire, going over bidder's expectations pertaining to use of technology and access of PHI.
- I – Bidder does not currently use an external partner for vulnerability scanning but follows best practices when implementing technology resources. All systems are reviewed monthly and updated as needed.
- P – Bidder will rely upon their current Confidentiality and HIPAA policies and procedures, and the quality assurance measures taken by their HIPAA Compliance Officer, to ensure confidential information complies with all applicable State and Federal confidentiality, privacy, and security laws, regulations, and/or rules.
- Bidder's current policies, procedures, and practices comply with all state and federal laws regarding the protection of confidential and/or sensitive information, including detailed steps to be followed in the event of unauthorized access or disclosure which include notification to the individual. All staff are trained in these policies and procedures throughout new hire orientation and annually thereafter.

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- P – Current contract holder of multiple services with the department, CC's current policies, procedures, and practices comply with the requirements outlined in the State of Maine IT-Service Contract.
- P – Bidder understands that the State will not consume any awarded Bidder's applications, but the awarded Bidder will consume one/more State application.
- P – Bidder maintains a supervisory infrastructure that allows for diligent program oversight, including thorough and timely response to critical incidents that may occur within programs.
- Bidder's critical incident process will consist of the following:a.) Upon receiving the HSS Program Manual, the Director of Homeless Services with assistance from the Director of Quality Improvement will draft a Critical Incident Reporting policy prior to program start-up (refer to Implementation Plan for further detail on timeline for the drafting of policies and subsequent approval); b.) The Director of Homeless Services will incorporate training on this policy into the program specific training; c.) All program staff will be trained on the Critical Incident Reporting policy during initial orientation; andd.) HSS leadership staff will ensure compliance to all aspects of the policy through day-to-day oversight and regular supervision.
- The Critical Incident Reporting policy will include, but not be limited to: Defining a critical incident as described by the HSS Program Manual; Reporting timeline as described by the HSS Program Manual; and Steps to be taken to notify the department of critical incidents within established timelines and through established procedures as described by the HSS Program Manual.

J. Performance Measures

- P – Upon award, bidder will enlist the expertise of the IT Department to identify the strategy to collect and track the measurements listed in Table 1. This process will occur by inviting the IT team to join the development meetings which will be initiated upon award by the Director of Homeless Services. This tracking system will be developed prior to the start of program implementation and will be used to meet the reporting requirements of Table 1. This process has proven effective across the numerous program start-ups of CC.
- P – Bidder will partner with the Department on reviewing Program Outcomes including those outcomes identified in Table 1 - strategizing barriers and changes necessary to ensure outcomes are met. Bidder will incorporate performance measures into bidder's agency wide Quality Improvement Plan and Quality Improvement Process to monitor success in obtaining outcome measures.
- P – Bidder will provide additional information to the Department upon

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- their request.
- P – As a contract holder for several DHHS services, bidder is fully aware of the reporting requirements to DHHS as it pertains to their ability to oversee services and contract performance. To meet these reporting requirements, bidder has created the position of Director of Quality Improvement who is charged with fulfilling these reporting requirements with assistance from other individuals and departments within the agency (i.e. the respective Program Director, Finance Manager, etc.)

K. Reports

- P –
- P – Data collection, report compilation, and examining data allows bidder to ensure quality assurance, carry out their Quality Improvement Plan, meet contractual requirements, maintain national accreditation standards, manage programmatic fiscal health, and meet all reporting requirements required by each contract held with the Department and other entities.
- P – Provided details on who will be responsible for each report/on-site visit,
- strategy for tracking/recording data, and the timeline of each report.

2. Staffing

- P – Provided job descriptions and justifications for all HSS positions including time allocation and specific tasks of each position.
- P – The Clinical Director is responsible for all initial and ongoing training for program staff, weekly group clinical supervision, and individual clinical consultation as needed. This position is essential in meeting the training and clinical supervision needs of HSS staff and for clinical expertise as needed to best meet the needs of HSS participants.
- P – The Director of Homeless Services serves as the project lead for HSS and is responsible for program oversight to ensure all contractual expectations and program requirements are met. This individual also serves as the primary contact with DHHS in the administration of the HSS contract. This position is essential to ensure contractual compliance and effective collaboration with the Department in the delivery of services
- P – The Assistant Director of Community-based Housing oversees operations within HSS to establish and maintain collaborations with landlords/property managers, ensure compliance to all policies/procedures, and ensures sufficient staff support and oversight. This position is essential in promoting community-based housing programs, remaining abreast of rules/regulations pertaining to housing, and developing/maintaining collaborations with property managers/landlords.

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- P – The HSS Program Manager provides support and supervision to the HSS Supervisor/Case Manager to ensure all job responsibilities are satisfactorily performed. The HSS Program Manager works alongside the HSS Supervisor/Case Manager to strategize barriers that arise when supporting HSS participants. This position is essential to ensure the case management needs of HSS participants are met and to ensure that the HSS Supervisor/Case Manager provides sufficient supervisory support for the HSS Permanency Specialist.
- P – The HSS Supervisor/Case Manager conducts the initial welcome meeting/intake with HSS participants, conducts initial and updated assessments, and/or gathers any existing external assessments upon program entry, and works alongside the HSS participant to complete the service plan. The HSS Supervisor/Case Manager also supervises the HSS Permanency Specialist to support them in their efforts to assist the HSS participant in achieving their goals and maintaining housing. This position is essential to meet the case management needs of HSS participants, collaborate with external service providers, and to provide the capacity necessary to provide supervisory support for the HSS Permanency Specialist.
- P – The HSS Permanency Specialist is responsible for the day-to-day support of each HSS participant, providing supportive services through in-person individual support sessions within the participant's home/community, assisting participants in accomplishing tasks, providing skill-building groups, and engaging HSS participants in recreational activities as a group. This individual will serve as the primary support for HSS participants, working alongside them each step of the way in maintaining housing and achieving their goals. The HSS Permanency Specialist will ensure a presence with all HSS participants, including those who may have yet expressed an interest in engaging in supportive services, with the goal of engaging the participant in the supportive services component of the program. This position is essential to provide in-person support services to each participant.
- P – The HMIS Administrator provides administrative support and all HMIS related tasks for the HSS program. The HMIS Administrator is essential to ensure adherence to HMIS reporting requirements and to provide other administrative support for the program.
- P – Bidder will not utilize subcontractors or consultants to deliver this service.

3. Implementation - Work Plan

- P – Provided a detailed workplan with required elements.

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
- Bidder has submitted all required eligibility documents with Executive Director signature - Bidder indicates they do not have any financial interest in the HSS properties - Bidder has identified property management entity with multiple property sites (4). - Bidder has identified the minimum 10 required HSS units - All identified HSS units are tenant-based rental assistance units - Bidder's property owner entity did not complete the Letter of Commitment form in it's entirety, missing question #3. - Bidder's identified property #1 is confirmed to have 5 units in the property - Bidder's identified property #2 is confirmed to have 5 units in the property - Bidder's identified property #3 is confirmed to have 4 units in the property - Bidder's identified property #4 is confirmed to have 10 units in the property

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
- Bidder detailed their experience in working with individuals and families - Bidder has been established since 1995 - Bidder detailed their variety of funding sources - Bidder indicated their experience with supportive individuals experiencing homelessness, and chronic homelessness. - Bidder indicated they hold the Youth Homeless Continuum of Care contract for Central/Northern Maine - Bidder provided a breakdown of individuals served in their programming for the last 3 years and year to date for 2025. - Bidder indicated in Project One that they have provided Targeted Case Management since 2007. - Bidder indicated in Project One that they have worked alongside a Shelter Plus Care program to provide targeted case management - Bidder indicated that they have received referrals for Project One from the homeless shelter, and general assistance program. - Bidder indicated Project Two as transitional housing rapid rehousing program for youth experiencing homelessness

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- Bidder's Project Two identifies partnerships utilized in this program - Bidder's Project Two included a participant to be contacted as a reference. - Bidder's Project Three indicates volunteer incorporation into homeless services - Bidder detailed their experience in this volunteer model.
2. Project Team Organizational Chart
- Bidder met requirements - Bidder provided agency organizational chart that delineates where services under this RFP will be located and the staff supporting it. - Bidder provided anticipated job roles within the organizational chart for the services under this RFP.
3. Litigation
- Bidder met requirements, no current litigation
4. Financial Viability
- Bidder provided financial audits for 2022, 2023, 2024 - Bidder's 2023 financial audit indicated a significant deficiency finding in internal control - Bidder provided planned corrective action on audit finding
5. Certificate of Insurance
- Bidder met requirements - Bidder included certificate of insurance 9/15/2025-9/25/2026

Part IV, Section III. Proposed Services
A. Administrative Requirements
- Bidder met requirements - Bidder provided Point In Time count data to support the need in the identified area of proposed services - Bidder indicated the proposed service area has the most individuals who are unsheltered. - Bidder provided data on the disparity in available resources in the identified area - Bidder referenced their data sources.
- Bidder met requirements - Bidder indicated they have embraced the basic principles of Housing First - Bidder indicated when the program manual becomes available program leadership will review and adjust their approach accordingly to match the Departments - Bidder indicated they will incorporate the requirements into a training curriculum. - Bidder indicated they will utilize the manual to inform decision making within the program

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- Bidder met requirements - Bidder indicated they are an established member of the Maine CoC and participates in quarterly member meetings - Bidder indicated they're also on sub-committees of the Maine Coc - Bidder indicated their executive director is the co-chair of the Region III Statewide Homeless Council - Bidder indicated that they are well versed in the use of coordinated entry to accept referrals and facilitate matches for housing resources - Bidder indicated information will be inputted into HMIS within 24 hours when administering coordinated entry assessments - Bidder detailed process for ensuring individuals receiving coordinated entry assessments through there agency is added to the by-name list. - Bidder detailed how they would communicate when openings become available in this service provision. - Bidder indicated an understanding that CE prioritizes assessment scores and advocating for an individual is outside of the scope of expectations for a provider participating in CE .
- Bidder met requirements - Bidder identified a formal agreement with a naloxone provider to receive narcan and in-person training. - Bidder indicated the agreement ensures ongoing commitment of naloxone provider to maintain on-going supply to bidder - Bidder identified staff person responsible for coordinating the initial training of program staff, annual training. - Bidder maintains training record within RELIAS system
- Bidder met requirements - Bidder indicated upon receiving the award, a designated staff person will organize a development team to ensure agency systems and practices are modified as necessary to ensure compliance - Bidder indicated there will be grievance and complaint process policies developed and approved prior to service provision - Bidder indicated that if the program manual is not available at the time of policy creation, the bidder will reconvene to cross reference the published manual with existing policies. - Bidder indicated that their modified policies will be presented to the Board of Directors for review and approval - Bidder referenced attachment 10 work plan for timeline on creation of policies.
- Bidder met requirements

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- Bidder identified the staff responsible for administering the voluntary anonymous satisfaction surveys for participants
- Bidder indicated they will administer surveys on an annual basis
- Bidder provided an example of how they will assist a participant in completing the survey, if requested
- Bidder indicated timeline for satisfaction survey development in attachment 10 work plan
- Bidder detailed how they intend to develop and provide the Department the satisfaction survey within the sixty calendar days of the initial period of performance.

- Bidder met requirements
- Bidder indicated their electronic medical record for client documentation/tracking
- Bidder indicated they would also use HMIS to record data elements
- Bidder identified staff responsible for ensuring documentation
- Bidder indicated upon award an identified staff will convene a development team to modify the electronic medical record to capture the program specific data

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- Bidder met requirements
- Bidder indicated that they have entered into MOUs and formal agreements in the proposed service area
- Bidder provided list of formal agreements, informal relationships and MOUs
- Bidder indicated the services provided by each agency in which they have a relationship with
- Bidder provided additional list of services to which are available for participants and how they would facilitate referrals.
- Bidder included MOU attachments reflecting their partnerships and anticipated services provided by agencies.
- Bidder met requirements
- Bidder provided list of organizations they have collaborated with in the past three decades.
- Bidder indicated list is not all inclusive
- Bidder included services provided by organizations to which are listed as partners
- Bidder met requirements
- Bidder referenced past education to PATH regarding a previous youth project
- Bidder detailed education occurring through initial and ongoing conversations with providers
- Bidder indicated continue educating community based providers with the same approach.

C. Property-based Partnerships

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- Bidder met requirements - Bidder detailed a workshop they attended specific to securing reliable relationships with landlords and property managers - Bidder indicated they provided education on Housing First when engaging landlords. - Bidder detailed the conversation with an identified property manager - Bidder outlined the formalized agreement between the bidder and property manager delineating roles and responsibilities - Bidder indicated their preferred practice is to not enter into a supportive services tenancy agreement unless the property manager is willing to center around Housing First principles. - Bidder indicated they will ensure a one-to-one conversation with the landlord/property manager prior to the first participant signing a lease, at least once annually thereafter, and when there are new property associated staff hired. - Bidder indicated the Housing First principles will be attached to each lease
- Bidder met requirements - Bidder detailed common reasons for eviction and their planned mitigation strategy for each reason. - Bidder indicated their formal eviction rate as 0% in another program operating for three years. - Bidder indicated that they have formal tenancy addendums that outline the specific responsibilities and appropriate responses from each party.
D. Minimum HSS Units and MOUs Requirements
- Bidder partially met requirements - Bidder indicated a three year long collaboration with the identified property management entity - Bidder indicated that they have worked with the property management entity to ensure there are a minimum of ten of their housing units earmarked for this program - Bidder provided detailed background on property management company's experience - Bidder outlined strategies discussed between bidder and property manager on how to ensure the availability of ten units - Bidder indicated monthly meetings between bidder and property manager to discuss status of the units - Bidder indicated they will notify the Department within 7 days of any anticipated unit vacancies and when a previously identified unit is no longer available. - Bidder did not indicate engaging new property managers to ensure 10 unit minimum. - Bidder provided MOU with identified property management entity - Bidder indicated they would modify MOU as necessary to reflect contract language upon award.

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- Bidder indicated they would have an updated MOU for the Department within the 30 days of the initial period of performance.
- Bidder met requirements
- Bidder identified the staff in which will be responsible for enter into MOUs with other property managers
- Bidder detailed how the identified staff will engage property managers and execute MOU
- Bidder indicated if a new MOU is established then the program manager would notify the department within seven days of the execution

- Bidder met requirements
- Bidder indicated that if there were changes to the units including property ownership, the bidder would notify the department within 24 business hours of being made aware of the change.
- Bidder indicated that their proposed property management entity owns and operates an extensive number of housing units and they would work with the property management entity to identify another housing unit that meets service criteria if a unit were to become unavailable.

E. Participant Outreach Prior to Tenancy

- Bidder met requirements
- Bidder detailed the timeline in which they outreach the referred individual.
- Bidder indicated that if there is difficulty reaching the individual within 14 days or 5 attempts, the staff will follow up with the Hub coordinator for assistance
- Bidder indicated there will contact during this period with the property manager to coordinate lease signage and move in date
- Bidder indicated they'd work with any external case manager by inviting them to initial lease signing meeting, with approval from the participant
- Bidder provided an example of how they would gather supporting documentation based on eligibility requirements
- Bidder indicated all supporting documentation will be maintained in the participants file.

F. Programmatic Requirements

- Bidder partially met requirements
- Bidder indicated they have an existing contract for interpreter services
- Bidder indicated they have administrative support
- Bidder did not address accessibility explicitly
- Bidder met requirements
- Bidder detailed their staffing pattern to ensure at least 20 hours available per week to meet the needs of program participants

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- Bidder indicated two full time staff dedicated to the program - Bidder indicated the services will be provided in person within the participants apartment, the community or other community based locations - Bidder detailed examples of support services - Bidder detailed recreational groups and skill building groups as examples of services offered - Bidder indicated having two fulltime staff ensures consistency in staffing coverage - Bidder indicated their experience with direct staff without any supervisory responsibilities deliver 28-30 direct services hours - Bidder partially met requirements - Bidder indicated upon intake they will conduct a thorough review of the participants ancillary supports - Bidder indicated that the ancillary support information will be captured n the initial comprehensive assessment - Bidder indicated upon program entry the participants MaineCare will be checked to determine their eligibility for MaineCare services - Bidder indicated they will provide referrals to case management - Bidder indicated the MaineCare authorization submission will assist in avoiding any duplication of services - Bidder identified the responsible staff for ensuring MaineCare billable services are billed to Maine Care - Bidder indicated how they would facilitate service connection to an existing support
- Bidder met requirements - Bidder indicated their commitment to face to face meetings - Bidder provided an example of the benefit of providing in-person services - Bidder indicated that the expectation for in-person services will be included in the interview process with staff - Bidder indicated compliance with in-person services will be managed through weekly supervision - Bidder indicated during policy and procedure development they would include procedures for services no delivered in person will be highlighted to be easily identified - Bidder indicated the staff will learn from each participant their day-to-day schedule to identify times for service provision and groups - Bidder indicated during groups they would draw upon group consensus for best times to hold groups
- Bidder partially met requirements

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- Bidder indicated volunteer opportunities will be in the Welcome Packet provided upon entry to program - Bidder indicated three volunteer opportunities within the program - Bidder did not indicate method for work opportunities, if any.
G. Housing Stability Services (HSS)
- Bidder met requirements - Bidder indicated the service within this RFP will be provided by the governing principles of Motivational Interviewing - Bidder provided definition of Motivational Interviewing - Bidder provided examples of motivational interviewing based conversations versus non- motivational interviewing base conversations that may occur in housing - Bidder indicated staff within this program will attend Stephen Andrew's Foundational Motivational Interview training upon hire. - Bidder indicated semi annual ongoing training of Motivational Interviewing - Bidder indicated that they will confirm directly with referents their consent to services - Bidder provided past example of engagement strategy with individuals regardless of participation in the program - Bidder indicated staff will make an effort to establish rapport with individuals not interested in services and provided examples of how they would establish rapport
- Bidder partially met requirements - Bidder detailed how staff would assist participants in obtaining and maintaining MaineCare - Bidder did not detail other insurance coverage attainment - Bidder indicated insurance coverage efforts would be documented in the participants progress note - Bidder indicated they would provide educations on MaineCare services offered by Bidder's organization - Bidder detailed how they would assist participants in applying to and making referrals to MaineCare services - Bidder detailed how they would assist participants in accessing, maintaining and navigating social services and benefits - Bidder indicated if a participant is denied benefits then they will utilize an existing collaboration with a law firm - Bidder detailed how they would assist participants in accessing, maintaining and navigating community based clinical resources.

STATE OF MAINE
INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 7
BIDDER NAME: Community Care
DATE: 10/27/2025 Eligibility, 10/29/2025 Eligibility, 11/4/2025 Org Quals, 11/6/2025 Org Quals/Proposed Services, 11/7/2025 Proposed Services, 11/10/2025 Proposed Services
EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: Office of Behavioral Health

- Bidder met requirements - Bidder indicated each participant will be provided a Welcome Packet with a list of resources - Bidder indicated the resource list will be laminated with magnets to be placed on participants refrigerator - Bidder provided example list of which hotlines and crisis lines would be on the resource list - Bidder partially met requirements - Bidder indicated participants will receive an assessment upon entering the program - Bidder indicated skill building activities will be offered on a one-to-one and group basis - Bidder indicated participation in skill building activities is 100% voluntary - Bidder provided examples of skill based groups including rent smart, money management, healthy cooking, shopping on a budget, strategies to maintain a clean home, personal hygiene, maintaining a safe home, and organizational strategies. - Bidder indicated upon award they would locate a site for groups - Bidder met requirements - Bidder detailed how they would provide orientation, move-in assistance, lease comprehension, mediation, peer support and behavioral health crisis. - Bidder indicated orientation would be guided by an orientation checklist - Bidder indicated the participant will sign the orientation checklist including checking a box that indicates participation in services is voluntary - Bidder indicated their experience with move in assistance - Bidder detailed move in assistance including packing and moving boxes and furniture, apartment set-up, shopping for essential items, and daily check-ins over the first few days - Bidder indicated during the first session, the staff will review the lease and provide examples under each section to make the lease more understandable - Bidder indicated they would provide mediation between landlord and participant to avoid possible eviction - Bidder indicated if the participant is interested in Peer Support then the staff will notify the supervisor - Bidder detailed the education and resources provided regarding behavioral health crisis services.
- Bidder met requirements - Bidder detailed examples of healthy activities that would be provided to participants as a means of harm reduction - Bidder indicated they would solicit feedback from participants on their interests and incorporate them into groups

STATE OF MAINE
INDIVIDUAL EVALUATION NOTES

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EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: Office of Behavioral Health

- Bidder indicated they will identify a space for groups/activities upon award - Bidder indicated they will provide transportation directly, through bus passes or taxi vouchers. - Bidder indicated they will hold a minimum of one group/activity per week and will adjust the frequency based on group feedback - Bidder indicated their current collaboration to provide Narcan and education - Bidder indicated they would provide items to participants to aid in harm reduction - Bidder indicated they would link participants with medication disposal programs to ensure safe disposal of medication - Bidder provided MOU with another entity regarding harm reduction services - Bidder indicated they will provide Syringe Service Program access through another entity
- Bidder met requirements - Bidder detailed their case management experience - Bidder referred to their case management training plan - Bidder identified program director support provided to the service staff - Bidder indicated their proposed staffing structure is to ensure staff capacity to provide case management services - Bidder detailed how their staff will provide education to participant on external case manage options
- Bidder met requirements - Bidder identified the responsible staff for ensuring that whether a needs assessment of the participants existing ancillary supports ahs been conducted by an external case manager. - Bidder indicated if assessment has been completed externally, the bidder will request the assessment from the provider, with participant consent. - Bidder indicated that if an assessment hasn't been done, then the staff will complete the initial assessment within 30 calendar days of the participants request to begin services - Bidder indicated assessment will be in their client file. - Bidder indicated they will complete an Arizona assessment at entry and quarterly to identify independent living/soft skills - Bidder indicated the staff and participant will work together to develop the individuals service plan after reviewing the assessment.
- Bidder met requirements - Bidder indicated assessments will be updated quarterly - Bidder indicated that if an assessment has occurred by an external provider, the bidder will obtain written consent from the participant to request the assessment

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INDIVIDUAL EVALUATION NOTES

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EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: Office of Behavioral Health

- Bidder indicated they will scan the assessment into the participants client file - Bidder indicated that they will review the assessment with the participant to update the individual service plan no less than annually.
- Bidder indicated they will conduct quarterly assessments with the participant - Bidder indicated the assessment information will be used to update the individual service plan no less than annually - Bidder indicated the staff will be trained on the principles of motivational interviewing to help strategize goals with participants
- Bidder met requirements - Bidder indicated their ability to adapt selection options in their electronic health record to meet at a minimum the criteria outlined in this section - Bidder indicated that the additional fields identified in this section will be made mandatory - Bidder indicated the Arizona Assessment that is utilized allows the participant to acknowledge a deficit while also deprioritizing a need that is too complex. - Bidder indicated the Arizona Assessment will be completed quarterly
- Bidder met requirements - Bidder indicated the development of the crisis plan will be a part of the individuals service planning process - Bidder indicated the crisis plan will be development in partnership with the participant - Bidder indicated the service/crisis plan will be stored in the clients file - Bidder indicated the participant will be provided with a copy of their service/crisis plan
- Bidder met requirements - Bidder detailed what the mitigation plan will include at a minimum - Bidder indicated that the mitigation plan will serve as a guide to assist the participant in maintaining tenancy - Bidder indicated additional strategy will be conducted in quarterly assessments - Bidder provided an example of a housing challenge and a potential approach
- Bidder partially met requirements - Bidder indicated they will form a development committee who will create programmatic procedures - Bidder indicated the procedures will remain in draft form until the program manual is published - Bidder indicated the program manual will be cross references with the policies and procedures - Bidder indicated any necessary revisions will be made after reviewing the program manual

STATE OF MAINE
INDIVIDUAL EVALUATION NOTES

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EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: Office of Behavioral Health

- Bidder did not address completion timeline of plans in this section.
H. Staffing
- Bidder met requirements - Bidder indicated they would provide on-call support for participants in homeless services programs - Bidder indicated that staff will be trained on how to appropriately triage calls - Bidder indicated there will be a secondary on-call tier that will consist of HSS program and support staff. - Bidder indicated that if on-site support is needed, the secondary on-call tier staff will respond
- Bidder met requirements - Bidder indicated their staffing plan will have direct service provider and clinical/non-clinical supervisors - Bidder indicated all program staff will have lives experience with homelessness or at a minimum, one year providing direct services to individuals experiencing homelessness - Bidder referenced staffing plan and job descriptions. - Bidder indicated the credentials of the clinical supervisor - Bidder indicated group supervision and individual supervision structure - Bidder indicated additionally administrative supervision support for program staff
- Bidder partially met requirements - Bidder indicated their experience informed their proposed staffing pattern - Bidder indicated the staffing structure meets provision of 20 hours per week services that would include group and individual support - Bidder indicated that the staffing pattern has safeguards for when any of the staffing positions may become unavailable. - Bidder did not explicitly address how the staffing will align with the needs of participants
- Bidder met requirements - Bidder detailed supervisory oversight and supervision schedule of both clinical and administrative - Bidder indicated program staff will have ongoing professional development outlined in the training plan attachment - Bidder indicated that the administrative supervisor will work with the staff to develop a professional development plan - Bidder completed attachment 7 training plan in full
- Bidder met requirements - Bidder detailed their training record system

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EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: Office of Behavioral Health

- Bidder indicated that online training, in-seat and external training can be documented in their training record system - Bidde indicated their training record system can run reports - Bidder identified the responsible staff for ensuring all required trainings are completed within the required timelines - Bidder referred to attachment 7 training plan
- Bidder partially met requirements - Bidder indicated including individuals with lived experience in their staff teams - Bidder indicated they will utilize interpreter services to facilitate communication
- Bidder met requirements - Bidder identified their volunteer based program within their organization - Bidder indicated participants will be made aware of volunteer opportunities - Bidder detailed volunteer recruitment strategies
I. Participant Tracking and Confidentiality Requirements
- Bidder met requirements - Bidder detailed their current experience with HMIS - Bidder provided example of their experience with HMIS - Bidder indicated the staff person responsible for ensuring data is appropriately reflected in HMIS
- Bidder met requirements - Bidder detailed their record keeping standards for their electronic health record - Bidder indicated the HMIS Administrator will review the electronic health record and transfers necessary data elements to HMIS - Bidder indicated process for if an individual elects not to permit data sharing
- Bidder met requirements - Bidder indicated they will continue to work with their insurance agency to obtain and maintain requirements in this section - Bidder indicated they will maintain valid insurance throughout the terms of the service contract.
- Bidder met requirements - Bidder indicated they have policies and procedures as a current department contract holder that are equivalent to the requirements of this section - Bidder indicated staff receive training at the time of hire - Bidder indicated they do not use an external partner for vulnerability scanning
- Bidder met requirements - Bidder indicated they have confidentiality and HIPAA policies and procedures - Bidder indicated their current policies and procedures comply with state and federal laws

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EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: Office of Behavioral Health

- Bidder indicated all staff are trained in the policies and procedures through new hire orientation and annually
- Bidder met requirements - Bidder indicated they have policies and procedures that comply with the requirements of this section - Bidder indicated they are a current contract holder with the department
- Bidder met requirements - Bidder indicated their understanding
- Bidder met requirements - Bidder indicated they will draft a critical incident reporting policy - Bidder indicated they will train staff on critical incident reporting - Bidder indicated leadership will ensure compliance
J. Performance Measures
- Bidder met requirements - Bidder indicated upon award they will engage their IT department on how to collect and track the measurements - Bidder indicated they will partner with the department on reviewing program outcomes and strategize any barriers/changes to ensure outcomes are met - Bidder indicated they will incorporate the performance measures into the agency wide Quality Improvement Plan - Bidder indicated that they are fully aware of the reporting requirements - Bidder indicated they have created a position of Directo of Quality Improvement
K. Reports
- Bidder met requirements - Bidder detailed agency staff responsible for each report as well as strategy to track data
2. Staffing
- Bidder met requirements - Bidder provided justification for all listed positions and if they are direct staff or administrative - Bidder provided job descriptions for all listed staff
- Bidder met requirements - Bidder indicated they will not use subcontractors or consultants
- Bidder met requirements - Bidder provided attachment 9 staffing plan including the staff and associated hours - Bidder included justification for each position
3. Implementation - Work Plan

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EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: Office of Behavioral Health

- Bidder partially met requirements
- Bidder provided workplan items pre-award
- Bidder indicated understanding that the dates may be adjusted
- Bidder indicated who would be responsible for each task in the workplan
- Bidder provides detailed workplan until 1/1/2026
- Bidder does not have breakdown of workplan during contract

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INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 7
BIDDER NAME: Community Care
DATE: 10/23/25; 10/30/25 Eligibility; 11/4/25 Qualifications; 11/7/25 Services; 11/14/25-Cost;
EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH
****

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Meets eligibility. Property review- • 599 Brunswick St Old Town- 2 tenant based. Site confirmed. Noting 2bedroom apartment currently listed for rent $1700 per mo. • 83 Holyoke St Brewer- 3 tenant based. Site confirmed. Zillow reports 10 bedrooms 5 baths. • 299 State St Bangor-2 Tenant based. Site confirmed. • 22 Ohio St Bangor-3 Tenant based. Site confirmed.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P- COA accreditation, State licensure is Mental Health and SUD, Current MaineCare provider. Experience with homeless population and services.
2. Project Team Organizational Chart
Included Org. chart.
3. Litigation
None reported.
4. Financial Viability
Concern (C) - Significant Deficiency & material weakness in internal control related to federal awards listed as a finding by Independent Auditor in March, 2024. Includes citations of noncompliance with Rider A deliverables and reporting schedule.
5. Certificate of Insurance
Verified.

Part IV, Section III. Proposed Services
A. Administrative Requirements
1.P- Current MaineCare and TCM provider. Current HMIS participating agency. 2.P- immediate access to housing, no sobriety requirement. Harm reduction approach. 3.P- Current participant in Maine CoC CE.

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EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH

4.P- current arrangement to receive training on administration of Naloxone, and ensures supply available for staff use.
5.P- "development team" includes all arms of the org. N- doesn't not address grievance policy specifically. 6.P/I- QR code to take digital survey. 7.P- EHR "Credible"; HMIS record,
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
1.P- Existing area partnerships for medical, behavioral health and substance use. P- Medication Management, Outpatient, TCM, BHH offered in house. I/P- Care Fund for emergent needs. 2.P- 30 years in Hub 7, many community partnerships. 3.P- Meets requirement.
C. Property-based Partnerships
1.P- Housing First principals attached to the lease. SClass Homes existing partner. 2.P- report 0% evictions among clients served. List common problems with mitigation plans.
D. Minimum HSS Units and MOUs Requirements
1.P- Property owner to grant first refusal to bidder when a unit becomes available. Regular monthly meetings with property owner. 2.P- existing MOU with property owner can be updated to include language required by the Dept. 3.P- Director of Homeless Services and Executive director would be responsible for entering into new MOU agreements. 4.P- Opportunity to bring other units online as necessary.
E. Participant Outreach Prior to Tenancy
1.N- "5 days to attempt initial contact" seems long to allow 5 days before initial attempt. P- after 14 days/5 attempts reach out to the Hub coordinator for assistance locating the potential participant. P- EHR Credible, access HMIS for proof of chronic homelessness.
F. Programmatic Requirements
1.N- Although positive the bidder has a contract for interpreter services, the response is not reflective of how they will ensure HSS is low barrier.
2.P- Case Manager and Permanency specialist positions will deliver direct service with expected capacity of 28-30 direct hours each. 3.P-Case Manager and MaineCare status determined at intake. Identify responsible role for ensuring MaineCare services are billed to MaineCare. 4. P- Seek availability from Participants for group/social opportunities. Meets requirement of planning to deliver services in person.

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EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH

5.P- opportunity to volunteer as facilitator, peer mentor or ambassador. Information included in the welcome packet.
G. Housing Stability Services (HSS
1. P- Use of Motivational interviewing for client centered, strengths based approach. Plans to engage and establish rapport. 2.P- will assist participants in applying for MaineCare and monitoring application status. Q- will referrals be made for MaineCare services not offered by the Bidder? Or if the client selects a different provider? P- Staff will be SOAR trained. 3.P- Welcome packet will include list of phone numbers and area resources including Crisis numbers. 4.I- Bidder will need to locate a site for group programming central to the HSS units. P- will work to reduce transportation barriers. 5.P- Provides assistance moving and setting up apartments. Also provides Lease Comprehension, mediation and peer support. 6.P- Focus on social peer support opportunities. Access to medication lock box, safe disposal and syringe exchange programs. 7.P- current TCM provider. Skills and expertise to provide case management. 8.Q- Unsure what the Arizona assessment is? N- no mention on service plans being reviewed/updated regularly. 9.P- Plans to assess participants quarterly, exceeding minimum requirements 10. Intends to meet the requirement 11P- Bidders EHR is customizable and can include service plan requirements. 12P- individualized crisis planning and trigger identification. 13.P- Staff would work with Participants to create mitigation plans. 14.P- Identifies role responsible for implementing the HSS manual policies when available.
H. Staffing
1.P- 24/7 on call availability. 2.P- Staff will meet minimum eligibility requirements. Clinician available for supervision. 3.P- Commits to required staffing levels with contingency coverage included. 4.P- Staff work with supervisors on professional development and goals. Training opportunities available. 5.P- Uses RELIAS for learning management system for staff. Ensures required trainings are met by deadline. 6.P- Diverse staff and training. Will utilize interpreters as necessary. 7.Q- volunteer opportunities in welcome packet. What about at quarterly assessment? P- notification through social media.
I. Participant Tracking and Confidentiality Requirements

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DATE: 10/23/25; 10/30/25 Eligibility; 11/4/25 Qualifications; 11/7/25 Services; 11/14/25-Cost;
EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH

1.P- Current HMIS participant. N- did not address UDEs in response.
2.P- Data must be entered in EHR within 24 hours. HMIS Amin moves necessary data from credible to HMIS. 3.P- Meets requirement. 4.N- no 3rd party vulnerability scan. 5.P- HIPAA policies and procedures in place. Employees trained annually. 6.P- Bidder attests to compliance with State IT policies. 7.P- Meets requirement 8.P- intends to establish a Critical incident policy when HSS manual is released and prior to program start.
J. Performance Measures
1.P- Experience in reporting performance measures to the Department with other service contracts. Plans to work with IT department to track necessary information.
K. Reports
1.P- Identified the role and tasks associated with each report item.
2. Staffing
Job Descriptions-P- 7 roles identified for the Program. Q- 0.4 FTE for clinical director seems high. The staffing plan lists .04, which seems more reasonable. 2 FTEs for direct service work, 0,2 FTE for direct care supervision, two .1 FTEs for support and admin work. Job Descriptions for direct service positions meet minimum experience-(at minimum, ensure all staff have at least one (1) year of experience providing direct services to individuals experiencing homelessness and/or at least one (1) year of direct lived experience with homelessness.) Director, Clinical Director and HMIS administrator did not include this minimum experience. Subcontractors- Does not intend on using subcontractors. Staffing Plan- Clinical director .04 FTE, Director of homeless services included in indirect. .1 FTE for Assistant Director, .2 FTE Program Manager. Two FTEs provide the direct services- Case Manager and Permanency Specialist. .1 FTE for administrative data entry requirements.
3. Implementation - Work Plan
P- Supplied work plan detailing policy development activities, establishing an oversight committee, and hiring strategies.

Part IV, Section IV. Cost Proposal and Budget Narrative
Narrative- $498,133 total cost over 2 years. Indirect rate- 17.44% Direct Service FTEs= 2.1 & Administrative FTE = 0.34 Budget-

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EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH

Form 1- Completed cost centers per 12-mo period. I- No MaineCare revenue included. It may be reasonable to expect some MaineCare revenue contributing to the overall program. Example- The deliverable requiring Case Management Services when Participants do not have a Case manager, likely will have billable activity to TCM or HOME.
Form 2 & 5- 69.7% of total cost is personnel and fringe, at a rate of 39.09%. Occupancy Rent- $6,000 = $3,000 per year. Telephone- $2,882 = $1,441 per year. Maintenance & Repair- $2,000 = $1,000 per year. Bonding/Insurance - $3,000 = $1,500 per year. Material & Supply $11,000 = $5,500 per year. Client Travel- $10,000 = $5,000 per year. Other Travel- $11,232= 5,616 per year. Accountant- $4,000 = $2,000 per year. Technology Services/Software- $12,800 = $7,400 in year 1, $5,400 in year 2. Training $640 = $320 per year. Misc $3,160 = 1,580 per year.
Form 3- Completed correctly with one tab per year. Two full time staff- Case Manager and Permanency Specialist. HMIS administrator dedicating 208 hours per year = 4 hours per week.
Form 4- Indirect cost rate of 17.44 %

STATE OF MAINE
INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 7
BIDDER NAME: Community Care
DATE: 10/27/2025
EVALUATOR NAME: Kelly Watson
EVALUATOR DEPARTMENT: MaineHousing/Homeless Initiatives Department

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Based on review, I believe eligibility requirements have been met: -Submitted Attestation Form – no financial interest in property -Submitted Appendix C – letter of commitment for 10 units in Old Town/Brewer/Bangor -Appendix C located in proposed services document

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P – national accreditation P- best places to work P- strong knowledge and experience with persons experiencing homelessness and Maine's homeless response system
2. Project Team Organizational Chart
N – multiple vacancies
3. Litigation
Included – no cases
4. Financial Viability
Included N – findings in 2023
5. Certificate of Insurance
included

Part IV, Section III. Proposed Services
A. Administrative Requirements
I – PIT count increases within the region P – established MaineCare provider and TCM provider P – integrated with the CoC and Coordinated Entry already P – involvement with the Statewide Homeless Council Q – will they be a HOME provider as required P- anonymous survey plan in place
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
P – partnerships, informal and formal, already in place P – YHDP experience in housing first

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BIDDER NAME: Community Care
DATE: 10/27/2025
EVALUATOR NAME: Kelly Watson
EVALUATOR DEPARTMENT: MaineHousing/Homeless Initiatives Department

C. Property-based Partnerships
P – formal agreement with property owner and existing relationship P – 0 % eviction rate in 3 years
D. Minimum HSS Units and MOUs Requirements
P – required minimum units and MOU drafted
E. Participant Outreach Prior to Tenancy
P – all parties meet to sign lease and coordinate
F. Programmatic Requirements
I – recreational and skill building groups P – permanency specialist
G. Housing Stability Services (HSS
P – motivational interviewing approach P – move in assistance, lease comprehension taken on by the agency I – community activities to connect participants from scattered site P – in house case management
H. Staffing
P – staff with diverse backgrounds and experiences
P – Open Table
I. Participant Tracking and Confidentiality Requirements
P – current HMIS participating agency
P – current experience with DHHS contracts and confidentiality
J. Performance Measures
P – director of quality improvement to fulfill reporting requirements
K. Reports
Addressed reporting requirements and staff responsible
2. Staffing
Staffing plan provided with detailed job descriptions
3. Implementation - Work Plan
N – implementation plan dates do not align with contract start dates outlined

STATE OF MAINE
INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 7
BIDDER NAME: Penquis C.A.P., Inc.
DATE: 10.22.25 & 10.29.25 (eligibility); and 10.31.25, 11.7.25, 11.13.25, 11.14.25, 11.17.25, 11.18.25
EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: DHHS/OBH
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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
• Signed attestation provided. • Provided four (4) signed letters of commitment encompassing: "1 or 2" units in Bangor; eight (8) units in one (1) Bangor location and eight (8) units in a separate Bangor location; two (2) units in Dexter and three (3) units at a different property in Dexter; and two (2) units in Orono, two (2) units in Bangor, one (1) unit in Old Town, two (2) units in Brewer, and two (2) units in a separate location in Bangor. • The property owner for one of the submitted letters of commitment did not fill out question three (3) on the form. • The handwriting on one (1) of the letters of commitment submitted was a little difficult to read. • Site existence confirmed for all properties indicated.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
• Nonprofit organization with almost sixty (60) years of experience serving under-resourced and marginalized populations. • Is a community action agency, licensed behavioral health agency, community development corporation, community housing development organization and a MaineCare provider. • Stated they have more than sixty (60) programs that support housing stability, access to transportation, school readiness and healthy lives. • Stated their subsidiaries include MaineStream Finance; Penquis Housing, Inc.; and Rape Response Services, Inc.; and these subsidiaries address needs related to credit and counseling services, housing development and sexual assault. • Stated their programs and subsidiaries "impact all of Maine's 16 counties" and that their services have the highest concentration in Penobscot, Piscataquis and Knox counties. • Stated their corporate headquarters Is in Bangor and they have regional offices in Dover-Foxcroft, Lincoln and Rockland; indicated their fifty (50) service delivery sites and nearly five hundred (500) staff across the region provides

STATE OF MAINE
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RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 7
BIDDER NAME: Penquis C.A.P., Inc.
DATE: 10.22.25 & 10.29.25 (eligibility); and 10.31.25, 11.7.25, 11.13.25, 11.14.25, 11.17.25, 11.18.25
EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: DHHS/OBH

them with knowledge on the geographic and socio-economic challenges of the communities served.
- Stated they are a Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency that is experienced in the Maine CoC Coordinated Entry (CE) system.
- Referred to their experience using best practices and evidence-based approaches.
- Stated they have four hundred ninety-one (491) dedicated volunteers.
- Referred to their physical and technological infrastructure.
- Stated they have a positive contract history with the Department that spans almost sixty (60) years and indicated their experience leveraging public and private resources have resulted in audits that "consistently receive unmodified opinions".
- Stated they have received "exemplary status" from NeighborWorks America®.
- Stated they have six hundred twenty-five (625) community partnerships across geographies and sectors.
- Stated their CEO is a member of the Northern Light Acadia Board of Trustees; Northern Light Health Council of Chairs; Bangor Community Health Leadership Board; Alliance for Addiction and Mental Health Services; Community Housing Capital Board of Directors; and National NeighborWorks Association Board of Directors.
- Stated their initiated community-based collaborations have resulted in the permanent supportive housing residence, Theresa's Place, in Penobscot County; a supervised visitation and safe exchange program in Piscataquis County; services to address the needs of children and youth victims of crimes that resulted from the opioid epidemic;' and a Children's Advocacy Center for victims of sexual abuse.
- Stated they use Results Based Accountability and Results-Oriented Management and Accountability (ROMA) to ensure effective services and best outcomes.
- Indicated recognitions they received, including: 2024 Maryann Hartman award from the University of Maine; 2023 National Lyndon Baines Johnson Leadership Award from the National Community Action Partnership; and a 2022 Catalyst in Financial Stability award from the Internal Revenue Service.
- Stated they recently received the Maine Public Health Association's Public Health Program of Excellence award and an honorable achievement at the Bangor Community Development Showcase for their development of Theresa's Place.

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- Stated they have provided many housing stability, navigation and assistance programs, including: Housing Stability with Emergency Rental Assistance, funded by the U.S. Department of Treasury; Housing Navigation Pilot Program funded by MaineHousing; COVID Rent Relief Program funded by MaineHousing; "CDBG-CV19" funded by "CDBG"; Rental Counseling funded by NeighborWorks; McAuley House subcontracted with Northern Light Health; Building Family Futures funded by MaineHousing; Housing Assistance for Human Trafficking Survivors funded by DOJ, Office for Victims of Crime (OVC); Transitional Housing for Domestic Violence Victims/Survivors supported by a DOJ grant; and Homeless Prevention Rapid Re-Housing Program.
- Stated they have experience with landlord engagement and have nearly five hundred (500) landlord and property managers in their database that their staff interacts with.
- Stated they are a Low Income Housing Tax Credit (LIHTC) housing developer and landlord for affordable housing units.
- Stated their landlord relationships and tenant placements' success has led to landlords often reaching out to their housing navigation program for survivors of human trafficking when the landlord's property has a vacancy.
- Referred to their experience providing and referring individuals to ancillary services to support individual and family stability, including: case management; counseling; behavioral health navigation; Adult Behavioral Health Home Organization services; healthcare navigation; Whole Family Services, a family-centered coaching program; transportation services; financial coaching; Home Energy Assistance Program; Low-income Assistance Plan services; The Arrearage Management Program; and Head Start/ Early Head Start.
- Stated they have a robust referral network that includes medical and mental health providers, recovery supports, job training programs, and education programs.
- Stated they currently have formal and informal partnerships with over six hundred (600) organizations.

Project 1:

- Relevant and related service.
- Referred to their Housing Stability Services program, funded by MaineHousing, that supports individuals and families at risk of or experiencing homelessness or housing instability during the COVID-19 pandemic.

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- Stated the program was administered in partnership with Community Action Agencies (CAAs) across the state, and the Bidder provided services in Penobscot, Piscataquis and Knox Counties.
- Stated the program offered a range of housing stability services, including: housing navigation; housing counseling; case management; eviction prevention; landlord engagement; utility assistance; ancillary support; and specialized services.
- Stated, despite limited available rental units in their service area, they were able to place thirty-two (32) families in nine (9) months.

Project 2:

- Relevant and related service.
- Referred to their Housing Navigation Pilot Program funded by MaineHousing, a statewide initiative to support families and individuals experiencing or at risk of homelessness to find and maintain stable housing and assist in maintenance of stable housing following lease-up.
- Stated the program was a two (2) year pilot that had a one (1) year extension and operated from 2022 to 2025.
- Stated they provided the program in Penobscot, Piscataquis, Knox and Waldo counties through four (4) staff and the major components of the program included landlord engagement, pre-tenancy assistance to families and housing stability services.
- Stated that, over the three (3) year project, they were able to house fifty-three (53) families.

Project 3:

- Relevant and related service.
- Referred to their Housing Navigation for Human Trafficking Survivors (HN-HT) program, a collaborative initiative led by the Bidder and their subsidiary, Rape Response Services, in partnership with Partners for Peace and Courage LIVES, and funded by the U.S. DOJ OVC.
- Stated program began in 2022, has a project end date of 4/30/2026 and focuses on helping survivors of human trafficking in Penobscot and Piscataquis counties achieve safe, stable housing and access essential supports.
- Services provided include housing navigation; financial assistance; advocacy and case management; wraparound support; and community coordination.

2. Project Team Organizational Chart

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- Provided organizational chart indicates positions to be supported through the contract, and positions that will provide program support, but will not be funded directly through Department contracted funding.
- The anticipated positions/project team are: 0.1 FTE Financial Analyst; 0.13 FTE Housing and Energy Services Director; 0.1 FTE Deputy Department Director; 1FTE Program Manager; two (2) 1FTE Housing Navigators, both to be hired; 0.15 FTE Housing Coordinator; and 0.05FTE Clinical Director.
- Since the Program Manager position's staff person is currently hired and assumed to be currently providing services to the agency outside of the contract resulting from this RFP, if awarded, it is unclear why the resulting contract from this RFP would cover one (1) FTE of salary if this position is currently providing other services to the agency. It may be the case that Bidder is planning on providing the anticipated staff person a position change, however, this was not explicitly stated.

3. Litigation

- Two (2) cases indicated, both closed.
- Minimal detail was provided on each indicated case, and a case number was not indicated for either.

4. Financial Viability

- Financial Statements with an independent auditor's report were provided for: years ended September 30, 2024, and 2023; September 30, 2023, and 2022; and September 30, 2022, and 2021.

5. Certificate of Insurance

- Provided and current.

Part IV, Section III. Proposed Services

A. Administrative Requirements

- Provided justification for the anticipated target area to be served, including a chart and data reference (with source) regarding the population within Hub 7.
- Stated, Bangor City is the primary population and service center for northern Maine and is at the heart of the region's homelessness response and location for the region's shelters.
- Stated individuals that are chronically homeless gravitate to Bangor for access to hospitals, behavioral health, and basic services, which creates a high population density of individuals that meet the chronic homeless definition.
- Stated, per the September 2025, Maine Highlands Integrated Response Network (MHIRN) meeting, homelessness in Dover-Foxcroft, Piscataquis County, has reportedly increased significantly in recent months.

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- Stated, given the over six hundred (600) individuals that are actively homeless in the region, and the thirty-five percent (35%) increase in need over the past six (6) months, Hub 7 is a clear and compelling candidate for increased investment in supporting individuals that are chronically homeless.

1.

- Agency is a current MaineCare Provider, with several provider IDs and an example ID listed; is a licensed mental health agency (with license number included), including provision of Targeted Case Management; and is a Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency, with three (3) current licensed users.
- It is assumed by this evaluator that Bidder will continue maintenance of the above indicated requirements, however, this was not explicitly indicated in the response.

2.

- Will comply with and deliver HSS according to the Program Manual, upon publication.
- Plans to incorporate the Manual into their HSS Standard Operating Procedures within sixty (60) days of release, including training of all HSS staff and supervisors and addition of fidelity monitoring to their quality assurance (QA) plan, which includes annual review with corrective actions and refreshers.
- Will adhere to the indicated M.RS. and C.M.R.
- Plans to operationalize the Basic Principles by: providing immediate access to permanent housing without preconditions (e.g., no requirements related to sobriety, treatment, income or service participation as a condition of housing, and the landlord/property manager MOUs will reflect said alignment with Housing First; ensuring Participant choice and self-determination; providing recovery orientation and Harm Reduction, with relapse or nonengagement to trigger enhanced outreach, and not discharge; separating housing and services, with tenancy decisions not contingent on service participation and property management functions distinct from services; utilizing individualized person-centered supports; and ensuring community integration and social inclusion through connecting Participants to primary care, behavioral health, peers, faith/community groups and employment/education to build natural supports.
- Stated core HSS services will include: maintenance of active relationships with landlords/property managers across Hub 7, including MOU execution and keeping a standard inventory target of HSS Units; tenancy placement and assistance with sustaining services and housing; and care coordination and warm handoffs.

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• Plans to have HSS staff provide in-person services at least twenty (20) hours per week locally and will maintain extended coverage through scheduled evening or weekend appointments, with 24/7/365 Crisis linkage through 988 or Mobile Crisis, and a staffed on-call support line. • Plans to have Housing Navigators carry caseloads adjusted to Participant needs or service intensity. • Will have the Program Manager oversee fidelity, landlord relations, data quality and partnerships. • Plans to have staff receive training in Housing First; trauma-informed care; Harm Reduction; de-escalation; fair housing/ADA; neutrality, and confidentiality. • Plans to provide Participants with written rights, grievance procedures and privacy notices at enrollment; and noted consents/Release of Information (ROI) are voluntary and revocable, with PHI protected per HIPAA and agency policy. • Provided a description on what each Participants' record will include as it pertains to tracking and documentation. • Plans to conduct monthly data quality checks and annual Housing First fidelity reviews and will participate in State-led monitoring and learning collaboratives.
3. • Is an active CoC Coordinated Entry (CE) HMIS participating agency, and they will designate a CE Liaison (the Program Manager) and a CE Alternate (lead Housing Navigator) to ensure continuous participation in Hub 7 CE operations, including attendance at "CE/By-Name-List" meetings, case conferencing as requested and through ongoing communication with the Hub Coordinator. • Stated their CE Liaison/Program Manager maintains the relationship with the Hub Coordinator and ensures their internal workflows align with CE policies and data standards. • Stated they maintain an HMIS agency agreement and staff licensing that is consistent with CoC policy. • Will provide notification to CE regarding HSS Unit availability and changes, through: having the Program Manager email the Hub Coordinator within one (1) business day of unit availability or status change; a weekly availability update every Monday by 12pm to confirm total HSS capacity, current fills, projected openings, accessibility features, geographic location and any lease-up constraints; and, when the program operates with reserved or master-leased units, will have the Program manager note estimated lease-ready dates and any property-specific criteria (e.g., elevator, no stairs) to support appropriate matches through CE.

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- Stated they will follow CoC policy for HSS enrollments, with all originating through CE and Bidder will not accept out-of-process referrals.
- Described process for HSS staff actions upon CE referral notification, including a tight timeline for next-step actions; with notification back to the Hub Coordinator to occur within five to seven (5-7) business days.
- Provided a description regarding their data sharing, documentation and HMIS use; including obtaining informed consent ROIs for data sharing and following of CE policy for limited or anonymized data should a Participant decline to share data; and specifically stated there will be no penalization for a Participant that declines data sharing.
- Stated all data will meet HMIS Data Quality Plan expectations.
- Described how they will ensure operational coverage and continuity, including staff coverage; standard operating procedures; and maintaining provision of weekly capacity projections (anticipated openings), should HSS capacity be temporarily full.
- Demonstrated an understanding of the neutrality and non-advocacy requirement at CE; with descriptions provided regarding how they will ensure such, including disclosure and management of any potential conflicts of interest.
- Plans to have their Program manager conduct monthly spot checks of CE referrals in HMIS and address variances through staff coaching.
- Plans to update internal standard operating procedures (SOPs) within sixty (60) days of any policy changes.

4.

- Plans to implement and enforce a written Naloxone Readiness Policy for HSS which requires all HSS staff to be trained and competent in recognizing opioid overdose and administering naloxone; and HSS staff will have naloxone on-hand at all times when providing HSS.
- Will have all HSS staff complete agency's online naloxone training prior to any independent client contact; and stated the training includes a scored assessment and electronic attestation.
- Will have all HSS staff complete an annual naloxone refresher, either online or live, with updated guidance and re-attestation.
- Will have training completion and quiz scores tracked in their learning records and the HS training log; and the Program Manager will maintain a one hundred percent (100%) compliance roster, to be reviewed monthly.
- Plans to issue each HSS staff member a personal naloxone kit prior to beginning field work, with kits assigned by unique ID and recorded in an inventory log.

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- Kits will include a minimum of two (2) doses, face shield, gloves and a quick-reference card.
- Plans to have each HSS vehicle/field bag include an additional two (2) dose backup kit; and their program offices maintain a secure, “par-level” stock that is sized to over the team, including surge/expirations.
- Described their resupply and expiration management for naloxone.
- Stated staff do not need prior approval to obtain replacement naloxone, and they will log distribution and returns by staff name, kit ID, date and quantity.
- Described their anticipated overdose response and incident reporting steps, including reporting and debriefing.
- Stated they maintain relationships with Bangor Public Health and other local providers for training support and supply coordination, as permitted.
- Stated the Naloxone Readiness Policy is reviewed annually, or sooner if guidance changes, to update training content and field practices.

5.

- Plans to have comprehensive, written HSS policy guidelines fully developed, approved and in force prior to initiating HSS services.
- Plans to, within sixty (60) days of the Department’s HSS Manual release, crosswalk, update SOPs, train all staff and document any fidelity monitoring changes.
- Plans to use a structured policy development lifecycle prior to enrolling any Participant. Cycle is as follows: crosswalk, draft, approve, train, implement and audit.
- Provided a comprehensive and detailed overview of anticipated steps, processes, and positions responsible for weeks zero to four (0-4) prior to service “go-live”, and indicated all deliverables indicated during that time frame will be complete and documented prior to commencement of HSS services.
- Provided a comprehensive detailed overview of what the policy guidelines will contain for the following topics: decision-making and operations; monitoring and quality assurance; records, privacy and security; and financial controls.
- Provided a comprehensive detailed overview of their anticipated grievance and compliant process, to be included in policy and participant-facing procedures, for the following topics: purpose and principles; how to file; intake and acknowledgement; triage and early resolution “(Level 1)”; escalation “(Level 2)”; final external appeal; anti-retaliation and support; tracking, analysis and reporting; and recordkeeping.
- Plans to have targeted coaching, if warranted by audit findings.
- Described their document control processes.

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• Plans to use findings from grievances, QA audits, data reviews, and Department feedback to drive policy updates; when revisions are made, they will redistribute revised policies and re-collect staff attestations.
6. • Plans to administer a voluntary and anonymous HSS Participant satisfaction survey once a year across all HSS Units in the awarded hub; and participation or non-participation will not affect services. • Plans to aggregate results and use them for quality improvement, fidelity to Housing Frist principles and reporting to the Department. • Stated the survey will capture aspects of service dimensions using a mix of Likert-scale, yes/no and open-ended items. • Dimensions to be measured by the survey include: access and timeliness; respect and responsiveness; choice, voluntariness and Harm Reduction; tenancy-sustaining supports; care coordination; safety and well-being; outcomes and recommendation; and open comments. • Plans to offer multiple completion options to protect anonymity and maximize accessibility: paper through mail, online or telephone. • For paper by mail responses, they will provide a business reply envelope, and envelopes will not be coded to individuals or addresses. • For online survey completion, will host such on a secure platform that is not configured to collect IP addresses, names, phone numbers or email; cookies/metadata will be disabled; and a randomized link will be usable on smartphones or kiosks. • For the telephone option, they will have a dedicated QA line where Participants can dictate responses anonymously to a trained staff member not on their service team; caller ID will not be recorded; and responses will be entered into the same anonymous database. • Stated they will only publish aggregated results. • Plans to provide assistance with the survey, only as requested and needed; and if assistance is requested, will provide such through a trained administrative staff person who is not a part of the Participant's direct service team (will never be the assigned Housing Navigator), using a standardized read-only script. Bidder described in detail various assistance to be provided, if requested. • Plans to have a thirty (30) day survey window for survey completion each year, to occur during the same month annually for trend comparison. • Will provide invites via mail and email through paper and QR code, with one (1) reminder and optional text/email reminders, only from QA, to those that previously consented to receive messages for survey purposes.

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- Plans to have survey data stored in a restricted QA repository separate from case records and will not capture any PHI or PII in the survey.
- Plans to have QA aggregate survey results, calculate year-over-year trends and synthesize top strengths/opportunities with corrective action items.
- Plans to create a summary dashboard and narrative that indicates method, response rate, key findings and actions, to be shared with program leadership and submitted to the Department, per required reporting cycle.
- Will feed findings into the program's QA plan, staff training, and policy updates; and changes will be logged and tracked through closure.
- Will provide the survey for Department approval within sixty (60) days of the initial period of performance.
- Stated the owner of the survey and content lead will be the HSS Program Manager, and contributors will include: HES Director; Program Manager; Compliance; and, where feasible, lived-experience advisors (e.g., former housing stability participants) to strengthen clarity and relevance.
- Plans to have the survey in English and "priority translations" and provided detail concerning: the draft survey instrument and proposed Participant materials; accessibility and language plan; data management and reporting plan; and document control metadata.
- Prior to survey release, will have the Program Manager complete a brief cognitive review of such with a small number of volunteers, with no identifiers recorded, to confirm readability and neutrality and will incorporate minor edits, if any are needed.
- Will incorporate any Department-requested revisions and employ the approved version for their first annual survey cycle.

7.

- Plans to, for each Participant, create and maintain a comprehensive electronic record that includes: intake and eligibility documentation; signed informed consent/ROIs and HIPAA notices; initial and periodic assessments of housing stability and safety; a participant-driven Housing Stability Plan, including goals, services, responsible parties and timelines; a chronological service and contact log; referrals and outcomes; critical incident/grievance documentation; financial assistance documentation, as applicable; and an exit/closure summary including thirty (30) or ninety (90) day follow-ups.
- Plans to have data entry occur within the following timeframes: intake/UDEs within three (3) business days of enrollment; service notes within two (2) business days of contact; plans/outcomes to be updated monthly; and exit data within five (5) business days of closure.

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- Plans to have Housing Navigators enter case information.
- Plans to use HMIS as the system of record for HUD-required data.
- Stated, as an HMIS participating agency, they will, with Participant permission, enter required Participant data into HMIS as data becomes available.
- Plans to use EmpowOR, by CSST Software, for day-to-day service documentation; and provided a description of the fully web-based, HUD-approved, comprehensive client and case management system.
- Provided a description regarding the core features of EmpowOR.
- Stated electronic records are stored in secure file systems behind firewalls and security layers and include scanned client files to reduce risk of loss and improve retention management.
- Stated all systems require complex passwords that are changed every ninety (90) days, and access is provided by permission, per user roles and authorized by management.
- Stated they maintain offsite backups in a fire-protected environment, with access to backups restricted to authorized individuals with identification required for entry.
- Stated any hard copy documentation is securely stored in locked cabinets, accessible by authorized personnel, to be retained for seven (7) years, consistent with their agency's Financial and Accounting Manual, unless subject to other funding requirements.
- Stated their Program Manager/Deputy Department Director conducts monthly data-quality reviews, manages de-duplication/merges with full audit trails and validates reports prior to submission.
- Stated they perform quarterly QA audits against the Maine HMIS Data Quality Plan and their agency's HIPAA/confidentiality policy.
- Stated Participants may request to review or correct their record, consistent with policy.
- Stated they retain records for seven (7) years, or longer if required by the funder, and then archive/expunge such, per policy.

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

1.

- Stated they have established formal and informal relationships with MaineCare providers in the service area; and plans to maintain these relationships and expand, as needed.
- Plans to begin HSS with a priority cohort of MaineCare-qualified partners across service types that their agency has existing relationships with and will then expand as needed.

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- Plans to maintain MOUs with existing partners and assess the need for additional formal partnerships.
- Should additional partnerships be identified, plans to establish MOUs within the first ninety (90) days and define scope, referral pathways, service-level expectations (e.g., triage and appointment windows), information sharing and escalation protocols.
- Plans to maintain contact through ongoing referral pathways and "provider huddles".
- Stated they have current executed MOUs with health systems, with example entities provided.
- Stated their agency's Behavioral Health Navigator (BHN) program identifies openings and connects Participants to outpatient counseling/medication management throughout its service area; and BHN also leverages the Bangor Certified Community Behavioral Health Clinic (CCBHC) to address urgent mental/behavioral health needs.
- Plans to have HSS staff embed BHN workflows into HSS care plans to address Participant needs.
- Stated they maintain up-to-date resource lists of local behavioral health, medical and crisis providers in Hub 7; and Housing Navigators use these directories for real-time referrals, warm handoffs and scheduling support, to provide timely and appropriate assistance.
- Plans to touch base with key provider liaisons (behavioral health clinics, FQHCs, hospital primary care and crisis providers) to review capacity, openings and address any care coordination issues, on an ongoing basis through agency's care coordination staff.
- Included a detailed table in their response that lists service categories, with information on each regarding formal and informal partnership plans, including related anticipated HSS service actions for care coordination and referral.
- Plans to use their standardized Authorization for ROI to enable two (2) way, need-to-know information exchange with each external provider the Participant chooses.
- Stated forms are HIPAA-aligned, permit specific, and include time-limited consent and are renewed at least annually, or as needed.
- Should personal health information (PHI) be exchanged, they will utilize Business Associate Agreements and their internal HIPAA governance to ensure compliant data exchange.
- Will use HMIS and agency's client database, EmpowOR, to track client data.

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- Stated EmpowOR is the primary case management system and HMIS is used for CE and reporting, per state requirements.
- Plans to track referrals and attendance; and missed or delayed appointments will trigger outreach and barrier resolution by a Housing Navigator or other agency care coordination staff member.
- Plans to review monthly dashboards and will address bottlenecks through capacity huddles, and if needed, will garner additional MOUs to expand the network.
- Plans to have all relationship management and referral workflows follow Housing First principles, to be supported by their agency's existing BHN, cross-program navigation capacity and HMIS participation.
- Stated they maintain agency-wide HIPAA policies, staff training and privacy practices which govern all handling of PHI.
- Stated staff receive routine training and supervision on HIPAA and 42 CFR-sensitive workflows (e.g., SUD records).
- Stated they have agency emergency response policies (e.g., escalation, incident reporting and safety) which guide staff actions and dovetails with external crisis protocols.
- Stated they have experience coordinating MaineCare-covered services and provider networks across rural Maine, including complex, multi-partner operations and provider engagement.

Provided Attachment 6 indicating their initial cohort of providers for

- Tables in the attachment include both MaineCare and non-MaineCare providers, with separate tables for each service/support and separate table for non-MaineCare providers.
- Indicated the specific agencies the Bidder has formal and informal relationships with that they will utilize and the anticipated services to be provided by the proposed agencies.
- Indicated anticipated providers for behavioral health treatment and support; medical care; behavioral health Crisis services; and other services, as appropriate and identified by Participant(s). Multiple agencies and various specific services available, per agency, were listed for each category.
- Other services indicated included transportation, dental care and SUD and mental health counseling.
- The table indicating non-MaineCare providers for formal and informal partnerships is extensive, and includes a diversity of services, including mental health referrals and assistance with accessing care; sexual assault victim

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DATE: 10.22.25 & 10.29.25 (eligibility); and 10.31.25, 11.7.25, 11.13.25, 11.14.25, 11.17.25, 11.18.25
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services; whole family case management; assistance locating community resources and support; advocacy and support for domestic violence victims; referrals for basic support and needs; SUD recovery support; clean needle distribution; dental hygiene; technology assistance to set up phones; resource (thrift store and meals); food distribution and resources, and non-food essentials; and legal aid.
2. • Plans to build and sustain a network of formal and informal relationships with non-MaineCare providers to address Participants' whole-person needs, ensure timely access to assessments and services and support permanent housing maintenance. • Provided a process description regarding how they operationalize community relationships through: shared infrastructure and coordination, at systems-level; formal agreements with non-MaineCare providers through MOUs and letters of agreement (LOAs); informal community networks with trust and flexibility; and landlord and property management partnerships. • Provided a description on how they will ensure timely access to assessments and services through standardized referral and warm handoff protocols, with single-contact referrals, referral monitoring and QA; CE participation; field-based, flexible hours; and transportation coordination. • Provided a description on how they will ensure permanent housing maintenance through: a tenancy support ecosystem; landlord partnership and risk mitigation; community-based engagement opportunities; and leveraging of local relationships. • Stated they have a continuously updated Provider Directory maintained by their HSS team that lists non-MaineCare resources with current points of contact and handoff instructions and also includes their formal collaborations with health/behavioral health providers to streamline resource navigation. • As it pertains to governance, data-sharing and quality management: stated they use MOUs, LOAs and Business Associate Agreements, where applicable, through standardized templates that define scope, roles, response time, escalation, and data-sharing, with Participant consent; case conferencing and joint problem-solving through monthly cross-provider huddles, including CEs case conferences; and tracking and reporting of referrals, dispositions and outcomes, with release of information, including "access metrics" and "stability metrics". • Provided example workflows for the following situations: interpersonal violence and rapid stabilization; veteran experiencing unsheltered homelessness; and at-risk tenancy due to arrears and conflict. As it pertained to Bidder's example

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workflow for a veteran experiencing unsheltered homelessness, did not address how they will ensure non-advocacy for any particular individual at CE to ensure equitable CE processes. • Described their organizational readiness through having worked in the area and building partnerships over a long period of time. • Stated they maintain an internal, up-to-date provider mapping file to support staff with current pathways and contacts, ensuring rapid access and closed-loop referrals.
3. • Plans to leverage their network of community-based partnerships, including Projects for Assistance in Transition from Homelessness (PATH) provider, Community Health and Counseling Services (CHCS), to provide education on the Housing First model. • Plans to leverage partnerships to provide comprehensive and collaborative Housing First educational and support sessions. • Stated they have an existing relationship with PATH provider and Hub 7 administrator, allowing them to collaborate effectively in education and outreach. • Plans to work with PATH teams through joint training initiatives to co-develop and deliver training modules on Housing First. • Plans to coordinate with PATH and other partners to offer individualized and group education, as needed, and described anticipated core modules. • Plans to have multi-modal delivery matched to transition milestones with: pre-lease “ready to move-in” briefings via one-on-one or group 45-60 minute micro sessions focused on tenancy basics and what is/isn’t Housing First; monthly series of small groups at housing sites and community rooms to cover tenancy skills, harm reduction and community integration; and 1:1 teach-backs and office hours for flexible coaching to those who miss groups or need tailored support. • Plans to provide interpreters and TDD/ASL access; curriculum translations; and trauma-informed delivery.
C. Property-based Partnerships
1 • Plans to implement a structured and responsive education plan to ensure Housing First principles are clearly understood and consistently applied to all property partners. • Provided a description on the following topics regarding what their standardized curriculum will cover: Housing First principles under 22 M.R.S §20-A; roles and

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boundaries; tenancy sustainment essentials, including reasonable accommodation and incident prevention/response, and approaches to preserve tenancy while addressing safety; privacy and information sharing; and accessibility.

- Plans to have MOUs for property-based partnerships formalize the agreement that Bidder will provide ongoing Housing First education prior to first lease-up and upon staffing changes.
- Prior to any Participant signing a lease, will provide individualized education sessions that introduce the core principles of Housing First, sessions will: be conducted in-person; include materials that explain rights and expectations under Housing First, emphasizing housing is not contingent on treatment or sobriety; and be facilitated by HSS staff, with support from PATH-aligned outreach workers, when appropriate.
- When new property-associated staff are hired, will ensure they receive Housing First orientation training, which will be: delivered through a standardized onboarding module, developed in collaboration with PATH providers and behavioral health partners; tailored to the staff person's role, with emphasis on how Housing First principles will apply to their daily responsibilities; and supported by follow-up coaching or check-ins from the HSS team to reinforce learning and address questions.
- Plans to coordinate outreach and education efforts to ensure consistency across service providers.
- Plans to use CoC workgroups and CE case conferencing to surface real-time learning needs such as tenancy preservation and landlord mediation and ensure PATH outreach and HSS tenancy supports are tightly coordinated.
- Plans to track all education activities in their internal systems, including logs of training dates, attendees and content covered; and feedback mechanisms to improve future sessions.
- Plans to conduct annual reviews to ensure compliance with expectations and evolving best practices.
- Bidder did not address ensuring education on Housing First is provided to all applicable property partners, at least annually; and instead, only address provision of education prior to first lease signage and when there are new property-associated staff hired.

2

- Will execute MOUs for property-based partnerships with each participating owner/manager to formalize their agreement to: develop and implement strategies in collaboration with bidder to mitigate common reasons for eviction;

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accept shared responsibilities for eviction prevention; and report relevant data for tracking performance metrics, such as reduction in eviction filings, tenant retention rates and resolution timelines.

- Plans to support strategy implementation through joint operating procedures that include the following topics, with descriptions included: information sharing and releases; eviction prevention protocol (EPP) through a time-bound workflow that must be attempted prior to filing for eviction, except in imminent safety risk; data sharing, especially for "early warning "signals""; after-hours coordination; and rapid maintenance/repair pathway.
- Stated the MOU structure will reflect owner/manager role delineations and property details, to ensure expectations are explicit and enforceable.
- Provided an overview on their anticipated early-warning and rapid-response infrastructure where Bidder and property managers will utilize shared "early-warning "signals"" that commonly precede evictions, listed "signals"; and indicated HSS response will occur within forty-eight (48) hours of any signal, with response to include Tenant contact, mini-assessment, benefits/financial screening and a collaborative plan with the owner/manager.
- Plans to convene a Pre-Eviction Case Conference, where needed, to agree on corrective steps and timeframes. This will include Tenant, property manager, HSS Program Manager and, with Tenant consent, legal aid or natural supports.
- Provided a list of common eviction reasons and targeted co-strategies for each, to be used by HSS and the owner/property manager.
- Plans to engage in the following Tenant-facing prevention services, with description provided for each topic: tenancy education and lease literacy; housing stability plans; income and benefits support; after-hours support; and alternative resolution for when eviction cannot be avoided, HSS will negotiate move-out terms to protect Tenants from formal filings and facilitate rapid re-housing.
- Plans to engage in the following owner/manager-facing supports: provision of Housing First and trauma-informed practice training; playbooks and templates for incident reporting and step-by-step eviction prevention flowcharts prior to filing eviction; and rapid coordination, with a named Housing Navigator/Property Liaison for each site, with a one (1) business day response time for non-urgent issues and a forty-eight (48) hour joint visit for escalations.
- Plans to implement a shared performance dashboard, to be reviewed monthly with each property owner/manager, that tracks: evictions presented vs filings, time of resolution for EPP cases, arrears cured, recertifications completed on time, unit condition corrective plans completed and partner satisfaction; lease-

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up retention at six (6) and twelve (12) months; and training reach, for number of property staff trained against required RFP cadence.
- Stated findings from metrics will drive MOU addenda or practice adjustments during quarterly reviews.
- Provided a description of the anticipated responsibilities and roles for owner/property manager; housing navigator/property liaison; and HSS program manager.
- Stated embedding of a standardized, pre-filing Eviction Prevention Protocol (EPP) into each property's MOU, training owners/managers and pairing early-warning data with rapid, flexible supports will assist with addressing root causes of eviction prior to escalation, while preserving landlord relationships and lease compliance.

D. Minimum HSS Units and MOUs Requirements

1
- Plans to implement a comprehensive, multi-tiered strategy that is grounded in collaboration, outreach and proactive risk management to maintain the minimum ten (10) HSS Units.
- To ensure the minimum ten (10) HSS Units, provided a description for the following strategies to be utilized: collaboration and outreach with property owners; property-based partnerships and education; formal agreements (MOUs); and reserve strategy whereby they will maintain a "reserve pipeline" of at least five (5) pre-vetted units and contingency agreements to ensure rapid activation of replacement Units, conducting of monthly inventory audits and quarterly performance reviews to identify trends and adjust outreach strategies, if needed.
- Should active HSS Units go below ten (10), they will activate a thirty (30) day "surge plan" that includes broker canvassing and incentive-aligned messaging, until the minimum is restored.
- Will notify the Department in writing within seven (7) days for anticipated vacancy and when a Unit is no longer available, including unit information, reason for unavailability and immediate actions taken.
- For anticipated vacancy, will additionally log the notification in a housing inventory spreadsheet within twenty-four (24) hours and assign a Housing Navigator to confirm details.
- When a Unit is no longer available, will also immediately update their internal inventory and flag the unit as inactive.
- Described their anticipated plan to maintain the minimum ten (10) HSS Units which includes: securing replacement Units within fourteen (14) calendar days

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of vacancy through pre-approved reserve units or expedited outreach; activation of contingency agreements with property owners for rapid onboarding; utilization of a housing inventory spreadsheet for real-time tracking and reporting to the Department; and partnering with local housing coalitions, PATH providers and landlord associations to expand the pool of potential units, including ADA-compliant and accessible housing options. • Plans to have their internal housing coordination team: monitor the unit status weekly and maintain real-time updates in their housing database; conduct quarterly performance reviews and adjust strategies based on vacancy trends and Department feedback; and proactively communicate any concerns related to property ownership or potential loss of a Unit to the Department.
2 • Affirmed their commitment to execute MOUs within thirty (30) calendar days of the initial period of performance, with all executed MOUs provided to the Department within the required timeframe. • Plans to maintain an MOU tracker to document outreach milestones, escalation steps and status for each property. • In addition to the required MOU details, will also ensure each MOU includes: Housing First alignment; data sharing and confidentiality for limited operational data sharing; inspection and recertification support; access and safety protocols; hours of availability and on-call protocol; conflict of interest attestation by the Bidder; vacancy notification and backfill; role clarity and clear delineation of responsibilities for rent reasonableness, payment flows and recertification processes; performance and QA participation; and notice requirements for change in management at the property and continuity provisions.
3 • Plans to implement a standardized MOU Management Protocol to ensure all newly executed MOUs are submitted to the Department within seven (7) calendar days of execution. • To ensure timely submission of subsequent MOUs, plans to do the following, with a description provided for each topic: use of a centralized MOU tracker; automated alerts and escalation; submission workflow; quality assurance review; and continuous monitoring.
4 • Plans to implement a Property Ownership Risk and Notification Protocol to ensure early detection, rapid notification and documented mitigation. • Stated they will treat the following events as notifiable concerns that may reduce unit availability, with a description included for each category: ownership/control

changes; financial/insurance risk; regulatory/physical risk; owner withdrawal; and legal constraints.
- Plans to incorporate the indicated triggers into property owner MOUs as owner-notification duties so they can receive prompt notice on such and are able to notify the Department without delay.
- Their anticipated detection and monitoring methods are as follows, with description included for each: structured monthly owner check-ins; document tracking; and MOU clause for early notice where MOUs will require that owners inform them within forty-eight (48) hours of any event that is likely to reduce HSS unit availability.
- Upon detection of a potential risk to HSS unit availability, plans to: provide a same day risk rating, with high, medium and low ratings; have same day internal escalation; and Department notification within forty-eight (48) hours for high/medium risk items and notification within five (5) business days, or include in the next scheduled status report, unless risk escalates, for low risk items.
- Provided details regarding notification channel and content, including evidence, interim protection, mitigation plan, requested guidance and a communication update cadence to be used until resolution (e.g., weekly).
- Plans to notify CE of any temporary access limitations and of newly available replacement units, once secured, consistent with CE participation requirements.
- Will ensure tenant protection and maintain service continuity, access accommodations and move/recert support should temporary relocation be needed.
- As it pertains to documentation and an audit trail for when a unit is at risk of, or becomes unavailable, plans to: have a SharePoint compliance folder to store documentation; tracker fields; and a post-event review to be completed within thirty (30) days for resolution to refine triggers and timelines.

E. Participant Outreach Prior to Tenancy

- Once an individual becomes a Participant and is awarded a housing resource, they will deploy a time-bound, checklist-driven Pre-Tenancy and Lease Execution Protocol to provide hands-on support to the Participant and their natural/professional support network to remove barriers to tenancy and complete lease execution promptly.
- Provided specific anticipated actions to occur day 0-2, pertaining to roles and immediate outreach, with a description provided for: assignment and warm welcome, to occur within two (2) business days of resource award, including assignment of a Housing Navigator “(primary)” and Peer Support Specialist (as available/desired); consent and communications; and stabilization review for

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screening of any immediate needs that could delay leasing (e.g., IDs, arrears/utility setups, reasonable accommodations and move-in supports).
- Provided specific anticipated actions to occur day 2-10, pertaining to pre-tenancy planning and barrier resolution, with a description provided for: a lease pathway meeting to review lease steps, required documentation, house rules and reasonable accommodation options or auxiliary aids, if needed; financial readiness and utilities; inspection and recertification prep; and CE coordination.
- Specific anticipated actions to occur day 3-14 pertain to owner/manager coordination, with a description provided for: single point of contact; and issue resolution huddles.
- Included anticipated actions to occur, within the owner's timeline, for lease execution and move-in: lease review and signature support; move-in orientation; and documentation and next-day check-in.
- Specific anticipated actions to occur in the first thirty to sixty (30-60) days include coaching and skills with routine in-person visits; and crisis linkage.
- Provided a detailed overview on how they will maintain Participant eligibility documentation in the Participant file through: file system and access controls; thorough description of the required components for eligibility and what each Participant file will include; HMIS and quality controls, including thirty (30) and ninety (90) day file checks using a Pre-tenancy and Eligibility Audit Tool; and continuous updates and re-verification, with change monitoring and after-action reviews.

F. Programmatic Requirements

1

- Plans to provide HSS using a low-threshold, Housing First, person-centered modeling that minimizes administrative and practical barriers, ensures in-person availability with flexible scheduling, and guarantees timely language and disability access, at no cost to Participants.
- Plans to have a barrier-reduction policy that will be approved and enacted prior to service launch setting standards for low-threshold engagement, rapid access, flexible delivery and simple documentation.
- Plans to adopt plain-language communications, trauma-informed practice and linguistic responsiveness; with interpreter use to follow best practice with professional, qualified interpreters.
- Stated all interpreter and accommodation supports, including large print, will be provided at no cost to Participants.

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- Stated Participants can initiate or continue service in-person or virtually, with Department approval for remote modalities, and appointments will be offered evenings or weekends, when needed.
- Stated their intake will only collect necessary information to start support with full documentation to proceed in stages so assistance is not delayed.
- Stated they will use outreach and re-engagement (text/phone/in-person) for missed appointments, as opposed to termination for no-shows.
- Described anticipated transportation and logistical supports with staff to travel to Participants and Housing Navigators to coordinate transportation or leverage community programs for when a Participant needs to travel.
- Provided a comprehensive description of their anticipated language access operations for HSS.
- Provided a comprehensive description of their anticipated disability access and reasonable accommodations, including access needs screening; auxiliary aids and services; training staff on service animals and emotionally supportive practices consistent with lease terms and Housing First principles; home and community visit accessibility; and digital accessibility.
- Stated MOUs with property owners/ management includes access clauses for timely building access for HSS staff, including after hours emergencies; use of common areas for program activities, when applicable; and good-faith corporation on reasonable accommodations and inspection/recertification scheduling.
- Should a physical feature limit access (e.g., broken elevator or locked common rooms), plans to have the Landlord Liaison/Housing Navigator escalate to ownership, and if needed, arrange an alternate accessible venue for services while issues are remediated.
- Plans for initial training and annual refreshers.
- Plans to have a 24/7365 on-call line that is answered live to support urgent Participant needs and coordinate with the Behavioral Health Crisis System, to ensure help is reachable outside business hours, without language barriers.
- Plans to have a simple, translated grievance process which will be explained at intake and provided in common languages, with the ability for grievances to be submitted in person, over phone, email, mail, online form or via a designated third party such as an advocate or case worker.
- Plans to also accept anonymous complaints, where practical; and interpreter support is offered for any complaint or appeal.

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• For the annual satisfaction survey, to be provided to the Department for approval within sixty (60) days of contract start, indicated it will include language and accessibility questions. • Plans to engage in rapid barrier removal with reported access issues logged, assigned and resolved within defined timeframes, less than two (2) business days for urgent needs and less than ten (10) business days for routine needs. Plans to have trends inform training and process updates. • Described the access metrics that they will measure on a monthly basis. • Plans to have supervisors conduct file audits at thirty (30) and ninety (90) days to verify documentation of language preference, accommodations and use of interpreters/aids when indicated; with deficiencies to be corrected within five (5) business days. • Stated they include access indicators in routine reports and will be ready to provide supplemental documentation upon request.
2 • Plans to post a weekly HSS schedule that includes at least twenty (20) in-person hours open for participant contact in the field, home, common areas or community sites; and staff will also reserve floating blocks for walk-ins/outreach to ensure real access. • Plans to spread hours across multiple days, with at least one (1) early evening block, and weekend as needed, to ensure work schedules, transportation, or health issues do not create barriers. • Plans to use remote contact only when approved by the Department, with the default being in-person contact. • Plans to align hours with Coordinated Entry (CE) workflows so when a unit is matched or a lease step is due, HSS availability will be immediately actionable. • Plans to have a team of Housing Navigators “(primary)” and a Program Manager; with the two (2) Housing Navigators to backfill when a staff person is unavailable to ensure the minimum twenty (20) hours, and supervisors will be trained to step in, if needed. • Plans to complete a brief barrier screen at first contact. • Plans to co-create an individualized housing stabilization plan (IHSP) within ten (10) business days, with clear goals for independent living skills, tenancy tasks and service linkages, with preferred days/times indicated so scheduled hours match Participant availability. • Plans to review IHPS at least quarterly, or after any critical event, to ensure adequacy and right-sizing of service intensity.

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- Stated they offer modular, teach-back-based support in 1:1 or small-group settings.
- Plans to provide early tenancy coaching in the first sixty to ninety (60-90) days, with increased visit frequency to prevent early lease violations; and mediation with property managers through Housing Navigators to de-escalate issues before they threaten housing.
- Plans to have an eviction-prevention infrastructure that includes an early-warning system; compliance calendar for tracking inspections and reasonable accommodation reviews; and crisis linkage.
- Provided a process description on how they will assist with accessing MaineCare services and ensuring proper billing; with tenancy supports and navigation to complement medical/behavioral care.
- For access to non-MaineCare community-based services, plans to utilize their formal and informal relationships; and assist with SSI/SSDI through SOAR referral, SNAP/TANF, utility assistance and other stabilizing resources that directly protect housing retention.
- Plans to provide evening blocks for HSS, field visits and alternative accessible locations when a property feature impedes access.
- Plans to log all encounters into their record system and HMIS for required data elements, validating the minimum twenty (20) hours per week of HSS.
- Described key metrics that will be reviewed monthly, addressing availability, adequacy and outcomes.
- Should there be any shortfall, e.g., fewer than twenty (20) posted hours and delays in linkages, a corrective action plan will be triggered (e.g., adding float hours, rescheduling blocks and adjusting staffing), documented and reviewed by the Program Manager.
- Stated their cost proposal is built on the basis of ten (10) HSS Units at twenty (20) hours per week, as required, with staffing patterns right sized to such, with the ability to scale hours and FTEs.

3

- Plans to ensure HSS is fully integrated with all ancillary supports through: formal partnerships and MOUs; participation in monthly multidisciplinary care coordination case conference meetings to align service plans and address housing stability barriers; coordination across providers to ensure integrated service plans; technology integration through leveraging of HMIS for secure data sharing and ensuring real-time updates on Participant progress and service utilization; and use of warm handoffs.

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• Plans to ensure HSS does not duplicate other services received through: comprehensive intake and assessment; service mapping; role clarification; ongoing monitoring through quarterly audit of service plans; and communication protocols with HSS staff to coordinate with MaineCare providers prior to initiating any supportive activity that could overlap with billable services. • Will ensure MaineCare billable services are billed to MaineCare through: eligibility verification; billing segregation; provider coordination; staff mandatory training on MaineCare billing rules; and compliance audits through monthly internal audits and participation in Department-led reviews to ensure adherence to billing requirements.
4 • Committed to providing HSS in-person and recognizes face-to-face engagement is essential for building trust, supporting tenancy and addressing barriers to housing stability. • Plans to have in-person services provided for all core activities, including intake, housing navigation, landlord mediation and tenancy sustainment. • Their anticipated in-person service delivery strategy includes: dedicated field-based staff through Housing Navigators; geographic coverage with staff to be deployed strategically within the Target Area to minimize travel time and maximize responsiveness; and technology as supplement, not substitute, where virtual services will only be used when in-person delivery is impractical due to Participant preference, safety concerns or public health emergencies, and only with Department approval. • Will not implement any remote service delivery without prior written approval from the Department. • Any alternative delivery requests will include justification, Participant consent, and a plan to return to in-person services as soon as feasible. • To ensure all in-person hours are flexible and Participant-centered, plans to implement: Participant-driven scheduling, with appointments offered during standard business hours and extended hours (evenings and weekends) as needed; mobile service model with services provided at Participant homes, community spaces or other preferred location; on-call protocol with maintenance of a 24/7/365 call line; and continuous feedback through collection of Participant input via surveys and case reviews, to adjust scheduling practices and improve accessibility.
5. • Plans to maintain a list of entry-level positions that are suitable for Participants, including administrative support, peer navigator roles and program assistants;

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and plans to provide job descriptions, qualifications and application guidance in accessible formats. • Plans to develop a volunteer program that includes roles such as event support, peer mentoring and community outreach; and will ensure flexible scheduling and task assignments that are aligned with Participant interests and abilities. • Plans to engage in supportive onboarding and training that includes pre-employment orientation covering workplace expectations, confidentiality and trauma-informed practices; skill development through offering training in relevant skill areas to prepare Participants for success; and mentorship through pairing Participants with experienced staff for ongoing guidance and support. • Plans to ensure all employment and volunteer opportunities comply with Department policies, labor laws and ADA requirements; and will provide accommodations, as needed, to support individuals with disabilities or other barriers to employment. • Plans to inform Participants of opportunities during intake, case management sessions and through agency newsletters and postings. • Will maintain a dedicated point of contact within the agency for inquiries related to work and volunteer roles. • Will have participation in work or volunteer activities remain voluntary, and not a condition of tenancy, consistent with Housing First principles; and opportunities will be designed to enhance self-sufficiency and community engagement, without interfering with housing stability.
G. Housing Stability Services (HSS
1 • Plans to ensure HSS is provided voluntarily and guided by a person-centered, strengths-based approach, in compliance with Housing First policy and Department requirements. • As it pertains to voluntary participation, stated Tenancy will never be contingent on HSS participation, or any ancillary services; services will be offered as options to empower Participants to select supports that align with personal goals; and use of transparent communication at intake and through ongoing engagement where staff will clearly explain that participation is voluntary and will not affect housing eligibility or retention. • For a person-centered, strengths-based approach, plans to: have individualized service planning that reflects Participant priorities, preferences and identified strengths; provide goal-oriented support focusing on Participant-defined goals; and use trauma-informed practices.

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- In order to build rapport and encourage participation without coercion, plans to engage in the following: regular scheduled outreach check-ins, e.g., through monthly in-person visits or calls, to maintain connection and offer support; relationship building through use of motivational interviewing and active listening; strengths recognition to highlight Participant successes and capabilities during interactions to reinforce empowerment; provide flexible engagement through offering informal opportunities for connections, such as community events or resources fairs, without linking attendance to service requirements; and consistent presence to maintain a visible and approachable staff presence in housing sites to normalize engagement and reduce stigma.

2

- As it pertains to insurance coverage, including MaineCare, plans to: provide eligibility screening and enrollment support, including hands-on support with applications, renewals and documentation through in-person and virtual appointments; partner with certified MaineCare Navigators for real-time eligibility checks; and educate Participants on coverage options, rights and responsibilities and advocate for expedited processing when coverage lapses risk housing stability.
- As it pertains to needed MaineCare services, plans to: review Participant needs during intake and ongoing assessments to identify applicable MaineCare services, including those listed; facilitate direct introductions to MaineCare-approved providers through warm handoffs and scheduling of initial appointments; and ensure billing compliance for MaineCare billable services, through coordination with providers and internal financial controls.
- As it pertains to social services and benefits, plans to: screen for disability benefit eligibility and refer to SOAR specialists for expedited application assistance; connect Participants to non-emergency transportation (NET) services and local transit programs; assist with SNAP applications and referrals to food pantries and community meal programs; and provide guidance on TANF, General Assistance and other state/local resources.
- For community-based clinical resources, plans to: coordinate access to primary care providers, federally qualified health centers and preventative care programs; refer Participants to outpatient and residential programs, including Medication Assisted Treatment providers; participate in multidisciplinary team meetings with clinical providers to align housing and health goals; and maintain protocols for emergency referrals to crisis stabilization units and detox facilities, when needed.
- Plans to have their Housing Navigators be trained in serving as the primary contacts for navigating insurance, benefits and clinical resources.

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• Will maintain documentation in HMIS to monitor service access and outcomes. • Plans to conduct quarterly reviews of referral processes and Participant feedback to enhance service integration.
3 • Plans to ensure every Participant consistently has the information, instructions and contact options needed to address emergent needs at any time, including direct access to Maine's Behavioral Health Crisis System. • Stated every Participant will receive: a welcome and safety packet on day one (1)/at enrollment and updated as needed; plain language and language access; and in-home visual prompts, with Participant permission, will affix small, discreet crisis-number magnets near phones/charging stations • As it pertains to the welcome and safety packet, it will include: a one-page Emergency and Crisis Quick card that includes 988, the Maine Crisis Line, the Intentional Peer Support Warm Line, the Teen Text Line, 211 Maine and 911 for imminent danger or medical emergency; a QR code to a mobile-friendly resource page mirroring the card, updated in real time, and program after-hours instructions; and a release of information (ROI) option for streamlining warm handoffs during Crisis. • As it pertains to plain language and language access, will have materials written at approximately 6th grade reading level and translated to the top non-English languages used in their service areas, accompanied by language identification aids and available in large print upon request. • Plans to embed Crisis information into individualized plans and everyday practice, through: safety and stability planning; teach-back and rehearsal for practicing what to do in Crisis and/or other situations (e.g., if feeling unsafe); and closed-loop referrals and tracking. • Plans to have 24/7/365 live, on-call coverage staffed by trained personnel who can de-escalate non-clinical situations; determine if the Participant needs behavioral health crisis intervention or emergency services; and initiate a warm transfer to 988 or Maine Crisis Line, or 911 for imminent danger. • Plans to have on-call staff remain on the line until the Participant is successfully connected to the appropriate resource and staff confirms that handoff is complete. • Plans to log all after-hours contacts in EmpowOR and will have the assigned HSS staff follow up on the next business day to ensure needs are met and update the safety plan, if needed. • Plans to have their on-call system implement a rotating schedule with backup coverage to prevent gaps.

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• For non-emergent needs and crisis stabilization, plans to have HSS staff provide a warm handoff to local behavioral health partners that Bidder has existing collaborations with, using existing MOUs/relationships, and adding to HSS-specific agreements as needed. • Plans to quarterly validate crisis numbers, instructions on the Quick Card, magnets and their webpage to ensure changes are made when there's an update. • Plans to log post-event contacts in EmpowOR, with unresolved needs automatically flagged for supervisory review.
4 • Plans to assist Participants with building durable independent living skills by addressing priority Social Determinants of Health (SDOH) across the following five (5) domains recognized by Healthy People 2030: Economic Stability; Education Access and Quality; Health Care Access and Quality; Neighborhood and Built Environment; and Social and Community Context. • Stated they organize services and partnerships around the SDOH framework and the CDC's agencywide SDOH practice pillars that emphasize data, evidence, cross-sector partnerships, community engagement and capacity. • Plans to have initial assessment and the Housing Stability Plan to be completed within thirty (30) calendar days of enrollment. • The individualized assessment and service plan will bring to surface SDOH barriers and codify Participant-defined goals and action steps. • Plans to record all linkages, referrals, event participation and outcomes in EmpowOR; with staff to perform closed loop checks after each referral or event and update plans accordingly. • Will have supervisors review dashboards to identify gaps and improvements. • Stated they deliver 1:1 coaching, small-group workshops, and peer supported sessions aligned to SDOH and tenancy stabilization. Stated their "illustrative content" includes: tenancy sustainment and rights; financial capability; food and nutrition security; health access and behavioral health self-management; transportation problem-solving; and digital readiness and safety. • Stated they maintain and refresh a county-by-county linkage map to various listed services and listed some partners they work with. • Stated warm handoffs are completed with ROIs and scheduled introductions, when possible. • Plans to facilitate direct scheduling, information exchange (as allowed) and feedback loops to ensure Participants move from referral to service activation without friction.

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- Plans to have topics, timing and facilitation of on-site community-building social events by guided by Participant input through pulse surveys, suggestion cards and open meetings.
- Stated example offerings include: skills cafes (e.g., budgeting labs, tenant rights Q&A with legal partners, healthy cooking on a budget and landlord communication practice); connection and wellness through hobby circles, walking groups and coffee hours to build positive social networks; and recovery-supportive activities such as peer circles, stress-reduction and overdose-prevention education with local partners.
- Plans to coordinate transportation support to maximize attendance.
- Stated events will adhere to Bidder's safety and incident reporting policies; and staff are trained to de-escalate, document and escalate per protocol.
- As it pertains to metrics, plans to track Participant-defined goals, completed linkages, class attendance and completion and changes in SDOH conditions, aligned with Healthy People 2030 SDOH domains.
- Plans to have EmpowOR dashboards support monthly supervisory reviews with findings to inform coaching emphasis, event scheduling and linkage prioritization.
- Stated many sites may not be conducive to hosting social events due to lease constraints, construction, space limits or community concerns; plans to document limitations and will proactively identify housing and community sites that have space suitable for community events.
- Plans to collaborate with the Department to obtain any required approvals and to rapidly identify, vet and activate additional alternative locations, as needed, without interrupting service continuity.
- Plans to have program leadership inform the Department of any alternative location needs within two (2) business days of a constraint and will then initiate the alternative-site protocol.
- Plans to, with the Department apply a common checklist that addresses: ADA access; neutrality; transit access/parking; safety/security; capacity; cost; neighborhood fit; landlord/property management considerations; and insurance.
- Plans to leverage current collaboration agreements to quickly secure community rooms, including libraries, town sites, FQHC spaces, parks/rec facilities and higher-education rooms.
- Plans to provide a brief venue packet that indicates access, safety plan, dates and insurance, for Department review; and upon confirmation, will finalize reservations and publish the calendar.

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• Plans to coordinate Participant transportation supports and use multi-channel communications to maximize attendance. • Should fixed sites be limited, plans to deploy pop-up/mobile sessions, and, where appropriate, virtual skill-building using teleservices within Bidder's practice. • Plans to share post-cycle summaries with the Department to continuously refine site choices, with summaries to include information on attendance, Participant feedback and outcomes.
5. • Plans to engage in pre-move coordination whereby they confirm reasonable accommodations with property management and coordinate utilities, furnishings and accessibility needs; and will schedule the move-in date, arrange transportation if needed, and prepare a unit-specific orientation plan and checklist, to be tracked in EmpowOR. • Plans to have a move-in day orientation on-site that involves a walkthrough and photographic condition documentation; reviewing of work order and maintenance request procedures; reinforcement of emergency egress and safety expectations, aligned with agency's safety protocols; and collection of any needed ROIs to enable warm handoffs. • The Welcome and Safety Packet will also be provided at move-in day orientation. • Plans to engage in early tenancy follow up for days three to fourteen (3-14) which will include a home visit to reinforce unit care, trash/recycling, pest-prevention, quiet hours, guest policy and the rent/payment schedule; and will document tasks and set automated reminders in EmpowOR so no item is missed. • Plans to use plain language, teach back, and translated materials to ensure Participants understand their lease, rights and responsibilities. Plans to do this through: read-along review and teach back, and provision of a one-page lease summary, with digital copy stored in the Participant record; and tenancy skills coaching and classes through ongoing 1:1 coaching and group sessions and warm handoffs to agency's Housing Counseling and financial capability offerings. • As it pertains to mediation and issue resolution with property owners/managers, plans to use an early-warning, problem-solving approach to preserve housing, whenever possible, that includes: early alerts and outreach, with staff responding to Participant or landlord concern reports within forty-eight (48) hours to define the issue and agree on interim steps, with all interactions and

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resolution plans documented in EmpowOR for tracking and follow up; a structured mediation workflow; and escalation.
- Stated their agency incorporates peer support specialists within team-based behavioral health models to co-facilitate groups, accompany participants to high-anxiety appointments and reinforce recovery-oriented goals; Bidder did not specify if this would also be the case for HSS.
- Plans to establish a structured peer volunteer program recruiting individuals with lived experience of homelessness or behavioral health recovery; with peer volunteers to provide companionship for community events, assist with skill-building activities and model successful strategies to maintain housing stability.
- Plans to schedule and document all peer activities, whether by staff or volunteers, in EmpowOR, including clear role boundaries, supervision and outcome notes.
- When appropriate, will connect Participants to statewide peer resources and local peer groups, ensuring alignment with the individual's preferences.
- Plans to operate continuous live, on-call coverage and will connect Participants to Maine's Crisis System for immediate help.
- Stated they operate under their agency's Safety and Health and critical-incident procedures and supervisors will review all crisis events within twenty-four (24) hours to ensure correct reporting, mandatory notification when applicable, and quality improvements.
- Specific anticipated Crisis intervention to be provided when staff are in-person or on-call outside of connection to Maine's Behavioral Health Crisis System was not indicated in this response.
- Plans to have Housing Navigators deliver tenancy education, linkages and mediation; Peer Support Specialists, as applicable, will provide recovery-oriented support; and a Program Manager will oversee quality, documentation and on-call rotations.
- Listed their anticipated core indicators to be tracked in dashboards and reviewed monthly, as it pertains to Housing Support and other stabilization services, with orientation/move-in to be completed within fourteen (14) days.
- Plans to have supervisors audit record for completeness and timeliness, with trends to inform coaching, curriculum updates, landlord engagement strategies and event design; with findings available to the Department upon request.

6

- Plans to deliver Harm Reduction as a practical, participant-centered approach, meeting people where they are, to reduce the negative consequences of substance use and strengthen safety and dignity while respecting autonomy.

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- Plans to integrate Harm Reduction across orientation, day-to-day supports and crisis response for all HSS sites.
- Plans to have HSS staff provide, at enrollment and ongoing, plain-language education regarding safer use, overdose risk factors and safety planning in the home and community.
- Plans to embed safety steps and preferences in each person's plan and will be revisited after any incident.
- Plans to have staff and Participants receive evidence-informed overdose education and naloxone training through agency's established training modules and partner-led sessions; with completions tracked on standardized forms.
- Stated they facilitate access to naloxone for those who request such and provide targeted outreach when risks are identified.
- Plans to inform Participants on community overdose resources and provide direct contact information for education and additional supplies.
- Plans to provide warm linkage to care, recovery and harm reduction partners.
- Where requested and appropriate, plans to have staff connect Participants to community Harm Reduction providers for services such as safer use education, health screenings and other risk-reduction supplies and supports.
- Should an overdose occur, will have staff follow agency emergency procedures, calling 911, "initiate naloxone if trained and present and remain until first responders arrive." As required by the RFP, all staff must be trained on naloxone and its administration and have naloxone on-hand at all times when providing HSS; as such, the quoted language in this response is unclear to this evaluator, since all staff will be required to be trained on naloxone and have it on-hand when providing HSS.
- After any overdose event, will have staff complete a timely follow-up, update the safety plan, and coordinate rapid access to treatment/recovery and community supports.
- Stated on-site and alternative-site community events may include discreet Harm Reduction education tables and facilitated conversations with Partners, with naloxone access offered. Will ensure age and setting appropriate approaches and partner coordination.
- Stated agency communications and employee materials include pathways to treatment and recovery resources to normalize help-seeking and reduce stigma.
- Plans to document referrals, training participation and follow-ups in EmpowOR and staff will set reminders for closed loop tracking until the service is confirmed or rerouted.

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• Stated the key indicators that will be summarized on dashboards and continuous quality improvement (CQI) findings will be reviewed in supervision and program meetings and will inform coaching, partner coordination and event design. • For any acute event, will have staff ensure next-day stabilization planning and warm linkage to appropriate services.
7 • Plans to provide Housing Frist-aligned, person-centered, housing stability-focused case management to Participants without an external case manager. • Stated case management services include assessment, care planning, coordinated linkages across SDOH, warm handoffs to behavioral/physical health care when possible, ongoing coaching, crisis/safety planning, and closed loop follow up until services are active and goals are met. • Plans to coordinate with CE/HMIS for referrals and data integrity, maintenance of a record for each Participant, implementation of the grievance process and conduction of annual voluntary anonymous satisfaction surveys, approved by the Department. • Plans to conduct eligibility screening for case management at enrollment or when a Participant loses external case management; with consent and applicable ROIs attained; and anticipates all engagement steps to occur within five (5) business days of referral. • Provided a comprehensive description of the following case management model and core activities: comprehensive assessment and housing stability plan; tenancy support and eviction prevention; care coordination and community linkages; electronic referrals and closed loop follow up; health and behavioral health navigation; harm reduction and post-overdose support; and SDOH problem-solving. • Plans to have initial contact occur within two (2) business days of referral or enrollment, with ongoing cadence matched to acuity and Participant preference. • Plans to document all encounters, referrals and outcomes in EmpowOR. • Will only share the minimum necessary information for ROIs. • Plans to have Housing Navigators act as primary points of contact, and peers/volunteers may augment engagement under staff supervision. • Will have supervision provided by the HSS Program Manager with clinical oversight by the agency's Clinical Director. • Plans to have outcome indicators include housing retention at thirty (30), sixty (60) and ninety (90) days.

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• Should an external case manager be engaged, will coordinate a warm handoff and share, with consent, an updated plan and linkage status and will remain available for tenancy-specific support, as needed.
8 • Plans to use their established engagement, consent and documentation workflows to complete an initial assessment of Ancillary supports and natural supports within thirty (30) calendar days, with the following outline described: engagement, consent and ROIs on days 0-5; supports inventory and verification on days 3-15; gaps and risk review on days 10-25; and supervisor quality check and plan inputs by day thirty (30). • Should no current needs assessment exist, plans to complete a holistic, person-centered assessment within the same thirty (30) day window, and indicated the domains it will cover, their anticipated structured approach and their plans for documentation and closed loop follow up. • Stated the needs assessment will produce the inputs for the Housing Stability Plan for Participant-defined goals, actions timelines and responsible parties. • Stated the needs assessment establishes measurement baselines for retention and service activation. • Should a needs assessment be already completed, they will, with Participant consent, integrate the assessment, and provide a description of their anticipated steps when this is the case, including integration of the assessment's findings into the Housing Stability Plan.
9 • Will ensure each Participant needs are reassessed at least annually after the initial assessment, with reassessments to also occur whenever there is a significant change in status. • Plans to, at enrollment, have staff assign a reassessment due date twelve (12) months after the initial assessment and will record it in EmpowOR. • Plans to have automated reminders generate at sixty (60), thirty (30), fourteen (14) and seven (7) days prior to the assessment due date and on the day-of; with tasks to remain open until the reassessment is completed and signed. • Plans to have supervisors review a monthly "Due/Overdue Assessments" dashboard to verify compliance and coach staff on any at-risk case. • Described their reassessment content and method, and indicated reassessment will be offered on site, in the community, or via phone/video to reduce barriers, following teleservices guidance. • Plans to store completed reassessments in EmpowOR with data stamps and Participants will receive copies in their preferred format.

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• Plans to reconfirm or update ROIs, with only the minimum necessary information shared. • Described plans for integrating the reassessment with the individual service plan (ISP). • Should a Participant be unavailable or declines the reassessment, will have staff document outreach attempts "(multi-channel)", discuss risks/benefits, and propose alternative modalities or times. Will have supervisors review any non-completion within ten (10) business days to ensure another attempt or a mitigation plan. • Provided a description on the following topics for use of an existing assessment, with Participant consent: consent and data intake; validation and relevance check; structured crosswalk to the ISP; care team coordination and feedback loop; and ad hoc updates and annual compliance (e.g., if the external assessment is older than twelve (12) months or materially incomplete, will have staff complete a focused reassessment).
10 • Stated they use a person-centered, trauma-informed and strengths-based planning process. • Staff will co-create an ISP to convert assessment information into actionable goals with clear steps, roles and timeframes. • Stated plans are Participant-directed, updated at least annually and revised sooner when needs change. • Provided a description of their assessment-to-plan workflow, from first interview to signed plan. • Described how information flows within their system. • Provided a description on what "strengths-based" looks like in the plan. • Plans to have interim plan updates occur after meaningful changes such as a new job or income change. • Will have staff set 30/60/90-day check-ins after critical milestones like move-in and post-crisis to verify tasks are active and goals remain relevant. • With Participant consent, will share a concise plan summary with relevant partners (e.g., primary care, counseling, recovery supports and landlord/tenant mediation resources) to align roles and reduce duplication. • Plans to have supervisors conduct monthly plan audits "to verify currency, participant-meaningful goals, clear owners/dates, current consents, and task closure or revision."

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• Stated Participants will choose where and how to meet and who to invite and may change their plan at any time and may limit or revoke information sharing via updated ROIs. • Stated plans will be written for the Participant first and will be available in accessible formats.
11 • Stated their ISP template includes the following six (6) sections/domains: health and behavioral health; relationships and natural supports; harm reduction; life skills; housing support; and care coordination. • Plans to map assessment findings to the six (6) sections using a standardized crosswalk with each section to contain at least one (1) Participant-defined goal and concrete action steps with owners and dates. • Stated teleservices are available when in-person is not feasible. • Provided a comprehensive description on anticipated activities pertaining to individual service planning for each of the six (6) sections/domains. • Plans to have supervisors conduct monthly audits to verify that each ISP includes domain-specific goals and action steps, current consents, active tasks and timeline updates; with findings to drive coaching and standard operating procedure (SOP) refinements. • Stated dashboards will flag overdue referrals, missed follow-ups and upcoming annual reviews so no item is lost, and corrective actions will be tracked to closure.
12 • Stated Crisis Planning is embedded in their agency's person-centered, trauma-informed service planning. • Stated every Participant with identified risk factors will have a concise, individualized Crisis Plan (CP) developed during the assessment-to-plan process, to be reviewed at least annually or after a significant event. • Plans to have staff facilitate a structured, collaborative conversation to capture the Participant's own language, preferences and consent parameters, with teach-back to confirm accuracy and understanding. • Will store the Crisis Plan in EmpowOR as a linked component of the ISP and will provide a Participant-friendly copy in the preferred language and format. It is unclear to this evaluator if Participants will also have access to their original, non "Participant-friendly" copy of the Crisis Plan, if desired. Elsewhere in the response, indicated Participants will receive "a copy of the full CP (paper and/or digital) in the preferred language and format", but did not reference a

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Participant-friendly copy. This evaluator is unsure what exact copy of the Crisis Plan will be provided, if more than one (1). • Described the following elements that they will require for every Crisis Plan: early warning signs and triggers; Participant-preferred coping and stabilization steps; medications and health supports, as applicable; crisis contacts and escalation pathway; safety steps for the housing context; roles of natural supports and providers, with consent; and post-event follow-up where HSS staff will provide a check-in on the next business day and plans will be updated based on what worked and what did not. • Described the following housing-specific scenarios to be included in the Crisis Plan and how the Plan will guide action: behavioral escalation in the unit; overdose or suspected overdose; and eviction threat or lease violation. • Will write Crisis Plans at approximately a 6th grade reading level and reviewed with teach-back and translated Crisis Plans will be provided in the top non-English languages used in their service area. • Plans to have accessible, alternative formats for Crisis Plans available upon request. • With consent, will provide natural supports with a brief “Supporter Version” of the Crisis Plan. • Plans to provide initial distribution of the Crisis Plan within one (1) business day of finalization; it is unclear to this evaluator why Participants would not be provided a copy of the Crisis Plan at Crisis Plan finalization. • Should there be any material change or post-event update to the Crisis Plan, will provide a revised Plan and updated Quick Card within two (2) business days. This evaluator is unsure why the Crisis Plan would not be provided to the Participant immediately after any updates are made.
13 • Plans to develop an individualized mitigation plan (IMP) for any Participant who receives or is at credible risk of receive in an adverse tenancy action such as notice of lease violation, notice to quit, nonpayment notice, court summons or landlord complaint. This does not meet the RFP requirement that HSS develop an individualized mitigation plan for each Participant, not solely the ones who receive or are at risk of receiving an adverse tenancy action. The individualized mitigation plan is intended to be developed such that it can be utilized should an adverse action occur as it pertains to tenancy; and not developed solely when an adverse action has occurred and/or if a Participant is at risk of receiving an adverse tenancy action.

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- Stated the IMP will complement the ISP and focus on immediate stabilization and root-cause resolution of historical and current barriers.
- Plans to have staff "open an IMP case" within one (1) business day of learning of the adverse action; it is unclear to this evaluator what an "IMP case" would entail, if separate from creation/development of an actual individualized mitigation plan.
- Plans to use person-centered root-cause analysis of historical and current barriers; with findings summarized in plain language and mapped to mitigation objectives inside the IMP.
- Described what every IMP will contain, indicating time-bound processes that align with Bidders plan to only develop an IMP for Participants who have received or are at risk of receiving an adverse tenancy action, which does not meet the RFP requirement.
- Stated the "IMP remains active until the adverse action is withdrawn/resolved and the Participant demonstrates sustained progress on underlying drivers for at least thirty (30) days"; this description suggests to this evaluator that the IMP may be utilized as a punitive measure (e.g., "Participant demonstrates sustained progress"), however, this is not the intent of the individualized mitigation plan and is not appropriate for the service.

14

- Once the HSS Program Manual is published, they will align all workflows so that ISPs, Crisis Plans and Mitigation Plans follow the Manual's required review intervals and documentation standards.
- Described how they operationalize "compliance" on day one (1) of the HSS Program Manual's publication, through: policy ingestion and compliance matrix created within "business-week 1"; configuration of workflow updates inside EmpowOR; use of version control and audit visibility; and, within "business-weeks 1-2", will engage in change management and staff readiness through issuance of a Staff Advisory that summarizes plan-review rules and will provide micro-trainings in team meetings/supervision, and cross walk agency's Safety and Health procedures to the manual.
- Described the following ongoing controls they will utilize to ensure timelines are met: automated reminders and escalations; monthly quality checks; quarterly internal audits; and language access checks.
- Plans to use the following timelines for each plan: annual pre-scheduled reviews for individual service plans, with interim reviews completed when a trigger occurs; follow the Manual's periodic requirements for Crisis Plans and re-check post incident; and for mitigation plans, stated "accelerated review cadence

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during risk periods (e.g., weekly or Department-defined) until the adverse action is resolved".

- Plans to have signed PDFs with date, language-access documentation, and EmpowOR audit trails of reminders, escalation and completions available for Department review upon request.
- As it pertains to event-driven triggers for service plan reviews sooner than annual, these include life-changing events; new information obtained; and based on Participant choice.
- Plans to capture event-driven triggers through system hooks (e.g., on-call/incident logs, court/landlord documents and provider updates) and human loops, where staff will add a "Plan Review Needed" "quick-task" whenever they observe a material change, with supervisors to verify creation/closure during weekly huddles and 1:1s.
- Plans to conduct language reviews in the Participant's preferred language and format with qualified interpreters and translated materials, as needed; with teach-back to confirm understanding, and will document interpreter use and translated files.
- Plans to have monthly supervisory reports track on-time annual reviews, trigger-to-review cycle time, and late items by plan type and worker; with recurrent delays to prompt targeted coaching and corrective action plans.

H. Staffing

1

- Plans to operate continuous live on-call coverage so Participants are able to reach a trained staff member that can assess, triage and connect them to the appropriate staff (program staff, Maine's Behavioral Health Crisis System or emergency services).
- Provided a description on the following topics regarding how their on-call line works: live answering by trained personnel; identity, consent and safety check on call pick-up; and language access.
- Stated they have a scripted decision staff for on-call staff to follow to ensure consistent, appropriate triage and escalation, including: assessing if the call pertains to imminent risk to life or safety, behavioral health crisis, overdose, or non-emergent but urgent HSS needs, and acting accordingly; and an appropriate response for general questions or routine requests, including route to connect with the right staff for follow-up, preferred contact method and accessibility needs.
- Plans to engage in documentation, closed-loop follow-up and quality controls through the following described topics: on-call note and next-day handoff in

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EVALUATOR DEPARTMENT: DHHS/OBH

EmpowOR; incident and critical-incident reporting, including next day supervisory review and CQI; post-event contact and plan updates; and documentation of language-access. • Plans to maintain a posted on-call rotation with at least one (1) primary and one (1) backup responder at all times; with on-call staff to carry the on-call phone and a concise, “one-page” resource sheet with crisis numbers, program scripts and a quick decision tree. • Plans to have all on-call responders complete and keep current training in de-escalation, suicide risk awareness, overdose response/naloxone, confidentiality/ROIs and emergency procedures. • Plans to have supervisors conduct a weekly audit of sample on-call encounters during the first ninety (90) days of program launch, and then monthly audit, to confirm triage accuracy, documentation completeness, language-access compliance and timeliness of handoffs; with trends to inform coaching and standard operating procedure (SOP) updates. • Plans to provide Participants with the on-call number on a wallet card and magnet and in welcome materials, to be written in plain language and with translated version available in the top non-English languages used in their service area. • Upon request, will provide large-print, high-contrast and pictogram-aided summaries of when to call the on-call line, 988 or 911. • Plans to have on-call responders confirm Participants’ preferred communication method at the start of each call and will be able to pivot to text relay or interpreter, as needed.
2 • Stated their program staff have experience in housing stability services and broader expertise in case management, resource navigation and financial education. • Stated they have a “C-Team”, multidisciplinary group, within their organization that works collaboratively across all agency departments and with community partners to address complex barriers faced; and stated that their HSS Program Manager is a C-Team member. • Plans to provide staff supervision through the Program Manager and the Housing and Energy Services Directors; with clinical supervision to be provided by their Clinical Director. • Stated regular supervision includes case reviews, reflective practice and compliance monitoring.

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• Plans to provide ongoing training and development, including on trauma-informed care, motivational interviewing and Housing First principles, with staff encouraged to participate in external learning opportunities. • Stated supervision will support ongoing staff development needs identification and individualized training plan development. • Stated all HSS staff will be required to have at least one (1) year of experience providing direct services to individuals experiencing homelessness or one (1) year of direct lived experience with homelessness. • Stated staff recruitment will include use of career fairs, social media and partnerships with educational institutions. • Should additional staff be needed for program scaling, stated they will consider interested program participants who meet position qualifications, for employment.
3 • Plans to use a multi-pronged strategy of data-driven planning, supervision, training and community partnerships to ensure staffing for HSS is responsive, qualified and tailored to Participants' evolving needs. • Plans to adjust staffing levels and roles based on real-time demand and acuity trends, aligned with available funding. • Stated all staff will receive supervision and clinical supervision. • Plans to maintain a network of volunteers, including Participants, to provide in-person peer support. • Plans to embed their Behavioral Health Navigator (BHN) workflows into HSS care plans and will maintain up-to-date directories of local providers for real-time referrals. • Plans to engage in monthly touchpoints with provider liaisons to ensure staffing remains aligned with service availability and Participant needs. • Stated they actively engage with the Maine CoC CE to align staffing with unit availability and anticipated Participant inflow, ensuring staff are prepared to respond to new referrals and housing opportunities.
4 • Plans to have "HSS direct service staff" receive weekly supervision, and as needed, from the Program Manager and monthly clinical supervision from their agency's Clinical Director. Plans to have the Program Manager receive supervision from the Housing and Energy Services Director. It is unclear to this evaluator whether the Program Manager will also be receiving regular supervision from qualified clinical personnel, as required for all HSS staff.

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- Stated their Housing and Energy Services Director and Deputy Director provide administrative and fiscal oversight, and the Program Manager supervises day-to-day operations and staff performance.
- Stated they conduct regular staff training needs assessments and maintain a calendar of professional development opportunities, including mandated annual trainings and additional sessions that are tailored to employee needs.
- Stated training topics for HSS staff include trauma-informed care, motivational interviewing, Housing First principles, crisis response protocols and healthy/safety standards.
- Stated staff will have individualized professional development plans where they are encouraged to identify areas for growth; and the professional development plan will ensure training is relevant and responsive to organizational goals and personal career trajectories.
- Stated they document staff trainings and monitor and support ongoing evaluation and refinement of training strategies.

Provided Attachment 7 – anticipated Training Plan

- Includes training topics and when training would be required (e.g., within thirty (30) days of hire and annually) for each topic.
- Did not indicate the anticipated training facilitator for each training and instead provided a list of three training facilitators (human resources department, external consultants and online platforms) to refer to all indicated trainings.
- Did not indicate which listed trainings would be required prior to interacting with Participants.
- Listed specific, agency-required trainings as well as HSS program-specific trainings.
- Indicated which trainings would be in-person, online, or a mix of both.

5.

- Plans to have a structured, multi-tiered approach that integrates agency standards, external best practices and individualized development plans.
- Stated, prior to service delivery, will have staff undergo initial training which includes agency onboarding, departmental orientation and service-specific instruction.
- Stated their initial training is informed by assessments of staff strengths and needs.
- Stated staff participate in annual training cycles, including refreshers on core competencies and updates on evolving HSS practices.

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• Plans to provide training more frequently in response to life-changing events, new information or Participant-driven changes to service plans. • Plans to embed training into regular supervision sessions, team meetings and staff development plans; with supervisors to use these opportunities to reinforce best practices, address challenges and support continuous learning. • Stated they track training participation through HR and department records. • Stated they collaborate with external partners, such as Housing Authorities and other Community Action Agencies, to deliver and benefit from joint training sessions. • Plans to have competency-based assessments to evaluate training effectiveness and inform individualized development plans.
6 • Stated their hiring practices consider lived experience and qualities affecting their ability to best serve the needs of individuals served, to support understanding, representation and trust. • Stated their training includes strategies for engaging individuals from various backgrounds, utilizing multilingual materials and incorporating traditions into service delivery. • Stated staff are encouraged to learn directly from families about their norms and communication preferences and to adapt services plans accordingly.
7 • Plans to develop and sustain a robust network of in-person volunteers, including Participants, who will provide peer support through a structured, trauma-informed and community-centered approach. • Stated they actively recruit volunteers from their Participant base, recognizing the value of lived experience in peer support. • Stated volunteer peer support roles range from group facilitation to informal membership. • Stated their volunteers receive feedback and recognition. • Stated they have monthly meetings to provide space for feedback, issue resolution and community building. • Stated they embed volunteers into HSS workflows, supporting tenancy, life skills and social connections. • Plans to have peer groups meet at locations where volunteers will help facilitate sessions. • Plans to support Participants that transition into volunteer roles with supervision, training and resources to ensure success and sustainability.
I. Participant Tracking and Confidentiality Requirements

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1

- Will ensure Participant data collection includes all HUD HMIS Universal Data Elements (UDEs).
- With Participant consent, they will enter required data into the Maine CoC HMIS, following the Maine HMIS Data Quality Plan and Best Practices guide.
- Plans to have data entry be conducted as information becomes available.
- Stated staff will utilize HUD's Interactive HMIS Data Standards Tool and participate in training sessions to stay current on evolving standards and will use HMIS tools to validate completeness and accuracy of collected data.
- Plans to have all data collection comply with federal and state laws regarding protection of Personally Identifiable Information (PII) and Protected Health Information (PHI).

2

- Plans to only enter data for Participants that have completed the Maine HMIS Authorization to Disclose Information form to ensure informed consent and compliance with privacy regulations.
- Plans to inform Participants of their rights, including the options to receive services without HMIS participation, as outlined in the Maine HMIS Agency Participation Agreement.
- Plans to enter data in accordance with the timeliness standards defined in the Maine HMIS Data Quality Plan.
- Plans to use HUD's Interactive HMIS Data Standards Tool and CSV templates to ensure accurate formatting and reporting.
- Will only provide trained and certified staff HMIS access, and as of 2025, stated they currently have three (3) licensed users.
- Stated all users must complete annual training on confidentiality, privacy and data security, and sign the HMIS User Policy and Code of Ethics.
- Stated they will adhere to the four (4) core data quality components outlined in the Maine HMIS Guide: accuracy, completeness, consistency and timeliness.
- Stated they will participate in periodic data quality reviews using logical data checks and visual dashboards.
- Plans to integrate HMIS data entry into their broader service delivery workflows, ensuring data supports care coordination and housing access.
- Plans to have their IT Director oversee adherence to MaineIT protocols.
- Stated they will maintain detailed records of training, acknowledgements, risk assessments and scan results.
- Plans to engage in readiness reviews and audits conducted by the Department and MaineIT to validate compliance.

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3 • Will obtain and maintain insurance coverage in full compliance with State of Maine IT-Service Contract, Rider B-IT, Section 19. • Plans to secure insurance policies that meet or exceed the minimum thresholds outlined and will maintain policies throughout the contract period. • Will provide the State with their current Certificate of Insurance (COI), with COIs updated and resubmitted annually, or upon renewal. • Plans to have their Compliance Director coordinate insurance documentation and ensure compliance with contract terms. • Will have insurance documentation available for audit or review upon request.
4 • Stated all agency staff are required to follow Information Technology Policy and Practices on use of software and equipment and maintenance of information and confidential data. • Plans to implement risk assessment and vulnerability scanning policies and procedures that meet or exceed the standards outlined in MaineIT's PL-4, RA-1 and RA-5 controls. • Provided a comprehensive detailed response regarding how they will adopt and ensure they meet the PL-4, RA-1 and RA-5 controls. • Plans to comply with all State and Federal laws regarding data protection, including breach notification requirements. • Stated all staff are required to complete cybersecurity and privacy training, at least annually. • Plans to participate in periodic audits and quality assurance reviews to validate compliance.
5 • Stated they ensure full compliance with all applicable laws governing confidential and sensitive data protection, including PII and PHI, through a comprehensive framework of policy, training, technology and breach response protocols. • Stated specific federal and state laws they comply with (e.g., HIPAA, Maine Notice of Risk to Personal Data Act and other federal privacy laws and regulations). • For electronic data security, stated they enforce multi-factor authentication; store all data on secure networks behind firewalls and malware filters; use an Active Directory with complex passwords changed every ninety (90) days; and have role-based management-authorized permissions.

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- Stated hard copy records are stored in locked cabinets with access limited to authorized personnel and offsite storage is secured and access-controlled, with annual verification of authorized staff.
- Stated sensitive data is minimized through shredding or deletion, when no longer needed; and retention policies follow their agency's Accounting and Financial Practice Manual, with contracts retained for seven (7) years.
- Stated all staff receive HIPAA and confidentiality training at onboarding and annually thereafter.
- Stated staff and subcontractors sign written assurances of compliance and agreements to report breaches immediately.
- Should there be an unauthorized access or disclosure, they will: immediately notify the Department and affected individuals, as required by law; collaborate with the Department to investigate, document and respond to the breach; and will provide notifications in accordance with state and federal timelines (e.g., within thirty (30) days or "without unreasonable delay", depending on jurisdiction).

6

- Plans to fully comply with the confidentiality requirements outlined in Rider B-IT, Section 30 of the Maine IT-Service Contract.
- Plans to treat all information received from the State or collected during service delivery as confidential, including: PII; PHI; financial, operational and programmatic data; and any other data designated as confidential by the State.
- Plans to only use confidential information for purposes of fulfilling contractual obligations and will not be disclosed to unauthorized parties.
- Plans to only have authorized personnel have access to confidential data, and will have all staff sign confidentiality agreements, complete annual training on data privacy and security, and be subject to disciplinary action for violations.
- Plans to have supervisors monitor access logs and ensure compliance with internal and State policies.
- Plans to store confidential data on secure services that are protected by firewalls, malware filters, role-based access controls, and encryption protocols for data at rest and in transit.
- Plans to have physical records kept in locked cabinets with limited access.
- Stated any subcontractor or third-party vendor engaged with Bidder will be required to sign confidentiality and non-disclosure agreements; comply with Rider B-IT Section 30 requirements; and undergo periodic audits and reviews.
- Should there be unauthorized access or disclosure, they will cooperate fully with State investigations and document and implement corrective actions.

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7 • Provided a comprehensive response.
8 • Plans to implement a structured and compliant Critical Incident Reporting process that is aligned with the finalized HSS program manual and critical incident policy. • Upon HSS program manual finalization, plans to follow the Department's Critical Incident reporting policy, which is expected to mirror existing behavioral health protocols for a level I or level II critical incident. • Plans to ensure designated staff are trained and credentialed to access and use Acentra for timely and accurate reporting. • Plans to assign two (2) staff members to manage Critical Incident reporting, and these staff will be responsible for triaging incidents, documenting details and submitting reports within required timeframes. • Plans to integrate existing safety and incident protocols with the Department's Critical Incident Policy to ensure consistency and accountability. • Stated all incidents will be logged, investigated and reviewed by supervisors and agency's Safety Committee, with escalation procedures in place for serious events. • Plans to support Critical Incident data reports with provider records and additional documentation for Department validation.
J. Performance Measures
• Provided a detailed comprehensive overview of how they plan to meet the performance measures.
K. Reports
• Provided a detailed, comprehensive response.
• Provided a comprehensive response.
2. Staffing
• Provided job descriptions for Housing and Energy Services Director; Deputy Department Director; Clinical Director; Program Manager – Housing Stability Services; Housing Navigator; Housing Coordinator; and Financial Analyst; • The following positions did not include the one (1) year experience providing services to those experiencing homelessness or lived experience requirement: Housing and Energy Services Director; Deputy Department Director; Clinical Director; Housing Coordinator; and Financial Analyst. • Justification for each position title is indicated in Attachment 9 – Staffing Plan.
• Described their oversight and management process for subcontractors/consultants.

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- Provided staffing plan that indicates the following time allocation: 0.13 FTE for Housing and Energy Services Director; 0.1 FTE for Deputy Department Director; 0.05 FTE for Clinical Director; 1.0 FTE for Program Manager; 2.0 FTE for two (2) Housing Navigators; 0.15 FTE for Housing Coordinator; and 0.1 FTE for Financial Analyst.
- Bidder also included Compliance Director and "C-Team" in their staffing plan, which Bidder indicates will not be funded directly through the resulting contract.
- Listed tasks and justification for each position.
- Did not specify the associated hours of service that will be provided in-person at the properties for each position.

3. Implementation - Work Plan

- Provided workplan in a timeline chart indicating each task and associated month it will be carried out and position responsible.
- Delineated the workplan into two (2) sections, one (1) for start-up activities and one (1) for implementation.
- Plans to have recruitment and hiring of Housing Navigators occur January-March 2026.
- Plans to draft policies and procedures, including integration of the Housing First Program manual January-February 2026; and noted February 2026 for "Policy approval". Did not explicitly state this would be for Department approval of the policy.
- Plans to have HMIS configuration and data governance (HUD UDEs) occur January-March 2026.
- Plans to obtain landlord MOUs and formalize Hud 7 referral and information pathways February – April 2026; as it pertains to landlord MOUs, they will be required within thirty (30) calendar days of the initial period of performance, as presented in the workplan, it is unclear if Bidder will aim to achieve such.
- Plans to engage in language access touchpoint February-May 2026 and indicated the related entities that they are contracted with.
- Plans to draft the Participant survey January -February, with draft sent to the Department in February and finalization of survey, per Department feedback, and field prep activity to occur March 2026.
- Plans to create participant informational materials January – February 2026.
- Plans to launch in-person HSS service delivery starting February 2026, with staff development training and ongoing, per Training Plan, to begin February 2026 as well.
- Plans to engage in monthly Hub 7 cross-provider huddles and CE case conferencing February 2026.

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- Plans to begin volunteer recruitment, training and assignments March 2026.
- Stated event planning and implementation would begin March 2026 and carry through every month through to the end of the initial period of performance (December 2027).
- Plans to have the annual Participant survey window occur October 2026 and 2027, with a thirty (30) day time frame for responses.

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EVALUATOR NAME: Michael Labua
EVALUATOR DEPARTMENT: DHHS/OBH

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Individual Evaluator Comments:

Part I. Preliminary Information

Eligibility Requirements

- P – Included Appendix A Proposal Cover Page
- P – Included Appendix B Responsible Bidder Certification
- P – Included Appendix C Attestation Statement
- P – Included Appendix C Letters of Commitment for at least ten (10) HSS units
- Q – 2 of the 4 Letters of Commitment indicates their properties are for both project-based rental assistance and tenant-based rental assistance.
- I – Property 1: 68 Jefferson, Bangor, Maine is listed as a multi-family property with 2-4 or 6 units.
- I – Property 2: 154 Court St. Bangor, Maine is listed as a multi-family property with 4 units. Unit #4 is listed as a 1BA.1BR unit.
- I – Property 3: 81 Court St., Bangor, Maine is listed as being multi-family with 6BR/4BA. Apt. #1 is listed as 2BR/1BA.
- I – Property 4: 26 Grove St., Dexter, Maine is listed as having 3BR/1.5BA.
- I – Property 5: 20 Spring St., Dexter, Maine is listed as a multi-family property with 2-4 units.
- I – Property 6: 1270 Stillwater Ave., Orono, Maine is listed as a single family home with 4BR/1BA.
- I – Property 7: 313 State St., Bangor, Maine is listed as a multifamily property with 6BR/4BA. There are at least 4 units. Unit #1 is 1BR/1BA, Unit #2 is 2BR/1BA, Unit #3 is 2BR/1BA, Unit #4 is a 2BR/1BA unit.
- I – Property 8: 599 Brunswick St.is listed as a 4BR/2BA property. Apt. #1 is listed as a 2 BR/1BA unit.
- I – Property 9: 83 Holyoke St., Brewer, Maine is listed as a 5+ unit apartment complex with a total of 10BR/5BA.
- I – Property 10: 299 State St., Bangor, Maine is listed as 2-4 unit property with 4BA. Apt. #2 is listed as a 2BR/1BA unit. Apt. #1 is listed as a studio unit. Apt. #3 is listed as a 1BR/1BA unit.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

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- I – Bidder is a community action agency, a licensed behavioral health agency, a community development corporation, and a community housing development organization.
- I – Manages 60+ programs at 50 service delivery sites in all 16 counties (focus is Penobscot, Piscataquis, and Knox counties)
- P – 50+ years serving under-resourced and marginalized populations.
- P – licensed mental health agency employing LCSW, LSW, MHRT-C
- P – MaineCare provider
- P – Is a Maine Continuum of Care (CoC) Homeless Management Information System
- (HMIS) participating agency with three staff currently licensed to use HMIS. It is experienced using HMIS. Participates in Maine Coordinated Entry System.
- P – Utilizes evidenced-based approaches to care including trauma-informed care, Whole Family approach, Conscious Discipline, Coping and Support Training, Motivational Interviewing, SAMHSA NREPP evidence-based Nurturing Parenting Program, Building Bridges Out of Poverty
- P – knowledgeable and experienced in the dynamics of interpersonal violence, crisis intervention, de-escalation.
- P – Staff work with clients to develop service plans that are responsive to their unique
- circumstances.
- P – Staff members are skilled in building rapport with individuals or families and recognizing strengths and successes, and identifying areas of challenge that suggest opportunities for support.
- Support may be provided through resource referral, goal setting with clients, and/or partnering to work toward those goals. Goal setting and action steps are continual processes.
- P – Extensive community partnerships.
- P – Uses empowoR for managing client services.
- P – Ensures services are effective and individuals achieve the best possible outcomes using Results Based Accountability and ROMA (Results-Oriented
- Management and Accountability)
- P – Recipient of awards recognizing programmatic excellence.
- P – Experience delivering many housing stability and assistance programs: Emergency Rental Assistance, Housing Navigation Pilot Program, COVID Rent Relief Program, CDBG-CV19, McAuley House, Building Faily Futures, Housing Assistance for Human Trafficking Survivors, Transitional Housing for Domestic Violence Victims/Survivors, Homeless Prevention Rapid Re-housing Program, Home Energy

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Assistance Program, Low-Income Assistance Plan, The Arrearage Management Program, and Head Start/Early Head Start. • P – Has engaged with nearly 500 landlords and property mangers. • P – Is a LIHTC (Low Income Housing Tax Credit) housing developer and landlord for affordable housing units • P – Experience providing case management, counseling, behavioral health navigation, Adult behavioral health home organization, healthcare navigation, whole family services, transportation service, financial coaching, • P – Project 1: (Housing Stability Program) 8/21-4/22. Served 32 families. Provided multiple housing stability services such as housing navigation, housing counseling, case management, eviction prevention, landlord engagement, utility assistance, security deposits and application fees. • P – Project 2: (Housing Navigation Program) 5/22-4/25. 53 of 111 families that were homeless or at risk of homelessness secured housing. Provided housing navigation, application support, landlord engagement, pre-tenancy assistance, and housing stability services including home visits. • P – Project 3: (Human Trafficking Housing Navigation) 10/22-4/26. 65 participants. Provides housing navigation, financial assistance, advocacy and case management, referrals and linkages to employment and job training, legal aid, substance use treatment, and transportation assistance.
2. Project Team Organizational Chart
• P – Provided an appropriate organizational chart.
3. Litigation
• I – Two closed cases listed, showing payments of $450,000 and $305,000 respectively.
4. Financial Viability
• P – Provided audited statements for: 2021, 2022, 2023, 2024,
5. Certificate of Insurance
• P – Provided a valid certificate of insurance.

Part IV, Section III. Proposed Services
A. Administrative Requirements
• P – Stated exact numbers of homeless individuals and the name of the source documents in their proposed service Hub and provided a chart demonstrating an increase from previous year.

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- P – Currently is a MaineCare provider and is currently licensed to provideTargeted Case Management.
- P – Is a Maine Continuum of Care HMIS participating agency (with three licensed users.
- P – Will comply with the program manual when published and will incorporate it into the bidder's Standard Operating Procedures and will train all staff.
- P – Will comply with all CE-related requirements in the Program Manual and applicable Maine rules, including documentation and reporting expectations, and will update internal SOPs within 60 days of any policy changes.
- P – Will include HSS in the bidder's quality assurance plan and will adhere to the reporting, participant rights, grievance procedures, and documentation standards required by the Department.
- P – Will operationalize the basic principles by providing participants with immediate access to permanent housing without preconditions; allow participants to choose unit, service providers, level of service engagement; address mental health and substance use with harm reduction strategies; ensuring a separation of support services from tenancy; providing individualized person-centered supports with at least monthly reviews; and connecting participants to primary care, behavioral health, peers, faith/community groups and employment/education.
- P – Will maintain active relationships with landlords including maintaining MOU and ensuring a minimum of 10 units are available to participants.
- P – Will assist with housing applications, documentation, reasonable accommodations, lease education, and eviction prevention.
- P – Will provide navigation to MaineCare providers, social services, and legal aid.
- P – will provide in-person services no less than 20 hours per week locally and maintain extended coverage via scheduled evening/weekend appointments with 24/7/365 crisis linkage (988/Mobile Crisis) and a staffed on-call support line.
- P – Staff will receive training in Housing First, trauma-informed care, harm-reduction, de-escalation, fair housing/ADA, neutrality, and confidentiality
- P – Participants receive written rights, grievance procedures, and privacy notices at enrollment; consents/Releases of Information are voluntary and revocable. PHI is protected per HIPAA and bidder's policy.
- Client records will include intake/eligibility, releases, assessments, Housing Stability Plan, contact/service logs, referrals/outcomes, financial assistance documentation, and exit/follow-up. Bidder will submit all required reports in accordance with Department timelines; conduct monthly data-quality checks and annual Housing First fidelity reviews; and participate in State-led monitoring and learning collaboratives.

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- P – Will designate a coordinated entry Liaison (Program Manager) and an alternate (lead Housing Navigator) to ensure continuous participation in Hub 7 coordinated entry operations, including attendance at CE/By-Name-List meetings, case conferencing as requested, and ongoing communication with the Homeless Response Service Hub Coordinator
- P – Will provide timely notification to CE of HSS unit availability and changes. When the program operates with reserved or master-leased units, the Program Manager will also note estimated lease-ready dates and any property-specific criteria (e.g., elevator, no stairs), to support appropriate matches through coordinated entry.
- P – All HSS enrollments will originate through CE per CoC policy; bidder will not accept out-of-process referrals.
- P – When an individual is referred via coordinated entry, bidder will acknowledge receipt to the Hub Coordinator within one (1) business day; Attempt participant contact within two (2) business days, offering multiple contact modalities (phone, text, email, field-based outreach in coordination with CE partners); document outcome (scheduled intake, unable to contact, participant declined, safety concern, or other) in HMIS/CE workflow within three (3) business days; and report back to the Hub Coordinator within five to seven (5-7) business days on acceptance or reason for non-acceptance (using CoC-approved categories), ensuring the participant remains on the By-Name List if not enrolled.
- P – Will document all CE-related activities in HMIS consistent with CoC standards, including referral date, participant contact attempts, acceptance/denial reasons, and enrollment outcome.
- Will obtain informed consent Releases of Information for data sharing; if a participant declines, we will follow CE policy for limited or anonymized data and continue coordination without penalizing the participant. All data will meet Maine HMIS Data Quality Plan expectations for completeness, accuracy, and timeliness.
- P – If HSS capacity is temporarily full, the Program Manager continues to provide weekly capacity projections (anticipated openings) and remains available for case conferencing on tenancy-sustaining needs of already-housed participants.
- P – HSS staff will not advocate for any specific individual in CE decision-making nor seek preferential placement.
- Staff will refrain from case-specific lobbying during case conferencing or By-Name List reviews; disclose and manage any potential conflicts of interest; raise system-level issues (e.g., gaps in accessibility features or service capacity) without referencing individual cases, so CE can improve processes while preserving fairness; and

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complete annual CE neutrality and confidentiality training, with signed acknowledgments retained in personnel files

- P – The Program Manager will conduct monthly spot checks of coordinated entry referrals in HMIS (acknowledgment timing, contact attempts, and outcomes) and address variances through staff coaching.
- P – All HSS staff will be trained and competent in recognizing opioid overdose and administering naloxone and have naloxone on-hand at all times when providing HSS (in the field, office-based visits with Participants, and any in-person outreach or transport.)
- P – All HSS staff must complete bidder's online naloxone training (signs of overdose, rescue steps, intranasal administration, calling 911, and post-overdose care) prior to any independent client contact. The training includes a scored assessment and an electronic attestation. Annually aAll HSS staff will complete an annual naloxone refresher (online or live) with updated guidance and re-attestation. Training completion and quiz scores are tracked in bidder's learning records and the HSS training log; the Program Manager maintains a 100% compliance roster reviewed monthly.
- P – Each HSS staff member will be issued a personal naloxone kit (minimum two 4-mg intranasal doses, face shield, gloves, quick-reference card) before they begin field work. Kits are assigned by unique ID and recorded in an inventory log.
- Program offices maintain a secure par-level stock sized to cover the team plus surge/expirations. Bidder's human resource department sources naloxone and maintains a first-expiring, first-out system. The HSS Program Manager will conduct monthly checks ensure all kits are in-date; replacements are issued immediately if used, lost, or nearing expiration (≤90 days).
- P – "Naloxone present" will be included on the HSS pre-visit checklist and documented in routine contact notes (checkbox). The Program Manager will conduct monthly kit spot checks.
- P – Any naloxone use is reported to the Program Manager same day. An Incident Report is completed and filed per bidder's policy; a brief team debrief identifies improvements.
- P – The bidder's Naloxone Readiness Policy is reviewed annually (or sooner if guidance changes) to update training content and field practices
- P – Will have comprehensive, written HSS policy guidelines fully developed, approved, and in force prior to initiating HSS services. HSS policy guidelines will be consistent with the Housing First Program Manual, 22 M.R.S. §20-A, and 14-118 C.M.R. Ch. 20. Within 60 days of the State's HSS Manual release, Penquis will

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crosswalk, update SOPs, train all staff, and document any fidelity monitoring changes. To ensure readiness and fidelity, Bidder will use a structured policy development lifecycle—crosswalk, draft, approve, train, implement, and audit—before any participant is enrolled.

- P – Provided a detailed timeline for developing, approving, and monitoring SOP for HSS services.
- P – Will ensure a fair, accessible, non-retaliatory process for any complaint related to HSS services, staff conduct, access barriers, or rights. Process is easy to understand, widely posted, and available in plain language and alternative formats (large print, languages common to the Hub, interpreter/relay services, and reasonable accommodations per ADA/Section 504). Grievances and complaints can be submitted via multiple channels including accepting anonymous complaints where practicable. Participants receive the Grievance & Complaint Notice at enrollment and upon request.
- P – Provided detailed procedures for acknowledging receipt and processing of grievance and complaints.
- P – Will administer a voluntary and anonymous HSS participant satisfaction survey once per year across all HSS units in the awarded Hub. Participation (or non-participation) will not affect services. Results will be aggregated and used for quality improvement, fidelity to Housing First principles, and reporting to the Department.
- P – Satisfaction surveys will include evaluation of access to staff and timeliness of response, respect and responsiveness of staff, ability to choose services and goals, understanding of tenant rights/responsibilities and existence of tenancy supports, safety and well-being, and self-evaluation of progress towards housing stability.
- P – Satisfaction surveys will be able to be completed via paper-mail. On-line, or via a telephone interview. Assistance will be provided if requested. Interpreters and relay services will be available.
- P – Provided detailed information on the administration, record keeping, analysis and distribution of the satisfaction survey and results.
- P – Within 60 days of initial period of performance will submit a draft satisfaction survey instrument, accessibility and language plan, data management and reporting plan, and document control metadata.
- P – Before broad release, the Program Manager will complete a brief cognitive review with a small number of volunteers (no identifiers recorded) to confirm readability and neutrality; minor edits (if any) will be incorporated. Bidder will incorporate any Department-requested revisions and employ the approved version for the first annual survey cycle.

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- P – For each Participant, bidder creates and maintains a comprehensive electronic record consisting of: (1) intake and eligibility documentation; (2) signed informed consent/ROIs and HIPAA notices; (3) initial and periodic assessments of housing stability and safety; (4) a participant-driven Housing Stability Plan with goals, services, responsible parties, and timelines; (5) a chronological service and contact log; (6) referrals and outcomes; (7) critical incident/grievance documentation; (8) financial assistance documentation (if applicable); and (9) an exit/closure summary with 30/90-day follow-ups.
- P – Data entry occurs according to specific timelines; intake/UDEs within 3 business days of enrollment; service notes within 2 business days of contact; plans/outcomes updated monthly; exit data within 5 business days of closure. Housing Navigators will enter case information.
- P – Client records are maintained in HMIS for HUD-required data. Bidder will utilize HUD-approved EmpowOR, by CSST Software, for day-to-day service documentation to track client demographic and household data, program participation and service delivery, referrals and external services, assessments and outcomes
- P – Electronic records are stored in secure file systems behind bidder's firewalls and security layers. This includes scanned client files, which reduce the risk of loss and improve retention management. All systems require complex passwords that are changed every 90 days. Access is granted only by permission, based on user roles and authorized by management.
- P – Bidder maintains offsite backups in a fire-protected environment. Access to these backups is restricted to authorized individuals, and identification is required for entry.
- P – Hard copy documentation is stored securely in locked cabinets accessible by authorized personnel and is retained for seven (7) years unless subject to other funding requirements
- P – The Program Manager/Deputy Department Director conducts monthly data-quality reviews
- (completeness, timeliness, validity), manages de-duplication/merges with full audit trails, and
- validates reports prior to submission. Quarterly QA audits are performed against the Maine HMIS Data Quality Plan and bidder's' HIPAA/confidentiality policy.
- P –

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- P – Will begin HSS with a priority cohort of MaineCare-qualified partners across service types with whom Penquis has existing relationships, then expand as needed.

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- P – Will maintain MOUs with existing partners and assess the need for additional formal partnerships. If additional partnerships are identified, MOUs will be established within the first 90 days and define scope, referral pathways, service-level expectations (e.g., triage and appointment windows), information-sharing, and escalation protocols.
- P – Bidder has current, executed MOUs with health systems (e.g., Penobscot Community Health Care, Northern Light Acadia Hospital, Northern Light Eastern Maine Medical Center, Northern Light Mayo Regional Hospital), demonstrating the ability to formalize cross-agency operations quickly.
- P – Behavioral Health Navigator (BHN) program identifies openings and connects participants to outpatient counseling/medication management throughout its service area; BHN also leverages the Bangor Certified Community Behavioral Health Clinic (CCBHC) to address urgent mental/behavioral health needs. HSS staff will embed BHN workflows into HSS care plans, as has been done in previous HSS work, to address Participant needs.
- P – Maintains up-to-date resource lists of local behavioral health, medical, and crisis
- providers in Hub 7 which will be used to provide timely and appropriate assistance.
- P – Will use our standardized Authorization for Release of Information to enable two-way, need-to-know information exchange with each external provider the participant chooses. Forms are HIPAA-aligned and permit specific, time-limited consent; they are renewed at least annually or as needed.
- P – Provided a list of partnerships in attachment 6.
- P – Will build and sustain a woven network of formal and informal relationships with non-MaineCare providers to (a) address participants' whole-person needs, (b) ensure timely access to assessments and services, and (c) support permanent housing and will deliver HSS in person with flexible hours, take a person-centered and strengths-based approach, and assist participants in
- P – Cultivates day-to-day relationships with service providers, municipal General
- Assistance offices, faith-based ministries, food cupboards to enable same-day solutions for basic needs and tenancy risk mitigation when formal systems have waitlists.
- P – HSS staff will submit a standardized referral form (with releases) and directly connect the participant to the partner, prioritizing a three-way call or in-person introduction when possible.
- P – Care coordination staff (Behavioral Health Navigator, Case Managers,
- and Housing Navigators as appropriate) will maintain active communication with
- partner agencies, schedule joint assessments, and resolve service delays.

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- P – HSS staff will hold evening/weekend hours for working participants or those with daytime barriers
- P – Will leverage its extensive network of community-based partnerships—including PATH provider Community Health and Counseling Services (CHCS)—to deliver education on the Housing First model.
- P – Will coordinate with PATH and other partners to offer individualized and group education as needed. Core modules include Housing First principles; rights/responsibilities & fair housing; harm reduction & overdose safety; lease literacy & tenancy problem-solving; de-escalation & neighbor relations; crisis/safety planning; income/benefits & MaineCare navigation; and community connection.
- P – Will implement a structured and responsive education plan to ensure that Housing First principles are clearly understood and consistently applied by all property partners including understanding of Housing First legislation, basic principle, roles and boundaries, tenancy sustainment essentials, privacy and information sharing limitations and boundaries.
- P –

C. Property-based Partnerships

- P – Will execute MOUs for Property-Based Partnerships with each participating owner/manager formalizing agreement that bidder will provide ongoing Housing First education prior to the first lease-up and upon staffing changes. MOU will include pre-lease information, onboarding education for new property staff.
- P – Will execute MOUs for Property-Based Partnerships with each participating owner/manager that formalizes their agreement to develop and implement strategies in collaboration with Penquis to mitigate common reasons for eviction; accept shared responsibilities for eviction prevention; and report relevant data for tracking performance metrics such as reduction in eviction filings, tenant retention rates, and resolution timelines.
- P – A 24/7/365 on-call HSS line for property partners and tenants for de-escalation, safety planning, and linkage to crisis resources when staff are not onsite will be provided.
- P – Bidder and property managers will utilize shared early-warning “signals” that commonly precede evictions such as Nonpayment/Partial Payment: weekly arrears list from PM; automatic HSS alert at set thresholds; Lease/House Rules Issues: guest/visitor conflicts, noise complaints, smoking in non-smoking units, pet issues, unauthorized occupants; housekeeping/pest activity, hoarding indicators, sanitation or safety hazards; missed recertifications, paperwork lapses; and crisis episodes affecting tenancy stability.

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- P – HSS staff will respond within 48 hours of any signal that includes tenant contact, mini-assessment, benefits/financial screening, and a collaborative plan with the owner/manager. Where needed, we convene a Pre-Eviction Case Conference (tenant + property manager + HSS Program Manager, and with tenant consent, legal aid or natural supports) to agree on corrective steps and timeframes.
- P – Provided detailed processes for mitigation of many common reasons for eviction.

D. Minimum HSS Units and MOUs Requirements

- P – Will notify the Department in writing within seven (7) calendar days when there is a Property Owner Notification of Anticipated Vacancy. Upon receiving notice of an anticipated vacancy, bidder will log the notification in a housing inventory spreadsheet within 24 hours, assign a Housing Navigator to confirm details (expected vacancy date, reason, and turnover requirements); provide written notification to the Department within seven (7) calendar days, including unit address, anticipated vacancy date, and mitigation steps.
- P – If a previously identified HSS Unit becomes unavailable, bidder will immediately update the internal inventory and flag the unit as inactive, Notify the Department within seven (7) calendar days, detailing the unit information, reason for unavailability, and immediate actions taken
- P – MOUs require owners to inform us within 48 hours of any event reasonably likely to reduce HSS unit availability.
- P – Will execute Memoranda of Understanding (MOUs) with property owner(s) for all identified HSS Units within thirty (30) calendar days from the start of the initial performance period. Copies of all executed MOUs will be provided to the Department within the required timeframe. To demonstrate best efforts, Will maintain an MOU Tracker documenting outreach milestones, escalation steps, and status for each property.
- P – Provided a detailed description of the components of MOU with property owners (housing first alignment, data sharing and confidentiality, inspection and recertification support, access and safety protocols, hours of availability and on-call protocols, conflict of interest attestation, vacancy notification, change in management, performance and quality assurance participation, and PBRA/TBRA role clarity.
- P – Will implement a standardized MOU Management Protocol to guarantee that all newly executed MOUs for additional HSS Units are submitted to the Department within seven (7) calendar days of execution. This protocol includes a centralized MOU tracker, automated alerts and escalation protocols, submission workflow, quality assurance review, and continuous monitoring.

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- P – Will implement a Property Ownership Risk & Notification Protocol that ensures early detection, rapid notification, and documented mitigation.
- P – Bidder will notify the Department when there are ownership/property control changes, financial/insurance risk, regulatory/physical risk, owner withdrawal, legal constraints.

E. Participant Outreach Prior to Tenancy

- P – Once an individual has become a Participant and is awarded a housing resource for a Property Under the Program, HSS staff will deploy a time-bound, checklist-driven Pre-Tenancy & Lease Execution Protocol that provides hands-on support to the Participant and their natural/professional support network to remove barriers to tenancy and complete lease execution promptly. The checklist includes, roles and immediate outreach, pre-tenancy planning and barrier resolution, owner/property management coordination, lease execution and move-in, early tenancy supports.
- P – will maintain a complete, auditable Participant record demonstrating eligibility for Housing First services, including documentation of the correlating Condition and Chronic Homelessness consistent with 22 M.R.S. §20-A, the RFP's definitions, and HMIS participation. The Participant record is maintained in the agency's case record system with HMIS entries for required HUD data elements; cross-references link the two (no duplication of PII beyond minimum necessary.)
- P – The Participant file will include, at minimum: a) Identity & CE Linkage; Photo ID (if available) or alternative identity verification, and CE referral/assessment identifier linking the participant to the CoC Coordinated Entry process; b) Chronic Homelessness Documentation (per 22 M.R.S. §20-A definition); Documentation that the individual has been living in a place not meant for human habitation (including emergency shelters) for ≥12 months, or intermittently with institutional stays otherwise living in a place not meant for human habitation. Acceptable sources include: HMIS enrollment history and bed-nights printouts; written verification from shelters or outreach teams; discharge paperwork showing institutional stays and dates; municipal/police/first responder outreach logs; other third-party documentation consistent with CoC practice. (HSS logs summarize the evidence; originals/scans retained when available); c) Correlating "Condition" documentation; d) Authorizations & Notices Release(s) of information for coordination with property management, CE, benefits entities, and health/behavioral health providers; notices of privacy practices; consent/revocation forms as applicable; e) Service Plan & Engagement Notes, initial housing stabilization plan and progress notes reflecting person-centered goals, housing support activities (inspection/recert prep, lease education), and linkages to MaineCare and other services (with clear notation when activities are MaineCare-billable); Lease & Tenancy Artifacts including copy of the executed lease/house rules,

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move-in inspection checklist, key/FOB receipt, accommodation determinations (if any), and property contact sheet
- P – Plans are in place for HMIS completeness and continuous updates and Re-verification.
- P –

F. Programmatic Requirements

- P – Will deliver HSS using a low-threshold, Housing First, person-centered model that minimizes administrative and practical barriers, ensures in-person availability with flexible scheduling, and guarantees timely language and disability access at no cost to Participants.
- P – A written policy approved and enacted before service launch sets standards for low-threshold engagement, rapid access, flexible delivery, and simple documentation; it embeds a grievance/complaint process.
- P – Uses plain-language communications, trauma-informed practice, and linguistic responsiveness; interpreter use follows best practice and is never replaced by minors, family, or unqualified ad-hoc interpreters at no cost to the participants.
- P – Participants can initiate or continue services in-person or virtually (with Department approval for remote modalities). Appointments are offered evenings/weekends when needed
- P – Intake collects only information necessary to start support; full documentation proceeds in stages so assistance is not delayed.
- P – At first contact, staff record preferred language and modality (spoken, ASL, written). The preference is prominently flagged in the case record so every staff interaction triggers the correct access supports.
- P – Vital documents (rights/responsibilities, releases, grievance forms, service summaries, appointment notices) are available in the most common languages in the Hub; other languages are produced on request with rapid turnaround.
- P – At intake and quarterly, bidder inquires about mobility, vision, hearing, cognitive, and sensory needs; accommodations are documented, flagged, and honored across all encounters.
- P – Staff plan visits that account for access routes, entrances, elevators, lighting, and signage; if a property feature creates a barrier, and will deliver services in an alternative accessible location while working with the owner to address barriers
- P – Will ensure HSS availability at least 20 hours per week
- P – Will post a weekly HSS schedule with at least 20 in-person hours open for participant contact (field, home, common areas, community sites). Staff also reserve floating blocks for walk-ins/outreach, ensuring real access—not just office hours

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- P – Hours are spread across multiple days with at least one early evening block (and weekend as needed) so work schedules, transportation, or health issues do not create barriers. (Remote contact is used only when approved by the Department; the default is in person.)
- P – HSS will be delivered where participants are—at home, on site, or in the community around scheduled social events—to minimize no-shows and logistical barriers
- P – Hours are aligned with Coordinated Entry workflows so that when a unit is matched or a lease step is due, HSS availability is immediately actionable.
- P – Housing Navigators backfill PTO/illness so the 20-hour floor is never missed. Supervisors are trained to step in if needed. A live on-call HSS line for property partners and tenants for de-escalation, safety planning, and linkage to crisis resources when staff are not onsite.
- P – Will ensure Housing Stability Services (HSS) are fully integrated with all ancillary supports, including behavioral health, substance use treatment, primary care, transportation, and social services via formal Partnerships and MOUs; care coordination meeting; monthly multidisciplinary case conferences involving HSS staff and ancillary support providers to align service plans and address barriers to housing stability.
- P – Will utilize shared service plans to develop integrated service plans that incorporate housing goals and clinical or social supports, ensuring alignment across providers.
- P – Facilitate direct introductions between participants and ancillary providers when possible to promote engagement and continuity of care.
- P – To ensure HSS does not duplicate other services received by the participant bidder will review participant records in HMIS and MaineCare to identify existing services and providers, maintain a service inventory for each participant, clearly define HSS functions from clinical or case management services provided by MaineCare or other programs, conduct quarterly audits of participant service plans, and require HSS staff to coordinate with MaineCare providers before initiating any supportive activity that could overlap with billable services.
- P – Will train staff to verify MaineCare eligibility and service coverage using MaineCare Benefits Manual sections (e.g., Sections 13, 17, 65, 91).
- P – Will Implement financial controls and separate cost centers for HSS and MaineCare services to prevent cross-billing.

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- P – Will require contracted MaineCare providers to submit claims directly to MaineCare for eligible services, while HSS funds cover only non-billable housing stabilization activities.
- P – Will provide mandatory training on MaineCare billing rules, including prohibited practices and documentation standards.
- P – Will conduct monthly internal audits and participate in Department-led
- reviews to ensure adherence to billing requirements.
- P – Will implement an In-Person Service Delivery Strategy including dedicated field-based staff ensuring availability for home visits, landlord meetings, and community-based support. And will deploy staff strategically within the Target Area (Hub) to minimize travel time and maximize responsiveness.
- P – Virtual services will only be used when in-person delivery is impractical due to participant preference, safety concerns, or public health emergencies—and only with Department approval.
- P – No remote service delivery will be implemented without prior written approval from the Department. Any request for alternative delivery will include justification, participant consent, and a plan to return to in-person services as soon as feasible.
- P – committed to creating meaningful opportunities for interested Participants to work and/or volunteer within the agency.
- P – Will maintain a list of entry-level positions suitable for Participants, such as administrative support, peer navigator roles, and program assistants and provide job descriptions, qualifications, and application guidance in accessible formats.
- P – Will develop a volunteer program that includes roles such as event support, peer mentoring, and community outreach and ensure flexible scheduling and task assignments aligned with Participant interests and abilities.
- P – Participation in work or volunteer activities will remain voluntary and not a condition of tenancy, consistent with Housing First principles. Opportunities will be designed to enhance self-sufficiency and community engagement without interfering with housing stability
- P –
- P –

G. Housing Stability Services (HSS)

- P – Will ensure all Housing Stability Services (HSS) are provided voluntarily and guided by a person-centered, strengths-based approach, in full compliance with Housing First principles and Department requirements.
- P – Tenancy will never be contingent upon participation in HSS or any ancillary services.

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- P – Services will be offered as options, empowering Participants to select supports that align with their personal goals.
- P – During intake and ongoing engagement, staff will clearly explain that participation is voluntary and will not affect housing eligibility or retention.
- P – Housing stabilization plans will reflect Participant priorities, preferences, and identified strengths and will focus on participant-defined goals.
- P – To build rapport and encourage participation without coercion, bidder will engage in Regular Check-Ins: Conduct scheduled outreach (e.g., monthly in-person visits or calls) to maintain connection and offer support; use motivational interviewing and active listening to foster trust and demonstrate genuine interest in Participant well-being; highlight participant successes and capabilities during interactions to reinforce empowerment; offer informal opportunities for connection, such as community events or resource fairs, without linking attendance to service requirements; and maintain a visible and approachable staff presence in housing sites to normalize engagement and reduce stigma.
- P – Bidder will review participant needs during intake and ongoing assessments to identify applicable MaineCare services and facilitate direct introductions to MaineCare-approved providers and schedule initial appointments.
- P – Bidder will screen for disability benefit eligibility and refer to SSI/SSDI Outreach, Access, and Recovery (SOAR) specialists for expedited application assistance; connect participants to Non-Emergency Transportation (NET) services and local transit programs; assist with SNAP applications and referrals to food pantries and community meal programs; and provide guidance on TANF, General Assistance, and other state/local resources.
- P – Will coordinate access to primary care providers, federally qualified health centers, and preventive care programs.
- P – Will refer participants to outpatient and residential programs, including MAT
- (Medication-Assisted Treatment) providers.
- Participants are given clear, redundant 24/7 routes to help including Call/Text/Chat 988; Intentional Peer Support Warm Line 1-866-771-9276; and 911 for immediate danger/overdose/medical emergencies
- Will ensure every Participant consistently has the information, instructions, and contact options needed to address emergent needs at any time, including direct access to Maine's Behavioral Health Crisis System via a welcome and safety packet, plain language and language access, and in-home visual prompts.
- P – will assist Participants to build durable independent living skills by addressing priority Social Determinants of Health (SDOH) across five domains recognized by

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Healthy People 2030 (Economic Stability; Education Access and Quality; Health Care Access and Quality; Neighborhood and Built Environment; Social and Community Context).

- P – Organizes services and partnerships around CDC's agencywide SDOH practice pillars, emphasizing data, evidence, cross-sector partnerships, community engagement, and capacity.
- P – Will deliver HSS to a scattered site model. Many sites may not be conducive to hosting social events due to lease constraints, construction, space limits, or community concerns. Bidder will ill document these limitations and proactively identify housing and community sites that have space suitable for community events. Penquis will collaborate with the Department to obtain any required approvals and to rapidly identify, vet, and activate additional alternative locations, as needed, without interrupting service continuity.
- P – Delivers a structured, participant-centered move-in process designed to reduce early tenancy risk and accelerate stabilization including pre-move coordination; move-in day orientation (on-site), review of work order and maintenance request procedures; reinforce emergency egress/safety expectations.
- P – Will provide home visit sto reinforce unit care, trash/recycling, pest-prevention, quiet hours, guest policy, and rent/payment schedule.
- P – will use plain-language, teach-back, and translated materials to ensure participants understand their lease, rights, and responsibilities.
- P – Will deliver Harm Reduction as a practical, participant-centered approach that meets people where they are, reduces the negative consequences of substance use, and strengthens safety and dignity while respecting autonomy.
- P – Core service components of harm reduction include participant education and individual safety planning; overdose prevention and response education and training; warm linkages to care, recovery, and harm reduction partners; health protection and safer use supports, post-overdoes follow-up and stabilization; community building with harm reduction access points.
- P – Harm Reduction is embedded in daily practice and coordinated with Penquis' 24/7/365 on-call support.
- P – During any acute event, staff follow emergency procedures (911) and then ensure nextday stabilization planning and warm linkage to appropriate services.
- P – Will provide Housing First–aligned, person-centered, housing stability-focused case management to Participants who lack an external case manager. Services include assessment, care planning, coordinated linkages across SDOH, warm handoffs when possible to behavioral/physical health care, ongoing coaching,

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crisis/safety planning, and closed-loop follow-up until services are active and goals are met.

- P – Case management will include a comprehensive assessment and housing stability plan, tenancy support and eviction prevention, care coordination and community linkages, electronic referrals and closed-loop follow-up, health and behavioral health navigation, harm reduction and post-overdose support, and social determinates of health problem solving.
- P – Upon a Participant's request to begin HSS, bidder will complete an initial assessment of existing Ancillary Supports (e.g., primary care, behavioral health, recovery supports, legal aid, utilities/energy assistance, transportation, benefits caseworkers) and natural supports (e.g., family, friends, peers, community groups) within thirty (30) calendar days, using our established engagement, consent, and documentation workflows. Engagement, consent, and ROIs (Days 0–5); Supports Inventory and verification (Days 3–15); gaps and risk review (Days 10–25); supervisor quality check and plan inputs (by Day 30). If no current needs assessment exists, bidder will complete a holistic, person-centered assessment within the same 30-day window. When an Ancillary Support has already completed a needs assessment, bidder will, with participant consent, integrate that assessment rather than duplicate it.
- P – Will ensure each Participant's needs are reassessed at least annually after the initial assessment. Reassessments also occur whenever there is a significant change in status (e.g., hospitalization, crisis event, income or benefits change, or landlord notice)
- P – Immediately following each reassessment, staff update the ISP: refine goals, adjust action steps, assign responsible parties and timelines.
- P – If a participant is unavailable or declines, staff document outreach attempts discuss risks/benefits, and propose alternative modalities or times; supervisors review any non-completion within 10 business days to ensure another attempt or a mitigation plan.
- P – Crisis Planning is embedded in bidder's person-centered, trauma-informed service planning. Every Participant for whom risk factors are identified will have a concise, individualized Crisis Plan (CP) developed during the assessment-to-plan process and reviewed at least annually or after any significant event.
- P – The CP is initiated during initial assessment and finalized as part of the first Individual Service Plan (ISP) whenever risk is present (e.g., suicide risk, overdose history, acute psychiatric symptoms, domestic/sexual violence safety risks, medical instability, eviction risk); it is also created later if new risks emerge.
- P – Crisis plans are required to include early warning signs and triggers, participant-preferred coping and stabilization steps, medications and health support, crisis

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contacts and escalation pathway, safety steps for unit safety, roles of natural supports and providers, and post-event follow-up.

- P – Each participant's crisis plan is available digitally to authorized staff, is printed for the participant to keep, and a one-page summary is maintained by on-call staff.
- P – Will develop an individualized mitigation plan (IMP) for any Participant who receives, or is at credible risk of receiving, an adverse tenancy action (e.g., notice of lease violation, notice to quit, nonpayment notice, court summons, or landlord complaint). The IMP complements the ISP and focuses on immediate stabilization plus root-cause resolution of both historical and current barriers.
- P – Using a structured, trauma-informed interview, staff explore prior evictions/lease conflicts; credit/debt and arrears; income volatility or benefits interruption; behavioral-health or SUD factors; interpersonal violence; health crises; transportation gaps;housekeeping/pest issues; guest-policy dynamics; language/literacy barriers; disability-related accommodation needs; and conflicts with neighbors/management. Findings are summarized in plain language and mapped to mitigation objectives inside the IMP.
- P – Individual mitigation plans include immediate stabilization actions; targeted barrier resolution; landlord/tenant communication plan, and court and compliance support.
- P – The IMP remains active until the adverse action is withdrawn/resolved and the participant demonstrates sustained progress on underlying drivers for at least 30 days. At closure, staff schedule 30/60/90-day follow-ups.
- P – Will align all workflows so that Individual Service Plans (ISPs), Crisis Plans (CPs), and Mitigation Plans (IMPs) follow the program manual's required review intervals and documentation standards.

H. Staffing

- P – Will operate continuous live on-call coverage so Participants can always reach a
- trained staff member who can assess, triage, and connect them to the appropriate resource (program staff, Maine's Behavioral Health Crisis System, or emergency services).
- P – On-call staff follow a scripted decision path to ensure consistent, appropriate triage and escalation including assessment of imminent risk to life or safety, behavioral health crisis, overdose concerns, non-emergent but urgent HSS needs, general questions or routine requests.
- P – Participants receive the on-call number on a wallet card and magnet, and in welcome materials written in plain language; translated versions are available in top non-English languages used in our service area.
- P – A live human answers the on-call line 24/7/365 and triages using a standardized

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- decision tree.
- P –Bidder ensures that HSS is delivered through a multidisciplinary team that integrates clinical and non-clinical staff, supported by structured supervision and collaborative practices using a team model that includes behavioral health professionals, housing support specialists, and other content experts.
- P – The team works collaboratively across departments and with community partners to address complex barriers faced by individuals and families. The team's approach is rooted in the "Whole Families" model, integrating case management, housing navigation, health and mental health support, and employment resources
- P – The HSS Program Manager is a C-Team member.
- P – Staff supervision is provided by the Program Manager and the Housing and Energy Services Director. Clinical supervision is provided by the biddeer's Clinical Director. Supervision is conducted regularly and includes case reviews, reflective practice, and compliance monitoring.
- P – All HSS staff will be required to have at least one (1) year of experience providing direct services to individuals experiencing homelessness or one(1) year of direct lived experience with homelessness.
- P – Penquis actively recruits through diverse channels including career fairs, social media, and partnerships with educational institutions. This ensures a robust pipeline of qualified candidates with relevant experience and lived expertise.
- P – If additional staff are needed due to scaling of the program, interested Program participants who meet position qualifications will be considered for employment.
- P – Staffing levels and roles will be adjusted based on real-time demand.
- P – Staff participate in ongoing professional development, including trauma-informed care, motivational interviewing, and Housing First principles.
- P – Before delivering any services, staff undergo initial training that includes agency onboarding, departmental orientation, and service-specific instruction.
- P – Staff complete specific training such as trauma-informed care, Whole Family Service Approaches, and eviction prevention strategies.
- P – Staff participate in annual training cycles that include refreshers on core competencies and updates on evolving HSS practices. Training is also provided more frequently in response to life-changing events, new information, or Participant-driven changes to service plans.
- P – Training is embedded into regular supervision sessions, team meetings, and staff development plans.
- P – Training participation is tracked through HR and department records.

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- P – collaborates with external partners such as Housing Authorities and other Community Action Agencies to deliver and benefit from joint training sessions.
- P – Hiring practices consider lived experience and qualities affecting their ability to best serve the needs of individuals served to support understanding, representation, and trust.
- P – Staff complete training in inclusive practice through platforms like Relias, with additional modules tailored to specific service areas (e.g., behavioral health). Training includes strategies for engaging individuals from various backgrounds, using multilingual materials, and incorporating traditions into service delivery.
- P – Actively recruits volunteers from its Participant base, recognizing the value of lived experience in peer support. Volunteer peer support roles range from group facilitation to informal mentorship.
- P – Volunteers are embedded into HSS workflows, supporting tenancy, life skills, and social connection. Peer groups will meet at locations where volunteers help facilitate sessions. Participants who transition into volunteer roles are supported with supervision, training, and resources to ensure success and sustainability.
- P –
- P –
- P –
- P –

I. Participant Tracking and Confidentiality Requirements

- P – Will ensure that Participant data collection includes all HUD HMIS Universal Data
- Elements (UDEs) as defined in Appendix H of the HMIS Data Dictionary via compliance with HUD HMIS data standards, integration with Maine CoC HMIS, Use of HUD-endorsed tolls and training, and data protection and confidentiality.
- P – Will enter required participant data in to the Maine CoC HMIS via participant consent and authorization, timely and accurate data entry, licensed user access and training, data quality assurance, and system integration and oversight.
- P – Will obtain and maintain insurance coverage in full compliance with the State of Maine IT-Service Contract, Rider B-IT, Section 19, by meeting coverage requirements, maintaining a certificate of insurance, implementing risk assessment and cybersecurity alignment, and providing internal oversight and documentation.
- P – Staff are required to follow Information Technology Policy and Practices regarding use of software and equipment and maintenance of information and confidential data.
- P – will implement risk assessment and vulnerability scanning policies and procedures that meet or exceed the standards outlined in MaineIT's PL-4, RA-1, and RA-5

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controls, ensuring the protection of sensitive data collected during Housing Stability Services (HSS) delivery.

- P – Will adopt and enforce a Rules of Behavior policy that defines acceptable use of systems and data for all staff and contractors, requires signed acknowledgment of responsibilities before system access is granted, includes disciplinary actions for violations and periodic re-certification of compliance and aligns with MaineIT's PL-4 policy by ensuring all users understand their obligations regarding confidentiality, integrity, and availability of sensitive data
- P – Will maintain a formal risk assessment policy that addresses scope, roles, responsibilities, and compliance; conduct periodic risk assessments at the organizational and system levels, especially when new technologies or services are introduced.
- P – Utilizes Riskonnect for its risk management system and adheres to NIST Cybersecurity Framework and State of Maine IT security policies to minimize IT risk.
- P – Designate its Compliance Director to manage the development and review of risk policies and procedures.
- P – Will ensure alignment with NIST SP 800-53 RA-1 standards and MaineIT's RA-1 policy by documenting and updating risk assessments regularly.
- P – Will employ automated vulnerability scanning tools to assess all systems and applications that store or transmit PII/PHI, can systems monthly and upon identification of new vulnerabilities, consistent with MaineIT's RA-5 procedure, analyze scan results, remediate vulnerabilities based on risk prioritization, and document all actions taken, share findings with designated personnel to prevent recurrence and improve system resilience, use tools that support CVE, OVAL, and CVSS standards for interoperability and impact scoring.
- P – Will comply with all State and Federal laws regarding data protection, including breach notification requirements. All staff are required to complete cybersecurity and privacy training occurring at least annually. Penquis will participate in periodic audits and quality assurance reviews to validate compliance.
- P – Ensures full compliance with all applicable laws governing the protection of confidential and sensitive information, including Personally Identifiable Information (PII) and Protected Health Information (PHI), through a comprehensive framework of policy, training, technology, and breach response protocols.
- P – Complies with HIPAA for all PHI collected or maintained, State of Maine Notice of Risk to Personal Data Act (10 M.R.S.A. §§ 1346-1350-B)for breach notification and data handling, and federal privacy laws and regulations, including the Privacy Act, FISMA, and applicable OMB directives.

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- P – Enforces multi-factor authentication (MFA) for staff accounts; all data is stored on secure networks behind firewalls and malware filters. Access is controlled via Active Directory with complex passwords changed every 90 days. Permissions are role-based and authorized by management.
- P – Hard copy records are stored in locked cabinets with access limited to authorized
- personnel. Offsite storage is secured and access-controlled, with annual verification of authorized staff.
- P – Sensitive data is minimized through shredding or deletion when no longer needed. Retention policies follow Penquis's Accounting and Financial Practices Manual, with contracts retained for seven years.
- P – All staff receive HIPAA and confidentiality training during onboarding and annually
- thereafter. Staff and subcontractors sign written assurances of compliance and agreements to report breaches immediately.
- P – In the event of unauthorized access or disclosure bidder will immediately notify the Department and affected individuals as required by law. The agency will collaborate with the Department to investigate, document, and respond to the breach. Notifications will be made in accordance with state and federal timelines.
- P – Will treat all information received from the State or collected during service delivery as confidential, including Personally Identifiable Information (PII), Protected Health Information (PHI), financial, operational, and programmatic data and any other data designated as confidential by the State
- P – Confidential information will be used solely for the purposes of fulfilling contractual obligations and will not be disclosed to unauthorized parties
- P – Only authorized personnel will have access to confidential data, and all staff will sign confidentiality agreements, complete annual training on data privacy and security, be subject to disciplinary action for violations. Supervisors will monitor access logs and ensure compliance with internal and State policies
- P – Will store confidential data on secure servers protected by firewalls, malware filters, role-based access controls, encryption protocols for data at rest and in transit. Physical records will be kept in locked cabinets with limited access
- P – Understands and accepts that under the terms of any contract the State of Maine will not consume or integrate any applications developed, hosted, or maintained by the bidder and the bidder will be responsible for consuming one or more State-managed applications as part of the service delivery process.
- P – will ensure its internal systems and workflows are compatible with State

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- applications, including but not limited to Maine HMIS (Homeless Management Information System), State data reporting portals, secure file transfer and communication platforms.
- P – Will train designated staff to use State applications effectively and securely. All users will comply with State access protocols, including credentialing, role-based permissions, and data handling standards and will follow all State guidelines for data entry, reporting, and interoperability.
- P – Will implement a structured and compliant Critical Incident Reporting process aligned with the Department's finalized HSS program manual and Critical Incident policy.
- P – Will ensure that designated staff are trained and credentialed to access and use Acentra for timely and accurate reporting. anticipates assigning at least two staff members to manage Critical Incident reporting. These staff will be responsible for triaging incidents, documenting details, and submitting reports within required timeframes.
- P – Existing safety and incident protocols will be integrated with the Department's Critical Incident policy to ensure consistency and accountability. All incidents will be logged, investigated, and reviewed by supervisors and the bidder'sSafety Committee, with escalation procedures in place for serious events.
- P – Critical Incident data will be included in bidder's quarterly and annual performance reports to the Department, as required by the RFP. Reports will be supported by provider records and additional documentation for Department validation.

J. Performance Measures

- P – Will meet the Department's Performance Measures through disciplined workflow, clear counting rules, robust documentation, and continuous quality improvement.
- P – Will submit summary data via the Department's reporting link and can also provide HMIS/case management exports or other third-party outputs.
- P – Will retain source-level artifacts in Provider Records and will supply them to the Department within 5 business days of a request.
- P – Will obtain signed Releases of Information (ROIs) for benefits verification and landlord/inspector coordination, and maintain records consistent with State and HIPAA/42 CFR Part 2 where applicable.
- P –
- P –
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- P –
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K. Reports

- P – will track and record all data/information necessary to complete the required reports by tracking numerators and denominators for each performance measures and will ensure quality through monthly internal refresh, automated validations, and QA sampling before quarterly submission
- P – For department on-site visits will prepare a digital audit binder with enrollment and ROI packets, inspection logs, tenancy and lease evidence, benefits and linkage logs, monthly report extracts, and CQI documentation; Demonstrate EmpowOR record views, audit trails, inspection documentation, and reporting workflows during site visits, and retain pre-visit checklist, attendee roster, issues log, and post-visit corrective action plan if applicable.
- P – Will ensure timely and accurate submission of all required reports using secure
- platforms and workflows aligned with the Department's expectations. Our internal reporting infrastructure is designed to meet all deadlines and maintain compliance with the formats and systems specified by the Department.

2. Staffing

- P – Provided attachment 8 indicating job descriptions and justifications and a staffing plan via attachment 9.
- P – Staff justifications were thorough and in line with the HSS requirements.

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- P – Staffing plan designed to adequately meet the needs of the participants with both on-site and in-person.
- P – Did not indicated specific subcontracting but described a comprehensive policy guideline for all subcontractors and consultants utilized by the bidder.

3. Implementation - Work Plan

- P – Was displayed in a readable timeline format, concisely described program development and implementation including when it will be carried out and the position responsible.

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EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: DHHS/OBH

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
- Bidder submitted all eligibility documentation with CEO signature - Bidder indicated that they do not have any financial interest in the HSS properties in which they are providing HSS services - Bidder identified multiple property management entities (4) for HSS services - Bidder's property management entity partners indicated a total of more than 10 HSS designated units. - One of Bidder's property management entities did not fully complete the form (question #3: Provide a statement on how you, as the property owner, intend to work with the Bidder if awarded a contract to support the provision of HSS including on-site services) - Bidder's first identified property partnership properties #1 cannot confirm number of units in property - Bidder's second identified property partnership properties #1 and #2 can confirm number of units in both properties to be 4 - Bidder's third identified property partnership properties #1 and #2 cannot confirm number of units at either property - Bidder's fourth identified property partnership properties #1 cannot confirm number of units at property. #2, #3, #4, #5 can confirm number of units at properties.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
- Bidder indicates they are a community action agency, licensed behavioral health agency, community development corporation and community housing development organization - Bidder indicates nearly 60 years of experience serving under-resourced and marginalized populations - Bidder's corporate headquarters in is the proposed area of service delivery - Bidder indicates they are a licensed mental health agency, MaineCare provider, and HMIS participating agency - Bidder indicated they have highly qualified staff - Bidder listed staffs credentials

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- Bidder indicated their experience with using best practices and evidence-based approaches
- Bidder indicated technological infrastructure
- Bidder indicated financial strength
- Bidder indicated positive contract history with DHHS
- Bidder indicated receiving exemplary status from NeighborWorks America
- Bidder detailed their community partnerships
- Bidder detailed their engagement in committees, coalitions and community initiatives
- Bidder detailed their Results Based Accountability and Results Oriented Management and Accountability
- Bidder detailed their recognitions in the community
- Bidder provided 10 examples of delivering similar services
- Bidder detailed their experience with landlord engagement
- Bidder indicated they have nearly 50 landlord and property managers in their database
- Bidder indicated they are a Low Income Housing Tax Credit housing developer and landlord
- Bidder detailed ancillary services and supports offered to support individuals and families
- Bidder indicated they currently have three staff licensed to use HMIS
- All of Bidder's projects list staff at Bidder's agency as reference contacts.
- Bidder's project one detailed working with individuals and families at risk of homelessness or experiencing housing instability during COVID19
- Bidder's project one detailed the housing stability services offered during this project
- Bidder indicated placing 32 families in 9 months in project one
- Bidder's project two supported families and individuals experiencing or at risk of homelessness
- Bidder's project two detailed services and approach including housing stability services
- Bidder's project two provided program results and a case example
- Bidder's project three focuses on helping survivors of human trafficking achieve housing
- Bidder's project three detailed the services for this project including housing navigation and case management
- Bidder's project three provided program impact and quote

2. Project Team Organizational Chart

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- Bidder met requirements - Bidder provided organizational chart detailing from executive director to service staff - Bidder included positions in organization chart that will provide program support but not be directly funded by this service
3. Litigation
- Bidder met requirements - Bidder provided litigation with two closed complaints
4. Financial Viability
- Bidder met requirements - Bidder provided financial statements 2022, 2023, 2024 - Bidder had two auditing entities in the submitted years
5. Certificate of Insurance
- Bidder partially met requirements - Bidder provided certificate of liability insurance 1/1/2025-1/1/2026 - Bidder will need to submit updated certificate upon award - Bidder's certificate of liability insurance has two policies that expired as of 11/1/2025

Part IV, Section III. Proposed Services
A. Administrative Requirements
- Bidder met requirements - Bidder provided data from August 2025 Maine HMIS Hub 7 Active Homeless Dashboard - Bidder indicated the proposed service area has the second highest population of actively homeless - Bidder referenced the MaineHousing 2025 PIT Count, documenting 312 individuals experiencing homelessness in the proposed service area - Bidder indicated according to August 2025 actively homeless population, 250 individuals meet definition for chronic homelessness - Bidder indicated that individuals experiencing chronic homelessness gravitate to Bangor for the resources available - Bidder referenced Maine Highlands Integrated Response Network September 2025 meeting for an increase in homelessness in Dover-Foxcroft area
- Bidder met requirements - Bidder indicated they are a MaineCare provider

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- Bidder indicated they are a licensed mental health agency with provision of Targeted Case Management - Bidder provided their mental health agency license - Bidder provided their provide ID for Adult Behavioral Health Homes - Bidder indicated they are a Maine Continuum of Care HMIS participating agency - Bidder indicated they have three licensed HMIS users
- Bidder met requirements - Bidder indicated they will comply with and deliver the services in accordance with the program manual upon publication - Bidder indicated they will incorporate the manual into the standard operating procedures within 60 days of the manual release - Bidder indicated they will train all staff and supervisors - Bidder indicated they will add fidelity monitoring to the quality assurance plan - Bidder detailed how they will operationalize the Basic Principles - Bidder indicated there will be no requirements related to sobriety, treatment, income or service participation - Bidder indicated they will use the Coordinated Entry prioritization and chronicity criteria - Bidder indicated services will be voluntary and participants will choose their unit, providers and level of service engagement - Bidder indicated that property management functions are distinct form services - Bidder indicated each participant has a housing stability plan - Bidder indicated they will maintain active relationships with landlords/property managers - Bidder indicated they will provide care coordination and warm handoffs - Bidder detailed participant rights
- Bidder met requirements - Bidder indicated they are an active HMIS participating agency - Bidder indicated they will designate a CE liaison and alternate to ensure participation in Hub 7 - Bidder detailed process for notifying Hub of unit availability - Bidder indicated weekly availability update confirming total capacity, projected openings - Bidder referenced master leasing - Bidder indicated all referral will originate through CE and will not accept out-of-process referrals - Bidder detailed referral notification process

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- Bidder detailed operational coverage and continuity - Bidder indicated understanding that staff will not advocate for any specific individual nor seek preferential placement - Bidder indicated staff will reframe from case-specific lobbying, disclose any potential conflicts of interest, raise system level issues, and complete annual CE neutrality and confidentiality training
- Bidder met requirements - Bidder indicated they will implement a written Naloxone readiness policy - Bidder indicated policy will reflect that staff are trained in recognizing opioid overdose and administering naloxone - Bidder indicated policy will reflect staff will have naloxone on hand at all times when providing services - Bidder indicated staff must complete online naloxone training before field work - Bidder indicated annual refresher of training - Bidder indicated training completion and scores are tracked in learning records - Bidder indicated staff will be issues a personal naloxone kit before field work - Bidder indicated each vehicle will have back-up kit - Bidder indicated program manager will conduct monthly checks - Bidder indicated process for pre contact check list which includes documenting naloxone present - Bidder indicated replacement naloxone is issued within 24 hours of use
- Bidder met requirements - Bidder indicated they will have policy guidelines developed and approved before services - Bidder indicated policy guidelines will be consistent with program manual and state statute - Bidder indicated that within 60 days of program manual release, the bidder will crosswalk and update SOPs, train staff and document any monitoring changes - Bidder detailed their plan and timeline for developing service policy, protocols, and operations - Bidder indicated that services will not commence until deliverables of policy development and training are met - Bidder indicated policy guidelines will contain decision making & operations, monitoring & quality assurance, records privacy and security, and financial controls - Bidder indicated they will ensure a fair, accessible, and non retaliatory process for complaints - Bidder detailed the channels in which complaints can be filed

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- Bidder indicated escalation level of complaints - Bidder indicated that participants will receive the grievance and complaint notice upon enrollment and by request - Bidder indicated grievances are tracked in a secure system
- Bidder met requirements - Bidder indicated they will administer voluntary anonymous surveys once per year across all units that will not affect services - Bidder indicate the data will be aggregated and used for quality improvement, fidelity, and reporting - Bidder indicated the survey instrument will mix Likert-scale, yes/no and open ended items - Bidder detailed dimensions to be measured - Bidder indicated three methods of administering the survey - Bidder indicated if participant requests assistance, staff from the bidders agency who are not directly part of the participant direct service team will utilize a read only script - Bidder detailed data handling, storage, and analysis - Bidder identified the owner and contributors of the survey - Bidder indicated within 60 calendar days they would submit a draft survey. Accessibility and language plan, data management and reporting plan to the department - Bidder indicated they would complete a pilot with a small number of volunteers prior to release
- Bidder met requirments - Bidder indicated each participant will have an electronic health record - Bidder detailed the documentation that would be included in the electronic health record - Bidder indicated the timeline of data entry - Bidder identified their day-to-day service documentation software - Bidder detailed the core features of the service documentation software - Bidder detailed their method of storage and security for electronic files and hard copy documentation
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
- Bidder met requirements - Bidder indicated they have established formal and informal relationships with MaineCare providers - Bidder indicated process for which additional partnerships are identified within the first 90 days

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- Bidder provided agency names for those who they currently have executed MOUs with - Bidder identified the entity in which they use to address urgent mental/beahvioral health needs - Bidder indicates they maintain an up-to-date resource list of behavioral health, medical, and crisis providers - Bidder detailed their management of formal and informal relationships in each service category - Bidder indicated that they will utilize data tracking for referrals and attendance - Bidder indicated monthly dashboards will be reviewed - Bidder provided attachment 6 with formal and informal relationships by service category and what proposed services are offered
- Bidder met requirements - Bidder detailed how they will operationalize for informal and formal non-Mainecare relationships - Bidder indicated they have a Community Partner Directory that tracks relationship status, points of contact and service categories - Bidder indicated they will submit a standardized referral form and directly connect the participant to partner - Bidder indicated they would keep field-based flexible hours for participants with daytime barriers - Bidder provided example workflows for referrals to non-MaineCare providers
- Bidder met requirements - Bidder indicated established relationships with providers in Hub 7 - Bidder indicated an existing relationship with PATH in their service area through several programs - Bidder indicated through joint training initiatives they will co-develop and deliver training on Housing First. - Bidder indicated a multi-modal delivery method for participants including move in briefings, monthly series, and 1:1 teach backs
C. Property-based Partnerships
- Bidder partially met requirements - Bidder detailed their standardized curriculum for training property partners - Bidder indicated they will execute MOUs with property owner/managers that include ongoing Housing First education - Bidder detailed delivery and content of pre-lease education to property owners - Bidder detailed delivery and content of onboarding education for new property staff

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- Bidder did not detail annual training with property partners
- Bidder met requirements - Bidder indicated they would implement a standardized two way release for early problem solving with property management entity - Bidder indicated they will have an eviction prevention protocol - Bidder indicated after hours coordination for de-escalation, safety planning and linkage to crisis - Bidder detailed early warning signs of eviction and rapid response protocol - Bidder provided examples of targeted strategies by common eviction reason. - Bidder detailed responsibilities and escalation between property manager and staff
D. Minimum HSS Units and MOUs Requirements
- Bidder met requirements - Bidder indicated they will leverage establishes relationships with property owners and have targeted outreach campaigns for new property owners - Bidder indicated they will provide education to the property partners - Bidder indicated they will execute MOUs for each unit within 30 calendar days of contract start date - Bidder detailed what will be included in the MOUs - Bidder indicated they will maintain a reserve pipeline of at least five units and contingency agreements - Bidder detailed surge plan if units go below 10. - Bidder indicated they will notify the department within 7 calendar days of a unit becoming unavailable or anticipate vacancy.
- Bidder met requirements - Bidder affirmed to execute MOUs with property owners of identified units within 30 calendar days of start of contract - Bidder indicated they would provide copies of executed MOUs to the department - Bidder detailed the required areas in the MOUs - Bidder detailed additional items they will include in the MOUs such as housing first alignment, data sharing, inspection support, access/safety protocols, and on-call protocols
- Bidder met requirements - Bidder indicated newly executed MOUs for additional units are submitted to the department within 7 calendar days - Bidder detailed the MOU Management Protocol they intend to use
- Bidder met requirements

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- Bidder indicated they will implement a Property Ownership Risk & Notification Protocol - Bidder detailed events that would trigger notification to the department such as ownership changes, financial risk, physical risk, owner withdrawal, and legal constraints - Bidder detailed time frame and risk rating for notifications
E. Participant Outreach Prior to Tenancy
- Bidder partially met requirements - Bidder indicated within 2 business days, obtaining authorization for information releases with property management, CE, benefits administrators and providers - Bidder indicated how they would store eligibility documentation and minimum documentation requirements - Bidder did not detail how they would confirm eligibility upon enrollment
F. Programmatic Requirements
- Bidder met requirements - Bidder indicated they will adopt plain language communications - Bidder indicated all interpreter and accommodation supports are provided at no cost to participants - Bidder indicated participants can access services in person or virtual with department approval - Bidder indicated appointments are offered in evenings and weekends when needed - Bidder indicated missed appointments do not equal discharge - Bidder indicated staff may coordinate transportation when participants must travel - Bidder indicated upon first contact staff will record preferred language by participant - Bidder indicated translation for vital documents - Bidder indicated upon intake and quarterly, an access needs screening for accommodations
- Bidder met requirements - Bidder indicated posting a weekly schedule with at least 20 in-person hours for participants - Bidder indicated serve floating blocks for walking/outreach and real access - Bidder indicated at least on early evening block, and weekend as needed - Bidder indicated services are delivered where the participants are - Bidder detailed staffing and backfill

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- Bidder indicated the individualized housing stabilization plan will record preferred days/times of participant - Bidder indicated screening for MaineCare eligibility and assistance with enrollment/re-enrollment - Bidder indicated warm hand-offs and coordination - Bidder indicated relationships with non-mainecare community based services
- Bidder met requirements - Bidder indicated they will integrate with Ancillary supports by formal partnerships and executing MOUs - Bidder indicated they will participate in monthly multidisciplinary case conferencing with ancillary supports - Bidder indicated they will prevent duplication of service by using service mapping and reviewing participant records - Bidder indicated they will have role clarification and ongoing monitoring - Bidder indicated they will train staff to verify MaineCare eligibility - Bidder indicated they will implement financial controls and separate cost centers for this service and MaineCare services - Bidder indicated they will conduct monthly internal audits
- Bidder met requirements - Bidder indicated they are committed to providing services in person - Bidder indicated they have dedicated field based staff - Bidder indicated that virtual services will only be used due to participant preference, safety concerns or public health emergencies, with department approval - Bidder indicated their understanding of department approval for policies and procedures of non-in-person services - Bidder indicated they will offer appointments during standard business hours and extended hours - Bidder indicated they will provider services in homes, community spaces or preferred locations - Bidder indicated they will have an on-call line for property partners and tenants
- Bidder met requirements - Bidder indicated they will maintain a list of entry level employment opportunities for participants - Bidder indicated they will develop a volunteer program - Bidder detailed supportive onboarding and training - Bidder indicated incorporating mentorship with an experienced staff for ongoing guidance and support

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G. Housing Stability Services (HSS
- Bidder met requirements - Bidder indicated they will ensure services are provided voluntarily and guided by person-centered strengths based approach - Bidder indicated tenancy will never be contingent upon participation in services - Bidder indicated services will be participant choice - Bidder indicated service planning will reflect the participant priorities, preferences, and identified strengths - Bidder indicated engagement regardless of participation to build rapport and encourage participation without coercion. - Bidder indicated they will conduct regular check-ins and maintain a consistent presence
- Bidder met requirements - Bidder indicated they will assist participants in determining eligibility for Maine care and other insurance programs - Bidder indicated they will provide education and advocacy related to insurance overage options and expedited processing - Bidder indicated review of participant needs to identify applicable mainecare services - Bidder indicated ensuring billing compliance with needed mainecare services - Bidder indicated referrals and assistance with benefits, non-emergency transportation, food access, and other benefits - Bidder detailed other community based clinical resources they will coordinate with for these services.
- Bidder met requirements - Bidder indicated upon enrollment participants will receive a welcome and safety packet with crisis numbers. - Bidder indicated welcome and safety packed will have a mobile friendly QR code with resources - Bidder indicated use of in home visual prompts with participant permission that have laminated safety plans - Bidder detailed embedding crisis information into individualized plans and everyday practice - Bidder indicated crisis related instructions, referrals and outcomes in their data system
- Bidder met requirements

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- Bidder indicated they organize services and partnerships around the Social Determinants of Health recognized by Health People 2030 - Bidder indicated the individualized assessment and service plan surfaces DHOC barriers - Bidder indicated linkages, referrals and event participation are recorded in the database - Bidder indicated services delivered in 1:1 coaching, small group workshops and peer supported sessions - Bidder detailed content of the coaching and workshops that include tenancy sustainment and rights, financial capability, food and nutrition security, health access, transportation problem solving, and digital readiness and safety. - Bidder detailed formal and informal community linkages - Bidder detailed community building social events as co-designed - Bidder provided example offerings of on-site community building social activities. - Bidder indicated that many sites in this model are not conducive to hosting events - Bidder indicated they will document limitations and proactively identify housing and community sites that have suitable space - Bidder detailed their notification protocol to the department
- Bidder met requirements - Bidder detailed orientation on site of the unit with the participant - Bidder indicated a welcome and safety packet with emergency and crisis numbers, building rules, property contacts and releases of information - Bidder indicated early tenancy follow-up in the home during the first two weeks - Bidder indicated using plain language and translated materials for participants understanding their lease, rights and responsibilities - Bidder indicated utilizing read-along review and teach back to confirm participant understanding of the lease - Bidder indicated providing on-page lease summary - Bidder detailed timeline for staff response to a concern from either a participant or landlord - Bidder indicated structured mediation workflow to convene solution focused meeting, clarify expectations and develop plans - Bidder indicated they incorporate peer support specialist within team based behavioral health models - Bidder indicated they will establish a structured peer volunteer program - Bidder detailed the on-call coverage for these services

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- Bidder detailed connection and coordination with behavioral health crisis intervention
- Bidder met requirements - Bidder indicated they would use participant education and safety planning for harm reduction - Bidder indicated they would utilize overdose prevention and response - Bidder indicated linkages to care, recovery and harm reduction partners - Bidder indicated when requested they would link participants to safer-use education, health screenings and other risk reduction supplies/supports - Bidder detailed procedures for post overdose follow-up and stabilization - Bidder indicated community building at on-site and alternative site community events incorporating harm reduction and facilitated conversations
- Bidder met requirements - Bidder indicated eligibility screening occurs upon enrollment or when a participant loses external case management - Bidder indicated they would obtain consent for services to begin - Bidder detailed their case management model with assessment and stability plan timelines - Bidder indicated process for transition of care when external case management is established
- Bidder met requirements - Bidder indicated upon beginning services, staff will complete an initial assessment of existing ancillary supports within 30 days - Bidder indicated they will obtain release of information for identified providers/supports in alignment with the Bidder's policy - Bidder indicated they will complete a structured Supports and Services Inventory within the client file - Bidder indicated they will conduct a gaps and risk review - Bidder detailed their process for when a needs assessment doesn't already exist - Bidder indicated they would conduct a needs assessment within the 30-day window - Bidder detailed how they would utilize an existing needs assessment to create a housing stability plan.
- Bidder indicated after the initial assessment participants needs are reassessed at least annually

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- Bidder indicated reassessments will also occur when there is a significant change in status - Bidder indicated their electronic health record generates automated reminders prior to due date - Bidder indicated the supervisor will review dashboard to verify compliance - Bidder indicated after each reassessment staff update the individual service plan - Bidder detailed how they would utilize an existing assessment completed by ancillary supports to inform the individualized service plan
- Bidder met requirements - Bidder indicated they co-create goals with the participant - Bidder indicated they draft a summary of priority needs and strengths in the participant's own words - Bidder indicated using plain language that is asset-oriented and non-stigmatizing - Bidder indicated the individual service plan is reviewed and updated at least annually with the reassessment - Bidder indicated interim updates occur after meaningful changes - Bidder indicated with participant consent a plan summary is shared with relevant partners - Bidder indicated the participant chooses where and how they meet - Bidder indicated the participant can change their plan at anytime.
- Bidder met requirements - Bidder indicated every individual service plan template includes the six sections listed in this deliverable - Bidder detailed each section and how they would address each in the individual service plan - Bidder indicated the individual service plans are participant directed and plans can be changed at anytime
- Bidder met requirements - Bidder indicated the crisis plan is developed during the assessment to plan process - Bidder indicated the crisis plan is reviewed at least annually or after any significant event - Bidder detailed the required elements of the crisis plan - Bidder provided housing specific scenarios
- Bidder met requirements

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- Bidder indicated the individualized mitigation plan will complement the individual service plan - Bidder indicated the plan will focus on immediate stabilization plus root-cause resolution of both historical and current barriers - Bidder indicated within one business day of learning of the adverse action, staff will open and individualized mitigation plan in the client file - Bidder detailed communication with property manager during individualized mitigation planning - Bidder indicated they would attempt to negotiate an interim agreement with the landlord - Bidder indicated they would create a landlord/tenant communication plan - Bidder indicated if the adverse incident intersects with behavioral health or substance use, the staff will update the crisis plan - Bidder indicated the mitigation plan will remain active until the adverse action is resolved and participant demonstrates sustained progress for at least 30 days
- Bidder met requirements - Bidder indicated they will align all workflows to follow the program manuals required review intervals and documentation standards - Bidder detailed their plan to operationalize compliance on day one of publication - Bidder indicated they would maintain version control and audit visibility - Bidder indicated they would use their electronic health record to send reminders and escalation to ensure that timelines are met - Bidder indicated supervisors complete a plan compliance report monthly - Bidder indicated ensuring plans are reviewed at least annually and sooner if there is a life changing event, new information obtained, or participant choice.
H. Staffing
- Bidder met requirements - Bidder indicated their 24/7/365 on-call number is staffed by trained personnel from the bidder's agency - Bidder indicated if there are multiple calls, the system immediately forwards to back-up on call responder - Bidder detailed the process for when responder answers phone - Bidder indicated process for ensuring language access - Bidder indicated every on-call contact generates a time-stamped note - Bidder indicated post event contact and plan updates - Bidder detailed training for staff
- Bidder partially met requirements

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- Bidder indicated there is a multidisciplinary group within the bidder's agency that works collaboratively across departments - Bidder indicated the approach is rooted in the "Whole Families" model - Bidder indicated the program manager of these services is a member of the multidisciplinary group - Bidder detailed supervision structure of both regular and clinical supervision - Bidder indicated ongoing training and professional development referenced in training plan - Bidder indicated that they will require all staff to have at least one year of experience providing direct services to individuals experiencing homelessness or one year of direct lived experience of homelessness - Bidder did not detail how they will ensure the required staffing, just that they will require it
- Bidder met requirements - Bidder indicated staffing levels and roles are adjusted based on real time demand - Bidder indicated their staffing plans are informed by regional data - Bidder indicated their staffing is concentrated in Bangor - Bidder indicated staff receive supervision and clinical supervision - Bidder indicated when staff are not physically present, on-call systems are in place. - Bidder indicated they will give consideration to candidates with lived experience
- Bidder met requirements - Bidder detailed weekly supervision and as needed and monthly clinical supervision - Bidder detailed on-call support for participants when staff are not physically present - Bidder provided example of operational oversight responsibilities - Bidder detailed ongoing professional development and training plan - Bidder provided attachment 7 with training topics, modality, and timeline - Bidder did not provide direct staff name responsible for facilitating trainings however provided the department or title responsible
- Bidder met requirements - Bidder detailed initial training period - Bidder detailed ongoing training - Bidder provided training topic examples - Bidder provided modality of trainings

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- Bidder indicated competency based assessments are used to evaluate training effectiveness
- Bidder met requirements - Bidder indicated hiring practices consider persons with lived experience - Bidder indicated there is competency training for staff for inclusive practice - Bidder indicated they have multilingual materials - Bidder detailed how staff are encouraged to learn directly from families their norms and communication preferences.
- Bidder met requirements - Bidder indicated they will develop and sustain a network of in-person volunteers - Bidder indicated they would recruit volunteers from participants - Bidder indicated peer support roles will range from group facilitation to mentorship - Bidder detailed feedback and recognition forum
I. Participant Tracking and Confidentiality Requirements

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- Bidder met requirements - Bidder indicated they would integrate with Maine CoC HMIS, with participant consent - Bidder indicated they will utilize HUD's Interactive HMIS Data Standards Tool and participate in training sessions - Bidder indicated they will ensure participant data collection includes HMIS Universal Data Elements - Bidder met requirements - Bidder indicated that they will ensure required participant data is entered into HMIS with participant consent - Bidder indicated they will enter data as it becomes available and within the timeline standards - Bidder indicated they have three licensed HMIS users - Bidder met requirements - Bidder indicated they will obtain and maintain insurance coverage in compliance with this section - Bidder indicated the staff responsible for coordinating insurance documentation and compliance - Bidder met requirements - Bidder indicated they will follow information technology policies and practices - Bidder indicated their policies and procedures will meet or exceed the standards outlined in MaineIT's PL-4, RA-1 and RA-5controls - Bidder indicated all staff are required to complete cybersecurity and privacy training at least annually
- Bidder met requirements - Bidder indicated legal and regulatory compliance - Bidder indicated enforcing multi-factor authentication for staff accounts - Bidder detailed electronic data security practices - Bidder indicated staff training for HIPAA and confidentiality during onboarding and annually - Bidder detailed their breach notification protocol
- Bidder met requirements - Bidder indicated compliance with confidentiality requirements - Bidder detailed staff access and training protocols
- Bidder met requirements - Bidder detailed their understanding and implications of the understanding
- Bidder met requirements

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- Bidder indicated adherence to department policy and timelines with critical incident reporting - Bidder detailed existing critical indicated protocols by the departments - Bidder indicated designated staff will receive training and access to use Acentra for reporting - Bidder indicated at least two staff members managing critical incident reporting
J. Performance Measures
- Bidder met requirements - Bidder detailed their plan to establish baseline in year one - Bidder indicated they will implement continuous quality improvement and corrective action for any metric trending below target for two consecutive months - Bidder indicated utilizing department's reporting link for submission - Bidder indicated provider records will be supplied within 5 business days of request - Bidder detailed each performance measure means for collecting data within their own system and which staff is responsible
K. Reports
- Bidder met requirements - Bidder detailed which supporting documents would be needed for each report - Bidder detailed where the supporting documentation would be pulled from in their system - Bidder indicated timely and accurate submission of reports using secure platforms
2. Staffing

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- Bidder met requirements
- Bidder provided completed attachment 8 job descriptions
- Bidder's housing navigator job description indicates working with participants for a minimum of one year
- Bidder provided staffing justification for positions proposed to be paid through this contract and supporting roles that aren't paid through the contract
- Bidder met requirements
- Bidder indicated all subcontracts and consultants must adhere to the guidelines in the Bidder's accounting and financial practices and procedures manual.
- Bidder indicated any issues requiring attention will be raised with the subcontracts/consultant within five business days
- Bidder indicated MOUs and contracts are reviewed and updated annually
- Bidder met requirements
- Bidder detailed the job position, time allocation, tasks, and justification for each proposed position

3. Implementation - Work Plan

- Bidder met requirements
- Bidder detailed work plan in Gantt chart
- Bidder detailed work plan for 24 months
- Bidder indicated the responsible staff for each task
- Bidder delineated start-up and implementation

STATE OF MAINE
INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 7
BIDDER NAME: Penquis CAP
DATE: 10/24/25; 10/30/25 Eligibility; 11/4/25 Qualifications; 11/12/25& 11/13/25 Services, 11/26/25- Cost
EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH
****

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Meets eligibility. Property Review- • 68 Jefferson, Bangor. Q-2 tenant based? Could be 4 tenant based, form is not clear. Site confirmed. • 154 Court St. Bangor. 4- project based, 4 tenant based. (8) Site confirmed. • 81 Court St Bangor. 4- project based, 4 tenant based. (8) Site confirmed. Q-Zillow reports 6 bedrooms, 4 bath; Is there 8 total units at this site? • 26 Grove St Dexter. 2 tenant based. Site confirmed. • 20 Spring St Dexter 3 tenant based. Site confirmed. • 1270 Stillwater Ave Orono- 2 tenant based. (2) Site confirmed. Q- Zillow reports 4 bedroom one bath; is that 2 units? • 313 State St. Bangor 2 tenant based. (2) Site confirmed. • 599 Brunswick St Old Town- 2 tenant based. (2) Site confirmed. Noting 2bedroom apartment currently listed for rent $1700 per mo. Address appears on another bid. Q- would this site support a total of 4 units should both bidders be awarded? • 83 Holyoke St Brewer- 3 tenant based. (3) Site confirmed. Address appears on another bid. Zillow reports 10 bedrooms 5 baths. Q- would this site support a total of 6 units should both bidders be awarded? • 299 State St Bangor-2 (2) Site Confirmed. Address appears on another bid. Q- would this site support a total of 4 units should both bidders be awarded?

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P- Status as a CAP agency and licensed behavioral health agency. Strength in landlord engagement and working with the population. Experience with HMIS.
2. Project Team Organizational Chart
Included Org chart.
3. Litigation
Two cases reported, both settled.

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INDIVIDUAL EVALUATION NOTES

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EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH

4. Financial Viability
Submitted 3 years of financial statements, certified by an Independent Auditor. No financial viability concerns.
5. Certificate of Insurance
Verified.

Part IV, Section III. Proposed Services
A. Administrative Requirements
1. P- Current enrolled MaineCare, TCM provider. Current HMIS participating agency.
2.P- Low barrier access, individualized “Housing Stability Plans” reviewed monthly. “Landlord supports- rapid problem solving and mediation”. Will provide assistance with applications, reasonable accommodations, lease education and eviction prevention. Warm hand off to other services. Can meet 20hr requirement, access to 24/7 on call. . Staff will receive training in Housing First, trauma-informed care, harm-reduction, de-escalation, fair housing/ADA, neutrality, and confidentiality. 3. P- Current participant in CE. Will notify Hub coordinator within 1 business day of openings, plus weekly updates. Attempt to contact within 2 business days of receipt from CE. Obtain informed consent releases. Lead Housing Navigator covers for Program Manager while out. Plan to develop Standard Operating Procedure. Will comply and incorporate Housing Stability Program Manual in with SOP within 60 days of contract execution. 4. P- Staff complete online nasal Naloxone administration, including calling 911 and post administration care. Kits issued at employee onboarding. Inspection of expiration dates to follow first in and first out. Overdose response, incident reporting and manager follow up. 5.P- plan to use a structured policy development lifecycle—crosswalk, draft, approve, train, implement, and audit—before any participant is enrolled. Use of internal review committee- HR & IT. Get executive level sign off. Policies cover decision making, monitoring, compliance, record keeping and financial controls. Grievance policy allows for appeals. 6. P- recommended 8 different survey domains and multiple methods for completion. Plans for use and analysis of data. Will translate as necessary. 7. P- HMIS and EmpowOR in use for participant EHR. Housing Navigators enter UDE’s within 3 business days of enrollment, service notes within 3 days of contact and updates plans and outcomes monthly. Policies for data security and client confidentiality.
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

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INDIVIDUAL EVALUATION NOTES

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1. P- Included list of formal and informal partnerships with Behavioral, Medical and SUD service providers.
2.P- Maintain partner directory which includes General Assistance offices, faith based organizations and food cupboards. Long standing history in the community. Flexible hours including nights and weekends. 3.P- Identified the PATH provider for the area, formal relationship in place, work together on Theresa's Place.
C. Property-based Partnerships
1.P- Listed training curriculum for property partners. 2.P- "EPP Eviction Prevention Protocol", After hours coordination and Repair Protocols. Respond within 48 hours of early warning signals, such as missed rent payment. Listed common eviction reasons with strategies.
D. Minimum HSS Units and MOUs Requirements
1.P- Create a reserve strategy to have pre approved units in waiting. Will notify the Department within required timeframes. 2.P- Affirms commitment to executing MOU within 30 days from initial period of performance start date. 3.P- MOU tracker to ensure timely submission. 4.P- Will identify triggers that could impact unit availability and will include interventions and proper notice to meet Department targets within the MOU. "Activate backup owner pipeline" included in the policy to ensure 10 unit minimum.
E. Participant Outreach Prior to Tenancy
1.P- Roles and tasks identified by number of days active in the program. Move in orientation, next day check-ins. Participant file maintained in HMIS.
F. Programmatic Requirements
1.P- Field based HSS to reduce travel barriers. Meets requirement, cost free language access. Tiered interpreter model to determine in-person need. References disability access and reasonable accommodations requests. 2.P- Staffing model proposed meets or exceeds minimum threshold. Two housing Navigators and Program Manager. Brief barrier screening at initial contact, individual housing plans, more frequent check ins at initial move in. Assist in application to MaineCare, provide referral/warm hand off to MaineCare services to focus on tenancy support and stabilization. 3.P- Review HMIS/MaineCare to see what services are in place. Comprehensive assessment at intake and service mapping to ensure no duplication of MaineCare servies. 4.P- Detail "In-person service delivery strategy". HSS Staff deployed strategically geographically.

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EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH

5.P- Volunteer and Employment pathways. Participation is voluntary and not a condition of housing.
G. Housing Stability Services (HSS
1.P- Plan to engage by conducting outreach- monthly in person visits or calls. Use Motivational Interviewing, highlighting successes of participants, offering informal social opportunities and Maintaining consistent presence. 2.P- provide hands on support with mainecare application. Educate on options, rights and advocate if coverage lapses. Warm handoff to Providers when enrolling in MaineCare services. Q- "Screen for eligibility for SOAR" not trained to complete? I- Transportation support- this is a service contract currently held with Bidder and the Dept. P- implementation and monitoring components. 3.P- "Emergency and Crisis Quick Card" wallet size and magnet with Call/text/chat 988; Maine Crisis Line, Intentional Peer Support. Also includes Warm line, Teen text line, 211 and 911. Use of QR code and physical mediums. Bidder provides a year round live on call coverage to deescalate non-clinical situations. Staff trained on Critical incidents and mandated reporting. 4.P- Initial assessment and Housing stability plan completed within the first 30 days. Delivers 1:1 coaching on some of the following topics: rent readiness, credit repair, benefits screening, basic unit care and guest policies. Send and track referrals from EHR system EmpowOR. P- Social events are co-designed with participant input. I- Plans to utilize a scattered site model and leverage spaces like library, town sites, park and higher education spaces for community events. 5.P- Pre-move in activities, Move in day and early tenancy activities. Review utilities, guest policies and grievance process. Early warning signs in use to preserve housing. Staff respond within 48 hrs on certain issues, engage in mediation and escalate concerns that can't be resolved. Peer support services available as desired. Connections to crisis services if on-call is not able to resolve the concern. 6.P- Participant education on safer use- mixing, tolerance, using alone. Safety steps in each plan. Post overdose follow up and stabilization planning. Connection to harm reduction services and supplies. 7.P-Agrees to provide "Housing first aligned, person-centered, housing stability-focused case management to participants lacking a case manager. 8.P- If an Assessment has been completed, Bidder will incorporate, instead of conducting another. Plans reviewed on agreed upon intervals 30/60/90 days
9.P- Needs will be reassessed at least annually. Tracking is maintained in EHR. Opportunities for information sharing, with permission, with other members of the care team.

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10.P- "Staff set 30/60/90-day check-ins after critical milestones (e.g., move-in, post-crisis) to
verify tasks are active and goals remain relevant."
11.P- All Domains are included as sections on the ISP. Tasks around all six domains.
12.P- Crisis planning built into ISP, as well as being a stand alone document. Identifies components of crisis planning (triggers, stabilization, medication use, crisis services, and safety steps. Language access and quality assurance reviews.
13.P- IMP will be developed for every participant. Tasks by timeframe- "immediate stabilization 0-7 days" "targeted barrier resolution 7-30 days, landlord communication plan. Integrated with crisis plan and harm reduction.
14.P- Workflows and plans will be adapted to match the HSS manual. Create a compliance matrix with updated workflows. EHR gives timeliness reminders, unresolved item trigger supervisory review.

H. Staffing

1.P- Meets requirement by offering 24/7 live on-call coverage. Provided triage decision tree. Language access noted.
2.P- Plans to meet requirements by requiring 1 year of providing direct service to homeless individuals, or one year of direct lived experience as homeless. Interdisciplinary "C-Team".
3.P- Staffing is concentrated in Bangor, the region's service hub with over 600 actively homeless. "Needs based staffing structure."
4.P- Staff will receive supervision weekly by Program Manager and monthly by LCSW. The Program Manager receives supervision from the Housing and Energy services director. On-going professional development and training.
5.P- Before delivering service, staff undergo certain trainings. "Supervision integrated learning" embedded into regular weekly supervisions.
6.P- Learning system Relias.
7.P- Actively recruits volunteers from participant base. Roles range from group facilitation to informal mentorship. Volunteers embedded into workflows.

I. Participant Tracking and Confidentiality Requirements

1.I- with participant consent, enter data in HMIS. "Will implement" risk assessment and vulnerability scanning policies equivalent to Maine IT.
2.I- only enter data for individuals who have completed the HMIS authorization. Option to receive services without HMIS participation. P- Currently 3 licensed users of HMIS. Q- will there be attempts to gain participation in HMIS if originally refused?
3.I- "Will obtain and maintain" currently encumbered contracts would require this as well.

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EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH

4.I- "Bidder will implement risk assessment…, will adopt rules of behavior policy." P- additional safeguards listed.
5.P- complies with and ensures compliance with all laws governing the protection of confidential and sensitive information. HIPAA training at onboarding and annually.
6.I- "will comply within 30 days."
7. P- Bidder noted understanding.
8.P- current critical incident procedures in place. Bidder will ensure two staff are prepared to enter CI data in Acentra.CI data will be reported to the department quarterly and annually.

J. Performance Measures

1.P- CQI and Corrective action- any metric not met for two straight quarters triggers a 30-day corrective action plan. Identifies the calculation, data source and responsible party for each PM.

K. Reports

1.P- Monthly report mapping table with data element, data source and supporting documentation. Demonstrated understanding of reports and due dates.

2. Staffing

- 1.Job Descriptions- Housing and Energy Director, does not require direct experience with homeless, or lived experience. Deputy Dept Director- does not require direct experience with homeless, or lived experience. Clinical Director- does not require direct experience with homeless, or lived experience. Program Manager- JD does require the minimum experience. Housing Navigator- JD does require the minimum experience. Housing Coordinator- Does not require direct experience with homeless, or lived experience. Financial analyst- Does not require direct experience with homeless, or lived experience.
- Subcontractors- Q- will the Bidder use subcontractors for direct service? The response was more about general use of subcontractors.
- Staffing plan- Director- 0.13 FTE Oversight; Deputy Director 0.1 FTE payments; Clinical Director 0.05 supervision; Program Manager- 1 FTE direct work; Housing Navigators- 2 FTE direct work, Housing coordinator 0.15 FTE clerical support, Financial analyst 0.1 FTE fiscal support and financial monitoring. C-Team and Compliance Director incorporated in indirect.

3. Implementation - Work Plan

1.P- Task, role and timeline table provided.

Part IV, Section IV. Cost Proposal and Budget Narrative

Budget- 2,352,715 1/1/26-12/31/31. First period 1/1/26-12/31/27- $712,176.

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Form 1- It may be reasonable to expect some MaineCare revenue contributing to the overall program. Example- The deliverable requiring Case Management Services when Participants do not have a Case manager, likely will have billable activity to TCM or HOME. Three cost centers are completed for two year periods. Demonstrates ramp up by allocating $712,176 to the first, 781,760 to the second cost center period and 858,779 to the third period.
Form 2 & 5- Personnel and fringe at a rate of 36% make up 87% of total expenses. Occupancy/Rent increases in each cost center- $17,762; $18,480; $19,227. Needs more detail on form 5 regarding “building allocation cost pool”. Total occupancy = $55,469 / 6 years = $9,244.33/yr. Telephone expenses increase in each cost center- $3,794; $3,947; $4,106. Covers cell phones for 4 staff: Program Manager, Director, Deputy Director, and Housing Navigator. Unclear if this is hardware & service. Total telephone $11,847/6yrs = $1,974.50/yr. Material and supply is $1,700 in the first cost center, then decreases to $1,400 for the next two cost center periods. Covers “Program supplies, office supplies and postage”. Would have liked to see more detail and the allocation methodology for the decrease. Total material & supply $4,500 / 6 yrs = 750/yr. Client related travel increases in each cost center- $8,987; $9,166; $9,350. Covers “cost based on weekly travel to Lincoln and Dover offices”. Would have expected travel from housing sites to community locations. Confused by weekly travel to offices. Period 1- $8,987 / 0.56 cents per mile = 16,048 miles/ 2yrs (104 weeks) = 154.3 miles per week. Consultants – other lists $1,000 per cost center = $500 annually for interpreter services. Independent public accountants is allocated $1,000 per cost center = $500 annually for “Annual uniform Guidance Audit and SEDA compliance” I would assume this is the program’s portion. Technology costs increase in each cost center- $16,170; $16,823; $17,502. This covers “IT Cost Pool based on Agency wide cost allocation for computers/support.” Unclear if this covers capital equipment purchases. Total technology $50,495 / 6yrs = $8,415.83 per year. Training & Education allocates $2,800 per cost center period. Covers “Trainings for Program Manager” 2,800/2 = $1,400 per year. Miscellaneous expense increases in each Cost Center period- $4,640; $4,827; $5,022. Covers “Reception Cost Pool allocation - based on number of phones, amount of contacts (calls)” Total expense is 14,489/ 6yrs = 2,414.83 / year.
Form 3- Three direct service FTE’s- Program Manager/Lisa Davis, Two Housing Navigators at two different rates of pay. Why two rates of pay? Administrative staff spread over 5 positions at 0.53 FTE. No changes to total FTEs in the different cost centers, however all salaries do increase in each cost center period. The Program Manager’s salary starts at 145,843 and ends the 6 year period at $177,584 = 21.7%increase over the period.
Form 4- indirect cost rate of 5.43%, rate letter included.

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RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 7
BIDDER NAME: Penquis Cap
DATE: 10/27/2025
EVALUATOR NAME: Kelly Watson
EVALUATOR DEPARTMENT: MaineHousing/Homeless Initiatives

****

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Based on review, I believe eligibility requirements have been met: -Submitted Attestation Form – no financial interest in property -Submitted Appendix C – letter of commitment for up to 32 units in Bangor area

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P – experience with CoC and CE and similar program administration P – 625 community partnerships P – involvement on Boards associated with homelessness and housing I – 4 areas of focus include housing stability and healthy functioning I – 500 staff, 491 volunteers N – concerns regarding newly developed project and housing first principles
2. Project Team Organizational Chart
Org chart included
3. Litigation
Q – two settled personal injury cases, unsure if these are related to this RFP
4. Financial Viability
Provided 3 years of audited financials
5. Certificate of Insurance
Provided certificate

Part IV, Section III. Proposed Services
A. Administrative Requirements
I – Hub and PIT data for Hub 7 P – current Maine Care and TCM provider and HMIS participating agency N – no mention of HOME participation P – current participation and understanding of CE P – current naloxone practices in place
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
P – current MOUs and partnerships with Behavioral Health, Healthcare I – organization of partnerships through four layers P – current relationship with PATH provider in Hub 7 for co-designed curriculum
C. Property-based Partnerships

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INDIVIDUAL EVALUATION NOTES

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EVALUATOR NAME: Kelly Watson
EVALUATOR DEPARTMENT: MaineHousing/Homeless Initiatives

P – housing first training for new property staff
P – eviction prevention and mitigation strategies specific and coordinated
D. Minimum HSS Units and MOUs Requirements
Q – property owner notification of vacancy does not mention CES process – is this referring to when a unit vacated by a HSS tenant and no longer available for HSS? P – detailed strategies outlined Minimum of 10 unit requirement met
E. Participant Outreach Prior to Tenancy
F. Programmatic Requirements
P– published service grid and in field visits N – no apparent current volunteer program
G. Housing Stability Services (HSS
P – welcome packet for participants P – county by county linkage map for services P – one page lease summary provided for easy understanding P – plans are detailed and specific
H. Staffing
P – plans are detailed and specific P – current practice already includes on call support I – did not mention if current staff have lived experience of homelessness
I. Participant Tracking and Confidentiality Requirements
P – current HMIS participation P – detailed tracking/analysis plan on performance metrics
K. Reports
P – detailed plan for reporting
2. Staffing
Q – will subcontracting affect the effectiveness of the program services and oversight Job descriptions and staffing plan included as required
3. Implementation - Work Plan
Implementation plan included as required

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INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 9
BIDDER NAME: Mercy Hospital dba Northern Light Mercy Hospital
DATE: 10.22.25 and 10.29.25 (eligibility); and 10.31.25, 11.18.25, 11.19.25
EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: Office of Behavioral Health

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
• Provided signed attestation. • Provided a letter of commitment with a property owner for ten (10) tenant-based units at a property in Houlton, Maine. • Property owner did not complete question three (3) on the form indicating how the property owner intends to work with the Bidder, if awarded a contract, to support the provision of HSS, including on-site services. • The property owner's executive director signed the form indicating they will enter into a MOU within thirty (30) calendar days of the initial period of performance. • Site existence for the anticipated property is a little unclear to this evaluator, especially as it pertains to the total available units for HSS (ten (10) units, as indicated on the submitted letter of commitment).

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
• Stated they have provided services for over a century. • Stated their agency joined Northern Light Hospital in 2013, which state is one (1) of Maine's largest healthcare systems and serves two-thirds of the state's geographical region, and almost half of the state's population. • Stated they have long-standing partnerships with the City of Portland; Milestone Recovery; Penquis; Spurwink; The Opportunity Alliance; Sweetser; Community Housing of Maine; In Her Presence; and others. • Referred to the following mission-based community programs: Gary's House (accommodation while a loved one is receiving treatment at a healthcare facility); Bruni Family Integrated Behavioral Health Program; Francis Warde which provides housing and services to "homeless immigrant women"; and McAuley Residence, which includes four (4) locations for provision of a two (2) generational program for families affected by substance use disorder (SUD). • Stated their McAuley Residence program has existed for over thirty (30) years and supports individuals with histories of chronic instability and complex barriers. Bidder's provided letter of commitment is for a McAuley Residence in Houlton.

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RFP #: 202508118
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BIDDER NAME: Mercy Hospital dba Northern Light Mercy Hospital
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EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: Office of Behavioral Health

- Stated their McAuley Residence program includes: SUD treatment; mental health services; family and child behavioral health; parent coaching and education; primary and pediatric care; care coordination; targeted case management; and workforce development through co-located Community College staff.
- Provided a list of example on-site partnerships they have, including: parenting support in partnership with Penquis CAP and The Opportunity Alliance; mental health counseling in partnership with licensed therapists across five (5) different agencies; peer support programs through collaboration with local recovery organizations (e.g., the Portland Recover Community Center or The BARN); job readiness workshops in partnership with workforce development agencies, with some partners listed; financial readiness in partnership with Maine Savings Bank, Key Bank and CAP agencies; and wellness and healing in partnership with Highland Yoga Studio and Sea Change.
- Stated they maintain robust connections with external community-based providers including healthcare providers, with some specific clinics indicated.

Project 1:

- Related and related service.
- Referred to their partnership, since 2023, with Community Housing of Maine, MSHA, the Office of Policy, Innovation and Future and The John T. Gorman Foundation to repurpose a previous convent in order to launch a two (2) generation approach for unhoused pregnant immigrant women.
- Stated that they engaged with In Her Presence, “an ethnic based community organization” to provide 24/7 onsite support.

Project 2:

- Relevant and related service.
- Referred to their operation of the McAuley Residence program in Portland and noted that Northern Light Mercy Hospital redesigned McAuley Residence, a department of Mercy Hospital, in 2010 in response to the opioid crisis.
- Stated the two (2) year program focuses on SUD and offers safe housing to pregnant, post-partum and parenting women and their children.
- Indicated they currently have two (2) McAuley Residence locations in Portland.
- Indicated McAuley Residence is a housing and support program that utilized evidence-based treatment and “essential wraparound services”.

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BIDDER NAME: Mercy Hospital dba Northern Light Mercy Hospital
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EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: Office of Behavioral Health

Project 3: • Relevant and related service. • Referred to their operation of the McAuley Residence program in Bangor, starting 2020; with a second location added in 2024 through a partnership with CHOM. • Includes on-site cooking classes and on-site college class delivery and assistance with education and job readiness goals.
2. Project Team Organizational Chart
• Provided organizational chart indicates multiple positions for "McAuley Residence Personnel"; however, does not include indication on whether current staff would be utilized for services resulting from this RFP. • Project staff indicated are: "Vice President, Mission"; "Directors, McAuley Residence, Bangor and Portland"; "Recovery Support Specialist CADC/LADC"; "Parent Educator (Penquis CAP, Inc., The Opportunity Alliance)"; "Trauma-Informed Therapists (Acadia Healthcare Inc., Plum Tree Services LLC)"; and "Success Coach Skills/Academic/Career (Eastern Maine Community College, Southern Maine Community College)". • Some positions indicated on the provided organizational chart seem to reference staff at other agencies; it is unclear to this evaluator if these staff would be financially supported by the awarded Bidder, if oversight of the specific positions would be conducted by the Bidder, and/or if a different arrangement would be utilized.
3. Litigation
• Thirteen (13) litigation cases indicated; nine (9) are closed and four (4) are still open.
4. Financial Viability
• Financial Statements with an independent auditor's report were provided for: September 30, 2022 and 2021; September 30, 2023 and 2022; and September 30, 2024 and 2023.
5. Certificate of Insurance
• Provided and current.

Throughout the RFP, Bidder refers to what the "McAuley Residence" does (e.g., "McAuley Residence employs", "McAuley Residence receives", "McAuley Residences currently"). McAuley Residence is the name of the anticipated property for the ten (10) anticipated HSS Units, and, as attested and indicated in the eligibility section, the Community Housing of Maine (CHOM) is the property owner and the Bidder does not

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EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: Office of Behavioral Health

own nor have a financial interest in any property where HSS are provided. Thus, language referring to what the McAuley Residence currently engages in was confusing to this evaluator; and it is also unclear if the anticipated McAuley Residence currently receives housing support-related services from the Bidder. Many responses were provided in present tense language, as opposed to referring to what the Bidder anticipates on doing for the resulting contract, if awarded. All references to 'Houlton McAuley Residence or 'Houlton', specifically, refers to the anticipated property indicated in the provided Letter of Commitment.

Part IV, Section III. Proposed Services
1. Services to be Provided
Part II
A. Administrative Requirements
• Stated their McAuley Residences receives daily calls at their four (4) current locations and maintains a wait list of families that are seeking access to housing; with families often originating from northern or western Maine and highlight limited local resources available to address needs (e.g., social services, housing or complex behavioral health needs). • Stated the Maine State Housing Authority's 2025 Point in Time Report highlights a decline in homelessness but also showed an eleven percent (11%) increase in chronically homeless counts statewide. • Referred to substance use playing a significant role in the lives of families that are involved with child protective services and referred to the Department's Child Welfare Annual Report data. • Stated Aroostook County has a high rate of removal for children from their family home and referred to Kids Count Data Center data; although unclear to this evaluator if the data is referring to statewide or Aroostook County (target area) -specific data. • Stated, their McAuley Residence has successfully reunified ninety-six percent (96%) of families that it serves. • Described anticipated scope of services. • Stated the McAuley Residence co-locates staff from CAP agencies and community colleges. • It is unclear to this evaluator if the Bidder referred to target area-specific data regarding number of individuals experiencing Chronic Homelessness in the proposed target area.
1. • Currently an enrolled MaineCare Provider and participates as a HOME provider with MaineCare Community Care Teams.

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• Stated Community Housing of Maine (CHOM) is currently a participating agency that submits data within HMIS; and stated, "These requirements are in place as we submit this proposal". However, CHOM is the property owner for the anticipated property, and the RFP requires that the awarded Bidder, specifically, must become a Maine Continuum of Care (CoC) Homeless Management Information System (HMIS) participating agency within ninety (90) calendar days of the start of the initial period of performance. It is unclear to this evaluator if Bidder intends on becoming a Maine CoC HMIS within ninety (90) calendar days of the start of the initial period of performance, based on their provided response.
2. • Stated the McAuley Residence employs or partners with licensed staff and co-locates staff from the local Community Action Programs and Community Colleges in all locations to provide on-site services. • Stated each family also develops an external treatment team. • Plans to follow the stated approach in Aroostook; and stated initial meetings occurred in September with educators, the business community, health providers, faith leaders, and representatives of the recovery community. • Did not meet requirement - did not address A.2. regarding how they will comply with and provide HSS in accordance with the Housing First program manual, when published, including the Basic Principles of Housing First Services and applicable State statute and rules.
3. • Stated McAuley Residence receives daily referrals from multiple sources to serve families that are homeless, and sources include providers working with service hubs across the state to place individuals or families on the list. • Stated, "With Coordinated Entry, clarity around the acuity of families and the service needs or gaps within their current areas will allow for McAuley Residence staff to ensure resources and interventions are in place upon admission"; this evaluator is a little unclear on what is meant by this statement, and the specific anticipated actions of HSS staff/Bidder pertaining to such. • Stated McAuley Residence staff will not advocate for admission of a specific family. • Did not address 3., regarding how they will participate in the Maine CoC Coordinated Entry (CE) system, including notification to the CoC CE regarding availability of HSS Unit(s).
4. • Stated they are dedicated to ensuring accessibility of naloxone on-site at all times. • Stated naloxone is present at all McAuley Residences and will be required at the Houlton location.

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• Stated naloxone is strategically placed in clearly marked, easily accessible locations throughout facilities so participants, staff and visitors can quickly access it in emergencies. • Provided a description of what is included with each naloxone kit, including visual aids and multilingual resources. • Stated staff and participants receive regular training on proper use of naloxone and overdose response protocols and participants are also educated on naloxone use during workshops and one-on-one interactions. • Did not specifically address ensuring HSS staff have naloxone on-hand at all times when providing HSS.
5. • Stated the Housing First Team for Houlton will consist of CHOM, Bidder, and a property management provider to be determined by CHOM. • Stated CHOM serves as the affordable housing developer, property owner and employs a separate property management entity; with Bidder as the HSS service provider. • Stated they engage in weekly collaborative team meetings between contracted and formal partners with client representation to ensure all stakeholders influence decisions. • Stated many families, treatment team and partners also participate in monthly family team meetings with Child Protective Services, legal counsel, guardian ad litem and other interested parties to advance reunification or permanency. • Stated McAuley Residence has a detailed phase system with milestones to allow for an individualized approach to ensuring families progress and define their successful journey towards stabilization. • Stated they have a policy and procedure for all grievances and complaints that is followed at McAuley Residences, which complies with CMS and Joint Commission regulations. • Stated complaints are responded to within forty-eight (48) hours and resolution occurs within a seven (7) day period. • Stated residents are afforded support of a patient advocate as they voice concerns and navigate timely resolution. • Stated, “Policy and phase system to be provided upon request”. • Bidder did not address 5., how they will ensure policy guidelines for HSS decision making, program operations and monitoring are developed prior to HSS service provision.
6.

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• Stated McAuley Residence will use an electronic and paper survey tool for administration of annual satisfaction surveys. • Plans to have the survey be under ten (10) questions to allow for open ended, free text responses and to garner deeper resident feedback. • Plans to communicate results to the Department and will convene an internal team to identify annual goals with measurable impact. • Plans to share quarterly reports with residents to ensure all stakeholders can see evidence of their feedback driving improvement efforts. • Did not address providing survey assistance to Participants, as requested and needed. • Did not address development and provision of the satisfaction survey to the Department for approval within sixty (60) calendar days of the initial period of performance.
7. • Stated McAuley Residences currently keeps individual family files to allow for shared delivery of services; and releases are signed and progress notes kept for care coordination and will do so for the anticipated services at Houlton as well. • Use of “family files” does not address maintenance of a record for each Participant.
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
1. • Described partnerships held for their four (4) current McAuley Residence locations. • Stated, within thirty (3) days of residency at McAuley Residence, program staff coordinate participant referrals to a broad network of service providers; and will have the Houlton McAuley Residence follow suit for engagement of formal behavioral health services, parenting education and academic services. • Stated they have monthly stakeholder meetings and weekly core-staff and contractual meetings, and these meetings will allow opportunities for McAuley leaders to identify and engage a broad base of service providers for the Houlton McAuley Residence. • Plans to form informal relationships with healthcare providers, crisis providers, substance use disorder, mental health, recovery community and various community-based partners such as trauma informed yoga and nutrition education and demonstrations. • Stated Aroostook Mental Health Center (AMHC), a crisis provider and a Certified Community Behavioral Health Clinic, will be a vital partner to meet the complex needs of families served in Aroostook County. • Did not address establishment and/or maintenance of formal and informal relationships with providers for other services, as appropriate and as identified by Participant(s).

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- Aside from describing current formal partnerships at existing McAuley Residences, did not describe anticipated plan for establishment and/or maintenance of formal relationships with MaineCare providers in the service area, and only referred to informal relationships for the anticipated property.

Provided Attachment 6 – anticipated Partnerships

- Provided a table that listed five (5) separate service topics ("Housing"; "Behavioral Health Services"; "Parent Educator"; "Education, Financial Literacy, and Job Readiness"; and "Community Organizations") with associated provider(s), and status on partnership with the associated provider(s).
- The specific service to be provided for each indicated anticipated partnership was not clear (e.g., "Community Organizations" does not describe the specific anticipated service(s) to be provided).
- Plans to finalize agreements prior to occupancy for all indicated service topics, aside from Housing which Bidder indicates as "completed".

2.

- Stated all McAuley Residence locations have contractual and informal relationships for clinically oriented services and treatment.
- Stated they started monthly stakeholder meetings in Houlton which provide an opportunity for informal and formal relationship development with providers in Aroostook.
- Stated, as with their other McAuley Residence locations, they will include partners in on-going weekly and monthly meetings to ensure coordinated and efficient delivery of Participant services.
- Aside from a description of current community providers for existing McAuley Residence services, did not specifically describe how they will establish and maintain formal and informal relationships, as applicable, with other non-MaineCare service providers in the local community in order to address Participant needs, ensure timely access to assessments and services and ensure permanent housing maintenance.

3.

- Stated they seek to develop a collaborative relationship with the Aroostook County Action Program, the PATH provider in Aroostook, to discuss Housing First and service programs.
- Bidder solely referenced discussing Housing First with a PATH provider but did not specifically address provision of education on Housing First with community-based organizations, such as PATH providers.

C. Property-based Partnerships

1.

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• Stated they began their formal relationship with CHOM (property owner) in 2009 and CHOM currently owns or manages all four (4) McAuley Residence locations "and will develop the added sites". • Stated CHOM and all property staff are experts in Housing First basic principles and work effectively with individuals experiencing chronic homelessness, partners and community at large. • Did not meet the requirement – did not address C.1., nor C.1.a, as it pertains to offering of ongoing education and minimum education provision prior to the first Participant signing a least, annually and when new property-associated staff are hired.
2. • Stated they have partnered with CHOM and McAuley Residence since 2020 for fourteen (14) apartments in Bangor with no evictions to date. • Did not meet the requirement – did not address C.2., regarding how they will develop and implement strategies in collaboration with the owner and property management entity to mitigate common reasons for eviction. As it pertains to this requirement, solely stated: "We embrace together [CHOM, property owner and Bidder] all opportunities to connect and ensure that all needs are met and that services and interventions are responsive to the complex needs of families."
D. Minimum HSS Units and MOUs Requirements
1. • Stated they will ensure the Department is fully informed if an apartment becomes unavailable and will submit a detailed plan with options for continued services. • Did not address how they will engage in collaboration and outreach with existing and potential new property owner(s). • Did not specifically address notifying the Department within the required seven (7) calendar day timeframe for when a previously identified HSS unit is no longer available.
2. • Stated they have a fully executed agreement with CHOM for expansion of McAuley Residence; and they can refine the executed agreement, if necessary, if awarded. • Indicated the address for the anticipated Houlton property. • Did not specifically address providing copies of executed MOU(s) with property owner(s) within thirty (30) calendar days of the start of the initial period of performance. • Did not specifically indicate if they will ensure the executed MOU for the anticipated property includes all listed requirements in the RFP (2.a.-2.e,including 2.e.i and 2.e.ii).
3.

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- Stated if additional units are needed or identified, plans to execute an MOU within seven (7) days and share such with the Department.

4.

- Solely stated they have formally partnered with CHOM for more than a decade, and that the company is professional, compassionate and highly response to program and family needs.
- Did not meet the requirement – did not address how they will notify the Department of any concerns related to property ownership that may result in an HSS Unit(s) becoming unavailable.

E. Participant Outreach Prior to Tenancy

1.

- Stated that currently, all McAuley Residence locations have a waitlist.
- Stated they welcome and routinely partner with outreach, case managers and other service providers during application and intake processes.
- Plans to document Chronic Homeless during intake, and health, social, and housing history and needs.
- Stated, in partnership with CHOM and CE, will have McAuley Residence staff ensure necessary documents are secured to fully execute a lease agreement; and stated that this will require partnership with the potential residents' health and social service providers, CE and homeless outreach providers. Bidder did not address Participant consent as it pertains to partnership with the potential residents' health and social service providers.
- Stated co-located partners document in the resident's file at all McAuley Residences, with documents routinely scanned or added from outside providers to document any chronic condition and progress made towards independent living, goals and connections.
- Provided limited detail on how they will ensure HSS staff engage with the Participant and their support system to assist with ensuring tenancy at the property, including lease execution; response instead focused on coordination with other providers, with limited description included regarding outreach with the Participant.
- Aside from documentation of Chronic Homelessness, did not address maintenance of supporting documentation within the Participant's file indicating their eligibility to receive Housing First services.

F. Programmatic Requirements

1.

- Stated they adhere to policy and regulation and ensure language is not a barrier to any service provided or employment, with policy provided upon request.

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• Did not address ensuring accessibility, outside of interpreter services, and ensuring HSS is provided with minimal barriers to accessing services.
2. • Stated their McAuley model employs a full-time program manager, parent educator, and other clinicians based on milieu needs, with an example provided as it pertains to milieu needs. • Stated, depending on family needs and delays for necessary services, the Houlton location may require added services. • Plans to have the Houlton location follow suit with the McAuley Residence staffing model, including addition of any necessary services. • Stated McAuley Residences are funded through a braided financial strategy where additional personnel expenses, consultants and program costs will be remunerated through a combination of Federal and State contracts, an endowment and philanthropy.
3. • Stated the Program Manager provides support to individual families to ensure all medical, behavioral health and social service needs are met; including working with Acentra Health and providers to avoid duplicative or unnecessary services. • Stated they often have families report multiple case workers and they work collaboratively to identify a high functioning, multidisciplinary team. • Stated staff at McAuley work with participants to obtain MaineCare coverages as applicable and ensure continuity of coverage; and staff coordinate with area providers with MaineCare billing availability and ability to provide services and ensure appropriate billing occurs. • Bidder's response was provided in present tense and did not explicitly state the indicated current actions would also be present for the Houlton location, though this evaluator does assume such.
4. • Stated they give priority to onsite versus telehealth or virtual services; and noted, at times, follow up or brief encounters can be well handled using telehealth, including education courses or services and parenting support. • Stated, "if solely virtual", will have McAuley Residence staff secure approval from the Department. This does not meet the requirement of garnering Department approval for policies and procedures not delivered in-person, regardless of amount (e.g., "solely virtual"). • Stated each family has an individualized plan and service plan to adapt to each participant's needs.

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• Stated, their McAuley Program Manager ensures access to services that meet family needs, including early in the morning and evening hours; and adjustments are made to participant program plans and schedules, as needed, to provide flexibility.
5. • Stated workforce development, job readiness and access to education services is core to their McAuley Residence model. • Stated, whether prep classes for HiSET or access to higher education, their team is prepared to support attainment of education goals and vocational assistance. • Stated that participants routinely work with staff to plan weekly seminars, education sessions and events as part of on-going growth and development; and program graduates are eligible for employment opportunities that may be available. • Did not meet requirement - Bidder's response addressed current service provision as opposed to anticipated service provision in relation to provision of methods for interested Participants to work and/or volunteer within the awarded Bidder's agency. Additionally, if Bidder's stated current policies/procedures would be utilized for the Houlton location, Bidder did not address provision of a method for interested Participants, not program graduates, to work and/or volunteer within the awarded Bidder's agency.
G. Housing Stability Services (HSS
1. • Stated McAuley Residence embraces a strengths-based approach supporting all members of the family. • Stated a mix of compassion, proven interventions and accountability build rapport and create a sense of safety. • Did not address ensuring all HSS are provided voluntarily through a person-centered approach. • Did not address how they will engage with Participants regularly to build rapport and encourage participation, regardless of HSS participation.
2. • Stated McAuley Residence(s) work closely with Financial Counselors employed by Bidder to secure and maintain MaineCare or other health insurance coverage; and also support referrals to Social Security and completion of Disability applications. • Stated a role of the Program Manager is to eliminate any barriers to necessary services or treatment, including health or behavioral health services. • Stated, as a health system, there is an ability for them to draw from options and coordinate effectively with other systems, if outside of their catchment area. • Stated basic needs are provided for families, such as food and transportation, until they can access systems and services for ongoing resources.

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• Did not address Participant consent as it pertains to referrals and only noted they will coordinate with other health systems if the service need is outside their catchment area. • Did not specifically address offering and assisting Participants with accessing, maintaining and navigating needed MaineCare services, as applicable, including but not limited to Chapter 101, Sections 13, 17, 65 and 91 of the MaineCare Benefits Manual.
3. • Stated as a full-service hospital and part of a statewide health system, system of care navigation to ensure timely access is part of services they provide every day. • Stated, development of strong rapport with providers outside of their system will be critical to the Houlton launch; and their September meetings in Houlton were the beginning of that effort. • Plans to have a close partnership with Aroostook Mental Health Center (AMHC) (crisis provider and Certified Community Behavioral Health Clinic (CCBHC)). • Did not specifically address ensuring participants have sufficient information and resources available, including contact information, to access needed services to address any emergent needs in a timely manner, including contact information to connect with the Behavioral Health Crisis System.
4. • Stated McAuley Residence(s) have weekly seminars involving community presenters on a variety of topics; and they host a weekly community dinner incorporating nutrition and wellness through their on-site community kitchen. • Stated, group outings also occur “at times”, such as visits to lakes, beaches or trails; and stated they also support theatre, movies or other social events. • Stated groups are invited onsite as appropriate to participate in activities such as cooking or holiday activities. • Response used present tense and did not explicitly address anticipated activities for the proposed property/contract resulting from this RFP. • Did not address how they will assist Participants with building independent living skills by addressing social determinants of health, including provision of Community Linkages and on-site community-building social events, developed with Participant input. • Did not address how they will collaborate with the Department regarding alternative locations for provision of community-building social events, should there be difficulties related to provision of on-site community-building social events.
5.

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• Stated McAuley Residence staff provide a detailed packet of information at move in that is reviewed individually and referred to multiple times "through the initial phase". • Stated families have the "opportunity" to receive detail such as lease and facility orientation in writing and verbally with staff to ensure residents demonstrate understanding. • Stated "McAuley Residence employs a peer support specialist for connection and support for all families"; unclear to this evaluator if this staffing plan would be intended for the anticipated property/resulting contract, if awarded. • Did not address provision of Housing Support and other stabilization services to Participants, including but not limited to, orientation and move-in assistance; mediation; and Behavioral Health Crisis (Crisis) intervention.
6. • Stated "A wide array of harm reduction services are provided at McAuley from Naloxone, HIV/ HEP C testing with subsequent medical care if required, and referrals to offsite providers who offer additional harm reduction services." • Bidder did not specifically address how they will offer and provide Harm Reduction services for the anticipated property and solely referred to current services provided.
7. • Stated, "Case management services are provided by McAuley Residence staff"; and stated "Families with high needs or those who qualify for an additional case manager will be assessed and releases signed to ensure seamless" care coordination and support. • Bidder did not address Participant consent as it pertains to choice of a case manager, and Bidder's response suggests that the Bidder will provide case management services to Participants who have an external case manager, without indication on how they will avoid a duplication of services.
8. • Stated they complete a comprehensive needs assessment at intake that includes medical, behavioral health and social history, and current associated providers; with families able to identify needs or service gaps during the assessment. • Will incorporate a completed external needs assessment, if available, into the client file and will use such for development of an individual service plan. • Stated, in the early phase, the assessment will guide building of an onsite and offsite treatment plan to provide comprehensive care to all Participants. • Did not address ensuring completion of an initial assessment of the Participant's existing Ancillary Support(s) and natural support(s) within thirty (30) calendar days of the Participant's request to begin HSS.
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• Stated families have the opportunity to meet weekly with multiple staff at McAuley Residence and articulate goals in wellness, education, family or parenting, and finance. • Stated the ongoing progress notes are reviewed with the McAuley team and the resident quarterly to ensure needs and goals are met. • While Bidder referenced families have the opportunity to meet weekly to articulate goals and ongoing progress notes are reviewed quarterly; Bidder did not explicitly address ensuring Participant needs are assessed at least annually, after the initial assessment. Specifically, it is unclear to this evaluator of goal articulation by the family/resident is fully inclusive of an assessment on Participant's needs. • Did not address 9.a., regarding use of an already completed assessment for development and update of a Participant's individual service plan, if already assessed by Ancillary Supports in that year, with Participant consent.
10. • Stated detailed progress notes from employed and contracted staff, outside providers and external assessments are included in a participants' file and incorporated in individual service plans. Did not address Participant consent regarding use of external-to-HSS information. • Did not address updating person-centered, strengths based individual service plans at least annually, or more as needed, in this response; however, did address quarterly review of individualized service plans in a separate response.
11. • Stated families at McAuley Residence connect with primary, specialty and pediatric care within the first thirty (30) days to ensure clarity of health needs and resources identified for improvement. • Stated behavioral health needs are assessed and a treatment plan is developed with internal and external partners, including crisis services. • Stated healthy natural supports are welcome and often included in community events. • Stated building of life skills, such as organizational skills, cooking, shopping and hygiene, are part of the ongoing work with the program manager, parent educator and peer support worker. • Stated McAuley staff actively manage care coordination "until the resident can manage effectively independently." This response makes it unclear to this evaluator if Bidder will ensure Participants are not required to receive services to retain housing (a Basic Principle of Housing First Services). • Did not address 11.e. and part of 11.b; ensuring all individual service planning addresses, at minimum relationship building and maintenance and Housing Support.
12.

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• Stated each new family develops a crisis plan upon entry, as it pertains to self and their children. It is unclear to this evaluator if Bidder is anticipating Participants will all be families with children. • Stated the crisis plan may include natural supports, custody agreements or other court orders and the individual's choice of crisis providers to engage with in the event of an emergency.
13. • Stated part of the intake would be reviewing previous housing and treatment with the resident to identify patterns and opportunities for proven, successful or new interventions or support to promote success in their new home. • It is unclear to this evaluator, based on the response, whether the Bidder will develop an individualized mitigation plan for each Participant, or solely conduct a review of previous housing and treatment; as Bidder did not explicitly address development of an individualized mitigation plan in their response.
14. • Stated individualized service plans are reviewed continuously by staff and quarterly with a multidisciplinary team. • Stated a life-changing event would prompt a full team review and result in potentially resetting priorities and goals with the resident and family. • Did not address 14., on following all applicable review timelines for individualized service, Crisis and mitigation plans, once the HSS program manual is published. • Did not address updating plans when new information is obtained and/or the Participant elects to change their plan(s); and not solely when a life-changing event occurs.
H. Staffing
1. • Plans to have on-call support available if McAuley staff are not present. • Will set criteria with staff to determine when to escalate to crisis providers or other emergent services.
2. • Stated the staffing model at McAuley Residence consists of experienced, licensed clinical staff (LCSW, LADC and LCPC), educators, individuals with lived experience and parent educators. • Stated the recovery coach or peer support role will complete requisite certification and will also have experience in a residential setting. • Stated group supervision occurs with an external LCSW and will have individual supervision with licensed clinical staff.

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- Did not address 2.a., ensuring all staff have at least one (1) year experience providing direct services to individuals experiencing homelessness and/or at least one (1) year of direct lived experience with homelessness.

3.

- Stated their model adapts to service gaps and family needs, with an example provided regarding employment of a full-time youth mental health provider (LCSW) at their Bangor location due to the waitlist and inability to acquire timely services for youth and families in crisis; and stated they plan to have a similar process occur in Houlton to identify needs and address any barriers to care.

4.

- Stated McAuley Residence engages CMG Behavioral Health Consulting for provision of monthly group supervision and weekly individual supervision for licensed clinical staff.
- Stated all staff attend quarterly professional development and attend conferences around relevant topics such as trauma informed care, motivational interviewing, youth trauma, intimate partner violence and substance use disorders.
- Did not address ensuring all staff, not solely licensed clinical staff, receive regular supervision from qualified clinical personnel (4.a.).

Provided Attachment 7 – anticipated Training Plan

- Provided a table with anticipated training topic indicated, a description of the topic and frequency of training.
- All anticipated training topics (Motivational Interviewing, Trauma Informed Care, Confidentiality, and Cybersecurity), aside from “MOAB” (acronym not defined), are required annually.
- Did not indicate anticipated training facilitators, as applicable and available. If anticipated training facilitator information is not currently available, this was not stated.
- Did not indicate which training(s) would be required prior to interacting with Participants.

5.

- Referred to the training plan ensuring all staff have completed trauma informed care and Motivational Interviewing training within thirty (30) days of hire.
- Stated “other staff” have a depth of training and licensure to serve families with trauma, homelessness, substance use disorders and mental health needs; this evaluator is unsure whom the “other staff” are that Bidder referenced.

6.

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• Stated their agency partners with multiple "ethnic based community organizations, cultural brokers, and has experience serving Native American Families" and can incorporate these resources, if any need emerges to bridge any cultural gap. • Response provided limited detail on how Bidder will ensure staff composition is diverse and culturally sensitive and reflects the Participants' cultural and communication needs.
7. • Stated their agency also engages in sponsorships within the recovery community and mentorship from the business community. • Stated at any time, families are sponsored by Alumni, and referred to their forty-two (42) families currently served by McAuley Residences, which are all sponsored by alumni. • Plans to solicit volunteer peer support and mentorship of Participants of McAuley Residence in Houlton from the local region. • Did not address including Participants in their development and maintenance of a network of volunteers, nor on ensuring in-person volunteers.
I. Participant Tracking and Confidentiality Requirements
• Stated they currently track and submit data to multiple stakeholders as performance data is paramount to donors, foundations and governmental funding.
1. • Stated McAuley Residence currently collects data that is included in the HUD HMIS data elements and will continue this practice in Houlton.
2. • Stated their McAuley Program Manager will coordinate data sharing with CHOM for entry to Maine CoC HMIS. • Did not address ensuring Participant permission prior to data entry.
3. • Stated, as a health care system, cyber security and confidentiality guides all technology use and external platform use. • Stated, in partnership with CHOM, McAuley Residence staff will ensure policy is followed and necessary insurance is secured, as described in Rider B-IT, Section 19.
4. • Stated confidentiality and cybersecurity training is annually required for all agency and McAuley Residence staff. • Stated they engage in newsletters and simulated phishing campaigns several times a year. • Stated risk and vulnerability oversight is tightly monitored; and have policy and trainings available upon request.

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RFP TITLE: Housing Stability Services – Hub 9
BIDDER NAME: Mercy Hospital dba Northern Light Mercy Hospital
DATE: 10.22.25 and 10.29.25 (eligibility); and 10.31.25, 11.18.25, 11.19.25
EVALUATOR NAME: Anna Ko
EVALUATOR DEPARTMENT: Office of Behavioral Health

• Did not specifically address implementing risk assessment and vulnerability scanning policies and procedures that are, at minimum, equivalent to MaineIT policies for PL-4; RA-1; and RA-5.
5. • Stated McAuley Residence is a department of the agency and "therefore, well trained in all areas of confidentiality and maintenance of sensitive information", including annual compliance education, required training, audits and ongoing newsletters. • Did not meet requirement – did not specifically address how they will comply with all State and Federal laws regarding protection of confidential and/or sensitive information collected or maintained by the awarded Bidder, including, as applicable, notification to individuals in the event of unauthorized access or disclosure.
6. • Stated confidentiality is paramount as a "covered entity" and will be in place at onset of service delivery, per policy and practice. • Did not specifically address complying with all confidentiality requirements outlined in the IT-Service Contract, under B-IT, Section 30.
7. • Solely stated "CHOM currently submits data to HMIS and in partnership, this process will continue"; this does not address the requirement.
8. • Stated critical incidents are currently reported per contract to Acentra Health and they will continue this at the Houlton location. • Response provided limited detail.
J. Performance Measures
• Met requirement.
K. Reports
• Met requirement
• Met requirement
2. Staffing
• Provided justification for Program Manager; Parent Coach; Licensed Clinicians; Peer Support, Recovery Coaches and Volunteer Coordinators; and Success Coach. • Job descriptions provided for Program Manager, "Mgr – McAuley Res Program/LCSW"; "Mgr – McAuley Residence Program"; "Mgr- McAuley Residence Program"; Peer Support Specialist; Program Coordinator/LCSW; Program Coordinator/LMSW; Program Coordinator/LMSW-CC; "Recovery Support Spec/LADC"; Recovery Support Specialist; Volunteer Coordinator; "VP-Mission Integration"; Family Education and Supports Coordinator; and Student Success Coach.

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- Bidder provided three separate job descriptions for Program Manager positions. One (1) specifically requires LCSW license, and this evaluator is unclear if the other two Program Manager positions are duplicative, distinct or an accidental double inclusion.
- Bidder did not provide a justification for each staffing position (e.g., Family Education and Supports Coordinator).
- The Family Education and Supports Coordinator job description is on The Opportunity Alliance' letterhead.
- None of the provided job descriptions included the requirement of one (1) year's experience providing services to individuals experiencing homelessness and/or direct lived experience with homelessness; as required for all staff, per RFP.

- Stated co-located staff members are fully integrated through intentional approach in staff meetings, co-facilitation of groups and services and shared decision-making.
- Stated their Program Manager is responsible for service efficacy and the subcontractor/consultant performance and relationship.
- Minimal response provided.

- Staffing plan lists five (5) positions, a short description of each including description of time and anticipated start date for: Program Manager, full time equivalent; part time Recovery Coach; full time Parent Coach; part time Success Coach; and part time Peer Support.
- Job description' justification response indicated "Licensed Clinicians", but no Licensed Clinician position was indicated in the staffing plan.
- As it pertains to anticipated start date, stated "Within 30 days of occupancy" for all positions.
- Stated the Recovery Coach may be employed or contracted depending on partnering opportunities.
- Stated the Parent Coach "is staff from the Community Action Program that is co-located at McAuley Residence"; this evaluator is unclear about Bidder's statement regarding the Community Action Program being co-located at the McAuley Residence, given there has been no previous mention of a co-located Community Action Program at the anticipated property.
- Stated the Success Coach is from the community college or adult education who is focused on job readiness, career development and attainment of individualized education goals.
- Stated Peer Support staff person is either employed or contracted.
- Staffing plan did not indicate which staff and associated hours of service would be provided in-person at the anticipated property, as required.

3. Implementation - Work Plan

- Work plan provided in a table and the following categories of information for each

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"Type of Activity": a description; "Anticipated Start Date" (no anticipated completion/end date included); and "Success Measurement (How success will be defined and measured)", some cells in this column indicated approximate anticipated completion dates.

- Includes activities such as HRSA and MSHA funds (noted as completed), land acquisition (noted as completed), and environmental assessment process with HRSA (anticipated completion by November 2025).
- Stated CHOM is currently prescreening for a General Contractor for the building, with ground-breaking to begin Spring 2026; with plans to begin design and permitting (by CHOM) once the environmental assessment is complete.
- Indicated they engaged community and partners in September 2025.
- Plans to confirm partners and execute MOUs by the second (2nd) quarter in 2026. This does not address/meet the RFP requirement of ensuring executed MOUs with property owner are completed, with copies provided to the Department thirty (30) calendar days of the start of the initial period of performance.
- Stated networking for potential clinicians and others is underway, with anticipated hiring to occur in the third (3rd) quarter of 2026.
- Noted they and CHOM expect occupancy to occur during fall or early winter of 2026; with the plan to have ten (10) families occupying units within thirty (30) days of the certificate of occupancy completion.
- Included a "Braided Financial Strategy" task, where they will continue to pursue funds for programmatic support through an endowment, donors, grants and contracts.
- The workplan provided was sparse and did not address all applicable program development and implementation tasks for the initial period of performance. Some specific program development and implementation tasks not included are: becoming a CoC HMIS participating agency within ninety (90) calendar days of the initial period of performance; development and provision of the satisfaction survey to the Department for approval within sixty (60) calendar days of the initial period of performance; and development of policy guidelines for HSS.

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EVALUATOR NAME: Michael Labua
EVALUATOR DEPARTMENT: Office of Behavioral Health

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
• P – Included Appendix A Proposal Cover Page • P – Included Appendix B Responsible Bidder Certification • P – Included Appendix C Attestation Statement • P – Included Appendix C Letter of Commitment for at least ten (10) HSS units. • Q – The Letter of Commitment provided only the street address of the property, not the town/city where it is located; however, the owner's statement indicates the property is located in Houlton, Maine. • I – Property 1: 73 North St., Houlton, Maine is listed as a 4BR/1BA property with 3 units. The first floor is listed as a 2BR unit.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
• P – In 2013, bidder joined Northern Light Health, one of Maine's largest healthcare systems serving two-thirds of the state's geographical region and almost half of its • population. • P – These efforts include long-standing partnerships with the City of Portland, Milestone Recovery, Penquis, Spurwink, The Opportunity Alliance, Sweetser, Community Housing of Maine, In Her Presence, and many others • P – McAuley Residence program has over three decades of experience addressing the unique and multifaceted needs of individuals and families experiencing chronic homelessness. Through its comprehensive, trauma-informed, and strengths-based approach, the program has consistently supported individuals with histories of chronic instability and complex barriers. • P – Northern Light Mercy Hospital's McAuley Residence program has a long-standing history of delivering integrated health and behavioral health services to women and families experiencing chronic homelessness, substance use disorders, and complex mental health challenges. The program's holistic and evidence-based approach ensures participants receive comprehensive individualized care, tailored to their unique needs. • P – Skilled in services related to Substance Use Disorder Treatment, Mental health services, family and child behavioral health Parenting coaching and education,

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Primary and Pediatric Care, Care Coordination, Targeted Case Management, Workforce Development. • P – work closely with local clinics and hospitals to ensureresidents have access to primary care, medications for opioid use disorder, andspecialized health services. These clinics include: Northern Light Primary Care offices,Northern Light Acadia Hospital, Northern Light EMMC, Penobscot Community HealthCare, Savida Health, Bangor CTC, and Better Life Partners. • P – Project one: Francis Warde: a two-generation approach for homeless pregnant immigrant women. onsite support staff 24/7. Bidder ensures that residents successfully navigate complex health, benefit, legal, and education systems through direct support of partnership. • P – Project two: McAuley Residences – Portland: A program for families. In 2010, Northern Light Mercy Hospital redesigned McAuley Residence, a department of the bidder, in response to the burgeoning opioid crisis. McAuley Residence is Maine's comprehensive two-year program focusing on substance use disorder, that offers safe housing for pregnant, post-partum, and parenting women and their children. Provides evidence-based treatment and essential wraparound services.Recovery based. • P – Project three: McAuley Residences – Bangor: capacity to serve ten • Families. a second location includes four two-bedroom apartments. Professional staff provide individual coaching, psycho-educational and community groups, and parenting skill development. On-site cooking classes with fresh fruits and vegetables promote healthy lifestyles for women and their children. Weekly seminars reinforce areas of financial self-sufficiency, employment tactics, and education opportunities.
2. Project Team Organizational Chart
• P – One page. Clearly delineated the HSS positions and to whom they reported.
3. Litigation
• P – 9 closed cases and 4 open cases reported. All cases related to medical services.
4. Financial Viability
• P – Bidder provided three most recent years of financial audit results.
5. Certificate of Insurance
• P – Bidder provided a valid certificate of insurance on a standard ACORD form.

Part IV, Section III. Proposed Services
1. Services to be Provided
Part II

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A. Administrative Requirements

- P – Provided justification for anticipated target area including Point in Time survey,
- I – Intends to focus on family reunification.
- P – Bidder is currently an enrolled MaineCare Provider and participates as a HOME Provider with MaineCare Community Care Teams in all locations. Community Housing of Maine is currently a participating agency submitting data within HMIS. These requirements are in place currently.
- I – Didn't directly indicate will comply with the manual, and applicable State statute and rules.
- P – With Coordinated Entry, clarity around the acuity of families and the service
- needs or gaps within their current areas will allow for McAuley Residence staff to ensure resources and interventions are in place upon admission. McAuley Residence staff will not advocate for admission of a specific family.
- P – Dedicated to ensuring the accessibility of life-saving naloxone (Narcan) on-site at all times. Naloxone is present at all McAuley Residences and will be required at the Houlton location. Naloxone is strategically placed in clearly marked, easily accessible locations throughout facilities. This ensures participants, staff, and visitors can quickly access it in emergencies. Each naloxone kit is equipped with straightforward, easy-to-understand instructions, ensuring that anyone can confidently administer the medication when needed. Visual aids and multilingual resources are also provided to accommodate diverse literacy and language needs. Staff and participants receive regular training on the proper use of naloxone and overdose response protocols. Participants are also educated on naloxone use during workshops and one-on-one interactions empowering them to act in critical situations.
- P – Bidder has experience with collaborative decision-making involving all stakeholders to ensure client empowerment and choice. Da
- I – Did not explain how policy guidelines will be developed prior to HSS service provision.
- P – Bidder has a policy and procedure for all grievances and complaints that is followed at McAuley Residences and complies with CMS and Joint Commission regulations.
- P – Bidder will use an electronic and paper survey tool to administer annual
- satisfaction surveys. The survey will be under ten questions to allow for open ended, free text responses, and garner deeper resident feedback. Results will be communicated to the Department and an internal team will be convened to identify annual goals with measurable impact. Quarterly reports will be shared with residents

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to ensure that all stakeholders can see evidence of their feedback driving improvement efforts.

- P – Bidder currently keeps individual family files to allow for shared delivery of
- services. Releases are signed and progress notes are kept for coordination of care.
- I – Bidder seems focused on providing services to families.
- I –Bidder references “program graduates” which may not align with permanent housing expectation.

B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

- P – Has established various formal and informal collaborations in which partners deliver an array of services that are defined by an MOU or contractual agreement. Contracts exist in the four current locations with mental health providers, Community Action Programs, youth mental health providers, business and community college educators. Informal partnerships with various primary, specialty, and pediatric care providers and our crisis service partners – CHCS in Penobscot county and Opportunity Alliance in Cumberland ensure that access to care is timely.
- P – Provided list of 5 formal partnerships.
- P – Bidder will have contractual and informal relationships for clinically oriented services and treatment.
- I – Staff members from local CAP agencies such as Opportunity Alliance and Penquis attend weekly staff meetings, strategy meetings, and work daily onsite. Partners will be included in on-going weekly and monthly meetings to ensure coordinated and efficient delivery of participant services.
- I – Staff from Community Colleges and local Recovery Community Centers also work daily onsite.
- P – Monthly stakeholder meetings, including those started in Houlton, provide an opportunity for informal and formal relationship development with providers in the Aroostook region.
- P – Bidder seeks to develop a collaborative relationship with the Aroostook County Action Program, Aroostook’s PATH provider, to discuss Housing First and service programs.

C. Property-based Partnerships

- P – Owner and all property staff are expert in Housing First basic principles and work effectively with persons experiencing chronically homelessness, partners, and community at large.
- P – Owner and bidder embrace together all opportunities to connect and ensure that all needs are met and that services and interventions are responsive to the complex needs of families.

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D. Minimum HSS Units and MOUs Requirements
• P – Ten apartments will be available in Houlton to provide intensive support and bidder ensures that the Department will be fully informed if an apartment becomes • unavailable. A detailed plan will be submitted with options for continued services • I – Did not have a plan to remain fully operational if a unit becomes unavailable. • P – Can utilize current MOU with the owner as a template for HSS related MOU. • N – Not directly responsive to questions related to communication with the Department.
E. Participant Outreach Prior to Tenancy
• P – In partnership with CHOM and CE, bidder will ensure that necessary • documents are secured to fully execute a lease agreement. This will require partnership with the potential resident's health and social service providers, coordinated entry, and homeless outreach providers. • I – Co-located partners document in the resident's file at all McAuley Residences and documents are routinely scanned or added from outside providers to document any chronic condition and progress made towards independent living, goals, and connections.
F. Programmatic Requirements
• P – Bidder adheres to policy and regulation to ensure that language is not a barrier to any service provided or employment. • P – Model employs a full-time program manager, parent educator, and other clinicians based on the needs. • I – Additional personnel expenses, consultants, and program costs will be remunerated through a combination of Federal and State contracts, an endowment, and philanthropy. • P – The Program Manager provides support to individual families to ensure that all medical, behavioral health, and social service needs are met. This includes working with Acentra Health and providers to avoid duplicative or unnecessary services. Critical to consistent outcomes and family engagement is engagement with the right array of services and elimination of unnecessary supports and activities. Often, families report multiple case workers, and we work collaboratively to identify a high functioning, multidisciplinary team. • P – Staff at McAuley work with participants to obtain MaineCare coverage as applicable and ensure continuity of coverage. Staff coordinate with area providers with MaineCare availability and ability to provide services, as well as to ensure appropriate billing occurs.

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- P – Priority is given to onsite versus telehealth or virtual services. At times, follow up or brief encounters can be handled well using telehealth, as well as education courses or services, and parenting support.
- P – Within the program, participants routinely work with staff to plan weekly seminars, education sessions, and events as part of on-going growth and development. Program graduates are eligible for employment opportunities that may be available

G. Housing Stability Services (HSS

- P – Motivational interviewing, process groups that encourage the use of dialectical
- behavior therapy or cognitive behavioral therapy concepts and behaviors can also promote and bolster engagement. A mix of compassion, proven interventions, and accountability build rapport and create a deep sense of safety
- P – HSS staff will work closely with Financial Counselors who are employed by the bidder to secure and maintain Mainecare or other health insurance coverage. They also support referrals to Social Security and the completion of Disability applications. A role of the Program Manager is to eliminate any barrier to necessary services or treatment to include health or behavioral health services. As a health system, there is an ability to draw from options and to coordinate effectively with other systems if outside of our catchment area. Basic needs are provided for families such as food and transportation until they can access systems and services for ongoing resources.
- N – Did not directly explain how Participants will have sufficient information, including contact information, to access needed services to address any emergent needs in a timely manner.
- P – Weekly seminars that involve community presenters on a number of
- topics. Weekly community dinner that incorporates nutrition and wellness. These occur in onsite community kitchen. Group outings occur such as visits tolakes, beaches, or trails. Theatre, movies, or other social events are supported as well. Groups are invited onsite as appropriate to participate in activities such as cooking or holiday activities.
- P – Provides a detailed packet of information during move in that is reviewed individually and referred to multiple times through the initial phase. Families have opportunity to receive detail such as lease and facility orientation in writing and verbally with staff ensuring that residents demonstrate understanding. This often requires more than one conversation. Bidder employs a peer support specialist for connection and support for all families.
- I – Harm reduction includes Naloxone, HIV/ Hep C testing.
- I – Case management services are provided by bidder staff. Unless needs exceed bidder's capacity to provide case management.

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- P – At intake, a comprehensive needs assessment is completed that includes medical, behavioral health, and social history as well as current providers who are actively serving the patient. Families can identify needs or service gaps during this time. If an external needs assessment has been completed, this will be incorporated into the client file and used in the development of an individual service plan. In the early phase, this will guide the building of a treatment team that is both onsite and offsite to deliver comprehensive care to all participants.
- P – Families have opportunity to meet weekly with multiple staff at McAuley Residence and articulate goals in wellness, education, family or parenting, and finance. The ongoing progress notes are reviewed with the bidder's team and the resident quarterly to ensure that both needs and goals are met.
- P – Detailed progress notes form employed and contracted staff, outside providers, and external assessments are included in a participants' file and incorporated in individual service plans. Through ongoing capacity-building with residents, their strengths-based plan evolves and moves towards family centered goals that demonstrate increased health and well-being.
- P – Families connect with primary, specialty, and pediatric care within the first 30 days to ensure clarity of health needs and resources identified for improvement.
- P – Behavioral health needs are assessed and a treatment plan with both internal and external partners is developed to include crisis services.
- P – Healthy natural supports are welcome and often included in community events. Building life skills such as organizational skills, cooking, shopping, and hygiene are part of the ongoing work with both program manager, parent educator, and peer support workers. Care coordination is actively managed by McAuley staff until the residents can manage effectively independently.
- P – Each new family develops a crisis plan upon entry as it relates to self and their children. This plan may include natural supports, custody agreements or other court orders, and their choice of crisis providers to engage in the event of an emergency.
- P – Part of the intake would be a review with the resident of their previous housing and treatment to identify patterns and opportunities for proven, successful, or new interventions or support to promote success in their new home.
- P – Individualized service plans are reviewed continuously by staff and quarterly with a multidisciplinary team. A life-changing event would prompt a full team review and potentially resetting priorities and goals with the resident and family.

H. Staffing

- P – On-call support will be available if staff are not present. Criteria will be set with staff to determine when to escalate to crisis providers or other emergent services.

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- P – Staffing consists of experienced, licensed clinical staff (LCSW, LADC, and LCPC), educators, persons with lived experience, and parent educators. The recovery coach or peer support role will complete requisite certification and have experience in a residential setting. Group supervision occurs with an external LCSW and individual supervision occurs with licensed clinical staff.
- I – Did not clearly describe how the Bidder will ensure staffing aligns with the needs of
- Participants.
- P – Bidder engages CMG Behavioral Health Consulting to provide monthly group
- supervision and weekly individual supervision for licensed clinical staff. Staff at all locations attend quarterly professional development and attend conferences around relevant topics such as trauma informed care, motivational interviewing, youth trauma, intimate partner violence, and substance use disorders.
- P – Provided a training plan.
- P – The training plan ensures that all staff have completed trauma informed care training and Motivational Interviewing within 30 days of hire. Other staff have a depth of training and licensure to serve families with trauma, homelessness, substance use disorders, and mental health needs
- P – Bidder partners with multiple ethnic based community organizations,
- cultural brokers and has experience serving Native American families. These resources can be incorporated if any need emerges to bridge any cultural gap.
- P – Values and seeks community engagement and participation

I. Participant Tracking and Confidentiality Requirements

- P – Performance data that includes both quantitative and qualitative detail is paramount to donors, foundations, and governmental funding. Currently, McAuley Residence tracks and submits data to multiple stakeholders
- P – McAuley Residence currently collects data that is included in the HUD HMIS data elements.
- P – Program Manager will coordinate data sharing with Community Housing of Maine for entry to MCOC HMIS
- P – Staff will ensure policy is followed and necessary insurance is secured as described in Rider B-IT, Section 19. Insurance Requirements.
- P – Confidentiality and cybersecurity training is required annually for all bidder employees. Newsletters and simulated phishing campaigns occur several times each year. Oversight of all risks and vulnerabilities is tightly monitored as cyber threat remains a top concern of health care providers across the country. Policy and trainings provided upon request.

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EVALUATOR NAME: Michael Labua
EVALUATOR DEPARTMENT: Office of Behavioral Health

- P – Bidder is trained in all areas of confidentiality and maintenance of sensitive information. This includes annual compliance education, required training, audits, and ongoing newsletters.
- I – Did not directly commit to adhering to confidentiality requirementsoutlined in the State of Maine IT-Service Contract, under Rider B-IT, Section 30. Confidentiality
- P – Currently, critical incidents are reported per contract to Acentra Health. This practice will continue with HSS services.

J. Performance Measures

- P – A monthly data submission and narrative is currently submitted with most data elements listed. If awarded, new elements will be added, and a family dashboard created to track and trend performance at the individual and family level. This will be used for contract adherence, program refinement, and in pursuit of additional grant or contracts. Securing MaineCare and maintaining tenancy are priorities and will be tracked. As noted, we currently report critical incidents to Acentra Health. We are looking forward to implementing18,19 the satisfaction survey for added resident feedback.

K. Reports

- P – Bidder commits to tracking and recording data necessary to complete all required reports of Table 2
- P – Bidder commits to tracking and recording data necessary to complete all required reports within the formats and portals as identified in Table 3 and as necessary for site-visits.
- P – Bidder commits to submitting all required reports within the timelines established.

2. Staffing

- P – Provided detailed job descriptions.
- P – Provided justifications for each position.
- P – The Program manager at McAuley Residence ensures coordination of care and services, working with both employed, formal, and informal partners to ensure that family's needs are met.
- P – The Parent Coach is expert in working with families with significant trauma, substance use disorder, poverty, and mental health concerns
- P – Licensed Clinicians provide services, run process groups, and make necessary referrals to external services.
- P – Peer Support, Recovery Coaches, and Volunteer Coordinators provide support, share insight, and engage community in weekly seminars, events,
- P – Success Coach provides education, job readiness coaching, and delivers credit

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bearing courses or certificates.

- I –C o-located staff members are fully integrated through intentional approach in staff meetings, co-facilitation of groups and services, and shared decision-making. The Program Manager is responsible for the efficacy of services and the subcontractor or consultant performance and relationship.
- P – Provided a staffing plan

3. Implementation - Work Plan

- P – Provided a Workplan.

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RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 9
BIDDER NAME: Mercy Hospital
DATE: 10/27/2025 Eligibility, 10/29/2025 Eligibility, 11/13/2025 Org Quals & Proposed Services, 11/21/2025 Staffing/WorkPlan
EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: DHHS/OBH

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
- Bidder submitted all required eligibility documentation with VP of Finance signature - Bidder indicates that they do not have any financial interest in the HSS properties where they intend to provide services - Bidder identified property owner entity for the HSS units - Bidder identified one property location with 10 units - Bidder identified tenant-based rental assistance for all 10 units. - Bidder's property owner entity did not complete the Letter of Commitment form fully, missing question #3 - Bidder's identified property #1 unable to confirm number of units in property.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
- Bidder met requirements - Bidder indicated they have been in operation for more than a century - Bidder indicated they serve two-thirds of the state's geographical region, and almost half of its population - Bidder detailed their long-standing partnerships - Bidder provided examples of their existing programs - Bidder indicated they have over three decades of experience working with individuals and families experiencing chronic homelessness - Bidder indicated long standing history of delivering integrated health and behavioral health to women and families - Bidder indicated a holistic and evidence-based approach - Bidder detailed their service delivery in the following domains: substance use disorder treatment, mental health services, family and child behavioral health, parenting coaching and education, primary and pediatric care, care coordination, targeted case management and workforce development - Bidder indicated community college staff are co-located to assist with education attainment - Bidder detailed onsite partnerships - Bidder detailed community-based partnerships

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EVALUATOR NAME: Taylor LaCroix
EVALUATOR DEPARTMENT: DHHS/OBH

- Bidder's three projects have the same reference contact person who is internal to the Bidder's agency - Bidder's Project One detailed a partnership to implement a program for pregnant immigrant women - Bidder's Project One indicated on-site support was provided by another organization - Bidder's Project Two indicates a two year program focused on substance use disorder for pregnant, post-partum, and parenting women and their children - Bidder's Project Two indicates program expansion of this service model - Bidder's Project Two details the services provided on-site including coordinating care, education offerings, mental health counseling, and access to treatment. - Bidder's Project Two indicated that it is not uncommon for women to have early departure without needed supports. - Bidder's Project Three detailed expansion of Project Two to the Bangor area - Bidder's Project Three also serves women and children - Bidder's Project Three detailed partner agencies in the area
2. Project Team Organizational Chart
- Bidder provided organizational chart from executive leadership to program staff team - Bidder's organizational chart includes other organizations under roles
3. Litigation
- Bidder provided litigation for the last five years - Bidder indicated 13 litigations for the last five years - Bidder indicated 4 open litigations
4. Financial Viability
- Bidder met requirements - Bidder provided financial audits for 2024, 2023, 2022
5. Certificate of Insurance
- Bidder met requirements - Bidder provided certificate of insurance for 10/1/2025-10/1/2026 - Bidder's insured name is different than Bidder's name, dba.

Part IV, Section III. Proposed Services
A. Administrative Requirements
- Bidder did not meet requirements

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- Bidder referenced Maine State Housing Authority Point in Time Report indicating a decline in homelessness and increase in chronically homeless counts - Bidder referenced DHHS Child Welfare Annual Report for child removals in 2022 that had substance use as a risk factor for removal - Bidder referenced The Kids count Data Center for child removal statistics - Bidder did not reference homelessness or chronic homelessness data specific to the region they are proposing
- Bidder partially met requirements - Bidder indicated they are a current MaineCare provider - Bidder indicated they are a HOME Provider with MaineCare Community Care Teams - Bidder indicated their proposed property partner is a HMIS participating agency - Bidder did not indicate their plan to become a HMIS participating agency
- Bidder did not meet requirements - Bidder did not indicate how they would comply with the Housing First manual and Housing First statute
- Bidder did not meet requirements - Bidder indicated they receive daily referrals from multiple sources - Bidder did not detail how they will participate in Coordinated Entry - Bidder did not detail how they will notify CoC CE regarding availability of Units - Bidder indicated they will not advocate for admission of a specific family
- Bidder met requirements - Bidder indicated that Naloxone is on-site at all times - Bidder indicated Naloxone will be required at the proposed site and be clearly marked in easily accessible locations - Bidder indicated each naloxone kit will include instructions, visual aids and multilingual resources - Bidder indicated staff and participants will receive regular training on proper use of naloxone and overdose response protocols
- Bidder partially met requirements - Bidder indicated data submission and quarterly reports are part of current contractual agreements - Bidder indicated a phase system with milestones - Evaluator has concerns that the phase system does not align with the guidelines of HSS services - Bidder indicated a current policy and procedure for all grievances and complaints - Bidder detailed their grievance and complaint policy
- Bidder indicated using an electronic and paper survey tool for annual satisfaction surveys

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- Bidder indicated survey will be under ten questions and allow for open ended responses - Bidder did not indicate how they will develop and provide the department with the satisfaction survey for approval within sixty calendar days of the initial period of performance - Bidder indicated the results will be communicated to the Department - Bidder indicated internal team will use survey results to set goals - Bidder indicated quarterly reports will be shared with the residents
- Bidder indicated they keep family files - Bidder indicated there are releases signed and progress notes
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
- Bidder indicated they currently have various formal and informal collaborations - Bidder detailed informal partnerships in other service areas - Bidder indicated within the first 30 days, participants receive referrals to service providers - Bidder indicated there will be monthly stakeholder meetings to identify and engage a broad base of service providers - Bidder indicated informal relationships will be formed with healthcare providers, crisis providers, substance use disorder, mental health, recovery community and community based partners. - Bidder identified the crisis provider in the proposed area - Bidder identified a Certified Community Behavioral Health Clinic in the proposed area - Bidder provided attachment 6 of proposed formal relationships - Bidder indicated 7 partnerships, one being their partnership with their property entity
- Bidder indicated other service location have contractual and information relationships for clinically oriented services - Bidder indicated integration of staff - Bidder indicated monthly stakeholder meetings to develop informal and formal relationships
- Bidder partially met requirements - Bidder referenced their relationship with the PATH provider for a different service area - Bidder indicated education and community presentations are part of community building - Bidder indicated they seek to develop a collaborative relationship with the CAP and PATH to discuss housing first
C. Property-based Partnerships
- Bidder did not meet requirements - Bidder detailed their formal relationship with the property based partner

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- Bidder indicated their property based partners staff are experts in housing first basic principles - Bidder did not indicate how they will offer ongoing education - Bidder did not indicate how they will provide education prior to first participant signing a lease, at least once annually, and when there are new property associated staff hired
- Bidder did not meet requirements - Bidder indicated they have had the property partnership since 2013 - Bidder indicated they have had no evictions to date - Bidder indicated they ensure the service and interventions are responsive to complex needs - Bidder did not detail how they will develop and implement strategies in collaboration to mitigate evictions
D. Minimum HSS Units and MOUs Requirements
- Bidder indicated 10 apartments will be available in proposed area - Bidder indicated the department will be informed if an apartment becomes available - Bidder indicated a detailed plan will be submitted with options for continued services - Bidder met requirements - Bidder indicated there is an executed agreement with the property management entity - Bidder indicated there is clear delineation of roles and responsibilities - Bidder indicated the agreement can be refined as necessary if awarded - Bidder provided property address - Bidder met requirements - Bidder indicated if additional units are needed or identified an MOU will be executed within 7 days and shared with the department - Bidder did not meet requirements - Bidder did not provide details for this section on how they will notify the department of concerns related to property ownership
E. Participant Outreach Prior to Tenancy
- Bidder did not meet requirements - Bidder indicated that their locations have a waitlist - Bidder indicated chronic homelessness will be documented during intake - Bidder indicated co-located partners document in the resident's file - Bidder indicated documents are scanned or added to document any chronic condition - Evaluator is concerned bidder intends to receive referrals from their waitlist rather than CE
F. Programmatic Requirements
- Bidder partially met requirements

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- Bidder indicated they have a policy to ensure language is not a barrier to any service provided or employment - Bidder indicated policy can be provided upon request
- Bidder partially met requirements - Bidder detailed their staffing model for another residence - Bidder indicated staffing model detailed will be reflective in the proposed HSS staffing - Bidder indicated their services are funded through braided financial strategy - Bidder indicated their financial strategy allows for additional personnel expenses - Bidder did not indicate how services will be no less than twenty hours per week - Bidder met requirements - Bidder identified the staff responsible for supporting individual families to ensure service needs are met - Bidder indicated staff use Acentra Health to avoid duplicative or unnecessary services - Bidder indicated staff work with participants to obtain MaineCare coverage and continuity of coverage - Bidder indicated priority is given to onsite versus telehealth - Bidder indicated they will secure approval from the department if solely virtual - Bidder indicated early morning and evening hours will be available - Bidder indicated adjustments are made to schedules as needed to provide flexibility - Bidder indicated follow-up or brief encounters can be handled well using telehealth - Bidder indicated access to education services - Bidder indicated support is offered with resume, interview prep, professional clothing and applications - Bidder did not indicate any volunteer opportunities - Bidder indicated program graduates are eligible for employment opportunities but did not specify if the opportunities are within the organization
G. Housing Stability Services (HSS

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- Bidder indicated they embrace a strengths based approach - Bidder indicated they utilize motivational interviewing and process groups - Bidder did not indicate how they will engage with participants regularly to build rapport and encourage participation - Bidder did not indicate voluntary nature of services - Bidder indicated they will work closely with Financial Counselors who are employed by organization to secure and maintain insurance coverage - Bidder indicated they will support referrals to social security and completion of disability applications - Bidder did not address MaineCare services in this section - Bidder indicated the basic needs such as food and transportation are provided to families until they can access systems and services for ongoing resources. Bidder did not indicate how they would facilitate the connection to the basic needs resources
- Bidder did not indicate how they will ensure participants have sufficient information and resources available
- Bidder indicated they hold weekly seminars that involve community presenters - Bidder indicated they host a weekly community dinner that incorporates nutrition and wellness - Bidder indicated they have the community dinners in the onsite community kitchen - Bidder indicated they coordinate group outings - Bidder indicated they invite groups onsite - Bidder did not indicate how they will collaborate with the Department regarding alternative locations for provision of community building social events should there be difficulties related to the provision of onsite community building social events
- Bidder indicated they provide a detailed packed of information during move in that is reviewed individually - Bidder did not address move-in assistance or mediation - Bidder indicated there is opportunity to receive detail such as lease and facility orientation in writing and verbally - Bidder indicated they employ a peer support specialist for connection and support
- Bidder indicated they provide a wide array of harm reduction services including naloxone, HIV/ Hep C testing and referrals to offsite providers
- Bidder indicated case management services are provided by their staff - Bidder indicated families with high needs or those who qualify for an additional case manager will be assessed and ensure coordination of care - Bidder did not describe how they will offer and provide case management services
- Bidder indicated a comprehensive needs assessment includes medical, behavioral health, and social history as well as current providers; however did not indicate how

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they would ensure this would occur within the thirty calendar days of request to begin HSS - Bidder indicated they will incorporate the external needs assessment into the client file and be used in the development of the individual service plan
- Bidder indicated that the progress notes are reviewed with the team and resident quarterly to ensure needs and goals are met - Bidder did not indicate how they would utilize the assessment that has already been completed for development and update of the participants individual service plan - Bidder did not indicate how assessments would be used to develop individual service plans - Bidder did not indicate how they would update individual service plans annually or more as needed - Bidder indicated how they connect with primary, specialty and pediatric care within the first 30 days - Bidder indicated behavioral health needs are assessed and treatment plans are developed to include crisis services - Bidder did not address harm reduction or Housing Support in this section - Bidder indicated that care coordination is managed by staff until the resident manages effectively independently - Bidder detailed how they will build life skills development - Bidder indicated each family develops a crisis plan upon entry - Bidder indicated the crisis plan may include natural supports, custody agreements/court orders, and their choice of crisis providers - Bidder indicated during intake they would review with the resident their previous housing and treatment to identify patterns and opportunities - Bidder did not indicate that they would develop an individualized mitigation plan - Bidder did not address how they would follow all application review timelines for individualized service, Crisis, and mitigation plans as published in the program manual - Bidder indicated they will review service plans continuously and quarterly with a multidisciplinary team - Bidder indicated a life changing event would prompt a full team review
H. Staffing

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- Bidder indicated on-call support will be available if staff are not present - Bidder indicated they will set criteria to determine when to escalate to crisis providers or other emergent services. - Bidder indicated the staffing model includes licensed clinical staff, educators, persons with lived experience and parent educators - Bidder indicated the recovery coach or the peer support role will complete certification - Bidder indicated group supervision occurs with an external Licensed Clinical Social Worker and individual supervision occurs with licensed clinical staff - Bidder did not indicate how they will ensure all staff have at least one year of experience providing direct services to individuals experiencing homelessness and/or at least one year of direct lived experience with homelessness
- Bidder indicated their model adapts to service gaps and needs of the families - Bidder indicated they would employ a fulltime youth mental health provider to allow children with significant trauma to stabilize and successfully enter school or daycare. - Bidder indicated they engage with an agency to provide monthly group supervision and weekly individual supervision for licensed clinical staff - Bidder indicated staff attend quarterly professional development and conferences with topics such as trauma informed care, motivational interviewing, youth trauma, intimate partner violence, and substance use disorder - Bidder's attachment 7 did not indicate training facilitators for each training - Bidder did not indicate which trainings occur prior to interacting with Participants - Bidder indicated the training plan ensures staff will have completed trauma informed care training and motivational interviewing within 30 days of hire - Bidder indicated other staff have training and licensure to serve families with trauma homelessness, substance use disorders and mental health needs. - Bidder did not indicate how they will ensure all staff interacting with participants will have sufficient and appropriate training. - Bidder indicated they partner with multiple ethnic based community organization, cultural brokers, and has experience service Native American families - Bidder indicated resources listed can be incorporated in any need emerges to bridge any cultural gap - Bidder indicated weekly seminars are led by volunteers - Bidder indicated Sponsorships provided within the recovery community and by Alumni - Bidder indicated volunteer peer support and mentorship will be solicited from the proposed region
I. Participant Tracking and Confidentiality Requirements
- Bidder indicated experience tracking and submitting data to multiple stakeholders

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- Bidder indicated they currently collect data that is included int eh HUD HMIS data elements
- Bidder indicated they will coordinate data sharing with their identified property management entity for entry into HMIS. Evaluator is concerned that bidder will not be entering data into HMIS system based on this response - Bidder indicated cyber security and confidentiality guides all use of technology and external platforms - Bidder indicated in partnership with their identified property management entity they will ensure policy is followed. - Bidder indicated confidentiality and cybersecurity training is required annually. - Bidder indicated policy and trainings are provided upon request - Bidder did not address notification to individuals in the event of unauthorized access or disclosure - Bidder did not describe how they will comply with all State and Federal laws - Bidder indicated confidentiality requirements will be in place at the onset of delivery of services per policy and practice - Bidder indicated their identified property management entity will be submitting HMIS, which does not align with the expectations of this service. - Bidder indicated that they currently submit critical incidents to Acentra Health and will continue this practice in this program.
J. Performance Measures
- Bidder indicated they currently submit monthly data and narratives - Bidder indicated upon award they will incorporate new elements for contract adherence, program refinement, and in pursuit of additional grant or contracts
K. Reports
- Bidder committed to tracking and recording data necessary to complete all required reports. - Bidder indicated they will complete all required reports within the formats and portals, and as necessary for site-visits
2. Staffing
- Bidder provided justification for Program Manager, Parent Coach, Licensed Clinicians, Peer Support, Recovery Coaches, Volunteer Coordinators, and Success Coach. - Provided three program manager job descriptions with different qualifications and responsibilities - Provided LCSW/LMSW/LMSW-CC but does not include the job descriptions, only the duties and qualifications - Recovery Support Specialist was not a position listed but 2 job descriptions included

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under justification - Recovery Coach job description, duties and qualifications not provided - VP of Mission Integration included but not listed under justification - Included job description from an external agency - Did not include parent coach job description, duties, or qualifications
- Bidder indicated co-located staff members are integrated in staff meetings, co-facilitation of groups and services, and shared decision making - Bidder identified the program manager is responsible for the subcontractor or consultant performance and relationship - Bidder provided staffing plan with each proposed staff title, except licensed clinicians and volunteer coordinators. - Bidder did not provide breakdown of hours for each staff title - Bidder did not provide justification in staff plan of each title - Bidder indicated each position would start within 30 days of occupancy which concerned evaluator that it did not indicate staff starting prior to occupancy. - Bidder did not identify staff tasks for each title
3. Implementation - Work Plan
- Bidder did not outline workplan month by month with the responsible party - Bidder indicated occupancy will not occur until Fall 2026 - Bidder did not outline implementation tasks

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EVALUATOR DEPARTMENT: DHHS/OBH

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Meets eligibility Property review- • 73 North St. Houlton. 10- tenant based. (10) Unable to definitively confirm site, google maps points to the garage like structure on the right of the image below. The building on the left could be the 10 unit facility. Address is not listed on Community Housing of Maine (CHOM) website, but could be a "confidential location" as mentioned on the website.   • This property is referred to as "McAuley Residence" which has a website that lists Portland and Bangor as sites. https://northernlighthealth.org/McAuley-Residence Q- is this a newer location, or under development?

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P- Long history of service provision in Maine. Highlights many onsite and community partnerships.
2. Project Team Organizational Chart
Included Org. chart.
3. Litigation
I- 13 Cases reported, 4 still open, all appear related to hospital patient services.
4. Financial Viability
Submitted 3 years of financial statements, certified by an Independent Auditor. I- note about financial viability- "Management believes these strategic initiatives will mitigate the conditions that raised substantial doubt. Based on forecasts and cash flow

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projections reflecting these plans, management has concluded that substantial doubt about Northern Light Health's ability to continue as a going concern has been alleviated for one year from December 19, 2024, the date the financial statements were issued."
5. Certificate of Insurance
Verified.

Part IV, Section III. Proposed Services
A. Administrative Requirements
1. Current MaineCare provider of HOME services. Property partner enters data in HMIS. 2. No reference to housing first principals. 3. Referrals can come from sources outside of CE. Needs clarity on acuity of needs. 4. Naloxone will be available on site and staff receive regular training. Includes multi lingual and visual instruction. 5. Did not address policy guidelines and decision making. Discussed roles of partners. Referenced other service contracts. Grievances are responded to within 48hrs. Policy and phases available upon request. 6. Will utilize paper and electronic survey administration methods. 7. "Individual family files" are maintained at McAuley. Unclear if this means paper-based file system, or web/cloud based. Nothing in Northern Light Mercy EHR?
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships
1. Informal relationships will be formed with healthcare providers, crisis providers, substance use and mental health, recovery community, and various community based partners such as trauma informed yoga and nutrition education. AMHC is both a CCBHS and crisis provider and will be a vital partner. • McAuley Residence have contractual relationships for clinically oriented treatment. CAP agency staff and Community college staff work directly onsite. Weekly and monthly on-going meetings to strengthen partnerships. • McAuley Residence seeks to develop a collaborative relationship with the ACAP and PATH provider. PATH agency was not named.
C. Property-based Partnerships
1. Northern Light Mercy partners with CHOM in 2009 to expand McAuley and develop added sites. Response does not address providing education on Housing first, neither prior to lease signing, nor for new owners/managers.

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2. Response does not address question. “Develop and Implement strategies to mitigate eviction” Since 2013- 28 units no evictions and since 2020 42 total units no evictions.
D. Minimum HSS Units and MOUs Requirements
1. Response does not address the question. Claims 10 units will be available and the Department will be informed if one becomes unavailable. Did not address the 7 day requirement. 2. Response does not address all parts of the question. A. and b. were answered, not c., d. nor e. Talked about expanding existing sites. 3. Intends to meet 7 day notification requirement. “begun the process to construct 4 additional sites.” 4. Does not address the question. Does not state the Department would be notified of concerns. States CHOM has been a professional and compassionate partner for more than a decade.
E. Participant Outreach Prior to Tenancy
1. Current waitlist of “several homeless or housing insecure families seeking access.” I don’t believe housing insecure will meet the definition of chronically homeless. Will accept referrals outside of CE.
F. Programmatic Requirements
1. States policies that prevent language from being a barrier to service. Unclear what tools or approaches are used. One sentence response. 2. Does not state commitment to 20 hour minimum per week, but explains the McAuley model employs a full time case manager, parent educator and other clinicians. Plan to include positions as unique service needs are identified ex: youth mental health. Braided funding streams support the program. 3. Works with Acentra and other providers to identify duplicative services. Work with participants to gain mainecare. Does not mention billing Mainecare directly, but coordinating with MaineCare providers. • Intends to seek approval from the Dept if services will be “solely virtual”. States that follow up or brief encounters or training can be handled well using telehealth. • Program graduates would be eligible for employment opportunities should they be available. Opportunities for workforce development are provided.
G. Housing Stability Services (HSS
1. Unclear if services are voluntary. Use motivational interviewing and DBT to promote and bolster engagement.

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2.McAuley will work with Northern Light's financial counselors to secure MaineCare. Also assist with social security and disability applications. Food and transportation are provided until participants can access those systems.

3. "Critical to the launch". AMHC as the crisis provider and area CCBHC will be a vital partnership.

4. Weekly seminars and community dinners on-site in community kitchen. Occasionally other social outings to beaches, trails, movies or other events. No mention of participant input.

5. Not seeing stabilization or move in assistance mentioned. Lease education available if requested.

- Harm reduction services include Naloxone, HIV/Hep C testing. Referrals to offsite providers who offer additional harm reduction services.
- Intends to provide case management services. Families with high needs who qualify for an additional case manager will be assessed and releases signed to coordinate care.
- At intake, a comprehensive assessment is completed. Unclear if this occurs within the first 30 days. If an external assessment has been completed, it will be incorporated into the service plan.
- Intends to re-assess quarterly.
- "family centered goals" Response does not address updating service plans.
- Response did not address harm reduction, nor housing support. Is assistance provided when leaving the program?
- Response did not state crisis plan inclusion within individual service plan. Is it updated regularly or as needed?
- Intake includes review of past housing and treatment to develop a plan for success in their new home. Response does not include individual mitigation plan, or how to reduce barriers for permanent housing.

14.Service plans are continuously reviewed, and quarterly reviewed by a multidisciplinary team. Life changing circumstances would prompt a full team review with new priorities and goals. No mention of crisis or mitigation plans.

H. Staffing

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1. On-call services will be available when staff are not present. Criteria will be set with staff to determine if escalation to crisis services is warranted. Who/what discipline will operate on-call? Is it connected to NLH? 2. Response does not confirm staff have 1 year of experience providing direct service to homeless, nor if the "lived experience" is homelessness related. 3. Pointed to example of youth behavioral health clinician in Bangor location. A similar process could occur at this location. Not sure this one example answers the question. 4. Utilizes CMG Behavioral Health Consulting to provide monthly group supervision and weekly individual supervision for licensed staff. Professional development at least quarterly. 5.Staff complete trauma informed care and motivational interviewing within 30 days of hire. Unclear if this is prior to working with participants. 6. Partners with community organizations if language or cultural gaps are identified.
7. Currently no volunteers for the Houlton location but will be solicited from the local region?
I. Participant Tracking and Confidentiality Requirements
1. Currently collecting HUD data elements 2. CHOM will enter data in HMIS 3. Will ensure necessary insurance is secured as described in Rider B s. 19. 4. Confidentitiality and cyber security training is required annually for employees. 5.McAuley residence is a department within Northern Light Mercy Hospital and therefore well trained in confidentiality and maintenance of sensitive information. 6. confidentiality is paramount as a covered entity. 7.noted understanding. 8.Currently critical incidents are reported in Acentra. This practice will continue.
J. Performance Measures
Monthly data submission with the mentioned elements is already happening. Plans to add family dashboard.
K. Reports
Most elements are currently being tracked. If awarded new elements will be added.
2. Staffing

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DATE: 10/23/25; 10/30/25 Eligibility; 11/4/25 Qualifications; Services 11/18 &11/19/25
EVALUATOR NAME: Sara Wade
EVALUATOR DEPARTMENT: DHHS/OBH

Job Descriptions- Positions include- Program manager, Parent coach, Licensed Clinicians, Peer Support, Recovery Coaches, Volunteer Coordinators and Success Coach. Job descriptions did not appear to require experience with homeless, nor 1 year working with homeless.
Subcontractors- No subcontractors
Staffing plan- all positions anticipated start within 30 days of occupancy. Unclear on that timeline.

3. Implementation - Work Plan

Occupancy planned in Fall of 2026.

Part IV, Section IV. Cost Proposal and Budget Narrative

Budget Narrative- $145,363 requested over two years.
Budget- Form 1- It may be reasonable to expect some MaineCare revenue contributing to the overall program. Example- The deliverable requiring Case Management Services when Participants do not have a Case manager, likely will have billable activity to TCM or HOME.
Form 2&5- Personnel and fringe at a rate of 24.60% make up 76% of total expenses. Material and supply expense of 1,500 for year 1 only, covers the purchase of a laptop. The Consultants line allocates 7,200 in Year 1 and Year 2 for a total of 14,400. This covers supervision of licensed clinician @ $150/hr x 4 hours per month.
Form 3- One direct care, LCSW at 20 hours per week. No coverage or back up staffing? No indirect staff listed.
Form 4- 15% indirect rate using simplified allocation.

9STATE OF MAINE
INDIVIDUAL EVALUATION NOTES

RFP #: 202508118
RFP TITLE: Housing Stability Services – Hub 9
BIDDER NAME: Mercy Hospital
DATE: 10/27/2025 and 10/30/2025
EVALUATOR NAME: Kelly Watson
EVALUATOR DEPARTMENT: MaineHousing/Homeless Initiatives Department

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Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
Based on review, I believe eligibility requirements have been met: -Submitted Attestation Form – no financial interest in property -Submitted Appendix C – letter of commitment for 10 units in Houlton -Pass through state funds were granted by MaineHousing to CHOM for the purchase of the building, development is being funded elsewhere. Project is in development.

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
P – 3 decades of experience with this program P – workforce development P – two generational model Q – project seems to be specific to women and their children – is this within the scope of the RFP Q – states the program is 2 year, is this permanent housing or transitional
2. Project Team Organizational Chart
Organizational chart provided
3. Litigation
Q – 13 cases listed, 9 closed, 4 open – unsure of applicability to this RFP
4. Financial Viability
Provided 3 years of audited financials
5. Certificate of Insurance
Certificate of insurance provided

Part IV, Section III. Proposed Services
A. Administrative Requirements
I – high rate of removal of children in Aroostook County – 96% reunification rate at current McAuley residences I – CAP agencies and Community Colleges co-located at McAuley P – current Maine Care provider HOME provider, CHOM currently HMIS participant N – how bidder with apply housing first principles unclear from response to question 2 Q – will bidder take referrals from CE or only use it to gain clarity around acuity I – CHOM does not currently participate in CE for any projects
B. Healthcare, Behavioral Health, and Other Service Provider Partnerships

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P – weekly classes on site N – details lacking on how bidder will provide housing first education to partners N – unclear how bidder will provide housing first education to property staff and Q – is there more detail on how CHOM is an expert in Housing First
C. Property-based Partnerships
P – history of no evictions at a current property partnership since 2020
D. Minimum HSS Units and MOUs Requirements
P – 10 units will be available in Houlton Q – when will they be available P – current MOU in place that can be amended for this program N – question 4 lacking detail on how DHHS will be notified of concerns
E. Participant Outreach Prior to Tenancy
Q – will they participate in CE or utilize waitlist process
F. Programmatic Requirements
N – question 1 has no information on how services will be provided with minimal barriers other than language barriers N – vague response to question 2 lacking clarity on whether 20 hours of week of services will be provided P – flexibility in scheduling services N – very minimal volunteer opportunities with bidder's agency
G. Housing Stability Services (HSS
N – services are not described as voluntary P – weekly seminars and community dinner for independent living skills N – detail on stabilization services beyond an information packet an light touch not provided Q – is sobriety required in this housing project and if so, is that housing first P – provide case management N – question 11 lacking information on harm reduction services and housing support services
H. Staffing
N – question 2 lacking information on how staff will have at least one year experience working with persons experiencing homelessness P – adapted staffing based on service needs in similar project N – answers lacking detail
I. Participant Tracking and Confidentiality Requirements
Q – bidder states they currently collect data included in HUD HMIS data elements, but are not a participating provider – do they plan to contribute to HMIS if awarded

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INDIVIDUAL EVALUATION NOTES

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Q – is it allowable under this RFP for the property owner to be the one entering data into HMIS, or must that be the service provider P – annual security training required and phishing campaigns N – question 7 answer does not appear to answer question 7
J. Performance Measures
Plan provided for submitting performance measures
K. Reports
Plan provided for submitting reports
2. Staffing
I – subcontracts possible N – staffing plan missing associated hours of service to be provided in person at property
3. Implementation - Work Plan
I – environmental process for property still ongoing
I – occupancy slated for fall of 2026

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STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202508118
RFP TITLE: Housing Stability Services

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

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

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

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

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

Signed by:
Anna Ko
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Signature

Oct-21-2025

Date

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Commissioner

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RFP TITLE: Housing Stability Services

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

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DocuSigned by:
Michael LaBua
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Signature

Oct-21-2025

Date

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Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
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RFP TITLE: Housing Stability Services

I, Taylor LaCroix, 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:
Taylor LaCroix
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Oct-21-2025

Signature **Date**

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Janet T. Mills
Governor

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Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
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RFP TITLE: Housing Stability Services

I, Sara Wade, 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:
Sara Wade
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Signature

Oct-21-2025

Date

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AGREEMENT AND DISCLOSURE STATEMENT
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I, Kelly Watson, 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:
Kelly Watson
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Signature

Oct-21-2025

Date