

State of Maine
Master Score Sheet

RFP# 202504062			
Network of Behavioral Health Crisis Receiving Centers - Androscoggin County			
Bidder Name:		Spurwink Services Inc.	Sweetser
Proposed Cost:			
Start-up Costs		\$773,643.00	\$599,795.00
Crisis Center Services Costs		\$2,031,815.00	\$2,887,257.00
Scoring Sections	Points Available		
Section I: Preliminary Information	Pass/Fail	Pass	Pass
Section II: Organization Qualifications and Experience	20.00	18.00	8.00
Section III: Proposed Services	45.00	36.00	20.00
Section IV: Cost Proposal			
a. Proposed Start-up Costs	15.00	11.63	15.00
b. Crisis Center Services Costs	15.00	15.00	10.56
c. Budget Narrative	5.00	3.00	2.00
Total Points Available for Cost	35.00	29.63	27.56
TOTAL	<u>100.00</u>	<u>83.63</u>	<u>55.56</u>



**Award Justification Statement
RFP# 202504062
Network of Behavioral Health Crisis Receiving Centers**

I. Summary

Through RFP# 202504062 Network of Behavioral Health Crisis Receiving Centers the Department sought proposals for a Network of Behavioral Health Crisis Receiving Centers in Penobscot and Androscoggin Counties. One (1) Bidder responded for Penobscot County and two (2) Bidders responded for Androscoggin County:

- Penobscot County: Community Health and Counseling Services (CHCS)
- Androscoggin County:
 - Spurwink Services Inc.
 - Sweetser

Through the evaluation process, Community Health and Counseling Services (CHCS) was conditionally awarded as the sole Bidder for Penobscot County. The Bidders proposal was evaluated but not scored.

Spurwink Services Inc. received the highest score for Androscoggin County and was determined to provide the best value to the State of Maine. Details for the conditional award for Androscoggin County to Spurwink Services Inc. are provided below:

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 Awardee

Spurwink Services Inc. offered an accomplished, experience-laden portfolio demonstrating the ability to deliver the services required by the RFP and successfully perform under the prospective contract.

IV. Proposed Services by Conditional Awardee

Spurwink Services Inc. provided a well-rounded response outlining an understanding of, and ability to meet, programmatic requirements of the RFP. Additionally, Spurwink Services Inc. demonstrated the means and skills necessary to meet the RFP's

performance requirements through its project teams' competencies, subject matter expertise, and background.

V. Cost Proposal and Budget Narrative

Spurwink Services Inc. provided a start-up cost of \$773,643.00 and \$2,031,815 for providing Crisis Center Services for the initial-period-of-performance. In addition, Spurwink Services Inc. provided a detailed Budget Narrative demonstrating full utilization of program resources.

VI. Conclusion

Out of 100 possible points, the Evaluation Team awarded Spurwink Services Inc. a score of 83.63. The strength of Spurwink Services Inc.'s proposal outweighed the other Bidder through its qualifications and experience and the services and proposed cost. The Evaluation Team determined that the proposal submitted by Spurwink Services Inc. represents the best value to the State of Maine.

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)

Jul-08-2025

Via Electronic Mail: dhamilton@CHCS-me.org

Community Health and Counseling Services
Dale Hamilton, Executive Director
42 Cedar Street
Bangor ME, 04401

SUBJECT: Notice of Conditional Contract Award under RFP 202504062 Network of Behavioral Health Crisis Receiving Centers

Dear Mr. Hamilton,

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 Network of Behavioral Health Crisis Receiving Centers. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to the following bidders:

- Penobscot County - Community Health and Counseling Services
- Androscoggin County - Spurwink Services Inc.

Community Health and Counseling Services was the sole bidder for Penobscot County. Spurwink Services Inc. received the evaluation team's highest score for Androscoggin County.

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 vendors. The vendors 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:



D0EE4088B014465...

Sarah Squirrell

Director

Office of Behavioral Health

DocuSigned by:



5DC6307B8558482...

Debra Downer

Deputy Director for Competitive Procurement

Division of Contract Management

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Jul-08-2025

Via Electronic Mail: ggallucci@spurwink.org

Spurwink Services Inc.
Gabrielle Gallucci, Director of Business Development
901 Washington Ave
Suite 100
Portland ME 04103

SUBJECT: Notice of Conditional Contract Award under RFP 202504062 Network of Behavioral Health Crisis Receiving Centers

Dear Ms. Gallucci,

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 Network of Behavioral Health Crisis Receiving Centers. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to the following bidder:

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TTY: Dial 711 (Maine Relay)

Jul-08-2025

Via Electronic Mail: jmgrant@sweetser.org

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

SUBJECT: Notice of Conditional Contract Award under RFP 202504062 Network of Behavioral Health Crisis Receiving Centers

Dear Ms. Grant,

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 Network of Behavioral Health Crisis Receiving Centers. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to the following bidder:

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Sarah Squirrell

Director

Office of Behavioral Health

DocuSigned by:



5DC6307B8558482...

Debra Downer

Deputy Director for Competitive Procurement

Division of Contract Management

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers

COUNTY: Androscoggin County

BIDDER: Spurwink Services Inc.

DATE: May 21, and June 11, 2025

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Casandra Manson

Names of Evaluators: Michael Freysinger, Autumn Hughes, Anna Ko, Ellie Larrabee,
Brianne Masselli

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	20.00	18.00
Section III. Proposed Services	45.00	36.00
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TEAM CONSENSUS EVALUATION NOTES**

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COUNTY: Androscoggin County

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DATE: May 21, and June 11, 2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information - Eligibility

Evaluation Team Comments:

Provided a current MaineCare Provider Agreement and a current Mental Health Agency license through the Department's Division of Licensing and Certification's Behavioral Health Program.

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

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	20.00	18.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Indicates operation of Crisis Receiving Center in Cumberland County since 2022. Reports that between opening in 2022 and by the end of 2024, 2,400 individuals have been served in this Center• Indicates agency has been providing behavioral health services for 65 years• Indicates agency is licensed at a number of levels in excess of the eligibility requirements required by this RFP• Response indicates a wide variety of services provided by this agency, including both children's and adult services based both in the community and residential settings – i.e. Foster Care, PNMI (adult/child), Community Services to support schools, immigrant families, co-occurring recovery, CCBHC, opioid health homes, medication assisted treatment, 24/7 ACT, adult behavioral health homes, assertive community treatment, and outpatient therapy services• Response describes commitment to recovery and co-occurring disorder services, as evidenced by their award of a CCBHC SAMHSA grant and residential treatment facilities designed to treat co-occurring disorders• Response indicates client engagement through two consumer advocacy boards and the employment of individuals with lived experience in peer Recovery Coaching, Certified Intentional Peer Support Specialists, and Family Support Partners• Living room crisis center serving individuals 14 years and older since 2022• Experience with grant management• clinicians use evidence-based practices, including cognitive behavioral therapy (CBT), trauma-focused CBT, dialectical behavior therapy, collaborative problem solving, motivational interviewing, and Attachment, Regulation and Competency (ARC)• Employ care managers and cultural brokers from immigrant and refugee communities in their ShifaME TST-R program

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<ul style="list-style-type: none">• Run a program for child victims of commercial sexual exploitation that engages survivors of trafficking and others with lived experience of trauma in shared decision making• Provided 3 relevant projects• The Department has positive experience working with this Provider from start-up of programing to ongoing service delivery, including providing 24/7 crisis receiving services
2. Subcontractors
<ul style="list-style-type: none">• CAP Services, LLC – pre-construction budget and scope of work for renovations to potential Center site• Stated, if awarded, “will go through a formal selection process that is consistent with [their] current procurement policies to finalize [their] architectural, construction and renovation subcontractor(s)”
3. Organizational Chart
<ul style="list-style-type: none">• Met requirements
4. Litigation
<ul style="list-style-type: none">• Provided as required
5. Financial Viability
<ul style="list-style-type: none">• Provided 2 years of financial data; the third year was noted in the audit report, Provided an audit from an independent auditor• Appear financially viable
6. Certificate of Insurance
<ul style="list-style-type: none">• Provided as required

**STATE OF MAINE
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**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	45.00	36.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none">• Will construct the Center to comply with the requirement to separate transition age youth from adults by sight and sound, providing total of eight (8) outpatient chairs with two (2) reserved for transition age youth and six (6) reserved for adults, however, provides no detail on the physical design for this requirement• Space will be designed as an 'open and airy' environment, and that layout will be based on trauma-informed principles, providing comfortable and inviting spaces in both the milieu and private meeting space• The response includes a list of specific plans related to the Receiving Centers Design Approach.• Location for proposed service has entrance separate from other services provided at this location• Plans to train staff responsible for greeting guests such that they are able to serve individuals who speak little or no English and who have other communication needs such as hearing impairment and limited literacy, with respect and competency• Plans to provide confidential computer stations for Telehealth service provision, should it be needed, did not specify the number of anticipated confidential computer stations to be included at the Center• Identified plan to reduce stigma and trauma, i.e. color schemes, lighting, and social/private spaces• Clearly understands the goal of the model as one of diversion from more costly services• Understands the population of services and who should or should not be served at program• Identifies separate entrance for Law Enforcement drop-offs

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- Indicates expanded use of congregate spaces to be explored as safety and staffing allow

B. Crisis Center Standards, Licensing, and Operations

- Enrolled as a Tier 2 Naloxone distribution center and has a state certified syringe exchange program
- Will expand current MOU to include CRC, CMHC, St. Mary's Regional Medical Center, Department of Corrections, Androscoggin County Sheriff's Department, and City of Auburn, but did not articulate other community MH/SUD Providers and no plan provided for how they would work with existing mobile teams
- Nursing will be able to provide wound care, will provide wound care supplies with referral to local hospitals as needed
- Indicates partnership with pharmacy already in place at proposed location
- Plans to safely store medications at their proposed Center through the on-site pharmacy and will utilize an emergency lockbox provided by Genoa during afterhours
- For those needing immediate access to medication(s), plans to have prescriptions provided by licensed Nurse Practitioners on staff and/or through a DO who is double boarded in addiction and emergency medicine
- Plans to ensure medication provided on-site will be at no cost to the guest
- Plans to review benzodiazepine or stimulant requests in detail with Center prescribes, focusing on increasing safety and decreasing risk; and will not prescribe Benzodiazepines for long-term anxiety management
- Peer and crisis support will be provided on an individual basis
- Individuals will leave with a comprehensive plan developed with client
- Plans to replicate the model used at their Portland Crisis Center for the Lewiston Center, with minor modifications and following best practices
- Plans to ensure the Lewiston Center is strengths-based, person-centered, family-focused and comprehensive, achieving a systems-based approach
- Plans to have the first person a Center participant meets be a Peer and will treat all participants as "guests"

C. Crisis Service Delivery Methodology

- Plans to have additional services that are tailored to "veterans, immigrants/refugees, survivors of the mass violence event, and children, youth, and adults with serious mental health needs and co-occurring substance use disorder"
- Demonstrated an ability to provide Crisis intervention services though acquiring Tri-County Mental Health Services in 2024, including its clinical consultation experience to child welfare with the Department's Districts
- Identified and utilized best practice models for crisis management including Stanley Brown model for crisis intervention, stabilization and planning. As well as

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other modalities such as Mandt system training, Critical Incident Stress Management (CISM)

- Will train all Center staff in the first three (3) components of the Mandt System Solution, including “Primary Prevention: Building and Maintaining Healthy Relationships”; De-escalation Skills: Self-regulation and Co-regulations”; and “Technical Self-Protection Skills”
- Plans to use the Stanley-Brown tool for crisis safety planning, and described the six (6) steps included in the tool: identification of warning signs; internal coping strategies; people and social settings that provide distraction; people to reach out to for help in a Crisis situation; professionals and services that can be contacted during a crisis; and making the environment safe “(Plan for Lethal Means Safety)”
- Will provide ongoing coaching for staff in secondary trauma exposure
- Will provide 24/7 support from medical and clinical staff
- Plan to have a Psychiatric Nurse Practitioner (PNP) on call with an opportunity for additional on-call support from supervisors/Director
- On-call PNP will be a member of the Center team who has familiarity with the living room crisis model and will help in ensuring Center staff see the on-call PNP as an available and valuable resource
- Demonstrated a strong ability to utilize the SPI model through completion of over 1200 crisis assessments and crisis plans in calendar year 2024
- Demonstrated a high percentage of client satisfaction Crisis Receiving Center services
- Currently utilizes the C-SSRS and has completed over 1500 crisis assessments with only 2% of clients requiring hospital level of care following a C-SSRS
- For clients determined to need a hospitalization level of care, Center staff will work with the individual, and emergency services/law enforcement, if necessary, to facilitate transport and a warm hand-off to a local hospital, with the understanding that the individual is welcome to return to the Center once it is safe for them to do so

D. Other Service Delivery Requirements

- Specifically addressed providing staff training Rights of Recipients for Adults, but did not specify training as it pertains to Rights of Recipients for Children
- For youth that arrive at the Center unaccompanied, indicated they will complete the consent for services with the youth. Should there be information obtained regarding ability to reach out to a parent/guardian regarding the youth’s service, staff will attempt to reach them in order to engage them in the youth’s care
- Only addressed providing a summary of Rights to Participants, did not indicate if the full copy would be available
- Indicates Androscoggin County Sheriff and Maine DOC utilizes the Bidder’s agency as a preferred agency for crisis related services

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- Has established positive working relationships with local law enforcement, ambulance providers, and hospital EDs with an identified plan for reaching out when needed
- Demonstrated ability to have successful partnerships with agencies to receive and accept referrals
- Nurse available 16 hours/day (7am-11pm) and Psychiatric Nurse Practitioner available on call outside of those hours
- Has an established process in place for determining level of care and complex crisis situations
- Currently utilizes PSHP system through Common Ties in Lewiston along with a contract with the City of Lewiston to provide landlord liaison support

E. Crisis Center Intake and Triage

- Response includes 15-criteria list referred to as 'screening for medical necessity' form
- Response does not address call 9-1-1 and administer Naloxone for any suspected opioid overdose, ensuring any incidents of overdose follows associated Critical Incident or Reportable Event protocols, or exploring whether the Participant has experienced abuse, neglect, or other past trauma
- Response indicates 'screening for medical necessity' form may be completed by MHRT-CSP or a clinician with CRMA certification, as there is a plan to always have someone with CRMA certification or nursing licensure on staff
- Plans to train all staff in the medical clearance criteria and process
- Currently utilizes medical triage developed by a community working group and will incorporate within the Receiving Center, positive scores will necessitate further assessment by a nurse
- A current OPTIONS provider and has 6 staff in Lewiston, Auburn, and Lisbon who also provide SUD treatment, Project Support You (PSY)
- Identified 9 established agencies that will be utilized for referrals
- Indicates plans to collect the pertinent information during a trauma-informed initial assessment process
- Releases of information will be gathered and executed in order to collect additional information related to the history of prior diagnosis and treatment
- Plans to ensure guests understands why certain information is being asked and how the Center intends on utilizing the information to create a plan of care to best address participant needs

F. Crisis Plan Development

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

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- Demonstrated understanding on the importance of “no wrong door” entry into the Crisis system which highlights flexibility to a multi-disciplinary team approach
- Has current connections in the community and community resource connections
- Community relationships are a high priority for leadership and currently have a strong history as a provider in the community which will assist in supports with discharge planning
- Will document referrals to community providers in crisis plans

G. Outpatient Chairs

- Met Requirements

H. Additional Crisis Services for Transition Age Youth

- Demonstrated ability to serve transitional age youth with robust CBHS programs
- Response is inconsistent on specific staff training as it relates to ensuring services are developmentally appropriate
- In addition to creating sight and sound barrier for clinical chairs reserved for youth, youth presenting at Center “may” be served in another space in the building, helping to avoid any potential “iatrogenic contagion”
- Assessment process shows accurate use of evidence-based practice tools and process to meet the developmental needs of this population
- Staff are trained in family engagement
- Did not identify how screening for eating disorder would be conducted
- Staff will follow 42 CFR regulations when involving parents/guardians of youth and protect information regarding substance use unless the guests’ consent to sharing information
- Staff will attempt to reach a parent/guardian for unaccompanied youth presenting at the Center, except when it is counter-indicated to do so. In counter-indicated situations, the Clinician, in consultation with the Program Director, will determine if mandated reporting is required
- Plan to use evidence-based assessment tool as part of a holistic approach
- Plan to use trauma-informed and person-centered approach to include youth’s perspective in all facets of assessment and planning – parent or guardian to be included in this process
- Crisis planning to be co-developed in an interpretive summary to explore underlying factors influencing difficulties and informing treatment planning
- If the Transition Age Youth is eighteen (18) or older, conversations with family will be dependent on the Participant comfort and desire
- Family engagement, when safe, with consent, and utilizing an asset-based approach with families and caregivers
- Staff to provide education around disclosures to Transition Age Youth, explaining the information protected by HIPAA and how they can choose to involve their families, while protecting their data and privacy

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

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- Plans to have parents involved in the decision-making process for planning and co-construction of treatment and discharge when provided with consent by the Transition Age Youth
- The stated goal of intervention is to provide the least restrictive setting, including coordination with cohabitants regardless of familial status
- Staff will be trained in first three (3) steps in Mandt system, which can be taught to transition aged youth and their families as part of discharge planning process
- Will utilize music, meditation, movement, arts/crafts, reading, and supports to promote emotional and behavioral functioning

I. Telehealth

- Met Requirements

J. Linkages and Warm Handoffs

- Has identified support staff including care managers who will facilitate referrals to the appropriate community-based resources as well as returning to program with a no wrong door approach
- Demonstrated experience collaborating with the OADS crisis system and will connect to DS crisis worker via the crisis call line
- Further assistance can be given to access residential crisis services, emergency transitional housing, and adult protective services
- Ability to offer resources, connections to help, recovery coaching HIV/HEP C testing and support
- Harm reduction services are in place, and strong linkages with other providers in the community

K. Staffing Requirements

- Did not address how the Bidder will employ and/or contract an adequate number
- Plans to articulate 24/7 availability of peers, MHRT-CSPs, and a modified availability of psychiatric nurse practitioners, registered nurses, and the Clinical team
- Will likely require additional staff to meet service demands by Year 2, indicating a desire to staff their Lewiston Center following their model at their Portland Crisis Center, proposing additional staffing for year 2 and associated increased cost was not indicated in this response
- Articulated ample supervision and support plan based on the staff
- Demonstrated ability to retain staff
- Plans to have new staff participate in on-the-job shadowing for two (2) to four (4) weeks onsite
- Staff will also shadow their agency's ACT team in order to know their community partners and provide an opportunity to interface with different parts of the local community

L. Staff Training Requirements

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<ul style="list-style-type: none"> Indicates a current CIPSS who has completed required peer supervision training who may move into leadership role Provided an extensive list of new hire and current staff trainings Orientation training will be completed within sixty (60) days of hire and begin on the first day of employment
M. Other Staff Engagement Requirements
<ul style="list-style-type: none"> Agrees to having staff meetings but does not specifically describe the requirements for monthly staff meetings Plans to ensure scheduling allows for co-reflection participation Lead Peer will provide ongoing consultation and education to clinical staff
N. Administrative Requirements
<ul style="list-style-type: none"> Currently have many related policies in place due to their existing Portland Center, and any additional policies needed will be drafted or amended through Continuous Quality Improvement in conjunction with program leadership, with collaboration from their Portland Center's program leadership Has existing policies in place and indicates they will draft any additional policies necessary Indicated respect for Participant choice regarding where they will choose to continue treatment Have established relationships through the Receiving Center in Portland for referrals Did not specifically address notification to individuals in the event of unauthorized access or disclosure Utilizes Netsmart's myEvolv EHR for documentation Will facilitate a monthly stakeholder virtual meeting for the first 6 months of program delivery then bi-monthly or quarterly thereafter Plans to host two (2) days of Open Houses to ensure the largest engagement of county participation Plans to have program leadership present information and updates to area city and town councils at least once per year, in tandem with law enforcement and their EMS colleagues to keep them informed on the program and its community impact
O. Performance Measures
<ul style="list-style-type: none"> Met Requirements
P. Reports
<ul style="list-style-type: none"> Identified staff who will be responsible for particular reports
2. Staffing

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- Elsewhere in the RFP, Bidder indicated Crisis Workers would have MHRT-CSP, however, the job description provided for Crisis Workers only refers to MHRT-C. The RFP also requires MHRT-CSP staff, not MHRT-C staff as a minimum requirement
- No job description provided for the MHRT-CSP position
- Will have employed a Director of Facilities and Fleet that will have project oversight responsibilities, including management of subcontractors who will be performing design, planning, construction and renovation tasks
- Plans to have a minimum of four (4) staff present during daytime/early evening hours with a minimum of three (3) staff present at the facility during late evening/overnight hours
- Total FTE's is unclear – some positions listed twice

3. Implementation - Work Plans

- Implementation work plan (construction) is displayed in a timebound chart showing monthly activities but does not include the person/team responsible for their completion
- Designing the work plan included consideration of current staff and management recommendations
- Implementation work plan (Receiving Center Services) is displayed in a timebound chart showing monthly activities but does not include the person/team responsible for their completion
- Services at the Center may begin around June 2026
- Varying sign-on bonuses will be provided, as needed

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**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal		
a. Proposed Start-up Costs	15.00	11.63
b. Crisis Center Services Costs	15.00	15.00
c. Budget Narrative	5.00	3.00
Total Points Available for Cost	35.00	29.63

Lowest Submitted Proposed Start-up Cost Proposal	÷	Start-up Cost Proposal Being Scored	x	Score Weight	=	Score
\$599,795.00	÷	\$773,643.00	x	15.00 points	=	11.63

Lowest Submitted Crisis Center Services Cost Proposal	÷	Crisis Center Services Cost Proposal Being Scored	x	Score Weight	=	Score
\$2,031,815.00	÷	\$2,031,815.00	x	15.00 points	=	15.00

Evaluation Team Comments:

- Unclear why personnel in the second year have FTE reductions (Crisis Workers and CIPSSS).
- The total FTEs being requested is unclear.
- Salaries seem competitive and reasonable for the job market for hiring of quality staff.

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DATE: June 9, and 11, 2025

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Casandra Manson

Names of Evaluators: Michael Freysinger, Autumn Hughes, Anna Ko, Ellie Larrabee,
Brianne Masselli

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	20.00	8.00
Section III. Proposed Services	45.00	20.00
Section IV. Cost Proposal		
a. Proposed Start-up Costs	15.00	15.00
b. Crisis Center Services Costs	15.00	10.56
c. Budget Narrative	5.00	2.00
Total Points Available for Cost	35.00	27.56
<u>Total Points</u>	<u>100.00</u>	<u>55.56</u>

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**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information - Eligibility

Evaluation Team Comments:

Indicated being enrolled in MaineCare and licensed as a Mental Health Agency with documents attached to the proposal submission file, but the evaluation team was not able to locate the documents within the Bidder's proposal submission. The evaluation team did obtain evidence of the Bidder having both a Provider Agreement and a current Mental Health Agency license.

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

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	20.00	8.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none"> • Response indicates bidder is the largest provider of Mobile Crisis services, and that they operate 6 residential crisis programs in Maine • Indicates experience providing crisis services for both youth and adults • Response includes reference to delivery of several types of peer services, including the Peer Support Line and Peer training network • Indicates current delivery of OPTIONS program, Tier 2 naloxone distribution, and Certified Community BH Clinics (CCBHC) as a demonstration project awardee • Abbreviated version of their organization- adjustment to crisis services but doesn't represent the full continuum of care that they offer. • Provided 3 relevant projects: <ul style="list-style-type: none"> ○ Project 1 – Mobile Crisis Provider for several counties – 24/7/365 crisis response services ○ Project 2 – Crisis Residential Units – short-term crisis stabilization ○ Project 3 – Integrated Intentional Peer Support – dedicated Director of Peer Support position, CIPSS integrated in a number of related programs
2. Subcontractors
<ul style="list-style-type: none"> • Will not utilize subcontractors; however, submitted proposal suggested a contractual relationship would be utilized for construction work.
3. Project Team Organizational Chart
<ul style="list-style-type: none"> • It is unclear who would be overseeing the center, as it identifies several director-level positions overseeing various aspects of programming. In addition, includes CCBHC staff as part of the structure, and CCBHC is a distinct service outside of Crisis Receiving. • Organizational chart includes 1 Clinician, 1NP (under Director of Lewiston CCBHC) 2 NP, 4.5 FTE RNs (under Medical Director), and 1.5 FTE Clinicians, 6 FTE Crisis Workers (under Director of Crisis Services)
4. Litigation
<ul style="list-style-type: none"> • Four (4) lawsuits settled between 2021-2022

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<ul style="list-style-type: none">• The team is aware of five (5) litigations and unclear why the fifth (5th) litigation was not referenced.
5. Financial Viability
<ul style="list-style-type: none">• 3 years of financial statements submitted.
6. Certificate of Insurance
<ul style="list-style-type: none">• Provided current certificate

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**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	45.00	20.00

Evaluation Team Comments:

- Based on inconsistent process descriptions, the evaluation team is unclear on the exact intended intake process for all Participants. It is unclear:
 - If Participants will receive triage and/or medical screening first
 - If Participants will be offered the opportunity to connect with a Peer Supporter upon entry at the Crisis Center.
 - When the consent to treat "Service Agreement" would be signed.
- Inconsistencies in staffing plan and staffing patterns makes it unclear if there are adequate positions and FTE's available to safely operate a 24/7/365 center based crisis service.

Part IV, Section III Proposed Services

1. Services to be Provided

Part II

A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach

- Plans to provide medical screening before admission, which does not align with the scope of services requested in this RFP.
- Intends to have a medical screening room with an exam table, it is unclear how the medical screening room will ensure privacy without appearing like a clinical exam room.
- Has secured a 2nd-floor call center space above their CCBHC that will need some renovation to accommodate a safe, welcoming, and calming environment, floor plan appears more like an office environment rather than a calming environment.
- Floor plan indicates a waiting room, which raises concern and uncertainty about drop-in nature of the services requested in this RFP. Use of a waiting seems more like a clinical space.
- Space is painted a calm blue, and the lighting is adjustable.
- Will utilize imported manufactured furniture that will provide a home-like feel.
- Several private rooms are available for confidential space.
- Provides for Client space where they can take breaks and recharge, with two cots, mini fridge with water and snacks

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- Indicates potential co-mingling between adults and children due to close proximity of areas.

B. Crisis Center Standards, Licensing, and Operations

- Demonstrating a clear understanding of the Department's licensing process.
- Intends to add, at a later date, the Mollison Way Crisis Center to the license, did not specifically address doing so within thirty (30) calendar days of the initial period of performance
- Have established MOUs in Androscoggin County with schools, medical providers, hospitals, etc.
- Operation approach blurs with CCHBC, mobile crisis, and medication management as these are different and distinct services.
- CCBHC will be below the proposed receiving center and will generate referrals to and from the crisis receiving center. Participant choice was not discussed as it pertained to CCBHC referral
- Have a signed letter of intent with Genoa for on-site pharmacy to include injectable medications such as Risperdal Consta, Abilify Maintena, and Haldol Decanoate, Prolixin, etc. Injectable medication provision is not allowed per State licensing requirements under Section 65.
- Crisis receiving centers do not require full access to the Pharmacy for walk-in access; should be available on a PRN basis.
- Long term medication management services described are not within the scope of the Crisis Receiving Center model.
- The use of a triage department and mobile crisis to conduct a 60-day follow-up highlights a lack of understanding of the crisis receiving center model. i.e., crisis is self-defined by the person, not a triage department; it's a no-wrong-door approach, and individuals return to the crisis receiving center as needed.
- Indicates existing partnership with New Beginnings in Lewiston which will enhance ability to serve local transitional aged youth.
- Have an established children's Assertive Community Treatment (ACT) program, children's behavioral day treatment, crisis resolution services, and crisis residential services (CRU) with priority given to CRU.
- Plans to cross train staff in recovery and crisis modality to ensure co-occurring capabilities within multidisciplinary team at Center.

C. Crisis Service Delivery Methodology

- Plans to have showers, lockers and a washer and dryer available for those who may not have basic needs met.
- Plans to train teams in Narcan administration and will equip bathrooms with a reverse-motion sensor to passively monitor bathrooms and washrooms for signs of overdose and potential medical emergencies.
- Plan to develop a participant advisory board, facilitated by a peer, to help solicit participant feedback.

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- Will utilize PHSQ-9, CAD 7, VA's PTSD Screening, SBIRT, and C-SSRS screener version.
- Will implement an intake process trauma-informed practices are reviewed.
- Participants will be required to sign a contract about the rules of the program. A contract agreement for service provision is not within the scope of the service.
- Referral sources seem limited to the downstairs CCBHC and it is unclear if all indicated referrals are internal-to-agency, or if referrals will include other community agencies.
- Staff will receive de-escalation training, eight (8) hour long Safety-Care Crisis Prevention Training will be offered within the first two (2) weeks of orientation of staff.
- Plans to have a safety plan developed for Participants found to be at moderate or high risk of suicide, per the C-SSRS screen. It is unclear if Crisis safety planning would also be available to Participants that don't exhibit or have a history of physical aggression and did not receive a moderate or high risk of suicide from the C-SSRS screen. A Crisis Safety Plan is required for every Participant.
- Describe an evidence-based safety planning approach but did not name the model that will be utilized.
- Referred to crisis follow-up for 60 days is unclear. This is a site-based service; there will not be any reassessment at people's homes. Mobile Crisis follow up is not within the scope of this RFP and is a separate and distinct service.
- Psychiatric nurse practitioner available during daytime and evening hours, with psychiatry available on call 24/7. Med-management provider will provide bridging psychiatry and MAT (medication assisted treatment) and as needed medications.
- Response addresses CIPSS (Certified Intentional Peer Support Specialist) fidelity and IPS (Intentional Peer Support) practices.
- Employ over 40 CIPSS with lived experience navigating challenges related to MH, SU, and life-interrupting trauma.
- Plans to have the same agency team that developed their mobile crisis staff handbook (with operational and clinical procedures adopted from the SAMHSA guidelines) form a policy and procedure development work group prior to the Center opening, to create a Center specific handbook that all staff will read and sign off on.
- Will ensure all staff receive a hard copy of the SAMHSA guidelines for reference.
- Will provide two-hour clinical training in Counseling to Access to Lethal Means (CALM) in addition to the Safety Planning Intervention (SPI) model.
- Details screening and assessment tools and related staff responsibility
- Participants assessed at moderate or high suicide risk, plan to develop a Crisis Plan with these Participants to help stabilize them while at the Center. The service outline in the RFP require that all Participants should be offered a Crisis Plan, not limited to a C-SSRS score.

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D. Other Service Delivery Requirements

- Will provide a summary of ROR to Participant and post a copy of policies and procedures in a location visible to Participants. Unclear if Participant will receive a full copy of ROR.
- Plans to make accommodations to ensure communication barriers are addressed so Participants fully understand their rights. Accommodation details not described.
- Indicates participants will not be restrained or secluded.
- Plans to attend regular liaison meetings with local police and health services to ensure a mutual understanding of roles and expectations; participate in local emergency planning and risk assessment forums; and develop MOUs to formalize collaboration frameworks.
- Staff will be trained in: Mental Health First Aid and Safety Care, including Crisis de-escalation; working effectively with emergency services during high-pressure conditions; and duty of care and legal obligations in emergency situations.
- Response suggests a plan to collaborate with their CCBHC for "weekly rounding work", this is outside of the scope of the RFP and is also inappropriate without Participant explicit consent and Release of Information.
- Facilitation and support of clinically effective decisions via a psychiatric and nurse consultation regarding Participant care, in determining the level of care, and managing complex crisis situations must occur in the moment, during the Participant's stay at the Center.
- Response to assist the Participant in referral and access to housing services through the [Permanent Supportive Housing Program \(PSHP\)](#) is outside of scope

E. Crisis Center Intake and Triage

- Nursing team will complete an initial medical work-up that involves gathering medical history; current medications; current/past providers; blood pressure; oxygen; respirations; and temperature. Unclear how Bidder will address medical screening needs if a nurse is unavailable.
- Did not adequately address how to prioritize the safety and security of the Participant at all times, including relevant training for Center staff to ensure safety and security.
- Plans to have staff document the whereabouts and condition of all Participants every 15 minutes, or more often as clinically appropriate; however, unclear if non-nursing staff will be trained to appropriately observe the Participant's condition(s).
- Unclear if the program has a plan to obtain appropriate approvals per the Department's Division of Licensing and Certification for point-of-care testing.
- If a Participant is sedated, plans to utilize testing for substance determination, did not specify anticipated plan and desired intent as it pertains to substances' testing. Participants are not required to be drug-free to utilize Center services.
- Staff will be trained in Co-occurring disorders /SUD gambling, nicotine addiction and/or eating disorders

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- Plans to streamline Participants struggling “with addiction or co-occurring disorders into [their] CCBHC IOP immediately”. It is unclear if Participant’s choice would be considered in regard to a referral to the CCBHC IOP.
- Response references CCBHC staff and programming, but does not clearly indicate relationship or referral process between Crisis Receiving Center services.
- Response to providing on-site Crisis assessment and triage 24/7/365, did not specifically address providing triage to all Participants seeking walk-in Crisis Center Services.
- Will refer to a separate triage department for triage needs, however, this is outside the scope of the RFP and refers to a separate and distinct service (Mobile Crisis). Triage is required on-site, at the Center.
- Plans to have at least one crisis worker available per shift, this staffing pattern will not meet the need of 24/7/365 on-site Crisis assessment and triage needs.
- Is part of the co-occurring learning collaborative and will receive special training in assessing, diagnosing, and treating co-occurring disorders but lacks details about the practical application of this training for CRC participants.
- Bidder currently has 17 OPTIONS workers and 6 recovery coaches
- Plans to “immediately refer Participants who have substance use or co-occurring disorders into [their] CCBHC by having a care coordinator visit the Participant prior to their discharge from the crisis receiving center to ensure a warm hand off.” Participant’s choice is not indicated, and Crisis Center services must be completed by Center staff only.
- “Upon entering the Crisis Receiving Center, a Participant will sign an authorization for release of information for primary care providers and/or specialty care providers.” Did not address if Participants are able to decline signage of the authorization for release of information (i.e., Participant consent).
- Will work with health systems to expand MOAs

F. Crisis Plan Development

- Does not address consent of minors or situations when parents/guardians are not safe or appropriate to have those plans shares.
- Indicated crisis plans will offer “resources” for each participant
- Plans to have supervisors audit and review Crisis Plans to ensure important community resource components are adequately addressed.

G. Outpatient Chairs

- Stated the Behavioral Health Assessment will consist of the following brief inventories and assessments: PHQ9 depression inventory; GAD 7; VA’s PTSD Screening; C-SSRS; and “AC OK”. In Bidder’s response to provide all services in a person-centered, trauma-informed, comfortable, calm, and safe environment (Part II, C.1.), stated intention to use the PHQ9, GAD 7, VA’s PTSD Screening, SBIRT, and the C-SSRS. The response in this section is unclear if the evidence-based SBIRT tool will be used for assessments.

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- Plans to provide access to daily drop-in groups is outside of the scope of this RFP.
- All Participants will complete a Behavioral Health Assessment as a triage tool by either nursing staff or a CSP.
- No plan identified for individuals whose Crisis has not been stabilized within 23 hours to transition to the next appropriate level of care.
- Response lacks detail to ensure Participants who utilize an Outpatient Chair have access to clinical consultation and crisis assessment 24/7/365 or medical triage by qualified staff before determining whether a participant requires a higher level of care

H. Additional Crisis Services for Transition Age Youth

- Transition to Independence Process is a case management evidence-based practice not a crisis modality.
- The National Technical Assistance Center on Transition is focused on school and vocational support, not SED/SMI crisis needs.
- Will deliver developmentally appropriate services to transitional age youth ages 16-25, however, the service population to be served by the Center includes those fourteen and up.
- Plan to use the same screening and assessment tools that will be used for adults, with the addition of the ACOK adolescent screening tool. Unclear if the “VA’s PTSD” Screening tool and PHQ9 are appropriate for use with youth aged 14-17.
- Nurses will seek consultation on eating disorders.
- Plan to include transition aged youth for multidisciplinary rounds and seek case consultation with New Beginnings, schools, and Transition Age Youth’s family. Did not address ensuring applicable consent.
- Indicates focus on the co-creation of crisis and treatment planning.
- Plans to also provide “frequent follow up engagement” after the Crisis has resolved through check ins with the Participant and family over the phone, via telehealth and/or in-person. This is a site-based service and follow up outside of the Center is outside the scope of this RFP.
- Indicates commitment to include family and guardians in crisis planning as well as follow up. Response lacks detail related to operationalizing.
- Response does not address delivering de-escalation skill-building during a crisis event. Focus appears to be on congregate setting opportunities after a crisis event.
- Plan to integrate elements of DBT, CBT, MI, and Stages of Change to promote emotional and behavioral functioning
- Committed to the development of advisory boards that include youth on the boards, will elicit their feedback and include such in meeting the needs of Participants accessing services.
- Response does not address safety planning to address situations that may lead to future crises

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I. Telehealth

- Did not address providing appropriate Crisis Services through Telehealth when Participants are physically present at the Center, when applicable and clinically appropriate, and only when psychiatric and/or nursing staff are not available on-site.
- Did not address if the Telehealth rooms have sufficient space for the Participant's family and/or other natural supports.
- Mobile crisis staff will be redirected to CRC, which is outside the scope of this RFP.

J. Linkages and Warm Handoffs

- Minimal response provided as it pertains to provision of continuous support for the Participant during transition to the next level of needed services or linkages to referrals for community-based resources. Response focused solely on available services by the agency (CCBHC and Crisis Residential Units)
- Indicated immediate access to services upon discharge from CRC however, does not indicate how Participant will be supported when there is a wait list for community-based services.
- Plan to offer groups on various topics and in various modalities to provide support as participants transition to community-based services – unclear if this is appropriate given the nature of services requested in this RFP.
- Plan to have CCBHC care coordinator visits CRC – unclear if this is a reliable expectation during all hours of CRC operation.
- Did not address how center and center staff will promote use and linkage with the Statewide Crisis Hotline within the Center.
- Minimal response on how the Center will coordinate Crisis Services with community-based BH providers.
- Makes no mention of coordination with the OADS crisis team to assist with ID/DD and brain injury services.
- It is unclear if Center staff will be assisting with referrals to substance-related services, or if this will only be completed by other agency staff located in other agency programs (agency's OPTIONS liaisons and recovery coaches).

K. Staffing Requirements

- Identify appropriate staff required within the RFP.
- The amount of FTE indicated does not adequately meet 24/7/365 Crisis Center needs.
- All staff receive background checks as part of their hiring process, including verifying active and in good standing licensures during their hiring process.
- Stated they use ALMS online to verify licensure or credentials of a new hire.
- Plans to have employees complete one (1) week of on-the-job training at the program level, to include shadowing the position they have accepted. it is unclear

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what specific position would be shadowed (e.g., if shadowing is intended to occur in a different agency program/service).

- Organization's attrition rate is 21%, less than the average 30% rate that is common in behavioral health.
- All training is documented in the staff personnel record, and documented competency will be completed and on file; with training documents and records available as requested
- Will offer training institute workshops for all employees in addition to regular trainings
- For retention, in addition to retention bonuses, will use monthly wellness and team-building activities; employee discounts; clinical supervision; and reimbursement for licensure fees.

L. Staff Training Requirements

- Support meeting the CIPSS training requirements embedded in onboarding and supervision process utilizing the required tool, however, did not explicitly address meeting some specific timelines.
- Listed orientation elements, which included language stating "currently we don't work with an elderly population". As the Center will be available to any individual aged fourteen (14) and up, it is unclear of the intent on adding in orientation training regarding working with an older population, to ensure appropriate service provision at the Center.
- Naloxone administration training provided within 2 weeks of hire date and required before serving in Center role.
- Indicates commitment to CIPSS managers training, and indicates CIPSS receive weekly supervision in alignment with IPS fidelity.
- All staff will complete the training plan prior to working with Participants
- Has an established training department and will develop CRC specific training plans based on the SAMSHA crisis service model upon award

M. Other Staff Engagement Requirements

- During monthly meetings, plans to have a designated time for "Peer Supporters" to share challenges or concerns that may need to be communicated to clinical teams, ensuring insights contribute a more holistic approach to care.
- Plans to have their Director of Crisis Services schedule monthly staff meetings, with attendance taken and a standard agenda created, including operational issues and needs, other administrative topics such as scheduling, and reviewing status on key performance measures including Participant outcomes and required performance measures.
- Second part of monthly meeting will be dedicated to discussing Participants that utilize the Center on a frequent basis, with case reviews led by the PNP, and care team members to provide input regarding barriers and challenges impeding

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reduction in use of this level of care and will create solutions for Participant success together.

- High utilization Participants will be brought to their High Utilizer of Emergency Services (HUEs) meetings. Unclear if the HUEs model is an appropriate model for addressing high utilizer(s) of CRC services.
- Plans to have team meetings follow a structured format respecting the role and scope of Peer Support Specialists, while fostering collaboration with clinical teams.
- Plans to have Peer Supporters excuse themselves from the meeting prior to discussions shifting to clinical, diagnostic and treatment-related topics to reinforce the integrity of peer support, while allowing for effective communication and collaboration between peer and clinical teams.
- Plan to leverage organizational trainers to support ongoing training, co-reflection, and regular supervision.
- Plan to train all Center staff on the role of Peer Support staff to ensure appropriate integration of role.
- Plan to utilize agency's Communications Dept to ensure engaging signage for increased awareness of peer support connections.
- Plan to market Peer Support line as additional peer service available to participants.
- Inclusion of Peer Support role aligns with fidelity of IPS.
- Peer Support Specialists will work closely with the members of the clinical team.
- Will have peer support be fully voluntary and Participant-driven.

N. Administrative Requirements

- Demonstrated commitment to all Policies, Procedures, and Protocols requirements.
- Provided a detailed Community outreach/engagement/marketing plan
- Stated their Quality Team (Director of Quality, Quality Improvement Specialist and Clinical Quality Improvement Specialist) will work with program leadership to identify and develop Quality metrics for the program, with potential Quality metrics listed.

O. Performance Measures

- Response includes process for assuring accuracy and timeliness of reporting.

P. Reports

- Provided a detailed, comprehensive response.

2. Staffing

- The registered nurse job description specifically refers to "previous experience working with adults with serious and persistent mental illness preferred". The anticipated service population for Crisis Center includes those aged fourteen (14) and older, and is not specific to Adults, only.
- Crisis Center services are a separate and distinct service from CCBHC and CCBHC staff should not be included in the staffing plan for the Crisis Center.

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COUNTY: Androscoggin County

BIDDER: Sweetser

DATE: June 9, and 11, 2025

- The anticipated staffing plan schedule, excluding CCBHC staff, does not meet 24/7/365 service requirements.
- Did not include position titles and time allocation for multiple positions provided in job descriptions
- Lack of identification of who the on-site Center Leader will be available daily for center oversight.

3. Implementation - Work Plans

- Construction/renovations work plan was provided in a timeline chart with program and development tasks described and the position responsible indicated.
 - The construction/renovation timeline begins 3/3/2025, which is approximately three (3) months prior to the initial period of performance (8/1/2025). Due to this, the specific anticipated timeframe for various activities is unclear.
 - Work plan included a black diamond icon for some specific tasks; a key was not provided to explain the significance of this black diamond icon.
 - Will utilize "construction contractors".
- Receiving Center Services work plan was provided in a timeline chart with program and development tasks described and the position responsible indicated.
 - The program implementation timeline begins 3/3/2025, which is approximately three (3) months prior to the initial period of performance (8/1/2025). Due to this, the specific anticipated timeframe for various activities is unclear.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers

COUNTY: Androscoggin County

BIDDER: Sweetser

DATE: June 9, and 11, 2025

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal		
a. Proposed Start-up Costs	15.00	15.00
b. Crisis Center Services Costs	15.00	10.56
c. Budget Narrative	5.00	2.00
Total Points Available for Cost	35.00	27.56

Lowest Submitted Proposed Start-up Cost Proposal	÷	Start-up Cost Proposal Being Scored	x	Score Weight	=	Score
\$599,795.00	÷	\$599,795.00	x	15.00 points	=	15.00

Lowest Submitted Crisis Center Services Cost Proposal	÷	Crisis Center Services Cost Proposal Being Scored	x	Score Weight	=	Score
\$2,031,815.00	÷	\$2,887,257.00	x	15.00 points	=	10.56

Evaluation Team Comments:

- Unclear why staff are budgeted for the initial 3 months of the start-up with no clients being served
- Program activity appears heavy in year one

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers

COUNTY: Penobscot County

BIDDER: Community Health and Counseling Services

DATE: June 16, 2025

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Casandra Manson

Names of Evaluators: Michael Freysinger, Anna Ko, Ellie Larrabee, Adrienne Leahey, Brianne Masselli

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	20.00	N/A
Section III. Proposed Services	45.00	N/A
Section IV. Cost Proposal		
a. Proposed Start-up Costs	15.00	N/A
b. Crisis Center Services Costs	15.00	
c. Budget Narrative	5.00	
Total Points Available for Cost	35.00	N/A
<u>Total Points</u>	<u>100.00</u>	N/A

The Department conditionally awards Community Health and Counseling Services as the Sole Bidder for Penobscot County. The Proposal was evaluated but not scored.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers

COUNTY: Penobscot County

BIDDER: Community Health and Counseling Services

DATE: June 16, 2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information - Eligibility

Evaluation Team Comments:

Provided a current MaineCare Provider Agreement and a current Mental Health Agency license through the Department's Division of Licensing and Certification's Behavioral Health Program.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers

COUNTY: Penobscot County

BIDDER: Community Health and Counseling Services

DATE: June 16, 2025

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

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Has been providing Mental Health (MH) services for 67 years• Currently offering services in seventeen (17) locations• Has provided Crisis services for sixty (60) years, and currently provides Mobile Crisis services and crisis stabilization services for both adults and youth• Licensed to provide both MH and Substance Use Disorder (SUD) services• Has relationships between current crisis services and other community-based services allowing agency to provide warm handoffs for crisis service utilizers.• Demonstrated understanding of the importance of least restrictive options for crisis resolution keeping participants in the community• Involved in several pertinent community collaborations and initiatives• Provided three (3) relevant projects:<ul style="list-style-type: none">○ Project 1 – Children’s Behavioral Health Urgent Care Unit○ Project 2 – Mobile Crisis and Crisis Residential contracts with DHHS○ Project 3 – CCBHC
2. Subcontractors
<ul style="list-style-type: none">• Did not include Appendix E, it is unclear if subcontractors would be utilized.
3. Organizational Chart
<ul style="list-style-type: none">• Project team members identified within organizational chart
4. Litigation
<ul style="list-style-type: none">• Provided as required.
5. Financial Viability
<ul style="list-style-type: none">• Financial statements provided as required.• Provided a sustainability action list.
6. Certificate of Insurance
<ul style="list-style-type: none">• Provided on a standard ACORD form.• Workers’ compensation insurance expired as of 12/31/2024.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers

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BIDDER: Community Health and Counseling Services

DATE: June 16, 2025

**EVALUATION OF SECTION III
Proposed Services**

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none">• Will be located at the current main office located in Bangor, with a separate entrance• Addresses furniture, light, and separate spaces for one-on-one meetings with soft music and meditative tools• Large private spaces to accommodate family participation• Kitchenet available to participants• Addresses confidentiality and technology for telehealth• Will have a smaller living room space available for Transition Age Youth (TAY)• Will have a trauma-informed focus• Plan to have "some chairs in a group setting while others in more private rooms", it is unclear how privacy and confidentiality would be maintained for group setting chairs.
B. Crisis Center Standards, Licensing, and Operations
<ul style="list-style-type: none">• Currently has, and will maintain, appropriate licensure, insurance, and status as a MaineCare provider• Is a tier 2 naloxone distributor• Has existing MOUs through CCBHC, and community provider partnerships to be formalized as MOUs if awarded• Has positive working relationships with local law enforcement and corrections• Existing relationship with Genoa pharmacy; located within the agency, and plan to employ prescriber if awarded; Genoa has access to e-kits (locked boxes) for safe storage and access of non-controlled emergency medications; with the expectation that prescriber's orders will be sent to the pharmacy within seventy-two (72) hours post administration.• Has existing collaboration with local SSPs• Will refer adults and youth to mental health and medical support for follow-up care• Children's Behavioral Health Urgent Care Clinic through their CCBHC can provide warm handoffs to the community from the Center for Transitional Age Youth under eighteen (18).

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- It is unclear during normal CCBHC business hours, how those fourteen (14) and older will be served between the Crisis Center, the CCBHC, and the Children's Behavioral Health Urgent Care.

C. Crisis Service Delivery Methodology

- Provided minimal details to providing all services in a person-centered, trauma-informed, comfortable, calm, and safe environment
- Will empower Participant to use their "voice".
- Demonstrated the understanding that no two crises are alike and individuals are empowered to make informed and independent judgments about their own lives
- Committed to providing Crisis intervention services, including de-escalation and crisis safety planning but offer few details on operationalizing.
- Indicates experience providing psychiatry but does not address how Clinical consultation through an on-call psychiatrist or a psychiatric nurse practitioner would provide.
- Currently utilizes on site and telepsychiatry for earlier stabilization and with the ability to provide medication treatment needed to stabilize the crisis.
- In addition to regular supervision, plans to have Peer Support Specialists participate in a weekly peer-facilitated support group to learn, and provide and receive support.
- CIPPS certification will be completed within six months of employment
- Plans to have at least one (1) Peer Support Specialist on 24/7 to meet with Participants individually, offer groups, and assist with warm handoffs to community supports. The specific anticipated staffing structure for the Peer Support Specialist position is unclear.
- Offers limited detail on application of peer support.
- Indicates Agency values align with SAMHSA Practice Guidelines for responding to crisis, but offers few details related to operationalizing.
- Individually addressed the ten (10) Core Elements in responding to Mental Health Crises.
- Utilizes CIT (Crisis Intervention Trained) officers for wellness checks.
- Mobile Crisis team will provide training to MHRT/CSP nursing, psychiatric, clinical, and program supervisors on safety planning.
- Did not address if the Mobile Crisis team will have the appropriate train-the-trainer credentials.

D. Other Service Delivery Requirements

- Has an established relationship with police, EMS, and hospital personnel.
- Has access to psychiatrist 24/7 and will have a medical prescriber and nurse on staff to provide in person and/or telehealth consultation and treatment.
- As the local administrator for permanent supportive housing, staff will be trained to complete coordinated entry assessment.

E. Crisis Center Intake and Triage

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TEAM CONSENSUS EVALUATION NOTES**

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- Medical triage will be provided by nursing staff as clinically indicate on site 7 days a week from 7a-7p and via telehealth 7 days a week 7p-7a. Participant whose triage indicates need for medical screening, but not immediate emergency medical evaluation, will receive screening by nursing staff in collaboration with psychiatry Monday through Friday 8a-5p. Outside of these hours on call psychiatry will be consulted via telehealth.
- Did not specifically address exploring whether a Co-occurring physical or SUD is present, question the possibility of the presence of less commonly recognized Co-occurring disorders, such as gambling, nicotine addiction and/or eating disorder.
- Provided limited details to providing on-site Crisis assessment and triage 24/7/365 to all Participants who are seeking Crisis Services.
- Provided limited detail to ensuring Participants assessed/identified as meeting the criteria for SUD, are referred to SUD treatment, Recovery, harm reduction supports, and/or the Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) program based upon the Participant's preference.
- Provided limited detail to obtaining information related to the Participant's physical healthcare, including contact information for their primary care provider, and a complete inventory of medical and psychiatric diagnoses, hospital admissions, and current medication, when appropriate and with Participant consent.

F. Crisis Plan Development

- Committed to developing a Crisis Plan or review and refine an existing Crisis Plan (as applicable) for each Participant but minimal details provided.
- Provided limited details to developing a Crisis Plan or review and refine an existing Crisis Plan (as applicable) for each Participant but minimal details provided.
- Crisis Planning relies on reviewing services that participants have experienced prior to contact with CRC (Crisis Receiving Center) staff, and does not address necessary services a participant may not have tried. Response does not address reengagement with individuals when services have not been as successful as desired.

G. Outpatient Chairs

- Plans to have participants welcomed by a Peer Support Specialist and given a tour of the Center, upon arrival.
- Will utilize ED (Emergency Department) to wait for higher LOC (Level Of Care). It is expected that the Center or other Crisis service would be utilized as an alternative to the ED should there be no medical screening needs indicated.
- Indicated an understanding that healthy foods are essential, including for purposes of ensuring medications are absorbed better, and physical and cognitive functioning can be strengthened through healthy foods.

H. Additional Crisis Services for Transition Age Youth

- Staff are trained in Children in Families, Grief, Loss and Separation, Intellectual Disabilities 101, Autism, Adolescents with or without ADHD and Substance Abuse,

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

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Systems of Care Principles, Social and Emotional Learning, and Cultural Competency

- All Crisis Staff are trained in Trauma Principles; Trauma-Informed Behavior Management; Lethal Means; Co-occurring Disorders; and Recovery Principles.
- All interventions provided are developmentally appropriate and individualized to the needs and abilities of the youth.
- Minimally addressed proposed CRC operations.
- Provided minimal detail to screening Transition Age Youth for suicide risk, trauma exposure, substance use, exposure to violence, early warning signs of mental illness, eating disorder, and/or other clinical presentations.
- Did not address including the Transition Age Youth's family in all aspects of planning, treatment, and discharge planning, with applicable consent.
- Will work with the participant to find his or her own hope and solution
- Provided minimal detail to empowering Transition Age Youth to monitor, manage, and cope with situations that may lead to future Crises.

I. Telehealth

- Met requirements

J. Linkages and Warm Handoffs

- Center staff will coordinate and collaborate with their internal Children's Behavioral Health Urgent Care Clinic and CCBHC, when appropriate and agreed upon by the participant.
- Participants will be supported by mobile crisis teams for further support upon making referrals to higher or lower levels of care.
- Will coordinate with their Mobile Crisis team for discharge planning and follow up services, as appropriate.
- If a participant at the Center needs further stabilization after twenty-three (23) hours, will have the Crisis worker facilitate a referral to the appropriate Crisis stabilization unit and coordinate a warm handoff for care continuity.
- Will utilize signage and crisis cards in addition to education.
- Minimal response to providing coordination services after treatment via Warm Hand-offs, including but not limited to local Recovery centers, hypodermic apparatus exchange programs, SUD treatment, and Recovery residences.

K. Staffing Requirements

- Did not provide a response to employing and/or contracting an adequate number of staff to provide in person 24/7/365 Crisis Services this item and instead directed the reader to Attachment 9 – Staffing Plan.
- Weekend clinical staff only include a "NURSE B", with "SUPERVISOR", "CLNICIAN", and "PSYCHIATRIC PROVIDER" working Monday through Friday, from 8am to 4pm ("SUPERVISOR" only) or 5pm. On call clinical support is indicated for the full week.

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- It will not be sufficient clinical staff to support clinical needs during weekend hours where only one (1) "NURSE B" and the "ON CALL Clinical Support" are the only clinical staff available.
- The indicated "ON CALL Clinical Support" position is unclear.
- Staffing Plan indicates plan to have one (1) "MHRT/CSP" and one (1) "PEER" every hour on the weekend, with more "MHRT/CSP" and "PEER" working from Monday to Friday.
 - One (1) MHRT/CSP and one (1) PEER working on the weekend will not be sufficient staffing to meet weekend Center Participant needs.
- Did not address process for verifying licensure following initial hire.
- Response related to peer credentialing does not meet requirement.
- Plans to have capacity to provide coverage for Center positions during vacation, sick time, and other absences, but it is unclear how capacity will be ensured.
- Plans to follow protocols currently in place, including cross training staff from other programs (e.g., cross training with Mobile Crisis workers, Crisis residential staff and other agency staff).
- Plans to have new staff participate in an extensive one (1) week on-site orientation period that includes training, presentations, reading and/or viewing a wide range of topics, and job shadowing. No further details provided related to ongoing staff training.
- Minimal detail provided pertaining to staff retention.
- Work closely with many universities and colleges, and are a frequent host for Social Work students completing required internships.

L. Staff Training Requirements

- Committed to ensure employed/contracted staff who intend to provide Crisis Services as a Certified Intentional Peer Support Specialists (CIPSS) work toward obtaining and maintaining certification as CIPSS according to requirements as defined by the Department, but provided limited details.
- Committed to ensuring employed/contracted staff receive in-person training on how to administer Naloxone, provide basic first aid and CPR, and recognize the signs and symptoms of overdose, Supervising Peer Support Specialists take the appropriate Department-approved training for Peer Support supervision, prior to providing supervision, follow the relevant training timeline indicated in 10-144 C.M.R. Chapter 123, regardless of position, and receive the Critical Incident Training offered through the Department's Administrative Services Organization, Acentra Health, Training & Resources, Critical Incident Training video, but provided minimal details.
- Did not indicate types of topics of training, or the requirements of SAMHSA Crisis Service Model.
- Provided minimal details to ensuring all direct service and clinical staff complete required training.

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TEAM CONSENSUS EVALUATION NOTES**

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M. Other Staff Engagement Requirements

- Response to holding monthly Crisis Center staff meetings lacked detail; however, intends to hold weekly staff meetings as opposed to monthly.
- Anticipated plan for Peer Support staff involvement in monthly staff meetings aligns with peer fidelity.

N. Administrative Requirements

- Provides minimal detail to the Policies, Procedures, Protocols requirements, beyond a commitment to developing policies within 6 months of the initial period of performance.
- Committed to meeting the Critical Incident Reporting requirements but provided minimal detail.
- A tracking system will be built within the existing EMR; however did not articulate a timeline and what other referral details would be include within the tracking system.
- Response to Records Management requirements provides minimal detail
- Utilizes MyEvolv for her, will be implementing a more robust EHR
- Did not address Risk Assessment Policy and Procedures; and Vulnerability Scanning Procedures.
- Community outreach staff are employed within the current crisis services programming.
- Did not describe anticipated plan for monthly public education and promotional activities.
- Utilizes QuestionPro survey tool, minimal details provided for ensuring quality assurance
- Committed to ensure the Department is notified ahead of time for all stakeholder group meetings and providing ad-hoc reports to the Department regarding Bridge Services provided, as requested.

O. Performance Measures

- Met requirements

P. Reports

- Met requirements

2. Staffing

The actual anticipated number of staff, hours worked per staff, and associated cost is unclear based on inconsistent responses provided in the proposal, organizational chart and the cost proposal

- CRC Program Supervisor will hold a MHRT/CSP
- Peer position are required to hold high school diploma/GED. However, the CIPSS certification does not require a high school diploma/GED for attainment.
- CRC crisis worker requires associate's degree or equivalent and MHRT/CSP
- All positions include responsibilities and minimum qualifications

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- An intake/administrative support position was included in the cost proposal and budget narrative; however, a job description was not provided.
- Crisis Receiving Center Program Supervisor-minimum of bachelor's degree
- No indication of subcontractors/consultants being utilized.
- Matrix indicated 2 nurses while organizational chart indicated 3-4
- Staffing plan indicates psychiatric provider on site 40 hours per week, M-F
- Staffing plan indicates Nurse on site 7 day/week 8am-5pm - unclear how nursing services to be provided outside of hours listed – no nursing or psychiatric services indicated as on-call
- Staffing plan indicates minimal staff during certain days/time of the week. It is unclear if this staffing pattern is sufficient for the services requested in this RFP
- Staffing plan only indicated anticipated hours to be worked each week, specific FTE per each staff person was not explicitly indicated.

3. Implementation - Work Plans

- The construction/renovation work plan was provided with month, task, and position responsible indicated.
 - Plans to issue an RFP for an architect during “Month 1” and to award an architect contract in July 2025. The RFP indicates the initial period of performance resulting from this RFP would start August 1, 2025.
 - Plans to issue an RFP for construction work in late September 2025, with an award for a construction contract in October 2025 and construction work to begin late October/November 2025. However, did not indicate a plan to use a subcontractor in their proposal.
 - Anticipates construction/renovation to be completed in July 2026.
 - Did not specifically describe renovation tasks.
- The implementation work plan for the Center was provided with month, task and position responsible indicated.
 - First task is to develop program specific policies and procedures from February 2026 – April 2026.
 - Licensing and MaineCare requirements will be addressed in February 2026.
 - Plans to advertise, interview, and hire Center staff in April 2026.
 - Plans to have pre-operational staff training in July 2026, with the services beginning in August 2026.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

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**EVALUATION OF SECTION IV
Cost Proposal**

Start-up Costs	Crisis Center Services Cost Proposal
\$950,000	\$2,081,039

Evaluation Team Comments:

- Plans to have a Registered Nurse staff the morning shift seven (7) days per week. Has a plan for individuals that remain from late evening/overnight admission to receive an in-depth nursing assessment during the day. This is a 24/7/365 service, and an in-depth nursing assessment must be available 24/7/365.
- \$92,880 in architecture/plan costs for start-up.
- Budget form indicates \$29k for purchase of recliners at 8 x \$3,000, but the actual cost should be listed at \$24k using those figures – budget narrative indicates a cost of \$2,500 per chair x 8 for a total cost of \$20k – unclear actual costs of recliners.
- Budget narrative indicates \$10k for sign on bonuses, but unclear which positions these are intended to support.
- Budget narrative indicates \$5,300 in pre-operational trainings for staff, but specific trainings are not identified.
- Form 1 – revenue – left blank in budget proposal for service delivery.
- Form 2 – expense – indicates \$2,081,039 in total expenses during initial period of performance.
- Budget narrative indicates 14 FTE to operate CRC 24/7/365 – however, staffing chart included in budget narrative includes over 20 FTE.
- Personnel section of budget proposal – form 3 – indicates 19.23 FTE's – unclear if this refers to year 1, yr 2, or 24 months.
- Form 5 – expense detail – indicates \$7,000 for training and education at a rate of \$400/FTE equaling 17.5 FTE.
- 17.03% indirect rate indicates in budget form 4.
- Budget narrative indicated 1.0 FTE for the intake/administrative support position; however, the Center Cost Proposal indicated 3,120 hours for the position, which would equal to about 1.5 FTE.
- The number of staff and anticipated costs associated with start-up and operational needs is unclear as it pertains to the timeline of activities.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers - Androscoggin County

BIDDER NAME: Spurwink Services

DATE: 5/16/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: OBH

Individual Evaluator Comments:

Part I. Preliminary Information

Eligibility Requirements

- Bidder indicates that they meet both eligibility requirements and include supporting documentation that appears to confirm this assertion.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Indicates operation of Crisis Receiving Center in Cumberland County since 2022. Reports that between opening in 2022 and by the end of 2024, 2,400 individuals have been served in this Center.
- Indicates agency has been providing behavioral health services for 65 years
- Indicates agency is licensed at a number of levels in excess of the eligibility requirements required by this RFP
- Response indicates a wide variety of services provided by this agency, including both children's and adult services based both in the community and residential settings
- Response describes commitment to recovery and co-occurring disorder services, as evidenced by their award of a CCBHC SAMHSA grant and residential treatment facilities designed to treat co-occurring disorders
- Response indicates client engagement through two consumer advocacy boards and the employment of individuals with lived experience in peer Recovery Coaching, Certified Intentional Peer Support Specialists, and Family Support Partners
- Indicates experience managing grants ranging from \$1.6 - \$20 million
- Indicates availability of location in Lewiston at 1155 Lisbon St, as proposed location for Crisis Receiving Center, which provides an array of behavioral health services, is well known in the community, and has entry through separate doors from other services.
- Indicates that due to experience operating Crisis Receiving Center in Portland, agency has plans for adjustments which would both improve service delivery and allow them to launch more quickly than a provider who lacks this experience
- Project 1 – Crisis Receiving Center Portland: Same service as requested in this RFP - relevant

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: 5/16/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: OBH

<ul style="list-style-type: none">• Project 2 – Community Outreach Programs, Lewiston: A) Project Support You – First Responder ride along responding to behavioral health needs – B) OPTIONS – overdose response, follow-up, and outreach – C) Harm Reduction and Syringe Exchange programs – D) Community Health Worker programs – relevant• Project 3 – Community based adult behavioral health programs - relevant
2. Subcontractors
<ul style="list-style-type: none">• CAP Services, LLC – pre-construction budget and scope of work for renovations to potential Center site
3. Project Team Organizational Chart
<ul style="list-style-type: none">• Org chart includes structure and titles from agency board to project team positions, but does not identify the number of each positions listed for this project – unclear how many of each position listed or total number of staff dedicated to this project
4. Litigation
<ul style="list-style-type: none">• 9 total cases reported• 5 cases currently in litigation• 4 cases settled with payouts
5. Financial Viability
<ul style="list-style-type: none">• Audited financial reports for years 2022-2023 and 2023-2024 included, which appear to demonstrate financial viability
6. Certificate of Insurance
<ul style="list-style-type: none">• Insurance certificate included and valid

Part IV, Section III Proposed Services
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ol style="list-style-type: none">1. It indicates that the agency will construct Center to comply with requirement to separate transition age youth from adults by sight and sound, providing total of eight (8) outpatient chairs with two (2) reserved for transition age youth and six (6) reserved for adults. Response provides no detail on the physical design for this requirement2. Indicates space will be designed as an ‘open and airy’ environment, and that layout will be based on trauma-informed principles, providing comfortable and inviting spaces in both the milieu and private meeting space3. Response includes a list of specific plans to meet the requirements of 1 a. – h.

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INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Spurwink Services

DATE: 5/16/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: OBH

4. Location for proposed service has entrance separate from other services provided at this location

5. Response meets requirements for this section

B. Crisis Center Standards, Licensing, and Operations

1. Meets requirements

Includes sample language for MOU's, and names several community partners who the agency indicates they have communicated with and/or are already collaborating with, related to the provision of this and other services in the area to be served

Indicates partnership with pharmacy already in place at proposed location

Detailed response

2. Indicates agency is currently offering this service in another community, providing 24/7/365 services. Indicates the current model will be replicated with minor adjustments due to less funding for the service proposed in this RFP
Response does not address co-occurring capabilities, save a reference to Maine Licensing requirements

Met requirement

C. Crisis Service Delivery Methodology

1. Met requirement

2. Indicates experience operating a Crisis Receiving Center in Cumberland County along with other acute treatment services

Indicates transition from using Therapeutic Crisis Intervention model to Mandt system for crisis intervention. Also references use of Trauma System Therapy for Refugees

Indicates ongoing coaching for staff in the use of crisis intervention models and support around secondary trauma exposure

Indicates Stanley-Brown Safety Planning system used – all staff to be trained in this model

3. Plan to have a Psychiatric Nurse Practitioner on call with an opportunity for additional on-call support from supervisors/Director

I – Weapons restriction not a part of this contract – unsure hat this is referencing

4. Plan includes at least one Certified Intentional Peer Support Specialist on site at all times, 2 CIPSS during most hours – meets requirement

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers - Androscoggin County

BIDDER NAME: Spurwink Services

DATE: 5/16/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: OBH

- | |
|---|
| <ol style="list-style-type: none">5. Met requirement
Agency included positive responses from client satisfaction survey from Cumberland County Crisis Receiving Center6. Indicates plan to use Stanley-Brown Safety Planning system
Meets requirement7. Indicates plans to use the Columbia Suicide Severity Scale, and experience using this tool operating the Crisis Center in Cumberland County
Indicates appropriate use of C-SSS to determine appropriate level of care, and includes other services provided by this agency and within its collaborative network in the target area to support the provision of this care when necessary |
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D. Other Service Delivery Requirements

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| <ol style="list-style-type: none">1. Plan to provide summaries of rights to each participant
Meets requirement2. Indicates existing relationships with local first responders in the target area which agency will continue to leverage in support of the services proposed in this RFP
Indicates Androscoggin County Sheriff and Maine Dept of Corrects have provided letters of support indicating agency is their preferred agency for crisis related services.3. Nurse available 16 hours/day (7am-11pm) and Psychiatric Nurse Practitioner available on call outside of those hours4. Meets requirement |
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E. Crisis Center Intake and Triage

- | |
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| <ol style="list-style-type: none">1. Response includes 15-criteria list referred to as 'screening for medical necessity' form.
Response does not address sections 1, b., 1 i-iii
Response indicates 'screening for medical necessity' form may be completed by MHRT-CSP or a clinician with CRMA certification, as there is a plan to always have someone with CRMA certification or nursing licensure on staff.2. Indicates experience using the AC-OK in tandem with other screening and assessment tools to provide a holistic approach to meeting the needs of guests at the Center3. Plans to use PHQ-9 and Columbia SSRC within 2 hours, document if assessment not completed within 4 hours and observe and document behavioral changes is Mobile Crisis assessment provided within past 24 hour period. |
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INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers - Androscoggin County

BIDDER NAME: Spurwink Services

DATE: 5/16/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: OBH

4. Response indicates this agency directly provides OPTIONS, Harm reduction and syringe exchange services in the relevant community, and also lists 9 agencies in the area providing relevant SUD related services with established partnerships for referrals in support of Center guests
5. Response indicates plans to collect the pertinent information during a trauma-informed initial assessment process
Releases of information will be gathered and executed in order to collect additional information related to history of prior diagnosis and treatment

F. Crisis Plan Development

1. Plan to use Stanley Brown Crisis Plan
Response enumerates steps common in basic crisis planning
Indicates each guest and relevant providers will receive copies of crisis plan in accordance with agency practices related to consent to release information
2. Indicates strong relationships with local providers I a number of fields which bidder states they plan on leveraging to ensure participants have access to additional resources in support of their crisis planning
Although the response states the crisis plan will indicate these additional resources, the response does not provide detail on how the bidder will solicit these needs from participants
3. Response indicates bidder will obtain a release of information and call providers to obtain additional information and collaborate on participant treatment

G. Outpatient Chairs

1. Plan to complete renovations at identified location to provide eight (8) outpatient chairs in a private space adjacent to central common space
Design allows participants flexibility to participate in common area activities and interactions with others, while receiving clinical services in private
2. Indicates plan to offer assessments 24/7/365 and to offer on-call clinical services 24/7/365
Indicates Psychiatric Nurse practitioner on-call after hours
3. Response indicates plan to have pantry and refrigerator on site to meet this requirement
Indicates participants free to access these items as needed, and that staff offer sandwiches and snacks to make participants feel welcome

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H. Additional Crisis Services for Transition Age Youth
<ol style="list-style-type: none">1. Plan for all staff at Center to receive training on Transition aged youth within 60 days of hire via Relias training platform – several modalities named in proposal, including modalities in youth suicide prevention In addition to creating sight and sound barrier for clinical chaors reserved for youth, naïve youth presenting at Center may be served in another space in the building2. Plans to use AC-OK, PHQ-9, and Columbia SSRC to evaluate Transition Aged Youth for suicide risk Plan for staff to receive training in youth and family engagement and developmentally appropriate treatment of youth3. Plan to use evidence-based assessment tool as part of a holistic approach Plan to use trauma-informed and person-centered approach to include youth’s perspective in all facets of assessment and planning – parent or guardian to be included in this process Crisis planning to be co-developed in a interpretive summary to explore underlying factors influencing difficulties and informing treatment planning4. Family engagement offered with consent when safe and appropriate Information to be shared with youth related to disclosure of information to parents/guardian The stated goal of intervention is to provide least restrictive setting, includes coordination with cohabitants regardless of familial status5. Plan for all staff to be trained in first three (3) steps in Mandt system, which can be taught to transition aged youth and their families as part of discharge planning process6. Plan to assess needs through conversation between clinicians and participants, and suggests the use of music, movement, arts-and-crafts, and positive relationships as tactics to support emotional and behavioral functioning7. Plans to provide each young person with a person-centered crisis plan which will include strategies to utilize in future crisis-inducing situations
I. Telehealth
<ol style="list-style-type: none">1. Plan to provide telehealth via portable charts and appropriate technology in private spaces only when necessary – when psychiatric, nursing, or clinical staff are not available in parson
J. Linkages and Warm Handoffs

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| <ol style="list-style-type: none">1. Indicates plan to provide referrals for a wide assortment of possible participants needs.
Indicates plan to offer follow-up support to participants to ensure successful linkages2. Meets requirement3. Meets requirement4. Meets requirement – indicates agency operates SSP in Lewiston |
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K. Staffing Requirements

- | |
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| <ol style="list-style-type: none">1. Minimal detail provided – response refers to staffing plan for additional detail2. Indicates plan to meet these requirements, and reports that HR department tracks and communicates requirements to managers3. Plan to have Center Director be primary supervise for all Center staff
Crisis workers – certification/licensure not provided - receive weekly supervision from Center Director
Peers receive individual supervision from Lead Peer twice monthly and participate in group supervision twice monthly
Nurse meets with Director of Nursing monthly and have supervision with Center Director as needed4. Plan to use Applicant Pool system to track and fill vacancies
Plan to fill vacancies in 4-6 weeks, longer for clinical positions
Onboarding includes job-shadowing for 204 weeks
Onboarding includes de-escalation training, MHRT-CSP training, and shadowing ACT team |
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L. Staff Training Requirements

- | |
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| <ol style="list-style-type: none">1. Commits to meeting requirement2. A – meets requirement
B – indicates a current CIPSS who has completed required peer supervision training who may move into leadership role
C – indicates commitment to meeting this requirement using agency developed training and Relias trainings
D - commitment to meeting this requirement3. Met requirement4. Met requirement – refers to list of trainings offered in response to L3 which included reference to these topics |
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M. Other Staff Engagement Requirements

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<ol style="list-style-type: none">1. Met requirement, including CIPSS fidelity considerations2. Indicates commitment to meeting this requirement3. Met all requirements of this section
N. Administrative Requirements
<ol style="list-style-type: none">1. Indicates several policies, adopted from similar service being delivered in Portland, are ready for implementation. Other policies will be developed with CQI and Sr Leadership and submitted to Dept for review and approval. Many of the existing policies listed in this section do not align with the policies requested in this section – no reference to hiring/onboarding policies, intake policies, discharge policies2. Indicates submission of level 1 CIR's triggers email notification of Executive Leadership – meets requirements3. Indicates plan to use drop-down lists to capture referral information to both in-house and external services covering a wide range of service types.4. Indicates client management platform Netsmart's myEvolv, which allows for sharing crisis and treatment planning Indicates all crisis Center staff will have access to MyEvolv client notes – CIPSS should not be accessing these notes Indicates plans to meet other requirements related to IT and security/risk assessment needs5. Met requirement Indicates multiple channels of marketing and communication with significant, targeted distribution6. Plans to utilize agency's Department of CQI to meet this requirement through activities such as annual program review, random document review, regular peer review, monthly document and compliance monitoring Will plan on meeting with Department monthly to meet this requirement7. Indicates commitment to meeting these requirements
O. Performance Measures
<ol style="list-style-type: none">1. Commits to meeting performance measures
P. Reports
<ol style="list-style-type: none">1. Response met requirements2. Response indicates team members who may be assigned responsibility for the submission of reporting, and the process for determinizing which staff may be assigned these tasks Met requirements
2. Staffing

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| <ul style="list-style-type: none">a. attachment 8 includes the title, job description and minimum qualification for each of the required staff positions, including Center Director who will be responsible for program oversight and supervision
Staffing plan includes a brief description of agency leadership who will be involved in the development and support of the Centerb. Subcontract Fleet to be sued for renovationsc. Attachment 9 includes staffing allocation to provide services requested in this RFP
Total FTE's is unclear – some positions listed twice |
|---|

3. Implementation - Work Plans
<ul style="list-style-type: none">a. Implementation work plan (construction) is displayed in a timebound chart showing monthly activities and the person/team responsible for their completionb. Implementation work plan (service delivery) is displayed in a timebound chart showing monthly activities and the person/team responsible for their completion Implementation plan appears to assume of May 2026 service launch date

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INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Androscoggin County

BIDDER NAME: Spurwink Services Inc.

DATE: 5/18/2025, 5/19/2025

EVALUATOR NAME: Autumn Hughes

EVALUATOR DEPARTMENT: Division of Program and Fiscal Coordination

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">• P – Eligible to submit bid; MaineCare Provider Agreement and current Mental Health Agency licensure submitted.
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• P – They operate an existing crisis receiving center in Portland.• P – Organization has 65 years of experience providing Behavioral Health, Substance Use Disorder and support services.
2. Subcontractors
<ul style="list-style-type: none">• P – They are using one subcontractor that has extensive experience in renovating commercial spaces.
3. Project Team Organizational Chart
<ul style="list-style-type: none">• P – The proposed project is being captured within the organizational chart submitted.• Q – Positions specific to the Crisis Receiving Center are listed high level but not broken down by each individual position.
4. Litigation
<ul style="list-style-type: none">• Q – Litigation noted.
5. Financial Viability
<ul style="list-style-type: none">• Q – They provided 2 years of financial data; the third year was noted in the audit report.• P – They provided an audit from an independent auditor.
6. Certificate of Insurance
<ul style="list-style-type: none">• P – Certificate of Insurance provided.
Part IV, Section III Proposed Services
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none">• P – Living Room Model and Transitional Youth requirements met.• P – Capacity guidelines met.• P – Confidential computer stations for Teleheath services met.

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B. Crisis Center Standards, Licensing, and Operations
<ul style="list-style-type: none"> • P – Met requirements.
C. Crisis Service Delivery Methodology
<ul style="list-style-type: none"> • P – Requirements met.
D. Other Service Delivery Requirements
<ul style="list-style-type: none"> • P – Requirements met.
E. Crisis Center Intake and Triage
<ul style="list-style-type: none"> • P – Requirements met.
F. Crisis Plan Development
<ul style="list-style-type: none"> • P – Requirements met.
G. Outpatient Chairs
<ul style="list-style-type: none"> • P – Requirements met.
H. Additional Crisis Services for Transition Age Youth
<ul style="list-style-type: none"> • P – Requirements met.
I. Telehealth
<ul style="list-style-type: none"> • P – Requirements met.
J. Linkages and Warm Handoffs
<ul style="list-style-type: none"> • P – Requirements met. • P – They have experience with warm handoffs in connection with existing crisis receiving facility.
K. Staffing Requirements
<ul style="list-style-type: none"> • P – Requirements met.
L. Staff Training Requirements
<ul style="list-style-type: none"> • P – Requirements met.
M. Other Staff Engagement Requirements
<ul style="list-style-type: none"> • P – Requirements met.
N. Administrative Requirements
<ul style="list-style-type: none"> • I – Community outreach for other services ongoing; plans for forward engagement reflected in proposal. • I – Organization engages in continuous improvement activities. • P – Requirements met.
O. Performance Measures
<ul style="list-style-type: none"> • P – Requirements met.
P. Reports
<ul style="list-style-type: none"> • P – Requirements met.
2. Staffing

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<ul style="list-style-type: none">• P – Requirements met.
3. Implementation - Work Plans
<ul style="list-style-type: none">• P – Requirements met.

Part IV, Section IV. Cost Proposal and Budget Narrative
<ul style="list-style-type: none">• P – All budget forms completed as instructed with a comprehensive itemized account for funding allocations.

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BIDDER NAME: Spurwink Services Inc.

DATE: 5/20/25

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

Individual Evaluator Comments:

Part I. Preliminary Information

Eligibility Requirements

- Met requirements – provided MaineCare Provider Agreement and current Mental Health Agency license.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Indicated they are the first provider of a Crisis Receiving Center in Maine which launched in Portland in 2022 and serves Cumberland and neighboring counties.
- Stated their Crisis Center provides services to those fourteen (14) and older who are experiencing a behavioral health crisis in a low-barrier, 24/7/365 setting which serves as an alternative to emergency room or hospital level of care.
- Stated their Crisis Center has served two thousand four hundred (2,400) people in crisis through the end of 2024.
- Stated they are a Maine-based non-profit with sixty-five (65) years of experience providing behavioral health care, substance use disorder services and support services for individuals of various ages, abilities, and backgrounds, and their families.
- Stated they partnered closely with the Department since their inception, including provision of co-located services with the Office of Child and Family Services (OCFS) via several initiatives over the last thirty (30) years and their Crisis Receiving Center pilot in Portland.
- Stated they are incorporated and registered as a 501(c)3 nonprofit organization and are also licensed by the State as: a mental health facility at the full-service level; a substance use disorder provider; a special purpose private school; and as a children's residential care facility.
- Stated they are accredited by the Council on the Accreditation for Children and Family Services; and is a member of the Child Welfare League of America and the American Association of Children's Residential Centers.
- Stated they are licensed as a Foster-Care-CPA Level of Care Placing Facility Agency and maintain an Alcohol and Drug Treatment license.
- Stated they hold two (2) ICF-IID nursing facility license, and twenty-three (23) Residential Care Facility Licenses (waiver homes and "level I-IV").

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- Stated they recently became a qualified vendor for Housing First Support and Stabilization Services.
- Indicated their agency's mission is to respond to community needs through services' and supports provision to individuals of "all ages, abilities, and backgrounds and their families".
- Stated more than half of their population served were aged twenty (20) and younger and they have nearly one thousand (1,000) employees.
- Stated their outpatient and community services include:
 - Child services, including ShifaME – services provided to refugee and immigrant youth and their families, public school counseling, child behavioral health homes, Functional Family Therapy and Outpatient Therapy Services;
 - Child welfare and foster care services, including foster care and "treatment foster care", their Center for Safe and Healthy Families ("Maine's only forensic child abuse center"), the Cumberland County Children's Advocacy Center and provision of a multi-disciplinary team response to child abuse and neglect, and Project NOW: Ending Youth Exploitation, "the state's only Multi-Disciplinary Team response program to the commercial sexual exploitation of children";
 - Adult behavioral health, including a Certified Community Behavioral Health Clinic (CCBHC) for Cumberland, the Living Room Crisis Center, opioid health homes, medication assisted treatment (ACT), adult behavioral health homes, assertive community treatment, and outpatient therapy services.
- Stated they provide adult residential services through adult residential care for adults with intellectual and developmental disabilities and behavioral health needs; and through their five (5) private non-medical institution (PNMI) programs that provide residential care to Adults with serious mental illness and co-occurring disorders.
- Stated they provide children's education and residential programs through their day treatment schools that combine special education and mental health services for young people; a therapeutic preschool in Saco that focuses on social-emotional learning and ASD; and residential treatment for children and youth with trauma and developmental and behavioral disorders that are unable to live safely at home.
- Stated services and interventions are provided in outpatient and community services hubs in Portland, Biddeford, Lewiston, Randolph, Bridgton and Bangor; via a residential campus in Portland; day treatment schools located in Portland,

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Lewiston, and Chelsea; a therapeutic preschool in Saco; adult behavioral health in the CCBHC and Crisis Center in downtown Portland; the Cumberland County Children's Advocacy Center in South Portland; and foster care recruitment and adoption matching statewide in partnership with the Department and provision of treatment foster homes in eight (8) counties.

- Stated they employ the "only two Child Abuse Pediatricians in the state at [their] Center for Safe and Healthy Families" for provision of foster care assessments and the "first multi-disciplinary program to address CSEC (Commercial Sexual Exploitation of Children) through the Cumberland County Children's Advocacy Center".
- Stated their anticipated Crisis Receiving Center in Androscoggin County will be housed in their Outpatient and Community Services (OCS) division; which currently serves nearly seven thousand (7,000) youth, adults and their families.
- Stated they have expertise providing grief, loss, and crisis management training and support.
- Stated their clinicians use evidence-based practices, including cognitive behavioral therapy (CBT), trauma-focused CBT, dialectical behavior therapy, collaborative problem solving, motivational interviewing, and Attachment, Regulation and Competency (ARC).
- Stated their case managers provide strengths and needs assessment, psychosocial assessment, individualized service plan coordination, advocacy and assistance with identifying and accessing appropriate services and resources.
- Stated they are a comprehensive mental health center and utilize their Critical Incident Stress Management (CISM) services in all communities where their services exist, as needed.
- Described use of their CISM services in response to the Lewiston/Auburn tragedy in October 2023. Also stated many staff at their Lewiston office provided support shortly after the event and continue to provide ongoing care to twenty-five (25) individuals with trauma-informed services.
- Stated they hold the Department contract for provision of statewide Clinical Consultation and Support Services to the Department.
- Stated they have offered Psychological First Aid for years as part of their school and community support provisions, especially in instances of suicide, drowning or other tragedy that occur in a community.
- Stated they promote co-occurring treatment, focusing on the interrelations between substance use and mental health.

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- Stated they provide substance use training and a supervisory group to staff.
- Stated they recently launched two (2) residential programs for adults with co-occurring serious mental illness and SUD: Bigelow and Kineo.
- Stated their Bigelow residential treatment program, launched in 2021 with twelve (12) beds, combines mental health and substance use treatment services to meet the needs of those with complex challenges due to co-occurring disorders; clients have an average length of stay of up to one (1) year; and they serve an average of thirty (30) clients per year.
- Stated their Kineo residential behavioral health treatment program provides services similar to Bigelow but has a focus on older adults with serious mental illness.
- Stated, in joining together with Tri-County Mental Health Services (TCMHS), they also have three (4) additional similar residential programs from TCMHS' original service area.
- Stated they run Ashlea's Place, described as a Housing First Mental Health Recovery Residence, located in downtown Portland that provides housing, mental health services and substance use treatment to adults with serious mental illness (SMI) and co-occurring substance use disorder who are experiencing long-term homelessness.
- Stated they have two (2) active consumer advisory boards, a parent group and an adult consumer group, which solicit input on programs, service quality and any areas of unmet needs.
- Stated they employ care managers and cultural brokers from immigrant and refugee communities in their ShifaME TST-R program.
- Stated they have expanded their peer team members to include Family Support Partners, Peer Recovery Coaches and Certified Intentional Peer Support Specialists (CIPSS); and stated their Family Support Partners and Peers are typically parents or individuals with lived experience.
- Stated they run a program for child victims of commercial sexual exploitation that engages survivors of trafficking and others with lived experience of trauma in shared decision making.
- Stated they have expertise in managing "a robust grants program" from: foundation; corporate; United Way; local government; State; and Federal funders.
- Stated they were awarded a City of Portland Community Development Block Grant (CDBG) in 2019 which helped them successfully launch their medication assisted treatment program and reiterated their awarded contract funds in

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2022 to pilot the State's first Crisis Receiving Center (the Living Room Crisis Center).

- Stated they were also awarded State contracts for the following services: Treatment Foster Care; Functional Family Therapy; Statewide Adoption Foster and Resource Family Services; and Clinical Consultation and Support Services to Maine's Office of Child and Family Services' Child Protective Services.
- Stated they successfully managed a 4-year two million (2,000,000) dollar National Child Traumatic Stress Initiative grant through federal SAMHSA funding in order to pilot Trauma Systems Therapy for Refugees and were further awarded a second SAMHSA grant to expand the pilot in 2022.
- Indicated their CCBHC award was garnered in 2022, and they financially managed a twenty million (20,000,000) federal Department of Education Investing in Innovation four (4) year grant in 2016.
- Stated their regional Androscoggin County headquarters is well known in the community, providing an array of behavioral health and substance use disorder treatment services onsite for adults and transition age youth.
- Stated their proposed Center location has a separate entrance where law enforcement can enter the facility with clients without disruption to daily operations; and the location allows for "individual dignity, and a reduction of stigma and trauma for the participant".
- Stated their proposed Center location has an entrance and egress that are located in different locations, helping ensure participant safety when "receiving and discharging a new guest".
- Stated their experience from the Crisis Receiving Center in Portland provides them with knowledge and input into implementation of a new BH Crisis Receiving Center in Lewiston and indicated, with established policies and procedures in place, they will be more readily prepared to establish the Crisis Center in Lewiston.
- Bidder also indicated staff at their Portland Crisis Receiving Center have provided input and recommendations into the proposal design for the Lewiston Center, with specific recommendations from Portland Center staff indicated.

Project 1:

- Referred to their work running the Cumberland County Crisis Receiving Center in Portland, the Living Room Crisis Center, which opened in March 2022.
- Provided a detailed description of services provided at their Portland Crisis Center, including number of: guests served; crisis assessments completed;

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hours of service to clients; weapons restrictions' assessments; group hours; unique guests; and average visits per guest/per month.

- Bidder included demographic data on guests served at their Portland Center.
- Stated they received 109 completed client satisfaction surveys in FY24, and responses found that 98% were seen in a timely manner; 99% were treated with respect and kindness; 92% indicated that they had been provided with the name of people and places that they could connect with for support; and 96% indicated that they had been offered a copy of their aftercare plans.
- Bidder included some positive quotes from client feedback that they received regarding their Portland Crisis Center.
- Bidder also included a quote from Dr. Heidi Hotin, Psychiatrist, who is Chief of Emergency Psychiatry at MaineHealth Maine Medical Center, that referenced the essential need of the Portland Crisis Center.
- Bidder also included a quote from the Portland Police Department, indicating support for the Portland Crisis Center's work.

Project 2:

- Referred to their Community Outreach Programs in Lewiston.
- The programs mentioned are: Project Support You (PSY), a ride-along partnership with the Auburn Police Department and/or Auburn Fire/EMS; the Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) program; Harm Reduction Services, including their Syringe Service Program (SSP); piloting of a Landlord Liaison Project in 2025 with the City of Lewiston to support those with either inconsistent employee histories, criminal background or bad credit receive a "second chance with the assistance of partnering landlords"; Community Health Worker (CHW) program; and programming to address the mental health needs of the military and veteran community.
- Bidder provided a description for each program/programming listed.

Project 3:

- Referred to their Community-based Adult Behavioral Health Programs.
- Bidder referenced their receipt of the SAMHSA grant for CCBHC in Cumberland County, awarded in 2022; and provided a detailed, comprehensive description of current CCBHC services.
- Stated they have parent and client advisory groups that inform their mental health service delivery.

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- Described their Contingency Management evidence-based treatment pilot program created in collaboration with the Greater Portland Addiction Collaborative and based on the Treatment for Individuals Who Use Stimulants (TRUST) model for adults with co-occurring SMI and SUD. Bidder included data regarding current program enrollment, completion rate, negative urinalysis rate, “show rate” and the number of total urinalysis screens that have been completed; and also included some client testimonials regarding the program.
- Bidder described their Assertive Community Treatment (ACT) service provision and indicated that they were recently awarded state funding to expand their Lewiston ACT team and launch a team in Bridgton.
- Stated, after their acquisition of Tri-County Mental Health Services in 2024, they are now the largest provider of behavioral health services in Androscoggin County and is an accredited Community Mental Health Center.
- Bidder described their Adult Behavioral Health Home (BHH) care management service provision.
- Bidder described their Outpatient Psychiatric Treatment and Medication for Opioid Use Disorder (MOUD) service provision, including weekly or monthly medication management visits.
- Stated they received the Preble Street Community Partner Award in 2005 for their work collaborating with providers to serve individuals experiencing homelessness with SMI.

2. Subcontractors

- Indicated one (1) subcontractor on the subcontractor form – CAP Services, LLC.
- Stated the subcontractor provided Bidder with a budget scope of work for their “construction bid”.
- Stated, if awarded, they “will go through a formal selection process that is consistent with [their] current procurement policies to finalize [their] architectural, construction and renovation subcontractor(s).” It is unclear to this evaluator if Bidder plans on potentially using alternative and/or additional subcontractor(s).

3. Project Team Organizational Chart

- Provided, with project team indicated.
- Anticipated staff positions include: director; psychiatric nurse practitioner; clinician; addiction specialist; crisis worker; and peer support specialist.

4. Litigation

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<ul style="list-style-type: none">• Nine (9) total cases indicated, five (5) are still ongoing and four (4) reached settlement.
5. Financial Viability
<ul style="list-style-type: none">• Provided financial statements with independent auditor's report for: June 30, 2024, and 2023; and June 30, 2023, and 2022.
6. Certificate of Insurance
<ul style="list-style-type: none">• Provided, includes: commercial general liability; automobile liability; umbrella liability; professional liability; cyber liability; and "abuse/molestation".

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Part IV, Section III Proposed Services

Part II

A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach

1.

- Plans to accept all voluntary referrals not deemed as needing medical clearance, per established criterion, and based on program physical space capacity.
- Program capacity for eight (8) private spaces and expanded use of congregate spaces to be explored as safety and staffing allow.
- Stated facility has a private side entrance for law enforcement drop off, which assists with reducing the stigma associated with seeking help during a crisis.
- Plans to ensure adequate space will be available for guests with a family member or others to support the individual.
- Plans to use a “home-like” setting for their Lewiston Crisis Receiving Center (LCRC), intended to be a comfortable, welcoming, safe, open and airy environment; and will base the Center’s layout/design on the principles of trauma-informed care.
- Stated their model will include a comfortable and inviting private space for reflection, rest, relaxation and one-on-one peer support for private meetings to discuss personal challenges.
- Plans to have a milieu area for groups and peer discussion and their delivery of clinical, psychiatric and medical consultation will be provided in their Outpatient Chairs.
- Provided detailed response regarding design plans for their LCRC, based on research and best practices, to reduce stigma and trauma; including sensory-related needs (e.g., meeting light sensitivity needs), and comfortable, natural lighting; reference to universal design principles to promote accessibility; ensuring décor and design is culturally sensitive and relevant; and avoiding overcrowding of furniture and ensuring sufficient space to navigate.
- Plans to “create a balance between social spaces and private spaces”, further detail not provided.
- Plans to train staff responsible for greeting guests such that they are able to serve individuals who speak little or no English and who have other communication needs such as hearing impairment and limited literacy, with respect and competency.
- Unclear to this evaluator if Bidder addressed A.1.f., allowing privacy for clinical areas without appearing like a clinical exam room.

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- Plans to provide rooms that separate transition age youth by sight and sound from adult participants, including a separate room for transition age Youth Outpatient Chairs.
- Plans to maintain capacity for eight (8) Outpatient Chairs, two (2) to be reserved for transition age youth and six (6) for adults; with the plan to use the Youth Outpatient Chairs for adult participant(s) when there are no transition age youth at the Center.
- Plans to provide confidential computer stations for Telehealth service provision, should it be needed. Did not specify the number of anticipated confidential computer stations to be included at the Center.

B. Crisis Center Standards, Licensing, and Operations

1.

- Plans to maintain their current Mental Health Agency license and will apply for and maintain the Crisis Services Module license within thirty (30) calendar days of the initial period of performance.
- Plans to obtain and maintain enrollment for Crisis Resolution Services once they attain the Crisis Services Module license.
- Plans to obtain and maintain the indicated insurance requirements.
- Plans to obtain and maintain other necessary State licensure/certification, including but not limited to their current Substance Use Disorder (SUD) Treatment Agency license.
- Stated their Lewiston office is a Tier 2 Overdose Education and Naloxone Distribution partner through the MNDI and will continue such in the LCRC.
- Stated their Lewiston location is also a “State-certified syringe exchange”; where they have a steady supply of naloxone available for all staff to carry at work and in the community and stated they offer regular training and online training at their Lewiston and Portland sites to ensure correct administration.
- Stated their medication management providers co-prescribe naloxone with any MOUD prescription.
- Stated they have “Nalox Boxes” at their Lewiston and Portland sites.
- Indicated their Lewiston office currently has MOUs for other programming with the City of Auburn and Lewiston; Livermore Falls and Lewiston law enforcement; the Androscoggin County Sheriff’s office; Auburn Fire and Rescue; and the Androscoggin County jail.
- If awarded, plans to expand their MOUs to include the Crisis Receiving Center, and their two (2) local hospitals, CMHC and St. Mary’s Regional Medical

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Center; and indicated that they have already communicated with these entities about the potential for increased collaboration.

- Included details regarding the anticipated language to be included in MOUs which cover referral processes, including release of information; collaboration; and a commitment to quarterly meetings.
- Stated they have already spoken with and plans to execute MOUs with: the Maine Department of Corrections and the Androscoggin County Sheriff's Department and indicated anticipated collaborating agencies also have letters of support for the Bidder.
- Stated they have confirmed the City of Auburn will also commit to an MOU.
- Unclear to evaluator if Bidder specifically addressed creating and executing MOUs with SUD treatment provider(s) (part of C.1.f.i.).
- Indicated they have a current collaborative relationship to ensure continued availability of psychiatric and/or SUD medication through an existing contract with Genoa Pharmacy. Also indicated that Genoa Pharmacy is building, and will be operating, an on-site co-located pharmacy at their Lewiston location, with an anticipated opening in May or June of 2025.
- Plans to safely store medications at their proposed Center through the on-site pharmacy and will utilize an emergency lockbox provided by Genoa during afterhours.
- Plans to adopt the same policies and procedures established at their Portland Crisis Center for prescriptions. Specifically, plans to: ask clients about existing providers and medications, check Health InfoNet Maine and the Prescription Monitoring Program and perform a point of care urine drug test, when necessary; obtain releases of information for care coordination; provide prescriptions to those needing immediate access to medication(s); refer to a long-term medication provider for those needing one; and use a conservative approach for controlled substances' prescriptions.
- Plans to review benzodiazepine or stimulant requests in detail with Center prescribes, focusing on increasing safety and decreasing risk; and will not prescribe Benzodiazepines for long-term anxiety management.
- For those needing immediate access to medication(s), plans to have prescriptions provided by licensed Nurse Practitioners on staff and/or through a DO who is double boarded in addiction and emergency medicine.
- Plans to obtain information on guest's current providers as part of their intake process for crisis assessment, including provision of psychiatric or other medications, and will obtain a consent for information release in order to

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communicate and coordinate with providers around treatment needs. Should there be no current provider, staff will complete a referral to a long-term medication provider prior to discharge.

- Plans to ensure medication provided on-site will be at no cost to the guest.
- Plans to provide harm reduction material “for guests with addiction challenges”.
- Plans to maintain referral relationships to ensure Center guests are able to access harm reduction services as needed, including services through a Certified Opioid Treatment Program (OTP).
- Stated they have a SSP as part of their service array in their Lewiston office and Center guests will be able to access SSP staff and services, as needed.
- Stated, should wound care be needed, they have qualified staff (an RN) who will be available to access the medical need and can refer to the local hospitals, as needed. Indicated they also have Nurse Practitioners on call after hours that will be able to manage any nursing needs that require consultation.
- Plans to offer MOUD, including suboxone induction, for Center guests and indicated those individuals can then continue in treatment with Bidder’s providers, as needed, to ensure continuity of care.
- Indicated they have “referral relationships with Health Care Resource Centers (HCRC), a designated Methadone Program, in Lewiston for Certified Opioid Treatment Programs, as well as other local providers.”

2.

- Indicated their demonstrated experience of 24/7/365 public access to their Portland Crisis Center ensures they are prepared to provide 24/7/365 public access at their Lewiston Center. Plans to replicate the model used at their Portland Crisis Center for the Lewiston Center, with minor modifications and following best practices.
- Plans to ensure the Lewiston Center is strengths-based, person-centered, family-focused and comprehensive, achieving a systems-based approach.
- Met requirement for 2.a.b.i.
- Will provide services according to Section 65 and Chapter 123 licensing rule, and indicated they have policies and procedures in place to ensure they are providing services in accordance with the regulations.
- Plans to bill MaineCare for Section 65 services delivered to MaineCare members, as required.
- Plans to have Crisis Workers and/or a clinician provide crisis assessments, determine linkage needs with peers, providers, recovery, natural supports and ongoing treatment. Once linkage need is determined, indicated they will refer

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the individual internally and to other providers for needed services on the continuum of care.

- Plans to welcome and offer engagement through a crisis assessment, though assessments will not be required, and participants will be able to access peer support at any time while at the Center.
- Indicated Center guests can meet with a Psychiatric Nurse Practitioner, if needed.
- Indicated Center guests will also be able to include family members or support individuals in assessments and discharge planning.
- Plans to have the first person a Center participant meets be a Peer and will treat all participants as “guests”.
- Stated that, by design, their Center will be a bridge for participants to work with a multidisciplinary team of providers, including Peers, PNPs, clinicians and Crisis Workers, and the team will work together to create a comprehensive plan to ensure success once the guest is discharged.
- Plans to provide short-term outpatient services, including clinical counseling, peer support, medication management and needs assessment for continued supports and services.
- Plans to ensure all participants leave with an individualized discharge plan, necessary referrals and warm handoffs with providers qualified to deliver needed services; and warm handoff and referrals may include continued services with the Bidder’s agency, or a local provider chosen by the guest. Participants will be provided a list of resources and know that they can return at any time if in crisis, or if in need of support.

C. Crisis Service Delivery Methodology

1.

- Stated individuals who have experienced significant trauma are prone to sensory triggers, and they will reconfigure the space to allow natural light, brighter calls, and removal of walls for larger community spaces, with treatment rooms along the exterior walls.
- Plans to have additional services that are tailored to “veterans, immigrants/refugees, survivors of the mass violence event, and children, youth, and adults with serious mental health needs and co-occurring substance use disorder.”
- For tailoring services to specific populations, plans to draw on their experience with: the ShifaME trauma systems therapy for refugees; their Community Health Outreach Worker program; their Critical Incident Stress Management

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and trauma-informed clinical practices; their ACT teams and behavioral health homes; and their co-occurring mental health and SUD treatment services.

- Indicated their goal is to provide spaces that are non-clinical in design, and are welcoming and safe, through language and design space.
- Stated their use of a resiliency and recovery-oriented approach will ensure their Center is “a place where someone in a crisis would not be subject to any stigma associated with their situation.”

2.

- Indicated they are transitioning from Therapeutic Crisis Intervention (TCI) to the Mandt System Solution model for their outpatient service provision and described Mandt’s ten (10) steps for de-escalation; which Bidder stated is in alignment with the new Chapter 123 licensing regulations.
- Plans to train all Center staff in the first three (3) components of the Mandt System Solution, including “Primary Prevention: Building and Maintaining Healthy Relationships”; De-escalation Skills: Self-regulation and Co-regulations”; and “Technical Self-Protection Skills”.
- Staff will be provided with ongoing coaching, support and on the job learning opportunities for de-escalation and “crisis management in the milieu”.
- Indicated they have staff trained in Critical Incident Stress Management (CISM) response that will be available to provide support and debriefing internally and to external community partners.
- Stated their current Center staff complete additional training in the Stanley-Brown Safety Planning Intervention and will be utilized by trained Crisis Workers and Clinicians to create a crisis safety plan; and plans on ensuring Lewiston Center staff will also be trained in the indicated “Intervention Planning”.
- Plans to use the Stanley-Brown tool for crisis safety planning, and described the six (6) steps included in the tool: identification of warning signs; internal coping strategies; people and social settings that provide distraction; people to reach out to for help in a Crisis situation; professionals and services that can be contacted during a crisis; and making the environment safe “(Plan for Lethal Means Safety)”.
- Plans to encourage participants to share their safety plan with supports, professionals and providers that they are engaged with, once the “Planning Intervention is completed”.

3.

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- Plans to have a PNP on call at all times that will be available for consultation and/or client evaluation and medication prescription.
- Stated their on-call PNP will be a member of the Center team who has familiarity with the living room crisis model and will help in ensuring Center staff see the on-call PNP as an available and valuable resource.
- Indicated staff working outside of normal business hours will be able to access the on-call PNP directly or, alternatively, staff can reach the on-call supervisor/director (clinician) on-call first, who may then deem it necessary to contact the PNP after the initial clinical consultation.
- Plans to use the Table 1 medical assessment screen to guide staff decision making.
- Stated they have found higher utilization of their on-call supervisory/director for their Portland Center (as compared to PNP utilization), and indicated they expect a similar volume and pattern in Lewiston.
- 4.
- Plans to have CIPSS Peer Support specialists on site 24/7/365 at the Lewiston Center, with two (2) peers available “for the majority of hours”.
- Stated all guests will be offered peer support upon arrival, and Peers can provide support to a guest during the crisis assessment process, as requested.
- Plans to embed peer support services in their model of care.
- Stated their Peer Support Specialists will bring “their own lived experience to their work”; Bidder did not specify if this lived experience would include experience navigating mental health Crisis services, as required.
- Upon hire, plans to have Peers complete the certification process within required timeframes, including additional training through agency’s internal training platforms; and Peers will receive ongoing support and peer supervision.
- 5.
- Stated services will be informed by the SAMMHSA 2020 National Guidelines for BH Crisis Care; indicated they have incorporated the guidelines into their service delivery model at their Portland Crisis Center and will do the same for their Lewiston Center.
- Plans to provide strengths-based, person-centered, resilience- and recovery-oriented services, and be responsive to those in need.
- Plans to incorporate family members, caregivers and other support individuals as partners in care, as appropriate.
- Plans to provide culturally and developmentally appropriate services.

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- Stated they will treat guest satisfaction as a high priority, noting that positive experiences of care can lead to better outcomes.
- Bidder also included some positive feedback received from guests from their Portland Crisis Receiving Center.
6.
- Stated the Suicide Prevention Resource Center currently offers six (6) best-practice steps for development of a safety plan, and those steps are implemented in the Stanley-Brown Safety Planning Intervention.
- Referred to their plan to utilize the Stanley-Brown Safety Planning Intervention, with detail provided regarding the “Intervention”, including applicable steps for safety plan development.
7.
- Plans to complete a C-SSRS for each participant as part of their assessment.
- Indicated all hospital transfers will receive a warm handoff, where staff will directly contact the hospital to ensure admittance, explain the transfer, and make introductions to the hospital program for each person.
- Stated they have developed criteria or thresholds for determining what to do next for each person screened; and decisions regarding hospitalization, counseling, referrals and other actions will be informed by the answers provided on the C-SSRS, and other factors, such as recency of suicidal thoughts and behaviors.
- For clients unable to be maintained safely at the Center that need a hospitalization level of care, Center staff will work with the individual, and emergency services/law enforcement, if necessary, to facilitate transport and a warm hand-off to the Central Maine Medical Center or St. Mary’s Regional Medical Center, with the understanding that the individual is welcome to return to the Center once it is safe for them to do so.
- Stated their agency has capacity to provide outpatient therapy and other services at their Lewiston office once the Crisis is over and plans to prioritize these referrals. Additionally indicated that referrals to other necessary services, including counseling, case management/care coordination and medication management, will be completed prior to discharge.

D. Other Service Delivery Requirements

- 1.
 - Plans to ensure staff are trained in the Rights of Recipients and will have staff review the rights of recipients with all clients.

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- Stated they have processes and procedures in place to ensure all relevant programs are in compliance with the Rights of Recipients, and they will review documents with individuals during intake.
- Plans to use same process in their Lewiston Center as currently done in their Portland Center, with providing a “Summary of Clients Rights and Informed Consent for Services” that stipulates the Rights of Recipients, provided during intake. Participants will also be informed of their rights, including right to privacy, and staff will answer any questions relating to rights.
- Each participant will initial to indicate receipt of the Summary and staff will review the content in a way that ensures the Participant understanding.
- Stated Center staff will ensure a developmentally appropriate review of the associated documents (re: “Summary of Client Rights and Informed Consent for Services, which includes the Rights of Recipients of MH Services Who are Children in Need of Treatment) to ensure that youth have their questions answered and understand their rights.
- For youth that arrive at the Center with a parent/guardian, staff will review the informed consent for services with both the youth and parent/guardian and obtain consent.
- For youth that arrive at the Center unaccompanied, indicated they will complete the consent for services with the youth. Should there be information obtained regarding ability to reach out to a parent/guardian regarding the youth’s service, staff will attempt to reach them in order to engage them in the youth’s care.
- Plans to provide the “Summary” in print or electronically, per Participant’s choice, for the Participant to keep for their records.
- 2.
- Stated their Lewiston office has positive working relationships with local law enforcement, ambulance providers, and hospital emergency departments; and will utilize these relationships should a participant present with imminent risk.
- Bidder listed the current active partnerships they have with local emergency service departments.
- Indicated the Androscoggin County Sheriff’s Department and Maine Department of Corrections have also written Letters of Support for the Bidder.
- Should a high level of supervision for safety result from any interaction with a participant, staff will contact the appropriate emergency service or first responder through 911 Public Safety Answering Points.

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- If imminent risk is due to an overdose, indicated the Center can administer naloxone.
- Indicated clinical consultation will be available for all safety issues that present at the Center.
- 3.
- Plans to first have a crisis worker or clinician complete an initial assessment and from such determine “if there is an additional need for a nurse”.
- Indicated individuals suspected of needing a medical assessment by nursing staff or medical clearance from a hospital will be assessed using the agency’s “screening for medical necessity” form.
- Plans to provide basic wound care, with blood sugar and vitals considered as a “standard assessment”.
- Plans to have a nurse available eight (8) hours a day (9am-4pm); and should additional funding become available, plans to increase their nursing capacity to sixteen (16) hours per day (7am-11pm), instead.
- Stated they have Psychiatric Nurse Practitioners on call after hours to manage nursing needs that may require consultation during hours when a nurse is not on site.
- 4.
- Stated they are familiar with the PSHP system through current utilization in Lewiston and will provide support to guests that wish to apply for PSHP.
- Stated their Portland Crisis Center is an approved Coordinated Entry site; and, if awarded, plans to apply to have their Lewiston Center become an approved Coordinated Entry site as well.

E. Crisis Center Intake and Triage

- 1.
- Plans to utilize their Portland Center’s medical triage model for their proposed Lewiston Center. Stated their medical triage model was originally developed by a community working group of community providers, local hospital leadership, fire/EMS, and law enforcement and is guided by the following two (2) axioms: “nobody should be denied emergency medical care because of a behavioral health condition”; and “medical clearance should not be required to access behavioral health care”.
- Plans to screen for medical assessment/clearance using their “screening for medical necessity” form; and Bidder listed the fifteen (15) criteria included on the form.

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- Indicated that nothing on their fifteen (15) criteria list precludes a staff person from initiating emergency response prior to seeking further medical assessment and a positive score on any indicated item will result in the need for further assessment by a nurse.
- Plans to train all staff in the medical clearance criteria and process.
- Indicated Mental Health and rehabilitation Technicians/Crisis Service Providers (MHRT/CSPs) and clinicians with Certified Residential Medication Aid (CRMA) certification can complete the Screening form; and they will always have someone with CRMA certification or nursing licensure on site at all times.
- Did not address: ensuring Crisis Center staff call 9-1-1 for any suspected opioid overdose (part of E.1.b.i.); ensuring any incidents of overdose follows associated Critical Incident or Reportable Event protocols (E.1.b.ii.); and did not address exploring whether the Participant has experienced abuse, neglect or other past trauma (E.1.b.iii.), including E.1.b.iii.1) and E.1.b.iii.2).

2.

- Stated extensive experience with using the AC-OK screening tool, the Participant Health Questionnaire-9 (PHQ-9). Mental Status Exam and the C-SSRS as part of their comprehensive crisis assessments; however, did not explicitly indicate plan to continue using these assessments for their proposed Lewiston Center (E.2.).
- Stated their team has experience with assessment and treatment of co-occurring disorders, including co-occurring medical and/or SUD, gambling, nicotine addiction, and eating disorders.
- Plans to offer assistance from the Tobacco Hotline and offer patch prescriptions for nicotine addiction.
- Dependent on identified needs, indicated discharge planning can incorporate referrals and need for ongoing treatment for co-occurring disorders.

3.

- Plans to complete the Stanley-Brown Safety Planning Intervention, PHQ-9, Mental Status Exam and C-SSRS assessments onsite within two (2) hours, and “staff will document any reason for an assessment that goes beyond four (4) hours”.
- Bidder did not directly address documenting an explanation for disposition plans that go beyond four (4) hours of the assessment initiation (part of E.3.a.i.).

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<ul style="list-style-type: none">• Staff to identify if a client has completed a mobile Crisis assessment within the last twenty-four (24) hours, and if so, will utilize such as appropriate to note progression, decline and if other additional intervention needs exist.
<p>4.</p> <ul style="list-style-type: none">• Stated they are a current OPTIONS provider in Androscoggin County, and they also provide SUD treatment, including Project Support You (PSY) that includes “boots on the ground with six positions covering Lewiston, Auburn and Lisbon at no cost to the individual”; their Syringe Program and harm reduction services. Indicated clients can be referred to their internal agency services, as needed.• Stated they also have established relationships with other local SUD and Recovery providers and can refer participants to such, based on preference.• Listed current agencies that they refer to in Lewiston, that they will continue to refer to for their Lewiston Center: Central Maine Medical Center; St. Mary’s (SMRMC) Intensive Outpatient and Detox; Healthcare Resource Centers in Lewiston; Josh Steven’s Recovery Community Center; An Angel’s Wings Recovery Residence; RCOM (Recovery Connections of Maine); St. Francis Recovery Center; Avalon Counseling; and Better Life Partners.• Stated their agency also provides MOUD.• Listed other resources they use in their “work with this vulnerable population (individuals who are often unhoused)”: Auburn Drop-in Center; Kaydenz Kitchen/Warming Shelter; Hope Haven; and St. Martin De Porres.
<p>5.</p> <ul style="list-style-type: none">• Plans to have staff obtain information about medical providers, including primary care, and complete releases of information with Participant consent during the initial assessment process.• Plans to have staff use a trauma-informed assessment and information gathering approach to gather data.• Will have staff ensure that a guest understands why certain information is being asked and how the Center intends on utilizing the information to create a plan of care to best address participant needs.• Stated, if the guest has a guardian, they will reach out to the guardian to gather information related to the individual’s medical history, including diagnoses, hospital admissions and current medications.• Plans to obtain consent through specific Consent for Release of Information forms to communicate with the guests’ other providers for care coordination.
F. Crisis Plan Development

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1.

- Demonstrated understanding on the importance of “no wrong door” entry into the Crisis system.
- Plans to complete the Crisis Plan and refine any existing plans with every Participant prior to discharge.
- Plans to utilize the Stanley Brown Crisis Plan, which is also available in their electronic health record.
- Described the anticipated process for Crisis Plan development in detail.
- Met requirement for F.1.a. and F.1.a.i.

2.

- Plans to have staff connect guests with community resources, as needed; with resources documented in Crisis Plans.
- Indicated they have current connections in the community and community resource connections will include: primary care providers; recovery providers; MOUD providers; local hospitals; community action programs; law enforcement agencies; schools; the county jail; emergency medical services; shelters; drop-in centers, including food pantries; youth serving agencies; prevention services; mobile crisis services; and general assistance programs.

3.

- Met requirement.

G. Outpatient Chairs

1.

- Plans to have their eight (8) Outpatient Chairs located in a private room, adjacent to a central common space that guests can also utilize during their stay.
- Stated inclusion of a common area will allow for flexibility depending on volume and participant need as some individuals may want to be alone and others may find it helpful to be in a group or around other people.
- Plans to have Participants receive confidential services from clinicians, PNPs, Crisis Workers and their Addiction Specialist, as appropriate based on assessment results, and Participants will have access to peer support.
- Stated Participants can access healthy snacks, bottled/filtered water, clothing, showers and the bathroom during their (up to) twenty-three (23) hour stay at the Center.

2.

- Plans to staff their proposed Lewiston Center such that assessments will be completed 24/7/365, with clinical consultation available on-call 24/7/365.

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- Stated they will have Psychiatric Nurse Practitioners on call after hours to manage nursing needs that may require consultation and medical triage, when a nurse is not on site.
- Plans to reach out to Emergency Departments if clearance is needed during overnight hours and a higher level of care is needed; and, once clearance is secured, indicated the Participant can return to the Center, as needed.
- Plans to provide medical triage based on the model being utilized in their Portland Center.
- 3.
- Plans to provide nutritional, low-sodium, high protein snacks, including fruits and vegetables, and bottled and/or filtered water for Center Participants utilizing Outpatient Chairs.
- Stated staff will offer snacks and other refreshments and they will have a pantry and refrigerator on-site.
- Plans to utilize an environmental design where Participants can freely access food and beverages, as desired; with staff able to provide toast and make sandwiches, “as well as a variety of food that makes the guest feel even more welcomed”.

H. Additional Crisis Services for Transition Age Youth

- 1.
- Plans to train all Center staff on developmentally appropriate services for Transition Age Youth through their Relias online trainings’ system once hired, within sixty (60) days.
- Stated training may include Motivational Interviewing; the Attachment, Regulation, and Competency (ARC) Framework, and Wraparound Services.
- Plans to treat Transition Age Youth with dignity, respect and age-appropriate support.
- Indicated they currently assess developmental status as part of their initial assessment at their Portland Center, however, did not specifically indicate if they intend to do the same at their proposed Lewiston Center.
- 2.
- Plans to have staff complete a Crisis assessment for Transition Age Youth that utilizing the AC-OK COD Adolescent Screen, PHQ-9, Mental Status Exam and the C-SSRS in order to screen for suicide risk, trauma exposure, substance use, exposure to violence, eating disorder, early warning signs of mental illness, and/or other clinical presentations.

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- Plans to train staff to engage Transition Age Youth in an individualized and developmentally appropriate method through initial training and ongoing Relias training “(e.g., modules on adolescence)”.
- Plans to have staff receive training and supervision in strategies for family engagement.
- 3.
- Plans to utilize evidence-based assessments for Crisis Plan development, including supports in their environment at home or in school.
- Provided a brief overview of the assessment process, including items to be reviewed.
- Plans to use assessment and information gathered to identify desired outcomes for the Crisis Plan, with guardian input sought for Transition Age Youth.
- Will incorporate the youth and family’s perspective (where available) on the Crisis in all components of the assessment and planning process.
- Plans to utilize a person-centered and trauma-informed approach to discuss current concerns with the Youth and family/other supports, if available, in the assessment and development of a Crisis Plan.
- Staff will follow 42CFR regulations when involving parents/guardians of youth and protect information regarding substance use unless the guests’ consent to sharing this information.
- Staff will attempt to reach a parent/guardian for unaccompanied youth presenting at the Center, except when it is counter-indicated to do so. In counter-indicated situations, the Clinician, in consultation with the Program Director, will determine if mandated reporting is required.
- If the Transition Age Youth is eighteen (18) or older, conversations with family will be dependent on the Participant comfort and desire.
- Plans to have staff develop a crisis plan, informed by the assessment, prior to discharge.
- Indicated, in addition to a description of symptoms, the Crisis plan will also include exploration of underlying factors that influence difficulties and inform treatment planning.
- 4.
- Plans to have parents involved in the decision-making process for planning and co-construction of treatment and discharge when provided with consent by the Transition Age Youth.
- Plans to engage families through in-person or telehealth modality.

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- Staff to provide education around disclosures to Transition Age Youth, explaining the information protected by HIPAA and how they can choose to involve their families, while protecting their data and privacy.
- Plans to include the individuals that live with the Transition Age Youth, including housemates or families, as applicable.
- 5.
- Clinicians, noted as either professional clinical counselors or clinical social workers, will provide different interventions and supports to all guests, including Youth and their families.
- Plans to teach de-escalation skills to Youth and their families as a component of interventions offered.
- Reiterated plan to utilize the Mandt System Solution Model and anticipated plan to train Center staff on the first three (3) components of the Mandt System Solution.
- Stated Clinicians and trained staff can teach the Mandt' learned skills to Youth and their families as part of the interventions/supports provided at the Center, and as part of the discharge planning process.
- 6.
- Indicated Clinicians will converse with the Participant "to conclude what are the needs and desires of the individual, empowering the guest to truly engage in their treatment/intervention to reduce the Crisis with which they presented."
- Stated, in addition to general intake, assessment and treatment planning processes, they will also discuss other methods with the client in order to support general emotional regulation and functioning.
- As it pertains to methods to support general emotional regulation and functioning, stated that methods "include other behavioral and emotional regulation strategies, such as developing healthy social supports, music, meditation, movement, arts/crafts, etc."
- 7.
- Indicated the person-centered Crisis Plan will include detailed methodology on how to respond to a future Crisis.
- Plans to encourage Youth to keep their Crisis Plan somewhere in view and/or easily accessible; and Youth will be encouraged to remain connected to their social supports to deter future Crises.
- Stated, upon discharge, Youth will have a list of people, strategies and locations that will be their "go-to" supports, and the Crisis Plan will include the six (6) strategies for avoiding future Crises: warning sign identification; internal

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coping strategies; settings and people that provide distraction; people to ask for help in a Crisis; professionals and services to contact during a crisis; and making the environment safe “(Plan for Lethal Means Safety)”.

I. Telehealth

1.

- Plans to utilize telehealth to supplement their in-person service delivery; and will utilize telehealth when psychiatric, clinicians and/or nursing staff are not on-site for service delivery – which Bidder indicated will be rare.
- Described their Portland Crisis Center’s telehealth set-up, unclear if Bidder intends on doing the same for their anticipated Lewiston Center.
- Stated telehealth can be helpful when virtual interpreters are necessary.
- Stated psychiatric care can be accessed for consultation after hours.
- Plans to have “portable carts with appropriate technology and tools to support comparable quality to in-person service delivery, as [they] have done since COVID-19”.
- Bidder also stated, “Staff are trained and resources are already in place.” It is unclear to this evaluator if the Bidder is suggesting they already have staff hired and trained for the Center, and it is unclear what “resources are already in place” is referring to. No further detail was provided in the proposal as it relates to this sentence.
- Stated Center will have adequate and appropriate space to ensure privacy and confidentiality for all Participants; however, did not describe in detail exactly how they will ensure the privacy and confidentiality of Participants and their family and other natural supports who utilize Telehealth services (I.1.b.).

J. Linkages and Warm Handoffs

1.

- Staff to ensure all Participants know they are welcome back at the Center at any time for support and check-in, and will ensure, based on assessments, that referrals are provided for the “right” level of service to help ensure success.
- Plans to provide referrals to behavioral health; SUD related providers; housing assistance; food and basic need resources; clothing; benefit coordination and application; primary care providers; and syringe programs.
- Plans to access Care Managers they are networked with for support and coordination of guests’ involved service providers.
- Plans to replicate their Portland Center’s no-wrong-door approach, ensuring continued follow-up with individuals until they are fully connected with other services.

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2.

- Stated discharge planning will include warm handoffs to service providers and community resources and will include printed out documents with referral and resource information for service and treatment needs for all Participants, including the hotline number and other local providers.

3.

- Indicated they will make initial contact through calling the statewide crisis number (1-888-568-1112) and asking for a Disability Services (DS) crisis worker in that area to communicate to the DS crisis worker the individual's needs for support and planning. Information to be provided will include the individuals' presentation, concerns, and requests to access support, as appropriate.
- Stated requests may include accessing support for a DS crisis worker in the moment or requesting support for planning and available support options from a regional DS crisis case manager; and stated support may include consultation, education, and development of a crisis prevention plan.
- Stated, as agreed upon with the responding DS crisis worker, their staff may assist with accessing support for the individual through telephone contacts, mobile crisis services or in-home crisis supports.
- Plans to explore options for accessing residential crisis services or emergency transitional housing with the DS crisis case manager and District Team Leader, if needed and available.
- If needed, and as required, Center staff will make reports and referrals to Adult Protective Services.
- Stated additional support from OADS will be facilitated with the support of the DS crisis team.

4.

- Plans to provide coordinated services after treatment through warm hand-offs to local providers, as needed and requested, to address the needs guests will have after they leave the Center.
- Stated their agency's Harm Reduction Services are based out of their Lewiston office and are able to provide free access to sterile syringes, Naloxone, wound care/first aid supplies, safe sex supplies and basic hygiene products through their SSP.

K. Staffing Requirements

1.

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- Stated staff will include: Crisis Worker (MHRT-CSP); Psychiatric Nurse Practitioner (PNP); Clinician (specific license/certification not indicated); Certified Intentional Peer Support Specialist (CIPSS); Registered Nurse; Addiction Specialist; and Crisis Receiving Center Director.
 - In the job description for the Crisis Receiving Center Director, it indicates that the staff person in that position must be independently licensed as an LCSW and is required to maintain that license throughout their employment duration.
- Stated their current anticipated staffing plan projections are based on the current “award ceiling” indicated in the RFP and reflect the minimum required staffing levels to implement the program.
- Indicated they will likely require additional staff to meet service demands by Year 2, indicating a desire to staff their Lewiston Center following their model at their Portland Crisis Center.
- Stated, should additional funding be available for year 2, Bidder plans on providing “more comprehensive staffing to meet the needs of the community, reduce wait times, and ensure a safe space based on [their] successful model in Portland.”
- Indicated they had thirty-two (32) staff at their Portland Crisis Center in their 2024 fiscal year to meet populations’ needs.
Proposed additional staffing for year 2 and associated increased cost was not indicated in this response.
2.
- Stated, “All staff will be required to undergo training and will maintain a valid and in good standing Maine license to practice as a Licensed Clinical Professional Counselor or Counselor-Conditional as defined in 32 M.R.S.A Chapter 119, Licensed Clinical Social Worker, Licensed Master Social Worker or Licensed Master Social Worker – Conditional Clinical, as defined in 32 M.R.S.A. Chapter 83, or as a Psychologist as defined in 32 M.R.S.A. Chapter 56. Registered Nurse as defined in 32 M.R.S.A. Chapter 31.” The intent of this statement is unclear to this evaluator (i.e., will all staff be required to be licensed in one of the listed licensures, or is this specific to certain position(s)?).
- Stated their human resources (HR) department ensures valid, in good standing licensing through ongoing monitoring, tracking in their HR database, and through communicating with providers and management when a renewal date is approaching.
3.

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- Plans to provide a supervisory structure for the program that will meet licensing and credentialing requirements and also provide high quality supervision to support staff retention, job satisfaction, teamwork, and delivery of high-quality care.
 - Director, a clinician, will be the primary supervisor for all Center staff; and will supervise clinicians and provide weekly individual supervision for each clinician.
 - Plans to have Crisis workers receive weekly supervision from a clinician; and Peers will receive supervision from the Lead peer twice a month, or more frequently as needed (i.e., “for newer staff”), and will meet with the Director as needed.
 - Stated Peers will also participate in twice a month group supervision led by the lead Peer.
 - Plans to have nurses meet with the agency’s Director of Nursing monthly, and supervision with the Director to be done, as needed.
 - Stated all supervision is documented on their supervision note templates, saved on their shared drive and accessible by their HR and CQI departments, as needed, for auditing purposes to ensure supervision is occurring at the required frequency for each staff.
- 4.
- Their HR department will work closely with program managers and hiring managers (Program Directors and Associate Directors) to post open positions for the Center as soon as needed to fill the positions for start-up.
 - Stated their hiring process is a “team process”, beginning with a meeting with stakeholders to fully understand the open positions, qualifications and timing needs for the agency.
 - Stated their Portland Center had a retention rate of 81% for FY24.
 - Described technological systems utilized for recruitment, job posting and application review, with jobs posted on multiple job boards including Indeed, Monster, ZipRecruiter and LinkedIn.
 - Stated time to fill vacancies varies based on position and required expectations, however, they are often able to fill positions within 4-6 weeks for direct care positions, “and a bit longer for clinical staff”.
 - Plans to have new staff participate in on-the-job shadowing for two (2) to four (4) weeks onsite.

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- Stated staff will be offered to go to training for De-escalation, and if someone is hired without MHRT-CSP, they will participate in the applicable MHRT-CSP training with their Director of Adult Behavioral Health.
- Stated staff will also shadow their agency's ACT team in order to know their community partners and provide an opportunity to interface with different parts of the local community.
- Provided Attachment 7.
- Plans to conduct recruitment, onboarding and retention in alignment with SAMHSA best-practice to maximize their proposed Center's success.
- Indicated new employees will receive an initial orientation with job training to start on the staff's first day of employment.
- Stated specific training curriculum will vary depending on position.
- Annual trainings required for all employees include trainings on HIPAA, Health and Wellness, Professionalism, Mandatory Reporting, and Corporate Compliance.
- Stated topics such as treatment modalities, program regulation requirements and specific behavioral interventions are built into position-specific curricula.
- Indicated, for trainings that require outside training, they ensure staff enroll in and attend those trainings as soon as they are offered.
- For retention, stated they will offer competitive compensation and benefits to crisis workers, including healthcare and retirement benefits; and they will support career development by informing crisis workers on advancement requirements, having open discussions surrounding career goals and through providing resources for continued education and training.
- Supervision will include constructive and strengths-based feedback.
- Plans to offer flexible scheduling options, whenever possible, to promote work-life balance and provide needed breaks from crisis response work to help prevent burnout and associated problems.
- Plans to ensure their crisis staff have access to resources to support mental health and well-being, including peer support, education on mental wellness and access to referral resources.
- Plan to have all Center staff professionally trained on resilience, preventing burnout and wellness.
- Stated they are committed to creating a culture where employee health is prioritized, and staff are encouraged to discuss any health concerns with their immediate supervisor. When concerns are voiced, agency's supervision will

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take concrete steps to address the issue; e.g., through support accessing EAP, scheduled time off, and additional support in the milieu.

L. Staff Training Requirements

1.
 - Met requirement for CIPSSS certification requirements and stated they have tracking processes in place that are supported by the Director and the Lead Peer to ensure compliance with CIPSS training requirements.
2.
 - Stated they have a current CIPSS staff member that is interested in moving into a Lead Peer role at the Lewiston Center who has completed the required Peer Support supervision training.
 - Indicated they track trainings through their own training modules and via the Relias System.
 - Stated trainings such as CPR are provided at required intervals to ensure consistent certification (every two (2) years) and de-escalation techniques such as Therapeutic Crisis Intervention or the Mandt System are made available annually. It is unclear to this evaluator if the de-escalation technique trainings include an ongoing annual training requirement, or if this training is optional.
 - Stated their agency has an annual training schedule; and Supervisors and HR monitor progression of training completed, and, when meeting regularly with staff, reiterate the need to train or check in with staff to ensure they fully understood what was taught, and if they have any further questions.
3.
 - Indicated trainings are tracked within Relias and through their agency's training center.
 - Stated orientation trainings are completed within sixty (60) days of hire and begin on the first day of employment.
 - Included a non-inclusive list of internal trainings that new hire and ongoing staff will be required to undergo, including abuse and mandated reporting; child/human development; co-occurring disorders; cultural diversity; older adults/mental health; medication side effects; consumer/parent perspectives; rights and consent decrees; suicide prevention; and cultural awareness and humility.
 - Stated they are aware that the Department is developing a new curriculum, and they will require all Center staff to be trained in the new Crisis model.
- 4.

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- Stated all new staff will participate in the orientation and training listed previously, and existing staff complete annual training.
- Stated required training includes training on: mandated reporting; trauma-informed care; and cultural awareness and humility, including how to ensure culturally affirming care for those presenting in Crisis.
- Stated staff receive a comprehensive schedule of trainings when they join the agency, and annually.
- Indicated they often engage subject matter experts when necessary, and trainings occur at staff meetings with additional consultation available, as needed.
- Stated staff receive training in harm reduction, community integration, trauma resiliency and cultural competency through the MHRT-C curriculum.

M. Other Staff Engagement Requirements

1.
 - Did not meet the requirement – Bidder’s response to this item (M.1.) was a copy and paste of their response to “L.4.”. Bidder’s response did not address the requirements of “M.1.”.
2.
 - Plans to track compliance for Peer Support Specialists’ attendance at monthly co-reflections, with support provided to CIPSS staff to register in the monthly co-reflections, as needed; and Peer Support Specialists will participate independent of their direct supervisor.
 - Plans to ensure scheduling allows for co-reflection participation.
3.
 - Will ensure collaboration among their multidisciplinary team at the Center is aligned with IPS values; will do so through utilization of their experience doing this at their Portland Center; and will establish their structure and procedures/protocols at the Lewiston Center based on their Portland Center’s learning and expertise.
 - Plans to offer all guests Peer Support upon entry at the Center, including notification that accessing Peer Support is up to the guest, and if declining Peer Support at the moment, may still access such at any time during their visit or a future visit.
 - Will ensure signage and posters throughout the Center regarding availability of Peer Support.
 - M.3.b.i.-iii. – met requirements.
 - Did not address M.3.b.iv.

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- Plans to offer individual and group Peer Support.
- Stated clinical staff and Peers will work together as a team in their Crisis Center milieu.
- Stated their lead Peer will provide ongoing consultation and education to clinical staff.

N. Administrative Requirements

1.

- Indicated all referrals, including if none are needed, will be documented; and is a required field in their electronic health record.
- Stated they currently have many related policies in place due to their existing Portland Center, and any additional policies needed will be drafted or amended through CQI in conjunction with program leadership, with collaboration from their Portland Center's program leadership.
- Policies, procedures and protocols to be provided to the Department for approval within six (6) months of the start of the initial period of performance.
- Bidder listed current policies to be implemented: client incident reporting procedure; disposition planning procedure; medication adherence monitoring and drug testing policy; medication count form; medication lock box expiration log; BH dosage plan for buprenorphine/naloxone "mg."; BH controlled substance/medication agreement; Crisis Receiving Center morning group consent form; overnight/weekend order and medication administration record; and outpatient informed consent.
- Did not address N.1.b.

2.

- Indicated extensive experience with critical incident reporting policies, procedures and processes and stated they are able to complete these in a timely manner.
- Stated their adult critical incident reports are also recorded in their EMR and require supervisory approval.
- Demonstrated an understanding of the process for incident reporting.
- Stated they have an internal email communication that gets triggered to their Executive Leadership Team and Continuous Quality Improvement (CQI) if an incident is reported as level 1.

3.

- Plans to track referrals made for guests using processes currently used at their Portland Center.

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- Indicated, as part of every initial assessment for a new episode of care, and for every follow-up assessment, the clinician or crisis worker will document if any referrals were made as part of the encounter utilizing a drop-down menu of options, including a ‘no referral made’ option, with the ability to provide more specific information for each option indicated.
- Stated they are able to run reports regarding referrals made, giving them information on an individual level and on trends regarding guests’ needs.
- Indicated respect for Participant choice regarding where they will choose to continue treatment.
- Stated they have positive, collaborative and “important” working relationships with many primary care providers and health systems in the area that offer in depth health care services and will make referrals as needed.
- No specific language included addressing referrals to: Section 13 Targeted Case Management Services (3.a.i.1)); Section 65 BH services for Outpatient Treatment (3.a.i.3)); Section 92 BH Home Services (3.a.i.4)); applicable community resources including healthcare, domestic violence and sexual assault centers (3.a.ii.); Housing Services (3.a.iii.); and CCBHCs (3.a.iv.).

4.

- Plans to utilize Netsmart’s myEvolv electronic health record, which Bidder notes is configurable and security can be set to allow or restrict access to clients and their records, as indicated.
- Stated, if a client receives additional services from their agency, the crisis plan will be accessible to their provider in that program. Unclear if Participant choice and consent will be required for crisis plan information sharing within the agency.
- Stated all Crisis staff will have access to data for all clients receiving Crisis services and will enter individual services’ data as part of the larger integrated Crisis assessment; with the assessment to conclude with a disposition or Crisis services discharge plan.
- Bridge Services provided after the initial Crisis will be documented in charts through the use of “follow-up events”.
- Stated all staff receive training on confidentiality and will enter data in the Department’s Designated System in compliance with the MaineIT Rules of Behavior Policy.
- Will implement risk assessment and vulnerability scanning through monthly scans of network equipment for vulnerabilities that will lead to remediation, if needed, and as indicated by their information security policy.

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- Stated their agency plans on expanding vulnerability scanning to all internal assets on a monthly basis in the upcoming fiscal year.
- Stated all endpoints, servers, end user accounts and network gear are monitored 24/7 by a multilayered Security Operations Center team that utilizes “next generation firewalls” and Endpoint Detection and Response (EDR)/Managed Detection and Response (MDR) security platforms.
- Stated, in the event of an unauthorized disclosure of information, the process would fall under their Incident Response Plan, and they will follow all legal obligations as advised by legal representation should a breach event occur.
- Addressed complying with all Federal and State laws regarding protection of confidential information and will comply with the confidentiality requirements outlined in the State of Maine IT Service Contract. However, did not address notification to individuals in the event of unauthorized access or disclosure (part of N.4.d).

5.

- Will ensure Community Engagement through completing and engaging in monthly public education and promotional activities through Open Houses and Department-approved media outreach and targeted communication once the Center is open to the public.
- Plans to host two (2) days of Open Houses to ensure the largest engagement of county participation, with invites created and emailed to: municipal leaders; town councils; law enforcement; area hospitals; legislators; the Department of Corrections; the Androscoggin jail; Juvenile Corrections Officers; other BH and SUD providers; immigrant-led organizations and organizations serving immigrant communities; public health educators; local schools and universities; veterans organizations; and community members.
- Plans to have invitations “go out through a curated list of local stakeholders and representatives” specific to the geographical location or those with vested interest in the service or location; their Mailchimp service list of seven hundred twenty-seven (727) recipients; and “advancement list” of two thousand eight hundred twenty (2,820) individuals and providers.
- Plans to use multiple emailed invitations, to be followed up with by direct emails from staff that have relationships with the organizations and groups that are involved in the community.
- Plans to share the invitation with associations and groups that their agency and the former Tri-County Mental Health Services (TCMHS) actively participate in, including: the Western District Coordinating Council; the Lewiston/Auburn

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Public Health Committee; the Elmina Sewall grantees; and the Maine Military Community Network. A description was provided for each of the listed associations/groups.

- Plans to also reach out to their partners in this work, including area hospitals, county emergency medical services, county municipalities and county mobile crisis services.
- Plans to engage in additional outreach to: the Lewiston Auburn Metropolitan Chamber of Commerce and other County Chambers; Trinity Jubilee; NAMI; Kaydenz Kitchen; the Auburn Drop In Center; Maine Immigrant and Refugee Services; the Somali Bantu Community Agency; New Mainers Community Health Initiative; B Street Clinic; organizations serving individuals with intellectual and developmental disabilities, including John F Murphy Homes, Happy Haven, and Margaret murphy Center; youth organizations such as the Boys and Girls Club and Tree Street Youth; and local Councils on Aging.
- Stated their Open Houses will include a brief overview of program offerings, guided tours and will include rack cards describing services that can be taken back and shared with the community.
- Stated they also anticipate participating in a ribbon cutting at their Lewiston Center entrance with the Lewiston Auburn Municipal Chamber of Commerce.
- Plans to provide, at least monthly, ongoing public education and promotional activities.
- Agency's marketing department will work collaborative with Center's program leadership to develop a social media campaign informing the public about Center availability and its core programming.
- Plans to invite the Department to participate in media planning during their monthly meetings and all media outreach and targeted communication regarding the Center will be shared for Department approval prior to external sharing.
- Plans to share information regarding the Center through: agency's external newsletter; social media (Facebook, Instagram and LinkedIn); press release drafted in collaboration with the Department for release to their contacts at thirty (30) media outlets in Maine; sharing of Center information when they have a display table at community events, and at other events including their annual fundraiser, Pride events, the Northern New England Conference on Child Maltreatment, the Southern Maine Autism conference and Unum Mental Health Fair; sharing of Center information two to three (2-3) times per year at the Southern Maine Community College and UNE; and quarterly information sharing at MaineHealth Maine Medical Center during staff meetings for care

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management teams, emergency department staff and psychiatric staff meetings.

- Plans to facilitate monthly stakeholder virtual meetings for the first six (6) months of program delivery, and then bi-monthly or quarterly thereafter; allowing them to troubleshoot challenging areas, build relationships, discuss patterns within communities and celebrate successes; and they may also provide educational sessions on other services and work provided by the agency.
- Plans to have program leadership present information and updates to area city and town councils at least once per year, in tandem with law enforcement and their EMS colleagues to keep them informed on the program and its community impact.
- Will develop and obtain Department approval prior to distribution of any marketing and outreach material.
- Agency's Communications Manager and Center program leadership will draft a communication and outreach plan to be shared with the Department for input and approval prior to moving forward, will incorporate Department feedback and finalize with Department approval for all external communications.
- Stated all public relations and social media materials will be reviewed with the Department, ensuring endorsement prior to publication or external distribution.

6.

- Stated their agency has a robust Continuous Quality Improvement (CQI) process that includes yearly program reviews; random documentation quality and compliance reviews; regular peer reviews; and monthly documentation quality and compliance monitoring and reporting.
- Plans to ensure quality assurance and data collection through collaboration between Center staff and agency's Department of Continuous Quality Improvement (CQI).
- Center staff to track and record all data for each client interaction, including services received and duration of stay; and CQI will regularly produce outcome reports summarizing data collected at the Center, with reports to be shared with Center leadership for information on overall Center functioning and as a basis for any potential adaptive changes.
- Plans to administer client feedback surveys, through provision of a satisfaction survey provided upon disposition to each client in order for Participants to provide their perspective on Crisis services. Stated the short survey will include an open feedback section and several yes or no questions; and Bidder

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RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Androscoggin County

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DATE: 5/20/25

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

<p>included two (2) example questions that will be included in their client satisfaction survey. Stated, data from surveys will be continuously updated and analyzed, with data summaries from CQI presented to Center leadership for improvements.</p> <ul style="list-style-type: none">• Bidder did not address administration of a Department-approved participant satisfaction and provider (including law enforcement) surveys (6.c.), nor did Bidder address collecting and reviewing survey results for identification of strengths and opportunities and sharing recommendations with the Department (6.c.i.).• Agency's CQI will also conduct an annual program evaluation comparing targeted outcomes versus actual outcomes (e.g., number of clients seen) and will perform quality file reviews. For the quality file reviews, stated CQI team will draw a random sample of client files, analyze the data contained within, make evaluations from the data and will provide their insights to Center leadership for program revisions, if needed.• 6.b. – met requirement.
<p>7.</p> <ul style="list-style-type: none">• Plans to notify the Department ahead of time regarding all stakeholder group meetings by email.• Plans to comply with any request for ad-hoc reports, as requested.
O. Performance Measures
<p>1.</p> <ul style="list-style-type: none">• Met requirement.
P. Reports
<p>1. & 2.</p> <ul style="list-style-type: none">• Met requirement, with detailed response provided regarding the specific staff position that will be responsible for each listed report.
2. Staffing
<p>a.</p> <ul style="list-style-type: none">• Stated program oversight and supervision will be provided by the Director of the Crisis Receiving Center, and should additional funding be available, they anticipate increasing staffing as needed, based on the Center's utilization needs.• Job descriptions were provided for: Crisis Receiving Center Director, required to be a LCSW; Addictions Specialist, required to meet and maintain the legal requirements for practicing medicine, including a DEA certificate and a DO/MD or PNP; Clinician, requiring a master's degree and clinical licensure of LCSW

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<p>or LPCP preferred; Crisis Worker, bachelor's degree required, and "MHRT-C certification or MHRT-C eligible"; Certified Intentional Peer Support Specialist, with CIPSS certification required within first year of employment; Nurse; and Psychiatric Nurse Practitioner.</p> <ul style="list-style-type: none">• Elsewhere in the RFP, Bidder indicated Crisis Workers would have MHRT-CSP, however, the job description provided for Crisis Workers only refers to MHRT-C. The RFP also requires MHRT-CSP staff, not MHRT-C staff as a minimum requirement (K.1.a.). No job description provided included an MHRT-CSP requirement for the position.• Elsewhere in the RFP, Bidder indicated CIPSS staff would have lived experience, this was not indicated in the job description as a requirement for CIPSS. The RFP requires Peer Support Specialists to have lived experience in navigating mental health Crisis services (C.4.).
<p>b.</p> <ul style="list-style-type: none">• Stated they employ a Director of Facilities and Fleet that will have project oversight responsibilities, including management of subcontractors who will be performing design, planning, construction and renovation tasks.• Stated program leadership at the Center will also be integral to oversight and management.• Stated, if there is a contractor for client-facing services, their CQI department will examine the contract and ensure that it complies with licensing rules.• Minimal detail provided as it pertains to specific subcontractor/consultant anticipated interactions with the organization.• Specific anticipated subcontractors/consultants to be utilized is unclear.
<p>c.</p> <ul style="list-style-type: none">• Stated, should additional funding be available, they anticipate working with the Department to increase staffing "to be more in alignment with the Crisis Receiving Center in Portland" based on their experience and lessons learned from that model. Specific, anticipated additional staffing needs were not indicated.• Plans to have a minimum of four (4) staff present during daytime/early evening hours with a minimum of three (3) staff present at the facility during late evening/overnight hours.• Proposed minimum staffing position titles and time allocation are: 1.0 FTE for the Program Director; 0.1 FTE for the Addictions Specialist; 1.0 FTE for Clinician; 7.2 FTE for "MHRTCSP" Crisis Workers; 5.4 FTE for CIPSS; 1.4 FTEs for Nurse (RN); and 0.5 FTE for the Psychiatric Nurse Practitioner.

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- The RFP requires Clinical consultation be provided through an on-call psychiatrist or a psychiatric nurse practitioner, with Clinical consultations available 24/7/365 (G.2). Given the Psychiatric Nurse Practitioner only has an anticipated 0.5 FTE and the Clinician only has 1.0 FTE it is unclear if the Bidder has sufficient anticipated staffing to meet the 24/7/365 Clinical consultation availability requirement.
- Provided information regarding first and second shift, and specific anticipated staff scheduling hours per position.
- Bidder also included information regarding Lewiston Center leadership positions.
- Bidder included an additional table called Staffing Schedule with their Staffing Plan attachment. This evaluator is unsure how to interpret this table as it pertains to the FTE previously indicated (seemingly incongruent to previously stated FTE for Crisis Workers and CIPSS).

3. Implementation - Work Plans

- a.
 - Stated their work plan/timeline for program construction and renovations are based on their prior experience with their Portland Crisis Center, and with contractors and an architect that is familiar with their Lewiston facility.
 - Stated many aspects of their design and approach are based on their experience at the Portland Crisis Center and plan to put tile in bathrooms; two (2) bathrooms, including a full bath for one (1) of the two (2) bathrooms; and two (2) washers (recommended by current Portland Center management and staff).
- Stated a subcontractor will be working on construction and renovation and an architect will be designing and planning the project. Stated, if awarded, they “will go through a formal selection process that is consistent with [their] current procurement policies.”
- Provided construction and renovation work plan and timeline in a timeline chart, with specific tasks indicated.
- Did not indicate the person or position responsible for each task.
- Did not indicate which specific tasks would be completed by subcontractors in the work plan.
- Hosting of open houses are scheduled for 3/31/25 and 4/30/2026.
- The construction work plan, and many specific tasks contained therein (e.g., selective demo and framing), continues through 6/30/2026; with “Final walk

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through Certificate of Occupancy” indicated for 12/31/2025 through 6/30/2026. Specific anticipated building readiness/construction-completion date is unclear.
<p>b.</p> <ul style="list-style-type: none">• Stated their work plan has a timeline for program development and implementation tasks during quarter four (4) of year one (1) from time of award.• Stated they have an internal checklist for “all new program start up” which they have expanded for Attachment 11 – work plan for implementation of the BH Crisis Receiving Center services.• Stated only task to be delegated to a subcontractor will be for construction and renovations with a contractor and architect.• Provided work plan and timeline for service implementation, in a timeline chart, with specific tasks indicated.• Did not indicate the person or position responsible for each task.• Plans to start completing MOUs with community partners and collaborating with them starting September 2025.• Plans to execute their marketing plan February 2026, work plan does not include Department review and approval of the marketing plan.• Plans to apply for the Crisis Services Module August 2026.• Bidder’s timeline did not include obtaining enrollment for Crisis Resolution Services through Section 65 BH Services once the Crisis Services Module has been attained.• Plans to have facility licensed, including necessary fire and health inspections upon completion of instruction, with time frame noted as January 2026 – March 2026.• Plans to submit policies for Department review from December 2025 to January 2026. Plans to submit their hiring, onboarding and training policies and protocols to the Department for review in January 2026.• Plans to post positions starting January 2026, with varying sign-on bonuses, as needed.• Plans to hire their Director for a “February 1 start” and plans to “Begin hiring planned May 15” March 2026 – April 2026.• Indicated a non-exhaustive list of required trainings for onboarding staff.• The programming timeline seems to suggest services at the Center may begin around June 2026.

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DATE: 05/17/2025, 05/18/2025

EVALUATOR NAME: Ellie Larrabee

EVALUATOR DEPARTMENT: OBH/CBHS

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">• Met Requirement
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Extensive overview of the organization to include adults and child related services. – i.e. Foster Care, PNMI (adult/child), Community Services to support schools, immigrant families, co-occurring recovery, CCBHC• Living room crisis center serving 14 years and older since 2022• Experience with grant management• 65 years' experience in behavioral health services
2. Subcontractors
<ul style="list-style-type: none">• Bidder intends to subcontract for construction needs
3. Project Team Organizational Chart
<ul style="list-style-type: none">• Bidder included proposed org chart
4. Litigation
<ul style="list-style-type: none">• 5 active lawsuits. 4 closed/settled lawsuits since 2022
5. Financial Viability
<ul style="list-style-type: none">• Bidder provided 2 years of financial statements• Discontinued "residential programs" and "a day treatment program" in 2022
6. Certificate of Insurance
<ul style="list-style-type: none">• Bidder provided certificate of insurance, Cyber liability expiration date 06/04/25
Part IV, Section III Proposed Services
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ol style="list-style-type: none">1. Bidder will provide 8 private spaces with expanded use of congregate spaces as safety and staffing allow2. Identified facility in Lewiston has a private side entrance for law enforcement drop off3. Layout/design will be based on principles of trauma informed care4. Bidder identified plan to reduce stigma and trauma i.e color schemes, Lighting, and social/private spaces

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5. Bidder will renovate space to accommodate youth outpatient chairs (of 8) for 2 transition age youth Q-process if all 8 chairs are occupied by adults?
B. Crisis Center Standards, Licensing, and Operations
1. Bidder currently holds multiple contrasts with the SOM that require bidder to maintain licensing and certificates Bidder will maintain enrollment as MC provider I-Lewiston location is a state certified syringe exchange P-Bidder will expand current MOU to include CRC, CMHC, St. Mary's Regional Medical Center, DOC, and the Androscoggin County Sheriff's Department. P-Nursing will be able to provide wound care. Program will provide wound care supplies with referral to local hospitals as needed
2. Peer and crisis support will be provided on an individual basis and will leave with a comprehensive plan developed with client
C. Crisis Service Delivery Methodology
1. Bidder will utilize TI practices tailored to all those being served 2. TCMHS was acquired by the bidder in 2024 (agency has 25 years of experience). Bidder has 5 years of experience providing clinical consultation to CW within District Offices TCI MANDT training will be provided (1 st 3 steps) and have 24/7 support from medical and clinical staff P-Bidder will offer additional staff training in the Stanley-Brown Safety Planning Intervention 2. Bidder has identified a current assessment tool for utilization P-Clinician will also be available for back up consultation after hours 3. Bidder currently employs 18 peer support staff at their Portland CRC 4. Bidder currently utilizes SAMHSA guidelines in Portland CRC program 5. Bidder currently utilizes the Stanley-Brown Safety Planning Intervention and has completed over 1200 crisis assessments and crisis plans in calendar year 2024 6. Bidder currently utilizes the C-SSRSS and has completed over 1500 crisis assessments I-Bidder indicates 2.27% of clients require hospital LOC following a C-SSRS
D. Other Service Delivery Requirements

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EVALUATOR DEPARTMENT: OBH/CBHS

1. Bidder currently follow ROR for both adults and children and offer a printed summary of ROR to client
2. Bidder has established positive working relationships with local law enforcement, ambulance providers, and hospital EDs with identified plan for reaching out when needed
- I-11% of referrals come from PD, Hosp., or mobile crisis providers
3. Bidder has an established process in place for determining LOC and complex crisis situations
4. Bidder currently utilizes PSHP system through Common Ties in Lewiston along with a contract with the City of Lewiston to provide a landlord liaison
- Bidder indicates staff will be trained to become an approved Coordinated Entry site through the receiving center

E. Crisis Center Intake and Triage

1. Bidder currently utilizes medical triage developed by a community working group and will incorporate within RC. Positive scores will necessitate further assessment by a nurse
2. Bidder currently utilizes AC-OK and PHQ-9
3. Bidder agrees to comply
4. Bidder is OPTIONS provider and currently has 6 staff in Lewiston, Auburn, and Lisbon who also provide SUD treatment, Project Support You (PSY)
- Bidder has identified 9 established agencies that will be utilized for referrals
5. Q- Minors and Title 22 be honored

F. Crisis Plan Development

1. Bidder met requirement
2. Bidder indicates they will document referrals to community providers in crisis plans
3. Bidder has identified an established plan that is currently utilized at LCRC

G. Outpatient Chairs

1. Bidder indicates they will implement utilization of currently established within the LCRC
2. Bidder will establish in person and on call staff as is currently being offered in the LCRC
3. Bidder indicates clients will utilize pantry style atmosphere and staff can make a sandwich or warm food as indicated

H. Additional Crisis Services for Transition Age Youth

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EVALUATOR DEPARTMENT: OBH/CBHS

1. Bidder indicates over 60 years of experience serving transitional age youth with robust CBHS programs.
Staff will receive transitional age training (through Relias) within 60 days of hire in addition to other training courses MI and ARC may be included.
2. Bidder addresses suicide risk and co-occurring disorder.
P-Staffs trained in family engagement
N-Bidder did not identify how they would screen for eating disorder
3. Q-Bidder will attempt to reach the individual's parent or guardian to engage them and involve them in the planning process-Title22
4. Bidder met requirement
5. Bidder is transitioning from TCI to MANDT and will have staff trained in the first 3 components of the MANDT system Solution
6. Bidder will utilize music, meditation, movement, arts/crafts, reading, support people, sponsors
7. Bidder identified detailed plan

I. Telehealth

1. Bidder will replicate the LCRC program and utilize telehealth in very rare instances due to 24/7/365 nature of program

J. Linkages and Warm Handoffs

1. Bidder has identified support staff including care managers who will facilitate referrals to the appropriate community-based resources as well as returning to program with a no wrong door approach
2. Bidder indicates discharge planning will include warm handoffs to service providers and community resources as well as printed out documents along with referral and resource information
3. Bidder indicates extensive experience collaborating with the OADS crisis system and will connect to DS crisis worker via the crisis call line
P-Further assistance can be given to access residential crisis services, emergency transitional housing, and adult protective services
4. P-Bidder currently offers resources, connections to help, recovery coaching HIV/HEP C testing and support

K. Staffing Requirements

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1. Bidder listed current staff.

N-Bidder did not address how the bidder will employ and/or contract an adequate number

2. Bidder met the requirement.

Bidder indicated Attachment 8 (job descriptions) and Attachment 9 (staffing plan) would detail staffing requirements and qualifications

3. P-Bidder indicates supervision will support requirements and additionally support staff retention, satisfaction, teamwork, high quality care delivery to all participants.

4. N-Bidder did not outline how retention would be ensured

L. Staff Training Requirements

1. Bidder met requirement

2. Bidder met requirement

3. P-Bidder provided an extensive list of new hire and current staff trainings

4. Bidder met requirement

M. Other Staff Engagement Requirements

1. Bidder advises they have regularly scheduled staff meetings to address all requirements; indicating CIPPS do not attend clinical meetings to ensure clinical information does not influence the CIPPS/client relationship

2. Bidder met requirement

3. Bidder met requirement

N. Administrative Requirements

1. Bidder has existing policies in place and indicates they will draft any additional policies necessary

2. Bidder reports current experience with this

I-Level 1 reports are shared via internal communications with executive leadership team and CQI

3. Bidder indicates they have established relationships through LRCC for referrals

4. Bidder utilizes Netsmart's myEvolv HER for documentation and will comply with state and federal regulations

5. P-Bidder will facilitate a monthly stakeholder virtual meeting for the first 6 months of program delivery then bi-mo thereafter

6. Bidder met requirement

7. Bidder indicates they will ensure compliance

O. Performance Measures

1. Bidder indicates they will comply

P. Reports

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- | |
|--|
| 1. Bidder indicates they will comply |
| 2. Bidder indicates they have experience with timely reporting |

2. Staffing

- | |
|--|
| a. Bidder met requirement |
| b. Bidder has an established employee to oversee subcontractor |
| c. Bidder met requirement |

3. Implementation - Work Plans

- | |
|--|
| a. P-Bidder has taken current staff and management recommendations into consideration when designing work plan |
| b. Bidder met requirement |

Part IV, Section IV. Cost Proposal and Budget Narrative
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C.

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DATE: 5/19/2025

EVALUATOR NAME: Brianne Masselli

EVALUATOR DEPARTMENT: DHHDS, Office of Behavioral Health Adult Services

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">• Provider meets eligibility
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Provider delivers a comprehensive continuum of services across the age span• Provider has experience with high acuity services such as 24/7 ACT, MH residential and crisis receiving.• Seats on board for parents, and clients as well as 2 client advisory boards that provide input to the organization.• Well established relationships with law enforcement via Project Support You
2. Subcontractors
<ul style="list-style-type: none">• Yes, for construction
3. Project Team Organizational Chart
<ul style="list-style-type: none">• Submitted
4. Litigation
<ul style="list-style-type: none">• Yes, Disclosed 5 current cases, and 4 closed cases
5. Financial Viability
<ul style="list-style-type: none">• Submitted
6. Certificate of Insurance
<ul style="list-style-type: none">• Submitted
Part IV, Section III Proposed Services
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none">• Provider clearly understands the goal of the model as one of diversion from more costly services• Understand population of services and who should or should not be served at program• Identifies separate entrance for Law Enforcement drop-offs• Will have 8 chairs and will reserve 2 for TAY as well as group space

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- Will utilize trauma- informed design theory to shape the physical space to support.

B. Crisis Center Standards, Licensing, and Operations

- The provider already will obtain the required licensing and enrollment necessary for the program. Location is already enrolled as tier 2 location
- The provider already has strong MOU with several providers in the region and will expand providers to include hospitals.
- **N:** MOU plan did not articulate other community MH/SUD Providers would have liked to see a plan for how they would work with existing mobile teams
- Plan identified with pharmacy during business hours and use of lock boxes after hours, similar plan is also in place at Portland location.
- Policies and procedures will be based on the existing model currently operating in Portland
- Qualified staff identified for prescribing as needed

C. Crisis Service Delivery Methodology

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- Lewiston center will be model of the existing program in Portland which has served over 2,400 clients and 14% of that is TAY
- Able to articulate population served is 24/7 and in accordance with section 65 policy for crisis and individuals can stay up to 23 hours.
- Identify and have experience in delivering services to align with SAMHSA practices.
- Identified multi-discipline team approach when client can choose who on the team to interact with licensed professionals or peers.
- I like the terminology of “guest” feel welcoming and very trauma informed
- Strong cultural awareness and programming for the geographic region including CHOW workers and Trauma System therapy Services underway.
- Identified and utilized best practice models for crisis management including Stanley Brown model for crisis intervention, stabilization and planning. As well as other modalities such as Mandt system training, CISM and CSRS
- Articulated an understanding of secondary traumatic stress, its impact of staff and doing work in these areas and outlined a support plan.
- Has established protocols that are department approved for Medical Assessment. **P:** protocols workign well in Portland
- Peers will be available 24/7 and trained in accordance with State certification for CIPPS as well as by agency
- Client Satisfaction “Guest” surveys are a high priority. **P:** in Portland client reporting high satisfaction
- **I:** TCMHS has a history of delivering mobile crisis services in this region and Spurwink merged with them and hired 83% of the workforce

C. Other Service Delivery Requirements

- Have policy and training in place to ensure compliance with MHRRs
- Will be building off existing relationships with ambulance service, hospitals and law enforcement as necessary and in cases of imminent risk 911 will be contacted.
- Protocols have been established form medical necessity screening and appropriately credentialed staff available to conduct assessments were identified.
- Currently have a contract with the city to offer landlord support and assistance for individuals and familiar with PSH model

D. Crisis Center Intake and Triage

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- Medical triage protocols developed I partnership with community and will be utilized in this center as well.
- Staff are well trained in medical triage protocols
- Experienced in AC-OK administration and training
- Clearly identified pathways for referral and outreach to other SUD provider to support and bridge services as necessary

E. Crisis Plan Development

- Provider utilizes the best practice model i.e. Stanley Browns Safety planning model. Provider also notes plans are shared with guest upon discharged and with consent other service provider necessary to assist maintain stabilization in community.
- Community relationships are a high priority for leadership and currently have a strong history as a provider in the community. This relationship will assist in supports with discharge planning.
- “No wrong door approach” articulated meets the program needs and highlights the flexibility with multi discipline team approach

F. Outpatient Chairs

- The provider noted 8 private rooms w/ chairs as well as group and open milieu space available.
- Proposal highlights appropriate use of center
- Proposal identified healthy snack available as well as some light meals i.e sandwiches, crockpot and mac & cheese

G. Additional Crisis Services for Transition Age Youth

- The proposal identifies the best practice interventions for workign with this age group to build engagement MI, ARC models, Wraparound services and other development training courses available for staff.
- Has dedicated chairs as well as other confidential space if necessary to support needs
- Process of assessment shows accurate use of EBP tools and process to meet the developmental needs of this population
- Family engagement, when safe, with consent, and utilizing a asset -based approach with families and care givers

H. Telehealth

- Appropriate use of telehealth and identified confidential space if needed

I. Linkages and Warm Handoffs

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- No wrong door approach and the ability to return for follow -up until routine care in in place is supported by linkage and warm handoffs
- Person–centered approach utilizing information provided at visit to drive what services are most needed
- Coordination outlined with crisis and call line meets requirements
- Demonstrates knowledge, workign relationships, and approaches to serving ID/DD population
- Harm reduction services in place and strong linkages with other providers in the community

J. Staffing Requirements

- Plans to articulate 24/7 availability of peer MHRT-CSPs and a modified availability to Dr. RN and the Clinical team- this may work for initial implementation
- I: 32 staff in Portland
- Articulated ample supervision and support plan based on the Staff
- I: staff retention 81.25%

K. Staff Training Requirements

- CIPPS plan meets requirements
- Other staff training meets requirements of the RFP

L. Other Staff Engagement Requirements

- Meets requirements

M. Administrative Requirements

- Well-established policies and procedures will be used in this facility based on the success of the Portland Center
- Meets CIR reporting both child and adult
- Has the ability in EHR to track and monitor referrals
- Records management meets requirements
- Community Engagement: Open houses, Education, and promotional sessions with/ strong list of community organizations they plan to contact.
- CQI process meets requirements

N. Performance Measures

- Has significant experience with grant reporting

O. Reports

- Meets requirements

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2. Staffing
<ul style="list-style-type: none">• Experienced w/ staffing 24/7/365 programs and outline required positions• Facility management will oversee the subcontractor for the building• Staff plan clinical and RN are not 24/7; however, they are modeled off Portland
3. Implementation - Work Plans
<ul style="list-style-type: none">• Program plan meets RFP requirements• Plan based on lessons learned in the Portland renovation

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

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INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers - Androscoggin County

BIDDER NAME: Sweetser Services

DATE: 5/28/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: OBH

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">Bidder responded affirmatively to each of the eligibility requirements for this RFP, and provided supporting documentation to this effect
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">Response indicates bidder is the largest provider of Mobile Crisis services, and that they operate 6 residential crisis programs in MaineIndicates experience providing crisis services for both youth and adultsResponse includes reference to delivery of several types of peer services, including the Peer Support Line and Peer training networkIndicates current delivery of OPTIONS program, Tier 2 naloxone distribution, and CCBHC as a demonstration project awardeeProject 1 – Mobile Crisis Provider for several counties – 24/7/365 crisis response services – relevantProject 2 – Crisis Residential Units – short-term crisis stabilization – relevantProject 3 – Integrated Intentional Peer Support – dedicated Director of Peer Support position, CIPSS integrated in a number of related programs - relevant
2. Subcontractors
<ul style="list-style-type: none">None indicated
3. Project Team Organizational Chart
<ul style="list-style-type: none">Project team org chart includes relevant positions totaling 13.7 new FTE and support provided to this project from existing positions in CCBHC
4. Litigation
<ul style="list-style-type: none">The response indicates 6 total cases. 2 settled without trial with payments made, and 4 pending determination
5. Financial Viability
<ul style="list-style-type: none">Audited financial reports for years 2021/2022, 2022/2023, and 2023/2024 appear to indicate financial viability
6. Certificate of Insurance
<ul style="list-style-type: none">Current and valid until 1/1/26

Part IV, Section III Proposed Services

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: OBH

Part II

A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach

1. -Agency has secured a lease for 13,000 former call center above the CCBHC they currently operate.
 - Floor plans included indicate design appropriate for provision of the service requested in this RFP including communal spaces, office spaces, and private meeting spaces. Currently painted soft blue which response indicates creates a calming environment and reduces stimuli
 - Lighting has adjustable hues, and agency plans to purchase furniture such as recliners, rocking chairs, and sofas to achieve a home like feel
 - Private meeting spaces for confidential discussions to include calming decor such as landscape images
 - accessible relaxation area with drinks and snacks will include white noise and sounds from nature
 - clinical spaces will be minimized and kept separate from communal space
 - plan for communal space to include recovery-oriented reading materials, art supplies, cards, games, t.v.
 - transitional aged youth space will be decorated in similar fashion to the adult space, out of sight and sound, but able to be monitored by staff

B. Crisis Center Standards, Licensing, and Operations

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

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1. Current MH License held by the provider includes Crisis Services module, and provider indicates they have been providing walk-in and mobile crisis services at many of their current locations across the State of Maine
Response provides detail for the continued provision of services under this licensure, expansion of the license should the provider be awarded, and licensure of similar services relevant to this RFP
Response includes a list of partners it holds MOU's with from the area which are all pertinent to the service in the RFP
2. Indicates staffing plan allows for 24/7/365 service accessibility
Plan to use the Columbia SSC screening version, with appropriate next steps as indicated by moderate of high rated responses moving on to lifetime version model
Indicates operation of four (4) adult and two (2) youth crisis stabilization units will streamline referrals and stabilization to this level of care when indicated
Indicates existing partnership with youth serving agency New Beginnings in Lewiston will enhance ability to serve local transitional aged youth
Includes broad list of service types as indication of referral base to support participants as needed, including services provided by in-house CCBHC
Plan for cross training in recovery and crisis modality to ensure co-occurring capabilities within multidisciplinary team at Center

C. Crisis Service Delivery Methodology

**STATE OF MAINE
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EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: OBH

1. -Plan to provide person-centered trauma-informed services
Showers, lockers, laundry, and snacks water and coffee will be available to participants
-Staff to be trained in Narcan administration, and bathroom equipped with reverse motion detectors
-Staff will be trained in the six (6) principles of trauma-informed care and supported by the providers trauma-informed advisory committee and develop a safety committee
-Plan to develop a participant advisory board, facilitated by a peer, to help solicit participant feedback
-PHQ9 depression inventory, GAD 7, VA's PTSD Screening, SBIRT, C-SSRS screener version each listed as tools for brief assessment of participant needs
-Plan to use handheld metal detector to screen participants for weapons
2. All non-licensed clinical staff will hold MHRT-CSP
Plan to assess participants using C-SSRC, and provide crisis planning based on results. Participants who are assessed to need a higher level of care will be supported in the referral process. Those who do not indicate a higher level of care will have cases consultation with on-call supervisor.
Plan to provide follow-up support for 60 days
All staff will receive Safety Care Crisis Prevention de-escalation training
3. Psychiatric nurse practitioner available during day-time and evening hours, with psychiatry available on call 24/7. Contracted med-management provider will prescribe MAT and as needed medications
4. Response addresses CIPSS fidelity and IPS practices
5. Plan to develop Crisis Receiving Center handbook based on SAMHSA guidelines for staff education and attestation
6. Met requirement
7. Details screening and assessment tools and staff responsibility to various participate responses –meets requirement

D. Other Service Delivery Requirements

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INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: OBH

1. Indicates accommodations will be provided to address communication barriers
Participants will be provided copy of rights of recipients (adult and youth) at admission
Indicates participants will not be restrained or secluded
2. Plan to develop High Utilizer of Emergency Services community meeting
This plan does not overtly address meeting the needs of high-risk participants who may not be high utilizers of emergency services
3. Describes model for multidisciplinary collaboration ad a modified ACT team, including weekly rounds and external case consultation
4. Response provides detailed plans for participant connection, needs assessment, resource development, and follow up

E. Crisis Center Intake and Triage

1. Plan for nursing team to complete initial medical 'work up' for participants who need an outpatient chair
All staff to be trained in administering Narcan
2. participants will be streamlined into the CCBHC IOP and connected to dually licensed clinicians and have access to groups focused on harm reduction and recovery
3. met requirement
4. plans to have CCBHC care coordinator visit participant prior to discharge to coordinate referrals for appropriate services
provider's OPTIONS Liaisons and Recovery Coaches will provide outreach, education at Center
Plans to refer to community partners when own CCBHC capacity is at max, but does not address client choice for choosing provider
5. Response indicates participants WILL sign a release of information, language used is not person centered, implying participant does not have choice

F. Crisis Plan Development

1. Met requirement
2. Plan to rely heavily on the services co-located at the CCBHC at the site of proposed Center
3. Met requirement with minimal detail

G. Outpatient Chairs

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EVALUATOR DEPARTMENT: OBH

1. Plan to offer mix of peer support, nursing, clinical services, crisis intervention, and observation
2. Plan to use C-CCRS following participant request – full assessment menu includes behavioral health assessment, crisis assessment, medical screening Multidisciplinary team in place to provide various services for comprehensive response to participant needs
3. Proposed location has plan for kitchen able to provide healthy snacks
Plan to respond to dietary needs of participants when able with attention to possible food allergies

H. Additional Crisis Services for Transition Age Youth

1. Response lacks detail
Indicates services for youth will be flexible, strengths based, culturally responsive, and supportive of youth autonomy
2. Plan to use the same screening and assessment tools that will be used for adults, with the addition of the ACOK adolescent screening tool. This evaluator is unsure if these tools are appropriate for use with youth
Nurse will seek consultation on eating disorders
3. Plan to include transition aged youth for multidisciplinary rounds and seek case consultation with local school counselors
Indicates focus on the co-creation of crisis and treatment planning
4. Indicates commitment to include family and guardians in crisis planning as well as follow up
5. Indicates group and one-on-one clinical training opportunities for youth and families in de-escalation, solution-focused treatment, and psycho education techniques
6. Plan to integrate elements of DBT, CBT, MI, and Stages of Change to meet this requirement
7. Plan to develop an advisory board to include youth advisory members to provide feedback on youth empowerment

I. Telehealth

1. Met requirement

J. Linkages and Warm Handoffs

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: OBH

1. Plan to offer groups on various topics and in various modalities to provide support as participants transition to community based services
2. Met requirement – response provides minimal detail
3. Indicates plan for assessment screening to include questions about traumatic brain injury
4. Met requirement – indicates provider resources on the OPTIONS team to support facilitation of referrals and warm hand-offs to SUD and Recovery resources

K. Staffing Requirements

1. Met requirement
2. Indicates use of ALMS system to verify licensure
3. Met requirement
4. Indicates plan to use sign-on bonuses and multiple media avenues to fill vacancies
Indicates provider operated training institute in addition to required training for select positions and in addition to Relias training platform
Exceeds requirement

L. Staff Training Requirements

1. Plan for CIPSS training timeline exceeds requirement of this RFP
Support for meeting CIPSS training requirements embedded in onboarding and supervision process
2. Naloxone administration training provided within 2 weeks of hire date, and required before serving in Center role
Indicates commitment to CIPSS managers training, and indicates CIPSS receive weekly supervision in alignment with IPS fidelity
3. Indicates plan to develop Crisis Receiving Center training plan based on SAMHSA standards. Suggested topical elements are relevant to this work
4. Shares training requirements that meet these requirements

M. Other Staff Engagement Requirements

**STATE OF MAINE
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EVALUATOR DEPARTMENT: OBH

1. Plan for integration of CIPSS into monthly staff meeting aligns with IPS fidelity
2. Plan to leverage organizational trainers at agency to support ongoing training, co-reflection, and regular supervision
3. Plan to train all Center staff on the role of Peer Support staff to ensure appropriate integration of role
Plan to utilize agency's Communications Dept to ensure engaging signage for increased awareness of peer support connections
Plan to market Peer Support line as additional peer service available to participants
Response related to inclusion of Peer Support role aligns with fidelity of IPS

N. Administrative Requirements

1. Response demonstrates commitment to meeting all requirements
2. Plan to use 'downtime' reporting method for when access to online reporting process is limited
Response demonstrates understanding of the Critical Incident reporting process and commitment to meet this requirement
3. Plan to track referral detail within HER platform and report on referrals at varying levels of detail including transitions to and from differing levels of care
4. Detailed response meets all requirements
5. Community outreach/engagement/marketing plan is detailed and meets all requirements
6. Provider plan leverages Quality Team with multiple members from various backgrounds to implement CQI reporting and activities
Providers includes overview of current CQI process as evidence of experience and ability to meet this requirement
7. Provider identifies Director of Crisis as point person for regular communication with the Department
Met requirement

O. Performance Measures

1. Response includes process for assuring accuracy and timeliness of reporting

P. Reports

1. Detailed response includes identification of Director of Crisis as person responsible for reporting – meets requirements
2. Response is detailed and meets all requirements for this section

2. Staffing

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- | |
|---|
| <ul style="list-style-type: none">a. attachment 8 includes staff positions, responsibilities, and minimum qualifications for roles from leadership to direct services staff
Met requirementb. N/A listedc. Project staffing plan provided meets the requirements of the RFP |
|---|

2. Implementation - Work Plans

- | |
|--|
| <ul style="list-style-type: none">a. Renovation work plan displayed in a timeline chart and included staff responsible for each item listed. Met requirementb. Service work plan is displayed in a timeline chart and identifies staff responsible for each activity. Met requirement |
|--|

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Androscoggin County

BIDDER NAME: Sweetser

DATE: 5/19/2025

EVALUATOR NAME: Autumn Hughes

EVALUATOR DEPARTMENT: Division of Program and Fiscal Coordination

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">• Q – Bidder states that they are enrolled in MaineCare with a current Provider Agreement and have the Mental Health Agency License through DHHS DLC Behavioral Health Program. Appendix C notes attachment, but documents not provided in document package.
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• P – Maine’s largest provider of mobile crisis services.• P – Peer support programs embedded in service delivery.
2. Subcontractors
<ul style="list-style-type: none">• P – No subcontractor’s listed.
3. Project Team Organizational Chart
<ul style="list-style-type: none">• Q – Full scope of organization unclear.• P – Project being proposed is captured in the org chart.
4. Litigation
<ul style="list-style-type: none">• Q – Litigation Noted.
5. Financial Viability
<ul style="list-style-type: none">• P – 3 years of financial statements submitted.
6. Certificate of Insurance
<ul style="list-style-type: none">• P – Current Certificate of Insurance submitted.
Part IV, Section III Proposed Services
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none">• P – Requirements met.
B. Crisis Center Standards, Licensing, and Operations
<ul style="list-style-type: none">• P – Requirements met.
C. Crisis Service Delivery Methodology
<ul style="list-style-type: none">• P – Requirements met.
D. Other Service Delivery Requirements
<ul style="list-style-type: none">• P – Requirements met.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Autumn Hughes

EVALUATOR DEPARTMENT: Division of Program and Fiscal Coordination

E. Crisis Center Intake and Triage
<ul style="list-style-type: none">• P – Requirements met.
F. Crisis Plan Development
<ul style="list-style-type: none">• P – Requirement met.
G. Outpatient Chairs
<ul style="list-style-type: none">• P – Requirements met.
H. Additional Crisis Services for Transition Age Youth
<ul style="list-style-type: none">• P – Requirements met
I. Telehealth
<ul style="list-style-type: none">• P – Requirements met.
J. Linkages and Warm Handoffs
<ul style="list-style-type: none">• P – Requirements met.
K. Staffing Requirements
<ul style="list-style-type: none">• P – Requirements met.
L. Staff Training Requirements
<ul style="list-style-type: none">• P – Requirements met.
M. Other Staff Engagement Requirements
<ul style="list-style-type: none">• P – Requirements met.
N. Administrative Requirements
<ul style="list-style-type: none">• P – Requirements met.
O. Performance Measures
<ul style="list-style-type: none">• P – Requirements met.
P. Reports
<ul style="list-style-type: none">• P – Requirements met.•
2. Staffing
<ul style="list-style-type: none">• P – Requirements met
3. Implementation - Work Plans
<ul style="list-style-type: none">• P – Requirements met.• I – Construction phase and Program Development Phase running concurrently
Part IV, Section IV. Cost Proposal and Budget Narrative
<ul style="list-style-type: none">• P - All budget forms completed as instructed with a comprehensive itemized account for funding allocations.• Q – Contractor listed in budget narrative for construction phase.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Androscoggin County

BIDDER NAME: Sweetser

DATE: 5/27/25

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

Individual Evaluator Comments:

Part I. Preliminary Information

Eligibility Requirements

- Indicated on eligibility certification that they are an enrolled MaineCare provider and have licensure as a Mental Health Agency, and noted that evidentiary documentation was attached; however, attachments indicating MaineCare provider enrollment and licensure as a Mental Health Agency were not included with the proposal.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- A not-for-profit behavioral health organization that offers mental health and substance use disorder (SUD) services statewide.
- Stated their statewide network provides “a full continuum of community care”, including crisis intervention, residential treatment, education and outpatient services for children, adults and families.
- Stated they operate six (6) crisis residential units and act as a critical access point for individuals needing immediate, community-based stabilization.
- Stated they have expertise in providing a crisis response for child and adult populations.
- Referred to the Lewiston tragedy and stated they were “immediately on the ground in Lewiston providing much needed crisis response services to community members, first responders, helping organizations, and families impacted by the Lewiston tragedy”.
- Stated they have been awarded multiple peer-related grants, “including the Statewide Intentional Warm Line, a peer training network and a youth peer initiative”.
- Stated they integrate peers into all their community-based programs.
- Stated, through their OPTIONS liaisons, they serve as a Tier 2 Naloxone distributor across ten (10) counties.
- Stated they were awarded two (2) SAMMHSA grants to establish Certified Community Behavioral Health Clinics (CCBHCs) in Brunswick and Sanford and were also recently selected as a CCBHC demonstration site in Brunswick, Sanford and Lewiston.

Project 1:

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EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

- Referred to their work providing Mobile Crisis Response services, where Bidder indicated they have held a contract to provide Mobile Crisis services since 2019 across multiple counties, including Androscoggin, Franklin, Knox, Lincoln, Sagadahoc, Waldo, Oxford, York and northern Cumberland County (Brunswick, Freeport and Harpswell).
- Described services provided via their Mobile Crisis contract, including 24/7 Crisis response.
- Stated many of their staff are trained in Critical Incident Stress Management (CISM) and are available to provide debriefings to the community after significant or traumatic events.

Project 2:

- Referred to their work providing Crisis Residential Unit services, since 2019, where they operate six (6) Crisis Stabilization Units (CSUs) that provide a comprehensive continuum of crisis care.
- Described services provided by their CSUs, including individual counseling, group therapy, psychoeducation and structured milieu activities.
- Stated their dedicated triage team collaborates closely with Mobile Crisis providers, hospitals and other referral sources for placement of individuals not needing a higher level of care.
- Stated they operate their adult CSU locations in Brunswick, Lewiston, Rockport and Saco; and have additional youth-focused units in Saco and Rockport.

Project 3:

- Referred to their work providing Integrated Intentional Peer Support.
- Stated they were one of the first clinical mental health organizations in Maine to “appoint a dedicated leader for peer support”.
- Stated, in 2006, they launched an effort to integrate peer support into the emergency department at MaineHealth’s Mid Coast Hospital and the program has expanded since then to include Central Maine Medical Center, Northern Light Mercy Hospital and Northern Light Eastern Maine Medical Center.
- Stated they plan to use experience from their Peer Support Specialists working in emergency departments to support their Lewiston Center staff through targeted training and guidance.
- Stated their Peer Support Specialists located in emergency departments also facilitate warm hand-offs and connections to the Crisis Center when participants present at partner hospitals.

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<ul style="list-style-type: none">• Referred to their Behavioral Health Home (BHH) programming work, started in 2016, that includes collaboration between Peer Support specialists and clinical teams to ensure holistic, coordinated care. Stated peer support is fully integrated across their BHH teams throughout Maine, with services provided to communities in York, Saco, Sanford, Brunswick, Lewiston and Rockport.• Referred to their CCBHC work, where they were awarded a federal grant in 2020 to establish CCBHCs, which now operate in Sanford, Brunswick and Lewiston.• Indicated their CCBHCs include embedding of Intentional Peer Support Specialists.
2. Subcontractors
<ul style="list-style-type: none">• Wrote “N/A”.
3. Project Team Organizational Chart
<ul style="list-style-type: none">• Project team organizational chart provided, with anticipated staff seemingly spread out across various supervision/programming departments (i.e., staff are listed under Chief Program Officer and Director of Peer Services; Chief growth Officer, Director of Lewiston CCBHC and Sr. Director of Crisis Services; and Medical Director). Unclear if Bidder intends on using a specific department and/or dedicated supervisory staff for purposes of the proposed Lewiston Crisis Center, specifically; or if anticipated oversight of the proposed Lewiston Center and relevant staff would be spread out across various departments, as currently indicated in the submitted Crisis Receiving Center Organizational Chart.• Anticipated staff for the Lewiston Center are: one (1) clinician and one (1) NP (under the “Director of Lewiston CCBHC”, unclear if these roles will be acting within the proposed Lewiston Center as well); 3.5 FTE Peers; 1.5 FTE Clinicians; 6 FTE Crisis Workers; 2 FTE NPs; and 4.5 FTE RNs.
4. Litigation
<ul style="list-style-type: none">• Included four (4) litigations, with all four (4) settled without trial.
5. Financial Viability
<ul style="list-style-type: none">• Consolidated financial statements with independent auditor’s report were provided for: June 30, 2022, and 2021; June 30, 2023, and 2022; and June 30, 2024, and 2023.
6. Certificate of Insurance
<ul style="list-style-type: none">• Provided on standard ACORD form, includes: commercial general liability; automobile liability; umbrella liability; and professional liability.

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EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

Part IV, Section III Proposed Services

Part II

A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach

1.

- Plans to design their Crisis Center with prioritization toward ensuring a safe, welcoming and calming environment that offers a balance of privacy, comfort, and functional space.
- Stated they have secured a lease agreement for a 13,000 square foot space on the second floor, located directly above their Lewiston CCBHC.
- Stated the anticipated second floor space was previously a call center so renovation will require building a few walls and a shower/laundry area.
- Bidder included a copy of their anticipated floor plan for the Center.
- Stated their proposed space layout includes clear pathways while avoiding a rigid, “institutional feel”.
- Plans to divide the Center into distinct areas, including communal spaces, relaxation and offices.
- Stated the space is painted a soft blue for calmness, peace and tranquility and they will design the space to reduce stimuli and minimize sensory overload to ensure creation of a calming atmosphere.
- Plans to use clear, unobtrusive signage to direct Participants, without emphasizing the clinical nature of the space.
- Stated use of LED for overhead lighting, with adjustable hues to reduce harshness.
- Where possible, plans to utilize natural light through windows.
- Plans to incorporate “task lighting” in offices where staff may need to focus.
- Plans to use Norix or Blockhouse (inpatient psychiatric furniture manufacturers/vendors) for purchase of recliners, rocking chairs, waiting room sofas, two (2) cots and additional chairs for group spaces such as the kitchen and relaxation area. Stated their furniture purchases will provide a home-like feel and also be safe (i.e., resistant to tampering, hiding contraband and ligature use), and will clean furniture appropriately after each use.
- Plans to utilize “several” private meeting areas that include a combination of seating options in order for Participants to have confidential discussions without feeling uncomfortable or exposed. Stated soft chairs, supportive couches, rockers and spaces for mobility devices will be provided for Participant choice on what feels most comfortable and respectful of their needs.

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- Plans to use calming décor such as nature imagery and inspirational quotes, and incorporation of plants.
- Stated their design includes an area where Participants can take breaks or rest, with two (2) cots located in this area, and the area will include a mini fridge that is filled with water and snacks. Plans to also include a sound machine in this area for nature sounds and soft music; and indicated this space will be accessible at all times for rest, relaxation and nourishment.
- Plans to have four (4) distinct offices for conducting of all therapeutic services that is separate from the communal spaces; ensuring the clinical aspect doesn't overwhelm the overall atmosphere of the environment.
- Plans to equip offices with desks, chairs and necessary IT equipment; and noted that one (1) of the offices will have an exam table and necessary medical equipment to provide medical screenings prior to admission.
- Plans to have a white noise machine installed on the exterior walls of offices to provide additional privacy.
- Stated private meeting rooms will have a mix of traditional office furniture and "more comfortable seating options to support relaxed conversation."
- Plans to have an area dedicated for families and other support individuals that will contain recovery-oriented reading materials, board games, art supplies, movies and other activities available that Participants can engage in, with or without family members; with décor motivational and positive in nature.
- Stated there is a room near their Nursing workstation, as indicated in their attached floor plan, that is separated by sight and sound, for Transition Age Youth, that can still be monitored by staff.
- Plans to have two (2) reclining chairs housed in the room for Transition Age Youth, and indicated Androscoggin County has the lowest median age of all Maine counties, suggesting a younger population in the area.
- When not being used, may move the Transition Age Youth recliners to the adult area, only when needed.
- Stated their Transition Age Youth space will include the same amenities as the adult space, but on a smaller scale.
- Plans to utilize a maximum of eight (8) outpatient chairs, with six (6) reserved for adults and two (2) for Transition Age youth.
- Plans to have an office reserved specifically for telehealth services and indicated that any unoccupied office will also be equipped for telehealth.

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- As it pertains to telehealth, stated they will position all computer screens so they are not facing doorways and rooms will be secured when not in use to ensure privacy.
- Stated their telehealth software, SecureVideo, ensures compliance with HIPAA and HITRUST regulations.
- Stated their goal is to design their anticipated Crisis Center as a “sanctuary”, where the place feels safe, nurturing and private, without feeling impersonal or overwhelming.

B. Crisis Center Standards, Licensing, and Operations

1.

- Stated they currently hold a Mental Health Agency license and will maintain this license in full effect at all times, including timely renewal applications for the license and through ensuring agency programs and operations are in compliance with all applicable licensing rules.
- Bidder described in detail their anticipated license application renewal process; demonstrating a clear understanding of the process.
- Stated, although their proposed location will be in the same building as their current outpatient office site, they will house the Center in a formally separate unit, with a separate address. Bidder indicated this will require having the separate unit added to their Mental Health Agency license, with the Crisis Services module, walk-in and mobile crisis services listed as applicable to the new site. Unclear to this evaluator why mobile crisis services would need be to added as a license to their proposed Lewiston Center.
- Bidder described their anticipated processes for adding the Lewiston Center as a new site license with the Crisis Services module.
- Did not specifically address applying for the Crisis Services Module license within thirty (30) calendar days of the initial period of performance (B.1.a.i.).
- Indicated although they are already enrolled with MaineCare as a Crisis Resolution Services’ provider, due to the Center being operated at a unit that is “formally separate from the present Lewiston outpatient office”, Bidder indicated that a maintenance case will need to be opened on their MaineCare enrollment to add the new site.
- Bidder described their anticipated processes for enrolling their proposed Lewiston Center as a Crisis Resolution Services’ provider, and indicated they anticipate this will be promptly completed once their Center site has been added to their Mental Health Agency license.

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- Stated their current service contracts require the agency to maintain insurance coverage as specified in Rider B-IT, 19. Insurance Requirements, and they currently have sufficient coverage in place to meet the insurance requirements.
- Prior to Center service operation commencement, plans to provide notice to their insurers regarding addition of the new Center service site under the applicable insurance policies, such that existing coverage extends to the new Center location; and they will maintain said coverage at their Center location and all other service sites, at all times.
- Stated they currently hold an SUD Treatment Agency License, will need to add their Center service site as a new site on the license and will maintain this license in full effect at all times.
- Described their anticipated processes for adding the Center as a new site under their SUD license.
- Stated they are currently a Tier 2 Overdose Education and Naloxone Distribution partner organization; and plans to have all Center staff dispense naloxone kits to Participants and their families.
- Stated they currently have established MOUs in Androscoggin County, and provided a non-exhaustive list of agencies they have MOUs with: Lewiston Schools; Pediatric Associates of Lewiston; Community Partnership for Protecting Children; Better Life Partners; Alternative Services Northeast; St. Mary's Medical Center; Central Maine Healthcare; Ascentria Community Services; Health Affiliates Maine; Tri County Mental Health/Spurwink; New Beginnings; Maine State Police; DFD Russell; HealthReach Community Health Centers; Maine Department of Corrections; Maine Health; Martin's Point; Midcoast Hospital; Milestone Recovery; and Convenient MD.
- Stated they have already begun conversations regarding existing MOUs in order to modify them to add Crisis Receiving Center services as an amendment after they hold their initial stakeholder meeting.
- Bidder included a sample MOU in their proposal submission, indicating their experience and ability to create and execute MOUs for collaboration and referral purposes.
- Plans to update MOUs to enhance service coordination and incorporate protocol for drop-offs with law enforcement and emergency services.
- Their proposed Center location is directly above one (1) of their CCBHCs, and plans to use the CCBHC for most referrals, including for medication management; individual and group counseling; intensive outpatient program;

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case management; care coordination; and peer support. Unclear if Bidder will take Participant choice into account as it pertains to referrals for other services.

- Plans to have their CCBHC's care coordinator make daily visits to the Center to meet with discharging Participants and begin the CCBHC admission process.
- Indicated, for services outside of the area or not available in their CCBHC, they have a list of MOUs with hospitals and community mental health organizations.
- Stated they have a strong relationship with Sergeant Desirae Michaud from the Lewiston Police Department who collaborates frequently with their Lewiston CCBHC Director and plans on leveraging their relationship with the Sergeant to obtain MOUs with all local police departments, EMS and the sheriff.
- MOUs with law enforcement and EMS will be specific and describe their drop off procedures regarding Participants who are received via these organizations.
- As it pertains to law enforcement and EMS transports, plans to use the separate entrance "out back" that is more secluded and will offer privacy.
- Stated their security system includes an intercom system that they will place in the drop off vestibule, ensuring Center staff can promptly unlock the door and assist with the potential admission.
- Plans to develop MOUs with the Androscoggin County Jail; Department of Correction facilitates; and the Sheriff's Office. Stated they are already involved in many stakeholder meetings across their service footprint that involves representatives from the indicated law enforcement entities, and the agency foresees "no issue with this task".
- Stated they contract with Genoa Healthcare for provision of an on-site pharmacy at their Brunswick CCBHC location, with the pharmacy embedded in the CCBHC and operated by Genoa. Stated they have outreached Genoa and have provided a letter of intent/support from Genoa to embed a pharmacy in the Center, should they receive the award. Bidder included the indicated letter with their proposal submission and indicated in their submitted floor plan where the anticipated pharmacy will be located in the Center.
- Stated Genoa is able to stock and dispense any medication, including injections and listed the "most common injectable medications (Risperdal Consta, Invega Sustenna, Abilify Maintena, Haldol decanoate, Prolixin, etc.)" that can be dispensed immediately by the pharmacy so injections may be given while the Participant is still at the Center. Stated, if not already certified, Genoa pharmacists will become certified to administer long-acting injectable medications.

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- Plans to develop policies with stakeholders at hospitals, pharmacies and local prescribers to establish guidelines for safe prescribing practices that support best practices for care coordination and highlights standards surrounding medications with particular attention paid toward high-risk medications, including controlled substances as required by Maine State law.
- Stated prescription-related policies will include practices such as limitations on the number of days of prescription medication prescription medication to be offered; recommendations regarding pill counts; urine drug screening; prescription monitoring program; refill requests; and return visits.
- Stated they will ensure their prescription access policy includes guidelines for immediate access to medication, while ensuring Participants are referred to aftercare providers for follow up care at the time of prescription.
- Stated their Center will ensure an authorization of release of information is garnered at time of referral so necessary safety information related to the prescription can be provided to the receiving medical professional.
- Stated, once they receive their Mental Health and Substance Use license, Genoa will install and manage an emergency kit to safely and securely store prescription medications to manage “psychiatric and/or substance use disorder withdrawal symptoms in a timely manner in the hours the pharmacy is closed”.
- As it pertains to medication storage during pharmacy business hours, Bidder did not specify how they will ensure safe storage of medications through storage in a secure automated medication dispensing system or emergency box (B.1.g.i.). This evaluator assumes medication storage will be completed by Genoa Healthcare during pharmacy business hours; however, Bidder did not specifically specify.
- Plans to amend their current MOUs with Opioid Treatment Providers (OTPs) to include the Crisis Center and they will establish an MOU with the local SSP, Church of Safe Injection. Stated they have already had conversations with the local SSP regarding their CCBHC service delivery and potential expansion and plans to build upon these conversations for MOU development.
- It is unclear to this evaluator if Bidder addressed ensuring sufficient MOUs with SUD treatment providers to ensure Warm Handoffs (part of B.1.f.i.); outside of OTP and SSP.

2.

- Stated their staffing plan and schedule will ensure 24/7/365 provision of Crisis stabilization, observation assessment and intervention in the short term “with

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the utilization of the triage department, and other mobile regions to provide on-going follow up care for up to 60 days”.

- Plans to re-evaluate level of care needs for Participants needing additional crisis support services and can enroll individuals for additional services with their mobile crisis staff.
- Plans to triage all Participants with their Behavioral Health Assessment that embeds the C-SSRS screener version; and indicated a moderate or high resulting C-SSRS score will result in utilization of the “lifetime version of the C-SSRS and a comprehensive crisis assessment”.
- Plans to generate recommendations for level of care needs and a disposition.
- Indicated the CSP completing the comprehensive crisis assessment will have access to their Director of Crisis Services or a psychiatric nurse practitioner, and/or psychiatrist, for consultation should any questions or concerns arise.
- Stated their CSP will be collaborative and include the participant during the assessment when developing safety planning and intervention strategies.
- Plans to employ a “no wrong door” approach for access to formal supportive services between their proposed Crisis Center and during daytime hours for their co-located CCBHC.
- Indicated they own and operate four (4) Adult Crisis Residential units and two (2) Youth Crisis Residential Units and noted that they are currently the “lone provider of Youth Crisis Residential Units in the State of Maine.”
- For provision of crisis services to all Transition Age Youth, plans to embrace their collaborative work with New Beginnings in Lewiston where they currently have an established, existing contractual relationship for shared services. Plans to work closely with New Beginnings in Bidder’s work with youth that may be living in a shelter, transitional housing program and/or experiencing street homelessness.
- Plans to engage in their continued partnerships with the Lewiston and Auburn High Schools.
- Will separate Transition Age Youth from adults in a separate section of the Center.
- Plans to provide follow up crisis services to Transition Age Youth, consistent with their Mobile Crisis services, through provision of on-going support, preferably in-person, via telehealth if not possible in-person, and phone contact as a last resort.

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- Stated Center staff will provide drop-in groups on a daily basis using a “DBT lite approach” including both Motivational Interviewing and Stages of Change practices.
- Plans to work closely with the CCBHC to ensure access to a multi-disciplinary team and access to a co-occurring IOP program for adults.
- Stated, in alignment with their current Mobile Crisis practices, their CSPs will maintain the list of discharged Participants and provide follow up care at thirty (30), sixty (60) and ninety (90) days. It is unclear to this evaluator if the intent is for follow up care to be provided from their Mobile Crisis contract, or via the Crisis Center contract.
- Plans to work collaboratively to partner with area service providers to assist with stabilization.
- Stated internal/external case conferencing will occur to support Participants who are experiencing a psychiatric crisis who do not meet an inpatient hospital level of care but have exceed the 23-hour stay in order to formulate an after care plan with continued support.
- Plans to provide Section 65 services, and indicated their agency also currently provides an assortment of Section 65 services.
- Stated the BH Organizations Licensing Rule (10-144 CMR Ch. 123) is already in place across their agency’s footprint, including the Lewiston office; and expects to add their Center to the existing license.
- Stated programmatic management is responsible for ensuring programs follow licensing standards and regularly review relevant regulations and rules to stay updated on any changes.
- Stated their Center business rules (internal policies and procedures) will outline their processes to ensure all regulation requirements are met; and staff will be trained regularly on policies, and how they reflect state requirements, to ensure everyone understands compliance expectations.
- Plans on utilizing “reviews” to assess adherence and provide feedback.
- Will provide referrals and linkages to Participants to access ongoing treatment, recovery, wellness and primary care.
- Stated their crisis assessments will address gaps in Participant’s formal supports; and CSPs, case managers and peer support specialists will make referrals for needed ongoing treatment to build a support system.
- Stated their intentional, identified partners in the Lewiston area include their on-site CCBHC which provides access to peer and youth support; individual therapy; medication management; addiction support; group therapy; family

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therapy; outpatient primary care screening and monitoring; case management; care coordination and psychiatric rehabilitation.

- Stated they have strong referral relationships with New Beginnings, Spurwink and CCI.
- Did not specifically address performing as a time-limited temporary Crisis provider within appropriate licensing (part of B.2.d).
- Plans to ensure all staff are trained in co-occurring capable practices and will train their multidisciplinary team in crisis and recovery-based services, regardless of role.
- Plans to provide outpatient services using brief treatment interventions with motivational interviewing and solution focused treatment; and indicated “these interventions can be provided to a Participant in as little as a ten-minute interaction.”
- Plans to offer group opportunities at the Center, including Wellness Recovery Action Plan (WRAP) groups with certified intentional peer support professionals and coping skills groups with social workers.
- Plans to have Nurse Practitioners (NP) and therapists provide diagnosis and professional interventions, with NPs able to start medication management with Participants, with follow up and transition to the CCBHC.
- Stated Center staff will ensure referrals are made for Participants, including for substance use and behavioral health; medical care; dental care; housing; and other social determinants of health-related referrals.
- Unclear if Participant choice is considered for anticipated internal-to-agency referrals.

C. Crisis Service Delivery Methodology

1.

- Will provide a person centered, trauma informed, comfortable, calm and safe environment for the Center.
- Reiterated information pertaining to their Center’s design approach.
- Plans to have showers, lockers and a washer and dryer available for those who may not have their basic needs met.
- Plans to train their teams in Narcan administration and will equip their bathrooms with a reverse-motion sensor to passively monitor bathrooms and washrooms for signs of overdose and potential medical emergencies.
- Will train all staff in trauma informed practices during onboarding, plans to have trauma informed care approaches posted for Participants in the Center, and will describe such during the intake process.

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- Stated staff will explain processes clearly, follow through on commitments and involve Participants decisions about their care; with power differentials minimized and care delivered with the participation, as opposed to “to” the participant.
- Plans to tailor support according to each Participant’s individual needs.
- Plans to utilize active listening, “offering space” and grounding techniques will be used “to reduce agitation”.
- Plans to require individuals to sign a contract upon admission outlining program rules.
- Plans to implement a staff safety committee to address any safety issues that emerge.
- Stated they have an existing Trauma Informed Advisory Board within their agency and all Center employees will be trained on the six (6) Principles of Trauma Informed Care for organizations, with a SAMHSA reference included as it pertains to the referenced six (6) guiding principles.
- Plans to develop a Participant advisory board, facilitated by a peer support specialist, to assist with eliciting Participant feedback to ensure operationalization of trauma informed principles and overall safety of the program.
- Plans to train all staff in Motivational Interviewing and Stages of Change work to ensure staff “support meeting Participants where they are at in a nonjudgemental manner.”
- Plans to utilize a triage tool to assist with identifying needs and gaps in the Participant’s formal and natural support system.
- Plans to complete the following evidence-based tools with all Participants, the: PHQ9 depression inventory; GAD 7; VA’s PTSD Screening; SBIRT; and the C-SSRS screener version.
- As previously stated, should a Participant score at moderate or high risk on the C-SSRS, Center staff will complete the lifetime CSSR assessment and a comprehensive crisis assessment with the Participant.
- Stated, as part of their disposition and recommendations “moving forward from the Comprehensive Crisis Assessment”, they will “be taking immediate action with [their] CCBHC ... in accessing formal support services.” Stated this will be a “warm handoff” between the crisis provider and the CCBHC team, with Participants able to have immediate CCBHC services’ access Monday through Friday from 8am to 5pm.

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- Plans to provide warm handoffs for accessing peer support services, case management, OPTIONS liaisons, recovery coaches and individual psychotherapy.
- Stated, after 5pm (when the CCBHC closes), the Center will have access to mid-level practitioners – the Psychiatric Nurse Practitioner, Director of Crisis Services and the Senior Director of Crisis Services for consultation involving dispositions and/or level of care discussions.
- Plans to have flexible policies and procedures to ensure a low barrier program that ensures everyone’s ability to access services.
- Stated no insurance or payment will be required up front, no ID or other document is needed, and there will be no sobriety or diagnosis requirements, with the goal of making it easy for individuals in Crisis to get immediate, appropriate support, and remove traditional access barriers.
- 2.
- Stated unlicensed staff at their Center will be certified as MHRT-CSP.
- Crisis intervention services to include screening, crisis triage services, crisis counseling, level of care determination, safety planning, care coordination and family engagement.
- For Participants that utilize the Center frequently, plans to have staff follow a protocol of asking for updated suicide risk at every Center contact to establish whether the Participant has a change in suicide risk between visits, and will follow Zero Suicide protocol recommendations. Should a Participant be unable to be safely treated at the Center “(needs a higher level of care)”, staff will make a referral.
- Plans to have a safety plan developed for Participants found to be at moderate or high risk of suicide, per the C-SSRS screen.
- Plans to use an evidence-based safety plan that includes warning signs; coping strategies; people and places to offer support, including natural and professional supports; and contact information for Participants to easily access.
- Should lethal means be a concern, the safety plan will include an area to ensure there is a plan for making the environment safer.
- Plans to enter the safety plans into their electronic health record, will provide the safety plan to the Participant and will share such with other members of the Participant’s team which the Participant has signed authorizations for release of information for (e.g., case manager and social workers).

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- Plans to present Participants determined to be a “high suicide risk” who don’t meet eligibility for a higher level of care to a clinical supervisor and/or nurse practitioner for consultation.
 - For Participants assessed at moderate or high suicide risk, plans to have the following items documented in their clinical record: staff clinical observation; mental status; suicide risk evaluation; warning signs; risk factors; protective factors; access to lethal means; collateral sources of information used and/or obtained; specific assessment data to support risk determination; and rationale for decision making.
 - Plans to have the Center provide daily follow up care to Participants “in the suicide pathway” for up to sixty (60) days, as needed, in collaboration with the Participant’s team. Indicated follow-up care can include re-assessment; phone calls to check-in with the Participant and/or guardians; visits in person at the Center; and meeting with a Participant at their home or preferred location in the community. Stated that, upon stabilization determination, the Center’s crisis follow up can be transitioned to other services.
 - Plans to have all staff receive de-escalation training and specifically mentioned the eight (8) hour long Safety-Care Crisis Prevention Training, to be offered within the first two (2) weeks of orientation for staff.
 - Stated their anticipated Safety-Care Crisis Prevention Training will equip staff to manage Participants that exhibit or have a history of physical aggression, and safety plans will also be developed for those Participants.
 - It is unclear to this evaluator if Crisis safety planning would also be available to Participants that don’t exhibit or have a history of physical aggression and did not receive a moderate or high risk of suicide from the C-SSRS screen.
- 3.
- Plans to embrace a team-based care approach at the Center.
 - Plans to have “psychiatric nurse practitioner(s)” available during daytime and evening hours “to support the clinical on site”.
 - Stated their agency ensures on-call psychiatry is available to all 24/7 programs outside of “normal operating business hours including overnights and weekends”.
 - Stated medication management providers will be available to provide bridging psychiatry, medication assisted treatment and consultation with Participant presentations.
- 4.

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- Stated their Recovery Services department employs over forty (40) CIPSS, all of which are stated as having lived experience navigating challenges related to mental health, substance and life-interrupting trauma; and stated that many have firsthand experience with crisis services.
- Bidder did not explicitly address if the Peer Support Specialists at the proposed Lewiston Center will have lived experience in navigating mental health Crisis services.
- Stated all Participants will be offered the opportunity to connect with a “Peer Supporter” upon arrival at the Center.
- Should a Participant choose to engage with an Intentional Peer Support Specialist, plans to have the conversation occur in a setting that is most comfortable to the Participant, and “Peer Supporters” will facilitate meaningful, trust-building discussions that are rooted in the IPS model, fostering connection and mutual understanding.
- Stated all interactions will be documented using their electronic health record system, Welligent, with documentation completed in strict adherence to peer support fidelity standards, ensuring consistency and integrity in service delivery.
- 5.
- Plans to have the same agency team that developed their mobile crisis staff handbook (with operational and clinical procedures adopted from the SAMHSA guidelines) form a policy and procedure development work group prior to the Center opening; and this will include creation of a Center specific handbook that all staff will read and sign off on.
- Will ensure all staff receive a hard copy of the SAMHSA guidelines for reference.
- 6.
- Stated they implemented Zero Suicide in 2013 and in 2024 began a process of updating policies and procedures related to Zero Suicide to ensure their agency was using the most up to date evidence-based practices and research.
- Stated, in addition to The Columbia Lighthouse Project and Zero Suicide Institute, they also utilize the Suicide Prevention Resource Center as the resource center devoted to advancing the National Strategy for Suicide Prevention.
- Stated they offer the two (2) hour “Counseling to Access to Lethal Means” (CALM) training hosted by the Suicide Prevention Center through their Relias education system.

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- Stated their Center will require the Safety Planning Intervention (SPI) model and the CALM training through their Relias learning management education system, for all staff.
- Stated their use of Relias will ensure staff can show competence in the use and implementation of safety planning and will provide annual trainings for staff on safety/crisis planning.

7.

- Plans to screen Participants using the C-SSRS as part of the Zero Suicide protocol; and indicated the initial screening includes two (2) questions on suicidal thoughts or ideation in the past month, with additional questions asked based on the responses to assess intentions, behaviors and overall suicide risk.
- As previously mentioned, should a Participant be determined at moderate or high risk, staff will administer the “lifetime” version of the C-SSRS “and a crisis assessment will follow.”
- Plans to have every Participant in the Center screened with the C-SSRS, daily.
- For Participants that frequently utilize the Center, plans to follow a protocol of asking for updated suicide risk at every contact in the Center. Stated this protocol will establish whether the Participant has had a change in suicidal risk between visits/identify any chances in suicide risk and ensure the Zero Suicide protocol is followed.
- Plans to provide a referral for Participants unable to be safely treated in the Center that need a higher level of care.
- For Participants assessed at moderate or high suicide risk, reiterated plan to develop a Crisis Plan with these Participants to help stabilize them while at the Center.
- Reiterated plan/process for evidence-based safety plan creation and what they will contain.
- Reiterated specific items to be documented in the clinical record for Participants assessed at moderate or high suicide risk.
- Stated the C-SSRS can be used by any staff member, and all staff will receive training in suicide prevention and treatment. Stated, as part of the Zero Suicide initiative, they will teach staff how to use the C-SSRS and determine appropriate next steps based on the results.
- Stated, when “imminent risk” is identified for a Participant who has a plan and means established through a high suicide risk on the C-SSRS and a crisis assessment, transfer to a higher level of care may be indicated. In these cases,

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Center staff will stay with the Participant until the higher level of care is established through transport to the local emergency department; and a supervisor and medical staff (nurse practitioner) will be notified.

D. Other Service Delivery Requirements

1.

- Plans to have the Center promote and encourage all Participants to exercise their rights as recipient of mental health services.
- Plans to make accommodations to ensure communication barriers are addressed so Participants fully understand their rights.
- Stated, any restriction or limitation of Participants' rights is always reviewed by a clinical supervisor and documented in a treatment plan or clinical note, and discussed with the Participant, and/or guardian. It is unclear to this evaluator when restriction or limitation of a Participant's rights would be necessary, and this was not specified by the Bidder.
- Center will provide mental health services that comply with the Rights of Recipients (adults and youth).
- Plans to provide Participants a summary of the Rights of Recipients (Adults and/or Child) at service admission time; with staff available to answer any questions that the Participant or their guardian/representative may have about the rights.
- Plans to have each staff member with direct Participant contact, including students and volunteers, be trained in the Rights of Recipients for Adults and/or Child prior to having any contact with or assignment of Participants.
- At admission, Participants and/or guardians will be required to sign a "Service Agreement" that covers consent to treat and fee schedules, and they will document and discuss with each Participant any program rules and regulations.
- Plans to engage interpreter services for spoken language and sign language interpreters, as needed, to ensure effective communication between Participants and staff concerning services received by the Participant at the Center.
- Plans to promptly report to DLC any suspected violation of Participant rights at the Center using the electronic reporting system and will also report such in the reportable event system maintained by OCFS or OADS, as applicable.
- All staff will receive training on the prohibition of abuse, neglect or exploitation and on mandatory reporting obligations, including reporting allegations of

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<p>abuse, neglect and exploitation to DLC, and, as applicable, to Adult or Child Protective Services.</p> <ul style="list-style-type: none">• Stated that failure by Center staff to make a timely report of suspected abuse, neglect or exploitation by any staff will constitute a violation of policy, subject to disciplinary action that may include employment termination.• Stated Participants will be made aware of the risks and benefits to Center services, alternatives to Center services and their right to refuse Center services.• Stated their Center program rules will set out clear expectations while protecting Participant rights and avoiding discrimination and all Participants will be offered a copy of the Center program rules.• Stated Participants will not be restrained, secluded, or experience any aversive conditioning in the Center.• Plans to ensure services are provided fairly and impartially, “regardless of age, race, sex, color, physical or mental impairments, religion, familiar/marital status, sexual orientation or source of payment”.• Plans to post the Department’s toll-free telephone number and website in a visible area to Participants to ensure Participant ability to file a complaint.• Stated any Participant that is dissatisfied, in any way, with the agency’s services, whether related to Participant rights or any other concern, may file a grievance with the agency. Stated their management will promptly address the grievance, including rights of appeal; and every Center Participant will be notified of the grievance policy at admission, with a copy of the policy and procedures posted in the Center at a location that is visible to Participants.
<p>2.</p> <ul style="list-style-type: none">• Stated, in situations where a Participant is at imminent risk and requires immediate, high-level supervision to ensure their safety or community safety – Bidder is committed to a coordinated, timely and professional response in collaboration with emergency services and first responders.• Bidder provided an outline of their approach to effective collaboration, covering the following topics: clear protocols and communication pathways; pre-established relationships and agreements; on-site support and supervision; post-incident review and coordination; and staff training and competency.• Plans to establish written protocols for rapid escalation and direct communication with emergency services, including police, ambulance and hospital emergency departments.

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- Plans to have all staff trained to recognize high-risk situations and follow clearly defined escalation procedures, including immediate notification to emergency services through 911; direct communication with designated police contacts, ambulance services and hospital emergency departments; and use of their internal incident management systems to ensure consistent documentation and handover.
- Plans to attend regular liaison meetings with local police and health services to ensure a mutual understanding of roles and expectations; participate in local emergency planning and risk assessment forums; and will develop MOUs to formalize collaboration frameworks.
- Stated, during a critical incident, plans to have their staff provide 1:1 support until emergency responders arrive; will provide all relevant information regarding the Participant's condition, behavior support needs, and any known triggers or de-escalation strategies; and will assist emergency personnel in making informed decisions that prioritize safety and dignity for the Participant.
- Stated, following an incident, they will conduct thorough debriefings and coordinate follow-up actions with emergency services, including joint debriefing sessions with first responders to identify areas for improvement; updates to risk management and safety plan policies, based on lessons learned; and continued communication with hospitals and care teams to ensure a seamless reintegration and support planning.
- Stated staff will be trained in: Mental Health First Aid and Safety Care, including Crisis de-escalation; working effectively with emergency services during high-pressure conditions; and duty of care and legal obligations in emergency situations.

3.

- Plans to actively engage in multi-disciplinary work as a team; and plans to have each team member work together like a modified ACT team, with the team to readily embrace "weekly rounding work", external case conferencing and internal case conferencing.
- Plans to have consultation provided, as needed or identified, with their Director of Crisis Services, the Senior Director of Crisis Services, Psychiatric NPs on call and their Medical Director.
- Stated their team will unpack complex case presentations regularly using the weekly rounding work, and will have access to medication providers, as needed or identified.

4.

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- Stated their approach to providing comprehensive, Participant-centered assistance to Participants seeking referral and access to housing through PSHP is grounded in Housing First principles and emphasizes trauma-informed care, cultural humility and individualized support.
- Provided a detailed, comprehensive, step-by-step overview of their intended process for assisting with referral and access to housing, which includes helping with completion of required assessments, such as the VI-SPDAT and Participant entry into the local Homeless Management Information System (HMIS); provision of hands-on support with completing applications, understanding housing options, preparing for tenant interviews, and assisting with logistics related to housing selection (scheduling unit viewings and coordination with property managers); and provision of move-in assistance, including securing funding for deposits and furnishings, when available.
- Stated, once Participants are housed, they will be connected to ongoing case management and supportive services to promote housing stability and personal wellness.
- Plans to maintain clear consistent communication with PSHP providers, funders and relevant stakeholders to support successful housing placements and will ensure their team is in compliance with all data entry, documentation and reporting requirements related to housing referrals and outcomes.

E. Crisis Center Intake and Triage

1.

- Stated their nursing team will complete an initial medical work up that involves gathering medical history; current medications; current/past providers; blood pressure; oxygen; respirations; and temperature.
- If a Participant is sedated, plans to use point of care testing to determine the substances used and will also request a voluntary breathalyzer reading. Stated sedated Participants will be immediately assigned an outpatient chair where they will be closely monitored by the nurse, with specific focus on oxygen level, respirations and blood pressure; with the PNP to also evaluate need for MOUD or MAUD.
- Plans to have their nursing team triage Participants that need an outpatient chair and/or have a reasonable need for an emergency medical evaluation.
- Plans to refer to the local emergency department for medical clearance for the conditions indicated in Table 1; and their “nursing” will consult with the psychiatric nurse practitioner and/or medical director if any questions or

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concerns arise with complex case presentations on-site at the Center, either in person or via telehealth.

- Stated all employees will be trained in administering Narcan and will respond to a suspected overdose with Narcan administration while another staff member calls 911.
- Stated staff are trained to recognize and complete incident reports for any reportable incidents, including possible overdoses, during new staff orientation; and supervisors are trained to recognize critical incidents, including possible overdoses, and will initiate the critical incident reporting processes when they are oriented to their position.
- Stated staff will notify their supervisor when an incident occurs and will submit the incident report utilizing the EHR reporting function; with supervisors to then notify their Quality Department when a Critical Incident is identified.
- Stated their Quality Department oversees the Critical Incident reporting process and completes data entry into the Atrezzo and EIS platforms for adult and child clients.
- Plans to respond to any questions relating to abuse, neglect or other past traumas as part of their youth and adult AC OK inventories, the VA's PTSD screening and related questions that are embedded in their agency's comprehensive assessment.
- Stated all Center team members will be required to complete the DHHS 50 question abuse, neglect and trauma certification provided by the state on an annual basis.
- Plans to ask questions related to abuse, neglect or other past traumas as part of their youth and adult AC OK inventories, the VA's PTSD screening and through questions embedded in their comprehensive assessment.
- Plans to call and make reports to child protective services and adult protective services when they suspect abuse, neglect and/or exploitation is present with any Participants served.
- Indicated their Center's physical structure will involve two (2) day rooms, one for Adults and one for youth/Transition Age Youth; with safety as paramount in their Center operations.
- Stated there will be a nursing/staff desk in the middle of their Center footprint for optimal visibility; and the whereabouts and condition of all Participants will be documented every fifteen (15) minutes, or more often, as clinically appropriate.

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- Stated they have the AC-OK and AC-OK COD Adolescent Screen embedded in their Behavioral Health Assessment, to be completed with each Participant at admission.
- Stated their comprehensive assessment tool screens for past trauma, SUD and mental health conditions, in accordance with licensing standards.
- Plans to monitor vitals closely for individuals who may be under the influence of substances; and should oxygen levels or breathing respirations become too low, staff will contact 911 EMS emergency services to transport them to a higher level of care, as medically indicated.
- Plans to embrace motivational interviewing when working with individuals struggling with SUDs and Stages of Change related work.
- Stated motivational interviewing and Stages of Change work will be included in all staff training plans.
- Stated, “Our providers will be well-versed and knowledgeable relating to medication assisted treatment both at the Crisis Receiving Center, and the CCBHC, which is co-located in the same building.” The intent of this statement is unclear to this evaluator (e.g., would “providers” be considered staff in this instance, as Bidder indicated they would not be utilizing subcontractors/consultants; and this evaluator is unclear on the relevance of the CCBHC reference inclusion, as that is not the service being procured via this RFP).
- Stated they are a “part of a co-occurring learning collaborative through CCSME and will be receiving specialized training in assessing, diagnosing and treating co-occurring disorders.” It is unclear to this evaluator if Center staff would also be receiving this specialized training; and if this training would be a requirement or optional for all or some Center staff.
- Plans to partner with New Beginnings in Lewiston to assist with engaging youth, and young adults in their overall services, and with SUD-related services/supports.
- Plans to streamline Participants struggling “with addiction or co-occurring disorders into [their] CCBHC IOP immediately”. It is unclear to this evaluator if Participant choice would be considered in regard to a referral to Bidder’s CCBHC IOP.
- Plans to have dually licensed clinicians provide support with co-occurring disorders.
- Plans to provide open groups in the center, specializing in harm reduction strategies and/or relapse prevention skills. This anticipated item is outside the

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<p>scope of the RFP and may not be appropriate for the Crisis Center, given other similar available resources in the community that are also contracted through the State for similar purposes (e.g., groups for harm reduction and/or relapse).</p> <ul style="list-style-type: none">• Plans to utilize intentional contingency management strategies when working with Participants struggling with co-occurring disorders.• Plans to screen all Participants for chronic and/or acute health conditions at multiple touch points during admission and ongoing.• Stated their agency is a “Gold Star Standard of Excellence/Breathe Easy” award recipient through the Center for Tobacco Independence, with all staff in their CCBHC trained in tobacco use disorder and how to screen for such. Stated their CCBHC care coordinators can hold drop-in groups to help Participants reduce their use or quit. It is unclear to this evaluator how they will ensure staff at the Center question the possibility of nicotine addiction in Participants, as Bidder only referenced their CCBHC staff.• Stated their agency also operates the New England Eating Disorders (NEED) program and the supervisor of that program delivers training to agency clinical staff annually on the general topic of eating disorders, including screening. Bidder did not specifically indicate anticipated plan to ensure clinical and/or other staff at the Center are trained on the topic of eating disorders, and how to screen for them; thus, it is unclear what will be expected of the Center and/or associated Center staff as it pertains to questioning the possibility of an eating disorder(s).• Stated “all the unique substance use and process disorders listed above, are included as part of [their] screening and intake process organizational wide.”• Did not address questioning the possibility of gambling disorder in Participants (part of E.2.a).
<p>3.</p> <ul style="list-style-type: none">• Plans to staff the Center with CSPs 24/7/365 “to ensure Participants have access to needed crisis assessments.”• Stated their triage department is composed of seven (7) FTEs and “all CSPs will be coordinating and dispatching calls to the Crisis Receiving Center.” Intent of these statements is unclear to this evaluator; and the RFP requires that on-site triage at the Center be provided 24/7/365 to all Participants seeking Crisis Services, specifically (part of E.3.).• Plans to utilize staff from their Lewiston mobile crisis team and the Brunswick mobile crisis team, if needed.• Stated all crisis assessments will be completed on site.

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- Commits to completing all assessments within the two (2) hour block for consenting Participants.
- Plans to have at least one (1) crisis worker on per shift.
- Stated crisis assessment time is tracked in their EHR and will be reported as a performance measure; and should an assessment/disposition go beyond the four (4) hour mark, Center staff will document the rationale in the EHR, and staff will discuss the case during rounds to better understand if this could have been prevented.
- If a crisis assessment has been completed within twenty-four (24) hours of Participant's arrival at the Center, Center staff will use that assessment, as appropriate.
- Plans to work with their triage department for all planned follow up with individuals assessed by the crisis worker.
- Bidder's response to E.3 and elsewhere in the proposal indicated that an on-site Crisis assessment would only be required when indicated by a moderate or high C-SSRS score; this does not meet the RFP requirement that an on-site Crisis assessment be completed for all Participants seeking Crisis services, not dependent on a C-SSRS score.
- Bidder's response to E.3. did not specifically address providing triage to all Participants seeking Crisis Services.
- 4.
- Reiterated the statement stating, "Our providers will be well-versed and knowledgeable relating to medication assisted treatment both at the Crisis Receiving Center, and the CCBHC, which is co-located in the same building." The intent of this statement is still unclear to this evaluator.
- Stated stage of change work and harm reduction practices are included in staff training plans.
- Reiterated that their agency is a "part of a co-occurring learning collaborative through CCSME and will be receiving specialized training in assessing, diagnosing and treating co-occurring disorders." It is unclear to this evaluator if Center staff would also be receiving this specialized training; and if this training would be a requirement or optional for all or some Center staff.
- Reiterated their plan to "immediately refer Participants who have substance use or co-occurring disorders into [their] CCBHC by having a care coordinator visit the Participant prior to their discharge from the crisis receiving center to ensure a warm hand off." It is unclear to this evaluator if Participant choice would be considered in regard to a referral to Bidder's CCBHC.

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- Stated their agency employs seventeen (17) OPTIONS liaisons and six (6) Recovery Coaches who will drop into the Center and provide education on harm reduction strategies and practices, distribute and provide training on how to use Naloxone and will connect Participants to community resources and supports.
- Stated, if they are lacking capacity at their CCBHC, they will refer Participants to their list of community partners that they have MOUs with to ensure Participants are established with the appropriate service provider prior to discharge, including outpatient, inpatient, detoxification programs and residential levels of care. Unclear if Participant choice will be considered as it pertains to referrals.
- Stated there is an opioid treatment program next door to their proposed Center, Healthcare Resources Methadone Clinic, and they intend to establish a procedure for warm hand offs to that service.
- Bidder did not address providing referrals based upon the Participant's preference.
- 5.
- Stated, "Upon entering the Crisis Receiving Center, a Participant will sign an authorization for release of information for primary care providers and/or specialty care providers." Did not address if Participants are able to decline signage of the authorization for release of information (i.e., Participant consent).
- Stated, in cases of urgent or emergent medical situations, staff may reach out immediately to a Participant's care team for collateral information; although staff will not have immediate access to primary care during non-business hours.
- Plans to work with local medical systems to expand current MOUs to include the Center for comprehensive support of Participants.
- Plans to have Center management work with healthcare systems to ensure they have relationships with practice managers, nurse care managers, and integrated social workers to ensure seamless care coordination for Participants, between a Crisis and transition to another level of care.

F. Crisis Plan Development

1.

- Crisis plans to be developed collaboratively with Participants, parent/guardians for minors, and, as desired, family members, providers and natural supports.

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- Stated each Crisis Plan will be created with direct Participant input, emphasizing the Participant's voice and preferences throughout the process.
- For Participants with an existing plan, Center staff will carefully review the plan to determine what modifications, if any, are required.
- Plans to carefully review the Crisis Plan with the Participant and parent/guardian, when applicable, and share the plan electronically or on paper with the Participant, parent/guardian, EMTs, and other appropriate providers.
- Will share Crisis Plans with other relevant properties, with proper consent for releases of information in place.
- Stated they scan signed releases into their electronic medical record system for full compliance with HIPAA, 42 CFR, and applicable state and federal regulations.
- 2.
- Stated each Crisis Plan will include a section on resources such as crisis support lines, peer support groups and walk-in clinic hours at their CCBHC for accessible and immediate support prior to a situation escalating into Crisis.
- Will also link to resources like housing services or employment assistance to address social determinants of mental health and help maintain long-term stability.
- Plans to have supervisors audit and review Crisis Plans to ensure important community resource components are adequately addressed.
- Stated their co-located CCBHC is a strength, and their proposed integrated model will reduce wait times and barriers and supports a streamlined "no wrong door" approach.
- 3.
- Plans to obtain releases of information to support on-going, real-time access to other treatment providers' information to assist with coordination, delivery and disposition recommendations.
- Stated, if a Participant is at imminent risk to themselves or others, and/or "cannot adequately care for themselves due to an untreated behavioral health issue", staff will consult with a clinical supervisor and/or director level employee to ensure services are provided in the appropriate level of care needed.

G. Outpatient Chairs

- 1.
- Plans to warmly welcome Participants and families upon admission and will inform them of the Participant-centered approach at the Center for supporting

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individuals in BH crisis through offering access to a temporary Outpatient Chair for up to twenty-three (23) hours.

- Plans to further explain that participation is voluntary, with informed consent, and staff will outline services and clearly describe and reiterate duration of services.
 - Stated services will be clearly described and reiterated, and services include psychiatric and clinical evaluation, medication management, brief therapeutic interventions, peer support and meeting of basic needs for food, hydration and personal hygiene supplies.
 - Stated Participants may be referred by emergency departments, mobile crisis teams, law enforcement or via walk-ins, “based on criteria for non-lethal, non-violent crisis stabilization”.
 - Upon a Participant’s arrival at the Center, plans to have a CSP conduct a rapid triage and clinical assessment to determine appropriateness for the Center.
 - Plans to have all Participants complete a Behavioral Health Assessment as a triage tool, to be completed by nursing staff or a CSP.
 - Stated the Behavioral Health Assessment will consist of the following brief inventories and assessments: PHQ9 depression inventory; GAD 7; VA’s PTSD Screening; C-SSRS; and “AC OK”. In Bidder’s response to C.1.; it was stated that they would use the PHQ9, GAD 7, VA’s PTSD Screening, SBRT, and the C-SSRS. It is unclear whether the Bidder intends on including the evidence-based SBIRT tool for assessment.
 - Plans to provide access to daily drop-in groups; a DBT Lite group; solutions for homelessness group; Peer WRAP group; and a harm reduction co-occurring group that will be led by clinicians, nurses, OPTIONS liaisons and CSPs.
 - Plans to monitor, observe and document “Participants Q15 minutes” to ensure their time at the Center does not exceed twenty-three (23) hours, and stated their monitoring form will conclude at the 23-hour mark, “serving as a visual cue to staff that the Participant’s stay has reached its limit.”
- 2.
- Plans to provide on-site comprehensive assessments with individuals that score a three (3) or more on the “CSSR”. Stated, should a Participant request a crisis assessment, they will support all Participants self-identifying as being in crisis and provide a crisis assessment with staff on-site. Per E.3, all Participants seeking Crisis services must receive a Crisis assessment
 - Plans to initially “engage Participants in a behavioral health assessment, then a comprehensive crisis assessment, and as needed or identified clinical

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consultations will be available on site with a master's level clinician, a nurse partitioner, the Director of Crisis Services, the Senior Director of Crisis Services and/or their Medical Director." It is unclear to this evaluator whether all Participants will receive an on-site Crisis assessment, as required by E.3, or if it will only be completed by Participants requesting such or only completed with Participants meeting a certain score on the C-SSRS.

- Stated their agency has an existing administrator on call for the entire agency that is shared with the Senior Director of Crisis, the Chief Growth Officer, the Chief Operating Officer, the Director of Crisis Services and the Director of Residential Programs; and indicated that their on-site teams will have access to clinical consultations 24/7 with their existing on-call system.
- Stated their multi-disciplinary team will be comprised of: Nurse; Psychiatric Nurse Practitioner; "master's level clinician"; "CSP"; Peer Support Specialist; and the Director of Crisis Services.
- Plans to have their nurse assess overall medical needs and make determinations with the Psychiatric Nurse Practitioner when and/or if a higher level of care is warranted.
- Plans to utilize chairs for individuals struggling with tri-morbid presentations involving untreated behavioral health, untreated chronic/acute health conditions, and persons "struggling with addiction". Plans to have the nurse triage these individuals and work in conjunction with the Psychiatric Nurse Practitioner to determine when a person will need this "higher level of care".
- Stated one of their goals is to treat individuals whenever possible, in their program, rather than sending someone to an emergency room to access the higher level of care.
- Plans to have their nurse closely monitor vitals, specifically oxygen levels, blood pressure and determining if the Participant is in respiratory distress in any way for individuals active in their poly substance use, specifically opiate misuse, benzodiazepine misuse and/or any combination of poly substances that are sedating, in general.
- When a medical emergency occurs, staff will call 911 for support, with their nursing team triaging and coordinating with emergency services.
- 3.
- Plans to have Center staff seek to address the need for a nutritionally balanced diet and the social emotional qualities of the eating environment for Participants.

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- Plans to have a spacious kitchen with a Participant-specific refrigerator, microwave and seating.
- Plans to stock the refrigerator with beverages such as water, electrolytes and vitamins containing sports drinks, coffee and tea.
- Plans to have fresh fruit, yogurt, trail mix, hummus and pita chips and comfort foods, including mac and cheese cups, soups and crackers, available.
- Plans to seek Participant feedback for additional food and beverage offerings and Participants will have access to the kitchen area at all times.
- Plans to ensure they have both halal and kosher foods available for Participants with religion-based dietary restrictions.
- Should Participants accessing the Center have special diet requests, plans to have Center staff do everything they can to accommodate the request.
- If the Center Participant has restrictions related to food intake, religion and/or medical conditions, Center staff will make every attempt to accommodate the Participant request.
- Center teams will be mindful of potential allergy related challenges that may surface and will make necessary nutritional adjustments to support Participant needs.
- Stated their staff will consult with a medical provider, if needed or identified. Plans to have their nursing team also consult with their agency's New England Eating Disorders Program's dietician to ensure high quality nutritional food for Participants accessing Outpatient Chairs.

H. Additional Crisis Services for Transition Age Youth

1.
 - Committed to delivering developmentally appropriate services to Transition Age Youth through aligning programs and interventions with evolving cognitive, emotional and social needs of young people aged 16-25. Transition Age Youth are defined as those between the ages of fourteen (14) to twenty-five (25); unclear if Bidder intends on ensuring provision of developmentally appropriate services to the full Transition Age Youth population, including those aged fourteen (14) to sixteen (16).
 - Plans to follow guidance from Transition to Independence Process (TIP) and The National Technical Assistance Center on Transition (NTACT).
 - Plans to engage Transition Age Youth in service planning and will train staff in adolescent and young adult development.

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- Stated services would be trauma informed, flexible, strengths-based, culturally responsive and will be supportive of youth autonomy and identity formation to ensure “each individual is met where they are in their developmental journey.”
2.
- Plans to screen Transition Age Youth using the same behavioral health assessments provided to Adults and will add the youth AC OK to screen for depression, complex trauma and challenges with “SUDs disorders”.
- Plans to utilize the following tools to screen for suicide risk, trauma exposure substance use, exposure to violence, early warning signs of mental illness and/or clinical presentation: PHQ9 depression inventory; GAD 7; VA’s PTSD Screening; “CSSR”; and “AC OK Youth”.
- Stated, in addition to the behavioral health assessment and comprehensive crisis assessment, the Center will also provide psychoeducation from behavioral health clinicians, nurses and psychiatric nurse practitioners regarding exposure to violence, early warning signs of behavioral health illnesses, eating disorders and/or other clinical presentations.
- Plans to have the Center and their CCBHC work closely with their agency’s New England Eating Disorders Program for referrals and consultations with the program’s clinical director.
- Plans to make “additional considerations” (not specified) involving their working relationship with New Beginnings as a collaborative partner to address exposure to violence, early warning signs of mental illness and/or other clinical presentations.
3.
- Plans to develop policies, procedures and workflows related to their work with all Participants regarding the initial behavioral health assessments and comprehensive crisis assessment at the Center.
- Plans to work collaboratively with schools, New Beginnings and guardians/parents to gather additional information relating to the presenting problem and desired outcome. Unclear if Bidder intends on involving the guardian/parent at all times, or only when appropriate.
- Plans to “round on Transition Age Youth” with their multi-disciplinary team; externally case conference with area school guidance departments; “and New Beginnings when it is clinically indicated, and/or there are complex presentations that are more challenging to work towards stabilization.”
- Met requirement for H.3.b. and H.3.c.
4.

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- Plans to also provide “frequent follow up engagement” after the Crisis has resolved through check ins with the Participant and family over the phone, via telehealth and/or in-person. Frequency of follow-up engagement was not described.
- Did not address ensuring applicable consent as it pertains to involving a Transition Age Youth’s family in aspects of planning, treatment and discharge planning.
5.
- Plans to facilitate daily groups that are psychoeducational in nature and process oriented, with topics to include DBT skills, and, if relevant, a SAMHSA series on anger management, with the stated goal of teaching anger planning early, and practicing the 1-10 scale in the group setting.
- Plans to have their behavioral health clinician meet with Participants and family for provision of solution focused brief treatment, psychoeducation and de-escalation techniques for Transition Age Youth.
6.
- Plans to promote emotional and behavioral functioning through embracing evidence-based practices that build skills to improve functioning; and stated this would involve use of CBT, DBT, Motivational Interviewing and Stages of Change related interventions.
- Stated the Center will also have recreational activities to endorse emotional and behavioral functioning such as cornhole, board games, self-help books, coloring, ample space for walking laps, and use of “rocking chairs for parasympathetic nervous system stimulation and endorphin release.”
7.
- Stated they will commit to the development of advisory boards that include youth on the boards, will elicit their feedback and include such in meeting the needs of Participants accessing their services.
- Plans to work closely with their peer support youth specialists on WRAP planning to address how Participants can cope with situations that may lead to future crisis episodes.
- Stated WRAP planning will be proactively built into Participant-centered plans with Transition Age Youth and Adults.

I. Telehealth

1.

- Plans to utilize staff from their existing mobile crisis teams, as needed or identified, to support their Center teams; including accessing psychiatric nurse

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practitioners and/or their Medical Director for support and/or feedback with a Participant.

- Did not address providing appropriate Crisis Services through Telehealth when Participants are physically present at the Center, when applicable and clinically appropriate, and only when psychiatric and/or nursing staff are not available on-site (I.1.).
- Stated they “will utilize staff on site to address short comings of telehealth capacity involving assessing for a Participants ADLs, and or grooming if needed or identified in all telehealth assessments completed”. This response to I.1.a. does not address delivering covered Crisis Service by interactive telehealth of comparable quality to in-person service delivery.
- Plans to provide telehealth in one of their separate rooms where the Participant will have privacy.
- Stated they utilize SecureVideo for telehealth.
- Did not address if the Telehealth rooms have sufficient space for the Participant’s family and/or other natural supports.

J. Linkages and Warm Handoffs

1.

- Plans to provide daily drop-in groups that are process orientated, with specific focus on DBT Lite coping strategies; solutions for homelessness group; harm reduction; co-occurring issues; and peer-led WRAP planning.
- Stated Participants will be able to access groups and services in their co-located Lewiston CCBHC, which includes a co-occurring IOP program.
- Stated, for any referral to CCBHC, both teams will work from one (1) electronic medical record to ensure quality coordination.
- Stated, for Participants deemed inappropriate for outpatient care, they can make a warm hand off to one of their agency’s four (4) Crisis Residential Units.
- Minimal response provided as it pertains to provision of continuous support for the Participant during transition to the next level of needed services or linkages to referrals for community-based resources. Response focused solely on available services by the agency (CCBHC and Crisis Residential Units).

2.

- As it pertains to promoting utilization of the Statewide Crisis Hotline, plans to utilize hand-outs; business cards promoting this service; vehicle advertising of the services; magnets advertising this service; live TV segments devoted to this service; social media with both LinkedIn/Facebook exposure; and the use of radio.

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- Will provide handouts and business cards during community-related meetings with stakeholders.
- Will facilitate external case conferences with Participants' existing outpatient providers.
- Unclear if Bidder also intends on promoting utilization of the Statewide Crisis Hotline within the Center.
3.
- Stated they will work with individuals struggling with a traumatic brain injury (TBI) as part of their presentation in the Center.
- Stated their comprehensive crisis assessment will specifically ask about brain injuries, and they will track diagnoses in their electronic medical record.
- Stated TBI "cases" will involve "rounding" work with their Center teams and the CCBHCs "with the hope and goal of stabilization". It is unclear to this evaluator why CCBHCs would be involved, except if requested by the Participant.
- Stated, in situations where they are unable to safely move towards stabilization (for those with a TBI), they will work with statewide stakeholders to assist with a longer-term placement. It is unclear to this evaluator if the Bidder intends on providing a referral to OADS for individuals with an acquired brain injury or TBI that are eligible for OADS services.
- Plans to employ additional assessment tools for TBI evaluation, specifically utilizing the Montreal Cognitive Assessment (MOCA) and/or the Saint Louis University Mental Status (SLUMS) examination to evaluate the severity of the TBI in relation to cognitive functioning.
- Stated they will collaborate with their statewide stakeholders to assist with referring eligible individuals to services to assist with on-going stabilization efforts for individuals with a developmental disability. This does not meet the requirement of providing an OADS' Crisis Prevention and Intervention Services referral, specifically, for Participants found eligible for OADS' DD and/or are living in a Brain Injury waiver home.
- Plans to obtain releases of information, as needed or identified, to gather collateral information, specifically from schools to determine if IEPs have been established, primary care offices, family members and other providers to capture past diagnostic information that would be relevant and needed for eligibility determination for DD-related services.
- Did not address J.3.a., providing a Warm Handoff to the OADS Crisis System from the Crisis Center for Adult Participants with a diagnosis of an ID and/or DD.

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4.

- Plans to collaborate with “city-statewide services”, as needed or identified, providing “warm-hand’s” and/or external case conferences to ensure high quality continuum of services for individuals struggling with SUD challenges.
- Plans to utilize their existing OPTIONS teams (seventeen (17) FTE OPTIONS liaisons) and their agency’s seven (7) FTE recovery coaches to assist in the referral process for SUD treatment, recovery homes, recovery centers and harm reduction resources/services.
- It is unclear to this evaluator if Center staff will be assisting with referrals to substance-related services, or if this will only be completed by other agency staff located in other agency programs (OPTIONS liaisons and recovery coaches).

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K. Staffing Requirements
<p>1.</p> <ul style="list-style-type: none">• Stated their “Crisis workers (CSPs)” (evaluator assumes this is referring to “MHRT-CSPs”) will report to their Director of Crisis and will receive group and individual supervision and complete all CSP training.• Stated they plan to “adopt the new CSP/MHRT training model when it is released”. As the MHRT/CSP certification is currently live, and Bidder’s agency has staff included on a list of certified trainers that are approved to deliver module training for MHRT/CSP certification, intent of this statement is unclear to this evaluator.• Plans to have 3.1 FTE of “Crisis workers (CSPs)” at the Center.• Stated “peers” (assuming this is in reference to “CIPSS”) will report and receive supervision from their Director of Peer Support, including monitoring service fidelity, and staying current with trainings and certifications. Stated intent to provide matrixed reporting to their Director of Crisis to address program specific issues. Plans to have 3.2 FTE peers for the Center.• Stated their registered nurses will report to their Director of Crisis for performance management and operational supervision, with their Medical Director providing clinical supervision and training. Plans to have 4.3 FTE nurses at the Center.• Stated their PNP will receive clinical supervision from their Medical Director and will report to the Director of Crisis for administrative and operational job aspects. Plans to have 1.6 PNP FTE at the Center.• Plans to have “1.5 clinical FTE” employed at their Center. Bidder did not specify if this “1.5 clinical FTE” would include the applicable licensing of being a LCSW, LMSW-CC, LCPC, or LCPC-C, as required by K.1.e. <p>2.</p> <ul style="list-style-type: none">• Stated all staff receive background checks as part of their hiring process, and they also verify active and in good standing licensures during their hiring process.• Stated they use ALMS online to verify licensure or credentials of a new hire.• Unclear if Bidder will ensure staff have a valid, in good standing license to practice in their respective field after hire. <p>3.</p> <ul style="list-style-type: none">• Plans to ensure sufficient supervisory staff, dependent on licensing and credentialing requirements.

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- Stated they have a “deep bench of current supervisors to utilize” and if additional are needed, they will work to recruit depending on the licensure. 4.
- Stated they use sign-on bonuses for positions that are hard to fill, such as clinicians and direct care staff.
- Advertises positions in multiple locations, including Indeed, “Jobs In ME”, NASW, local papers and social media.
- Stated their agency vacancies across all their service lines have gone from one hundred forty (140) to under fifty (50) over the past three (3) years as a result of their recruitment efforts.
- Stated they hold walk in job interviews and hiring events throughout the state and attend job fairs and sponsor tables/advertisements at conferences.
- Stated complete background checks on all new employs, and run new hire names through CPS/APS, the National Sex Offenders Search and Maine Sex Offender Search SAM/OIG, and an out of state CPS check/background screen if from out of state.
- Stated they utilize Maine Background Quick Check, ALMS and do a driving record check.
- Stated for retention, in addition to retention bonuses, they use monthly wellness and team-building activities; employee discounts; clinical supervision; and reimbursement for licensure fees.
- Stated they have competitive benefits, including medical, dental, vision and a variety of retirement savings options.
- Stated they conduct annual performance evaluations that include merit increases.
- Stated they increased the amount of tuition reimbursement based on length of employment, last year.
- Stated their organization’s attrition rate is 21%, less than the average 30% rate that is common in behavioral health.
- Stated all staff, including non-clinical, receive monthly individual and/or group supervision, at minimum, including specialized supervision of evidence-based practices.
- Stated they have supervisors in the organization that are “train the trainer” for specific evidence-based models such as the A-CRA and MATCH that allows them to provide trainings with minimal barriers.

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- Stated in addition to required training for each position, they also offer their Training Institute workshops to all staff, which can be attended for free, and the trainings provide CEUs or contact hours for staff needing to renew licenses.
- Stated they also have the Relias training platform for agency and regulatory related training.
- Stated all training is documented in the staff personnel record, and documented competency will be completed and on file; with training documents and records available as requested to CMS, Office of MaineCare services, Maine CDC and OBH.
- Included Attachment 7 – Staff Recruitment, Onboarding and Retention Plan.
- Plans to start recruiting for positions approximately two (2) to three (3) months prior to opening day “(May start requirement)”.
- Provided a timeline that starts May 1 and ends May 31 for hiring and onboarding of new staff.
- Stated “agencies are used if no traction on positions (specifically harder to fill – NP, RN, etc.)”.
- Indicated the opening day of the Center is anticipated for 7/1/25; however, per the RFP, the initial period of performance does not begin until 8/1/2025.
- Stated employees have to complete two (2) weeks of Relias, Welligent and specific in-person trainings such as CPR, first aid, naloxone administration and harm reduction strategies.
- Plans to have employees complete one (1) week of on-the-job training at the program level, to include shadowing the position they have accepted. As the Bidder does not currently run a Crisis Receiving Center, it is unclear what specific position would be shadowed (e.g., if shadowing is intended to occur in a different agency program/service).
- Plans to conduct annual background re-checks through OIG, SAM and “driving”.

L. Staff Training Requirements

1.
 - Stated staff will complete and submit an application for CIPSS training during their first week of employment and will be encouraged to attend Peer Support 101 training prior to their start date. Should they be unable to attend Peer Support 101 prior to employment, then the Director of Recovery Services will ensure that new staff registers for the next session of Peer support 101.

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- Plans to maintain consistent and transparent communication with the Department on training timelines, ensuring alignment with requirements and expectations.
- Stated, as the application process will be completed within the first week of hire, staff will then be able to attend the next available rotation of Intentional Peer Support Core Training.
- Plans to have peer leadership regularly check in with staff regarding certification status.
- Stated the Director and Peer Support managers will support staff by assisting with registration, navigating the certification process and monitoring their progress through the CIPSS database; and stated “this system” will serve as a valuable tool for tracking certification requirements and ensuring full compliance with training and credentialing standards.
- Did not address ensuring Peer Support Specialists are provisionally certified no more than nine (9) months from their date of employment (L.1.a.ii.).
- Plans to have their Peer Support Leadership integrate the CIPSS Pre-Training into their agency’s comprehensive onboarding process to ensure all required training and documentation are completed and submitted within fifteen (15) calendar days of hire.
- Will have leadership closely monitor and track completion of training tasks and will provide ongoing guidance and accountability to support Peer Support Specialists through the certification process.
- Plans to have all steps in the certification process integrated into their Peer Support Specialists’ ongoing supervision to ensure compliance and professional development.
- Did not address attending monthly co-reflections within thirty (30) calendar days of the start of employment (part of L.1.c.).
- Stated their Recovery Services department works closely with the Office of Behavioral Health (OBH) to ensure all Peer Support Specialists maintain compliance with certification requirements, as directed by the Department.
- Plans to utilize the CIPSS database to monitor compliance of requirements for all Peer Support staff.
- Stated, “Completion of these requirements will be logged using the Peer Support Specialist Certification Report (APPENDIX I) and submitted to the Department upon request.” However, as indicated in the RFP’s Reports Tables (Tables 2 and 3), the Peer Support Specialists Certification Report is due to the Department quarterly. It is unclear to this evaluator if Bidder intends on only

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submitting the Peer Support Specialists Certification Report when directly requested, as opposed to submitting the Report quarterly, as required. In response to P. Reports section of the RFP, Bidder did indicate they would provide the required Report to the Department “on a quarterly basis, or as requested”.

- Did not specifically address ensuring Peer Support Specialist staff attend Peer Support 101 prior to practicing Peer Support with Participants at the Center (L.1.c.i.).

2.

- Stated they have agency staff in other programs that are able to provide Naloxone administration training, including how to recognize the signs and symptoms of an overdose; and they will include this training requirement in all Center staff training plans.
- Stated basic first aid and CPR is a requirement for all staff in 24/7/365 programs; and Center staff will not be eligible to work at the Center until Naloxone, basic first aid and CPR trainings are completed.
- Plans to have staff training completed within the first two (2) weeks of employment as part of employee onboarding.
- Stated all staff supervising peer staff at the Center will be required to attend Maine’s Peer Support Supervision at the first available session following their start date.
- Plans to encourage each supervisor to continue seeking opportunities to expand understanding of supervising peer support specialists that work on crisis teams.
- Stated their peers will be provided with weekly individual supervision, in alignment with Peer Support Supervision standards; and supervision may increase to several times per week, as needed, during times of programmatic of staffing challenges.
- Stated their agency facilitates a weekly Peer Support Leadership Meeting for Shift Leaders, Supervisors, Managers and their Director of Recovery Services.
- Stated check-ins and meetings are grounded in IPS values and principles and they cover topics including challenges, success, boundary concerns, employee relations issues, and evaluation of training and certification compliance.
- Stated they also allocate time to collaboratively plan program improvement projects and staff development initiatives.
- Stated each position within the organization is assigned a relevant training plan appropriate to the position, and training plans are reviewed and approved by

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<p>“President’s Council.”; with training plans designed to be consistent with relevant licensing and certification standards.</p> <ul style="list-style-type: none">• Listed their orientation elements, which included language stating “currently we don’t work with an elderly population”. As the Center will be available to any individual aged fourteen (14) and up, it is unclear to this evaluator if the Bidder intends on adding in orientation training regarding working with an older population, to ensure appropriate service provision at the Center.• Required training includes an eight (8) hour in-person orientation, including a segment titled Consumer Perspective that is led by Peer Support staff, and completion of the Maine Mandated Reporter training.• Stated staff who work with children and adults must take the following training at hire and annually, Bidder did not specify if Center staff would fall under these training categories: Psychotropic Medication Training and Developmental Concerns in Childhood and Adolescence.• Stated all staff are required to complete Understanding Trauma-Informed Care, which includes SAMHSA’s System of Care principles, and indicated this training is required upon hire and annually.• Stated their quality department is responsible for training new supervisors within their first month of employment on how to recognize critical incidents and report them. It is unclear to this evaluator if Bidder intends on having applicable employed/contracted staff receive the Critical Incident Training offered through Acentra Health, through their Critical Incident Training video (L.2.d.).• Stated incident reports are sent to their quality department who enters the information into the listed platforms, depending on the program (Adult or Minor).
<p>3.</p> <ul style="list-style-type: none">• Stated they have a fully staffed training department that manages initial, annual and ongoing training requirements; and training completion is an organizational-wide key performance indicator that is reviewed by leadership monthly.• Stated completion of training is also recognized as an annual performance review category, with staff rated in this area.• If awarded, plans to have their training department develop Center specific training plans based on the SAMHSA crisis service model, including the following service elements: screening; triage/assessment; medication initiation/administration; safety and recovery planning; crisis counseling; psychoeducation; point of care testing; withdrawal and intoxication

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<p>management; care coordination; family engagement; social determinants of health; physical health management; and discharge planning and follow up care.</p> <ul style="list-style-type: none">• Stated all staff will complete the training plan prior to working with Participants.
<p>4.</p> <ul style="list-style-type: none">• Stated all employees will take the “Maine Mandated Reporter Training” at hire and every four (4) years.• Stated they have a Relias course called “Harm Reduction Strategies for Substance Use” that will be included in all Center training plans; with their agency OPTIONS liaisons and Recovery Coaches to facilitate refresher and ad hoc trainings.• Stated all staff will complete “Understanding Trauma-Informed Care”, “Cultural Awareness and Humility”, and “A Multicultural Approach to Recovery-Oriented Practice” trainings at hire.
M. Other Staff Engagement Requirements
<p>1.</p> <ul style="list-style-type: none">• Plans to have their Director of Crisis Services schedule monthly staff meetings, with attendance taken and a standard agenda created, including operational issues and needs, other administrative topics such as scheduling, and reviewing status on key performance measures including Participant outcomes and required performance measures.• Stated the second part of their monthly meeting will be dedicated to discussing Participants that utilize the Center on a frequent basis, with case reviews led by the PNP, and care team members to provide input regarding barriers and challenges impeding reduction in use of this level of care and will create solutions for Participant success together. Stated that high utilization Participants will also be brought to their High Utilizer of Emergency Services (HUEs) meetings.• Stated their Recovery Services is dedicated to maintaining fidelity across peer support models, ensuring peer support remains distinct and well-integrated within the broader care system.• Plans to have team meetings follow a structured format respecting the role and scope of Peer Support Specialists, while fostering collaboration with clinical teams.• During monthly meetings, plans to have a designated time for “Peer Supporters” to share challenges or concerns that may need to be

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communicated to clinical teams, ensuring insights contribute a more holistic approach to care.

- Plans to have Peer Supporters excuse themselves from the meeting prior to discussions shifting to clinical, diagnostic and treatment-related topics to reinforce the integrity of peer support, while allowing for effective communication and collaboration between peer and clinical teams.
- 2.
- Plans to have peer support “attend one co-reflection session per quarter and complete two continuing education trainings sanctioned by the Department”. This does not meet the requirement of ensuring Peer Support Specialists attend monthly co-reflections (M.2).
- Indicated they have agency staff that facilitate monthly internal co-reflection sessions. Bidder did not specify if Center Peer Support Specialists would be required to participate in monthly co-reflections, independent of their direct supervisor.
- 3.
- Will offer peer support services to all Participants upon Center arrival; if a Participant chooses to engage with a peer supporter, the Participant will determine the level of peer support involvement during their time and the Center, and staff will tell Participants that the service is voluntary, and available at any point during their time at the Center.
- Will have peer support be fully voluntary and Participant-driven.
- Stated Participants can choose the setting that is most comfortable for them for peer support, and Participants may discontinue peer support services at any time without explanation or consequence, reinforcing peer support’s self-directed and non-coercive nature.
- Plans to have the Center collaborate with agency Communications and Development departments to design flyers, posters and other outreach materials to ensure Participants are aware of the available peer support services at the Center.
- Plans to develop materials promoting their 24/7 Peer Support Line, with materials to include a comprehensive list of community-based peer support centers and services, ensuring Participants have access to peer support resources when not at the Center.
- Plans to provide all Center staff with training on IPS, emphasizing the importance of self-disclosure autonomy.

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- Stated they will offer Participants the choice to have a “Peer Supporter” present during clinical intervention, evaluation or determination.
- Met requirement for M.3.b.i. – iv.
- Stated relationships between Peer Support Specialists and clinical team members will be collaborative and complementary, with clearly defined roles for maintenance of professional boundaries and to prevent responsibilities overlap.

N. Administrative Requirements

1.
 - Stated they have a comprehensive organizational policy on screening and intake, assessments and intake documentation, and they will update their policies to ensure they align with Center guidelines and requirements and will ensure procedures are in place.
 - Plans to ensure assessment policy and safety and crisis coordination policies and procedures are reviewed and updated to support the Center, and they will elicit feedback from stakeholders and staff to ensure processes are working in the program.
 - Plans to develop a policy and procedure specific to the Center for medication intervention, administration and storage. Plans to work with stakeholders such as pharmacies, local health systems and prescribers to ensure best practices are used along with safe prescribing guidelines that follow State law.
 - Plans to develop discharge policies and procedures that ensure Participants have the necessary follow up care to support safety planning and care coordination.
 - Plans to have a clear policy developed to ensure all Participants are screened for suicide upon entering the Center, with an assessment offered on site based on risk as recommended by the Zero Suicide Protocol.
 - Stated, “Participants who are not at risk of suicide but who request a crisis assessment will be provided an on-site assessment”, this does not meet the E.3. requirement that all Participants seeking Crisis Services receive an on-site Crisis assessment and triage.
 - Plans to work with their human resource and training and development department to review current policies and review established policies and procedures to best support team development and ensure Peer Support Specialists are developed like other agency programs, which Bidder states have been highly successful.

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- Stated they have centralized policies that support staff hiring, onboarding, training and an established supervision model that will be effective for their Center.
- Stated, any changes needed for their current policies or procedures will be completed within the first ninety (90) days of the contract period and will forward all policies and procedures to the Department within the six (6) month timeframe.
- Met requirement for N.1.b.
2.
- Stated the critical incident reporting for Adults is already a well-established workflow within agency programs and teams.
- Stated their EHR includes an integrated incident report module used to document any Participant incidents, including critical incidents.
- Stated there is also a “downtime incident report form” that is a Microsoft document form for reporting of critical incidents via their Quality Department if access to the agency EHR is limited.
- Stated program supervisory staff will be expected to review critical incident reports completed by their staff and validate that the report contains all required information.
- Stated their Quality Department also reviews reports to ensure all required information is included in the incident reports.
- After incident reports have been finalized by program staff, their Quality Department submits the report through the Atrezzo platform.
- Stated when a program supervisor is notified of an incident by staff, they determine if the incident is a critical incident and whether it is level 1 or level 2.
- Stated their Quality Department trains all supervisors on the incident reporting workflow and has created guidance documents that illustrate when 4-hour calls to the Department are requested and the appropriate contact information to complete the call; with program supervisory/management staff expected to complete the 4-hour call to Acentra, when required.
- Stated reportable event reporting for Transition Age Participants is already a well-established workflow within their programs and teams; with all direct care staff trained to recognize and document Participant incidents, including reportable events, with refresher training provided, as needed.
- Described the workflow for reportable events reporting, which matches the workflow for critical incident reporting.
3.

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- Plans to complete tracking through their electronic health record for all community resources.
- Stated their Information Services Department will develop a report capturing referrals from the Center, referral sources, and aftercare services, including services in Section 13, 17, 65 and 92, and substance use services.
- Center to track date of the referral, the program Participant was referred to, the agency name and reason for the referral.
- Plans to track level of care transitions as part of their discharge planning, including Participants referred to hospital emergency departments, primary care providers, dental services, legal services, transportation services or other necessary services for Participant care.
- Plans to partner with the “Safe Voices” domestic violence program to assist with streamlining delivery of domestic violence services to those “experiencing violence in the home.”
- Plans to partner with Maine Health and Community Clinical Services “to assist with on-going chronic and acute health”.
- Did not address referral tracking for sexual assault centers (part of N.3.a.ii.).
- Plans to partner with “homeless stakeholders” in the Lewiston Area to support housing first “thinking and action”.
- Plans to work with area housing providers and stakeholders to develop an eviction task force to address eviction and use of flexible HUD dollars.
- Plans to offer “Solutions for Homelessness Group” at the Center three (3) days a week, a process-oriented group for processing grief/loss associated with homelessness and embracing the four principles of Housing First.
- Bidder described provision of assistance with documentation, including completion of housing applications, working on a landlord acquisition team, identifying needed wrap around services to assist with stabilization when transitioning into permanent supportive housing and will ensure homeless HUB coordinators in the Lewiston area are actively collaborating with the Center and homeless stakeholders under the HUES (High Utilizer of Emergency Services) meeting umbrella.
- Stated additional housing-related stakeholders include New Beginnings and PATH in Lewiston.
- Plans to encourage the area OPTIONS teams and Oxford County OPTIONS teams to utilize the Center for daily drop-in hours, five (5) days a week. As the Center must be open 24/7/365, unclear to this evaluator why daily drop-in hours would only be available five (5) days a week, as opposed to 24/7/365.

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- Plans to have agency providers provide SUD treatment through Medication Assisted Treatment (MAT) at the Center and will provide referrals to area substance use programs.
- 4.
- Stated they utilize Welligent for their electronic health record (EHR) and enroll Participants into the “Crisis Master” to initiate their episode of care.
- Stated service delivery and documentation responsibility lies with the clinical supervisor or clinician.
- Stated their Quality Department conducts monthly chart audits to ensure completeness and accuracy.
- Stated, once enrolled in their “Crisis Master”, all program-level staff will have access to essential documents, including Crisis Plans, discharge plans, assessments and progress notes.
- Stated new employees are assigned a profile with appropriate access to view Participant charts and receive EHR documentation training within their first two (2) weeks of hire, including the workflow and timelines for each documentation piece, per licensing standards.
- Did not address utilization of the Department’s Designated System to enter all treatment and demographic data, as appropriate for the specific service(s) provided (N.4.b.).
- Provided a list of general rules that apply to all personnel regarding use of agency assets and services; a list of rules for management of agency data and devices accessing the data; policies for administrative accounts; and policy on physical access to infrastructure. However, Bidder did not explicitly address if they will comply with the MaineIT Rules of Behavior Policy (N.4.b.i.).
- Provided detail regarding their risk assessments and policies, including an annual risk assessment conducted annually on key systems that is completed by their agency’s 3rd party security advisor.
- Stated they are compliant with HIPAA and NIST 800-53 rules on protecting and handling confidential/sensitive information, that is compliant with all confidentiality requirements as outlined in the IT Service Contract Rider B-IT section 30.
- Stated their agency policy requires any suspected unauthorized access or disclosure be reported to a team that’s comprised of the Director of Compliance, Director of IT and the Manager of Participant Record for investigation and disposition immediately, upon discovery.
- Did not specifically address N.3.d.

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5.

- Plans to host regular open houses that are designed to educate the public and strengthen relationships with key community stakeholders; with the plan to make events inclusive, informative and focused on demonstrating the impact and scope of the Center in the Lewiston-Auburn community.
- Stated their open house events will center around a sense of openness and transparency to locals to cultivate interest for the Center and relational development within the community.
- For open houses, plans to extend invitations to local municipalities, corporate partners, nonprofit organizations, healthcare providers and the general public; and the open houses will include facility tours, educational presentations and community feedback opportunities.
- Plans to participate in local fairs and rallies hosted by “strategic stakeholders” and members of the Lewiston-Auburn community; and host community events to bring Center services to the public.
- Plans to have the Center create a space to host wellness fairs and community rallies to integrate the Center into the local community; with events planned in accordance with Departmental standards, following strict guidelines of trained communications staff.
- Plans to implement a Department-approved grand opening media and communications campaign upon Center’s launch, including press releases, informational articles on agency website and digital outreach; use of local media outreach with local media stations such as Binnie Media, WMTW Channel 8 and News Center Maine; and will use ongoing public communications through sharing regular updates on the Center via approved newsletters, agency website and social media channels.
- Plans to have the Center maintain active involvement with the Lewiston-Auburn Chamber of Commerce, with staff to participate in Chamber events, including Business After Hours, Chamber breakfasts and resource fairs; and plans to engage with Chamber members to facilitate collaborations, sponsorships and referrals to enhance community support for the Center.
- Plans to have all marketing and outreach materials developed by trained communications staff, in alignment with the Center’s mission and communication guidelines; will have materials reviewed internally by agency leadership and their Senior Director of PR and Advancement to ensure cultural sensitivity, accessibility and compliance with relevant policies, branding standards and agency’s mission and values; and will submit final versions to the Department for review and approval prior to public release.

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6.

- Stated they have a dedicated analyst position within “IS” (acronym not defined) that provides data, as requested by the Director of Quality, to facilitate continuous quality improvement in all agency programs.
- Stated their Quality Team (Director of Quality, Quality Improvement Specialist and Clinical Quality Improvement Specialist) will work with program leadership to identify and develop Quality metrics for the program, with potential Quality metrics listed.
- Stated all agency programming is integrated into their organization wide “CQI” (acronym not defined) structure; and they hold regular “(typically monthly)” meetings where program quality data is reviewed and discussed with program and shared service staff. Should any metric be underperforming or not meeting goals, the Quality team will work with program staff to develop an improvement plan utilizing a Plan-Do-Check-Act (PDCA) methodology. Stated PDCA projects are reviewed periodically for progress and impact.
- Stated their programs participate in monthly Quality meetings to review Quality data and service performance as part of their agency’s CQI structure; and monthly program review meetings include review and discussion of Quality and other program data, with quality data related to fidelity in service provision as part of the reviews.
- Stated their Quality Department utilizes a combination of “IS” reporting and qualitative chart reviews to analyze clinical adherence to best practice requirements for each treatment methodology.
- Stated any additional meetings that are required by the Department will include a member of their Quality team and program leadership. Unclear if Bidder understands the requirement for N.6.b. is in regard to required monthly meetings and/or technical assistance activities with the Department, and not internal to the agency. Bidder did not explicitly commit to N.6.b.
- Will have Department-approved satisfaction surveys completed using a HIPAA compliant process for collecting Participant and provider feedback; with the program to collect and store Participant survey data in the EHR to allow for existing data reporting and analysis infrastructure to be used for the survey.
- Plans to have provider surveys administered through Microsoft Forms, with data stored in agency data warehouse servers allowing their Quality and “IS” teams to integrate and report on all collected survey data.
- Plans to integrate feedback into their existing Participant satisfaction feedback processes where Participant satisfaction data is sent to programs via monthly

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EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

reporting and reviewed in their monthly Quality meetings. Data will be aggregated, analyzed and trended to help identify areas of opportunity and strengths of the program.

- Bidder did not specifically address sharing Participant and provider program recommendations from satisfaction surveys with the Department (part of N.6.c.i.).
- Plans to use described methods to collect, analyze and report on all aspects of program quality, including referrals, service utilization and time-to-service metrics. Plans to gather additional data on implementation challenges through program staff surveys; and will use “this data” to identify challenges and trends and will continue to share this information in collaboration with the Department.
- 7.
- Stated their Director of Crisis will be the point person for the Department lead and will be the liaison between the agency and the Department for this service.
- Will notify the Department regarding stakeholder group meetings and any other pertinent information during collaborative monthly meetings that will be established at the start of the contract.
- Should unscheduled meetings arise, their Director of Crisis will alert the Department immediately by email and phone regarding time, place and purpose of the meeting. Timeframe for immediate Department notification was not indicated.

Met requirement for 7.b.

O. Performance Measures

- Plans to document dispositions in their EHR and discharge summaries will include referrals made.
- Plans to have their Data Services Team schedule reports to be delivered to team members and the identified grant management staff prior to the 15th of the month to ensure timely reporting; with data to be spot checked and verified for accuracy prior to submission.
- Stated their data services team is able to provide reports that endorse performance measure data using documentation included in the EHR.

P. Reports

- Plans to have their Data Services Team utilize Crystal Reports to create reports.
- Stated their Director of Recovery Services will be responsible for overseeing certification compliance and ensuring all necessary data is accurately recorded and reported.

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- Plans to utilize their ERP software, NetSuite, for comprehensive financial oversight.
- Provided a detailed, comprehensive response.

2. Staffing

- a.
 - Job descriptions provided for: Chief Growth Officer, including a LCSW or LCPC licensure requirement; Senior Director of Crisis and Adult Residential; Director – Crisis Services, requires “Independent Clinical Licensure”; Nurse Practitioner – Adult, requires a master’s degree from an accredited psychiatric nursing program, maintenance of a Maine Adult Psychiatric NP license and a valid DEA certificate; Registered Nurse; “Clinical Outpatient (IL/CC/FFS)”, requires LCSW/LCPC; Crisis Intervention Specialist, including “MHRTcsp desirable” and indication that lived experience is preferred; and Intentional Peer Support Specialist – Integrated, requires CIPSS certification, or work toward such and explicitly requires lived experience and demonstrated knowledge of personal Recovery.
- b.
 - Wrote “N/A”.
- c.
 - Included specific anticipated weekly scheduling hours for nurses; “CCBHC NP” and NPs; “CCBHC CLINICIANS” and clinicians; “CCBHC Peer Supports” and peers.
 - The anticipated staffing-related-details and interaction with CCBHC staff is unclear to this evaluator. Aside from the weekly schedule tables, no further details regarding CCBHC staff involvement at the Center were provided for the staffing plan attachment.
 - Bidder also included a “New Option #2:” scheduling table for “CCBHC CRISIS” and “CRISIS” staff scheduling. No further description or detail was provided to explain the “New Option #2:” scheduling table title.
 - Proposed minimum staffing position titles and time allocation for nurses are: two (2) nurses with three (3) twelve (12)-hour shifts; two (2) nurses with four (4) ten (10)-hour shifts; and one (1) part time nurse that works four (4) five (5)-hour shifts.
 - Proposed minimum staffing positions and time allocation for NP, excluding the “CCBHC NP” position are: one (1) NP at twenty-four (24) hours per week and one (1) NP at forty (40) hours per week. Per the schedule, non-CCBHC NPs

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will only be available from 5am to 10pm on Sunday, 5pm-9pm Monday through Thursday, and 9am – 5am on Saturday.

- Proposed minimum staffing positions and time allocation for clinicians, excluding “CCBHC CLINICIANS” are: one (1) clinician at thirty-six (36) hours per week and one (1) part time clinician that works twenty-four (24) hours per week. A job description for “clinician” was not included in the job descriptions’ attachments.
- The RFP requires Clinical consultation to be provided through an on-call psychiatrist or a psychiatric nurse practitioner, with Clinical consultations available 24/7/365. It is unclear if the Bidder has sufficient anticipated staffing to meet the 24/7/365 Clinical consultation availability requirement.
- Proposed minimum staffing positions and time allocation for “Peers”, excluding “CCBHC Peer Supports” are: one (1) full time Peer; one (1) part time Peer working sixteen (16) hours per week; and “Peer 4 PT ON” and “Peer 5 PT ON” positions indicated as working twenty-four (24) hours per week.
- Bidder did not include position titles and time allocation for the following positions provided in job descriptions: Chief Growth Officer; Senior Director of Crisis and Adult Residential; Director- Crisis Services; “Clinical Outpatient (IL/CC/FFS)” (potentially referred to as “Clinician” in staffing plan, however, not specified); and Crisis Intervention Specialist.

3. Implementation - Work Plans

a.

- Work plan was provided in a timeline chart with program and development tasks described and the position responsible indicated.
- The construction/renovation timeline begins 3/3/2025, which is approximately three (3) months prior to the initial period of performance (8/1/25). Due to this, the specific anticipated timeframe for various activities is unclear.
- Timeline indicates selection of property, lease negotiation and design of the floor plan has been completed.
- Work plan included a black diamond icon for some specific tasks a key was not provided to explain the significance of this black diamond icon.

b.

- Work plan was provided in a timeline chart with program and development tasks described and the position responsible indicated.
- The program implementation timeline begins 3/3/2025, which is approximately three (3) months prior to the initial period of performance (8/1/25). Due to this, the specific anticipated timeframe for various activities is unclear.

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| <ul style="list-style-type: none">• Based on a 3/3/25 start date, work plan indicates plan to make offers to accepted hires July 7, 2025, with enrolment of employees into new employee orientation to occur July 14, 2025.• No specific date indicated in either work plan (construction and program implementation) regarding anticipated opening date/timeframe for the Center.• Work plan included a black diamond icon for some specific tasks a key was not provided to explain the significance of this black diamond icon. |
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DATE: 05/28/2025, 05/29/2025

EVALUATOR NAME: Ellie Larrabee

EVALUATOR DEPARTMENT: OBH/CBHS

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">Bidder met requirement
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">Bidder met requirement
2. Subcontractors
<ul style="list-style-type: none">Bidder indicated they will not utilize subcontractors
3. Project Team Organizational Chart
<ul style="list-style-type: none">Bidder provided organizational chart to include 1 Clinician, 1NP (under Director of Lewiston CCBHC) 2 NP, 4.5 FTE RNs (under Medical Director), and 1.5 FTE Clinicians, 6 FTE Crisis Workers (under Director of Crisis Services)
4. Litigation
<ul style="list-style-type: none">4 lawsuits settled between 2021-2022
5. Financial Viability
<ul style="list-style-type: none">Bidder submitted financials for 2021-2024Bidder indicated closing programs acquired in 2018 and 2006Financial report indicates bidder received a waiver in June 2022 related to noncompliance with the financial ratio covenant required under operating line of credit; with return to compliance 2023 and 2024
6. Certificate of Insurance
<ul style="list-style-type: none">Bidder met requirement
Part IV, Section III Proposed Services
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none">1-i. & j. Q-Plan for youth/adults when all chairs are occupied? How will youth/adults be served at the same time in common areas when utilizing cot, laundry, shower, kitchen
B. Crisis Center Standards, Licensing, and Operations
<ul style="list-style-type: none">1 - a. Bidder agrees to maintain license with an identified plan for renewal1.- b. Bidder indicated they will open a maintenance case to add site

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- 1.- c. Bidder indicated insurance review has been conducted, and they are in place for addition of program
- 1.- e. Bidder indicated they are currently a Tier-2 Education and Naloxone Distribution organization
- 1.- f. Bidder indicated they have established MOUs in Androscoggin County with schools, medical providers, hospitals, etc.
I - CCBHC is below the proposed receiving center and will generate referrals to crisis receiving center
I – Bidder indicated they have signed letter of intent with Genoa for on-site pharmacy to include injectable medications such as Risperdal Consta, Abilify Maintena, and Haldol Decanoate, Prolixin, etc.
- 2. – b. **P**-Bidder indicated they have an established relationship with New Beginnings in Lewiston
c. **P**-Bidder indicated they have an established children's Assertive Community Treatment (ACT) program, children's behavioral day treatment, crisis resolution services, and crisis residential services (CRU) with priority given to CRU

C. Crisis Service Delivery Methodology

- 1. **P**-Bidder indicated they will utilize reverse-motion sensor system and participant advisory board
P-Bidder indicated they will utilize PHSQ-9, CAD 7, VA's PTSD Screening, SBIRT, and C-SSRS screener version
Q-Bidder indicated they will "have flexible policies and procedures" to ensure access. Example?
- 2.-Bidder indicated staff will receive de-escalation training through Safety Care Crisis Prevention Training
- 3.- Bidder met requirement
- 4.-I-Bidder indicated they employ over 40 CIPSS with lived experience navigating challenges related to MH, SU, and life-interrupting trauma
I-Bidder indicated they will utilize Welligent for documentation
- 5.-Bidder indicated they have developed a comprehensive staff handbook per SMAHSA 2020 National Guidelines and received Department approval
- 6.- Bidder indicated they will provide two-hour clinical training in Counseling to Access to Lethal Means (CALM) in addition to the Safety Planning Intervention (SPI) model
- 7.-Bidder met requirement

D. Other Service Delivery Requirements

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EVALUATOR DEPARTMENT: OBH/CBHS

- 1.-Bidder indicated they will provide a summary of ROR to Participant and post copy of policy and procedures in a location visible to Participants
Q-Will Participant receive full copy of ROR?
- 2.-Bidder outlined a plan for effective collaboration with emergency services and first responders
- 3.-N - Bidder indicated “weekly rounding work” to include external case conferencing, and internal case conferencing.
- 4.- Bidder indicated they will complete required assessments, such as the VI-SPDAT, and enter Participants into the local Homeless Management Information System (HMIS).

E. Crisis Center Intake and Triage

- 1.-Bidder met requirement
- 2.-Bidder indicated staff is trained in Co-occurring disorders /SUD gambling, nicotine addiction and/or eating disorders
- 3.-Bidder met requirement
- 4.- Bidder indicated they are part of the co-occurring learning collaborative and will receive special training in assessing, diagnosing, and treating co-occurring disorders
I-Bidder currently has 17 OPTIONS workers and 6 recovery coaches
- 5.- Bidder indicated they will work with health systems to expand MOAs

F. Crisis Plan Development

- 1.-Bidder indicates crisis plans will be shared with parents/guardian for those underage
- 2.-P-Bidder indicated crisis plans will offer “resources” for each participant
- 3.-Bidder met requirement

G. Outpatient Chairs

- 1.-Bidder met requirement
- 2.-Bidder met requirement
- 3.- Bidder indicated they will attempt to accommodate religious guidelines and dietary restrictions

H. Additional Crisis Services for Transition Age Youth

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- 1.-N-Bidder indicated they will deliver developmentally appropriate services to transitional age youth ages 16-25
- 2.-Bidder indicated they will develop policies a procedures to address
- 3.- b. N-Bidder did not meet requirement; Transitional Age Youth involvement
c.- N-Bidder did not meet requirement; How Crisis Center staff can agree resolution has been achieved.
- 4.-Bidder met requirement
- 5.-Bidder indicated they will use DBT skills and anger management as necessary with Participant and families
N-Bidder does not indicate if regular meetings with behavioral health clinicians will be available
- Bidder met requirement
- Bidder indicated they will include youth on their advisory board

I. Telehealth

- 1.-N-Bidder indicated Mobile crisis staff will be redirected to CRC

J. Linkages and Warm Handoffs

- 1.-N-Bidder indicated handoff to higher LOC (CRU) will be to one of Bidder's four CRUs
Q.-How will bidder assure peer support does not have access to clinical information when all employees use EMR
N-Bidder indicated immediate access to services upon discharge from CRC however, does not indicate how Participant will be supported when there is a weight list for community-based services.

- 2.-N-Bidder did not meet requirement; promotion of Statewide Crisis Hotline
- 3.- Bidder indicated they will utilize modified ACT team along with Montreal Cognitive Assessment (MOCA) and Saint Louis University Mental Status (SLUMS) assessment/examination
- 4.-Bidder met requirement

K. Staffing Requirements

- 1.-a.-Bidder indicated 3.1 FTEs for Crisis workers (CSPS) in narrative; does not coincide with organizational chart of 6 FTEs
b.-Bidder indicated 3.2 FTEs for Peer workers in narrative; does not coincide with org. chart of 3.5 FTEs
c.-Bidder indicated 4.3 FTEs for nurses; does not coincide with org chart of 4.5 FTEs
d.-Bidder indicated 1.6 FTEs for PNP; org chart indicates 3 FTEs
e.-Bidder indicated 1.5 FTEs for clinician; org chart indicates 2.5 FTEs

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<ul style="list-style-type: none">• 2.-Bidder met requirement• 3.-N-Bidder did not meet requirement- sufficient supervision• 4.-P-Bidder indicated they offer training institute workshops for all employees in addition to regular trainings
L. Staff Training Requirements
<ul style="list-style-type: none">• 1.-Bidder met requirement• 2.-c.-N-Bidder indicated they do not currently work with an elderly population• 3.-Bidder has an established training department and will develop CRC specific training plans based on the SAMSHA crisis service model upon award• 4.-N-Bidder did not meet requirement-how to ensure all direct service and clinical staff will complete
M. Other Staff Engagement Requirements
<ul style="list-style-type: none">• 1.-c.-I-Bidder indicated Peer challenges/concerns will be shared with the clinical team• 2.-N-Bidder did not meet requirement; Peer co-reflection quarterly versus monthly• 3.-c.-I-Bidder indicated Peer Support Specialists will work closely with the members of the clinical team
N. Administrative Requirements
<ul style="list-style-type: none">• 1.-Bidder met requirement• 2.-Bidder met requirement• 3.-Bidder met requirement• 4.-Bidder indicated they currently utilize Welligent for its EHR• 5.-Bidder met requirement• 6.-Bidder met requirement• 7.-Bidder met requirement
O. Performance Measures
<ul style="list-style-type: none">• 1-Bidder met requirement
P. Reports
<ul style="list-style-type: none">• 1.-Bidder met requirement• 2.-Bidder met requirement
2. Staffing
<ul style="list-style-type: none">• a.-I-Bidder did not indicate need for transitional age experience within job descriptions• b. -Bidder indicated they will not utilize subcontractors

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| <ul style="list-style-type: none">• c. -Bidder indicated use of CCBHC nursing, clinicians, Peer Supports, and Crisis |
|--|

3. Implementation - Work Plans

- | |
|---|
| <ul style="list-style-type: none">• a. -I-Bidder indicated they will utilize subcontractor• b. -Bidder met requirement |
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Part IV, Section IV. Cost Proposal and Budget Narrative
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| <ul style="list-style-type: none">• |
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BIDDER NAME: Sweetser

DATE: May 28, 2025

EVALUATOR NAME: Brianne Masselli

EVALUATOR DEPARTMENT: OBH

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">They spoke to who they are as an organization and their experience within Crisis, but did not see any proof of a BHO license confirming services licensed to offer.
Part IV. Section II. Organizational Qualifications and Experience
1. Overview of the Organization
<ul style="list-style-type: none">Abbreviated overview – Highlights crisis-related services but not the full continuum of services they offer
2. Subcontractors
<ul style="list-style-type: none">Non-listed, yet file 5 highlight contractors for construction
3. Project Team Organizational Chart
<ul style="list-style-type: none">The organizational chart is not a comprehensive org chart, and it is unclear who would be overseeing the center, as it identifies several director-level positions overseeing aspects of programming.Also notes CCBHC staff as part of the structure, and CCBHC is a distinct service outside of Crisis Receiving.
4. Litigation
<ul style="list-style-type: none">4 cases noted and all settled -
5. Financial Viability
<ul style="list-style-type: none">Financial Statements provided 6/30/2022 and 2021, as 6/2023 and 2022 and 6/2024 and 2023Notes 7: States have an extensive operating line of credit that expired in January 2023. Sweetser was not in compliance with the financial ratio Covenant required, as a result, it ended in June 2022In September 2023, Sweetser borrowed against its endowed investment portfolio to pay off the Finance Authority of Maine 2014 Revenue obligation bonds with/ a repayment plan by 8/2028
6. Certificate of Insurance
<ul style="list-style-type: none">Liability insurance provided

Part IV, Section III Proposed Services
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A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none">• Secure a 2nd-floor call center space that will need some renovation to accommodate a safe, welcoming, and calming environment• Space is painted a calm blue, and the lighting is adjustable• Will utilize imported manufactured furniture that will provide a home-like feel• Several private rooms available for confidential space• Client space where they can take breaks, and recharge two cots, mini fridge with water and snacks• Q: Medical Screening room with/ exam table. Medical equipment to provide medical screening before admission• Q: Once a room is identified for TAY, it will house two chairs
B. Crisis Center Standards, Licensing, and Operations
<ul style="list-style-type: none">• 1a. Notes that they hold an MH Agency License and will maintain• i. They will need to add 24 Mollison Way to the current license.• F. CCBHC MOU will be adjusted to add the crisis receiving center• Law enforcement relationships seem to be with a person, not the department• Crisis receiving centers do not require full access to the Pharmacy for walk-in access; they should be available on a PRN basis. Having access to injectables feels like a bit of medication management, not receiving a complete scope of prescribing.• Q: Process for establishing prescribing practices feels they don't understand the crisis receiving center model. This feels like medication management practices, which are long-term and outside the scope of the center.• Q: The use of a triage department and mobile crisis to conduct a 60-day follow-up highlights a lack of understanding of the crisis receiving center model. i.e., crisis is self-defined by the person, not a triage department; it should be a no-wrong-door approach, and individuals can come back as needed• I: Operate 6 Crisis residential beds• Operation approach blurs with CCHBC, mobile crisis, and medication management; they are different services
C. Crisis Service Delivery Methodology
<ul style="list-style-type: none">• A welcoming environment is described• Q: Intake process where they review trauma-informed practices, sign a contract about the rules of the program• Staff will be trained in SAMHSA best practices on TIC, MI, and Stages of Change• Has a TIC Advisory board

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EVALUATOR DEPARTMENT: OBH

- Will develop a Participant Advisory Board
- Will be using PHQ-9, GAD-7, VA's PTSD Screening, SBRIT, and CSSRS
- Seems the only referral sources from individuals in crisis will be the CCBHC downstairs
- They describe an evidence-based safety planning approach but do not name the model they are using
- It is unclear what they mean by crisis follow-up for 60 days. This is a site-based service; there will not be any reassessment at people's homes.
- Safety- Care training w/in first two weeks
- Peers available, Documentation of peer interaction within fidelity requirements
- Will develop a CRC handbook of policies and procedures needed to operate the center
- Zero Suicide model, Columbia Lighthouse model, and CALM model to be used

C. Other Service Delivery Requirements

- Provided a Summary of rights at the time of admission, Services Agreement for consent to treat,
- Identified a plan and highlighted additional training in MHFA, working effectively w/ emergency under high pressure and Duty to care and legal obligations
- 3: A multi-disciplinary team does not include peers in this description. Unclear on what they mean by "weekly rounding work." This work needs to happen daily
- PSHP- outlines a process out of the scope of a CRC. They do not have access to the HMIS system and cannot complete that assessment. That is the responsibility of the COE agency

D. Crisis Center Intake and Triage

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EVALUATOR DEPARTMENT: OBH

- Q: Use of point-of-care testing
- The plan did not articulate if an RN was not available, and assumes all will consent to a medical workup by RN
- ACOK- COD is integrated into the BH Assessment
- Discussed streamlining individuals to CCBHC IOP -
- References what the CCBHC can offer and what staff are trained in, not what the center will be able to do
- 3: Describe on-site crisis assessments – there are no coordinating calls and dispatching to the Crisis Center- they are blending services from Mobile Crisis response and walk-in Crisis receiving.
- They CANNOT pull in MHRT-CSP to cover walk-in crisis assessments at the receiving center.
- They need more than 1 crisis worker on per shift
- SUD needs: 7 Optional Liaison
- It is unclear what the center will do to address this, as it combines CRC and CCBHC, given that they are located in the same building but offer distinct services. Serving different needs
- No warm hand off procedure in place currently they will establish one

E. Crisis Plan Development

- Person-centered approach outlined. Will seek consent to share and will comply with HIPPA and 42 CFR
- The plan did not address additional resources in the community, only looked at co-location, and what was available within the Sweetser facility
- 3- Met requirements

F. Outpatient Chairs

- All will receive a clinical assessment, which limits the person-centered approach to seeking peer support only in the center, and a forced clinical pathway only
- The existing administrative on-call structure is concerning, as it extends to members of the support team rather than the actual staff of the program model that is required.
- Food: met requirements

G. Additional Crisis Services for Transition Age Youth

- TIP is a case management EBP not a crisis modality
- NTACTION is focused on school and vocational support, not SED/SMI crisis needs
- Screening tools – meet requirements

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EVALUATOR DEPARTMENT: OBH

<ul style="list-style-type: none">• Will work with CCBHC, Eating disorder programs, and children's residential• Unclear of the CRC model and what it is allowed during the initial crisis episode and what is routine care i.e, case conferences with the school• Seeking participant consent is needed for parent consent• In a 23-hour setting, the provider is describing interventions that feel like routine care, not immediate crisis interventions, support, and stabilization. I.e, DBT, groups seem a bit unrealistic
H. Telehealth
<ul style="list-style-type: none">• Use of telehealth is specific to crisis assessment, not about engaging families or other providers. A crisis Center should always have the availability to offer in-person walk-in crisis assessment, not via telehealth from the mobile teams.
I. Linkages and Warm Handoffs
<ul style="list-style-type: none">• Only speak to co- co-location of CCBHC staff to do CCBHC intakes• <u>OADS no mentioned of coordination with the OADS crisis team to assist with ID/DD and brain injury services</u>• <u>Learning heavily on CCBHC</u>• Unfamiliar with the tools notes, who would administer the tools and if they are appropriate and within the scope of a CRS model or are comprehensive assessments that one should refer out to have completed in an outpatient setting.
J. Staffing Requirements
<ul style="list-style-type: none">• The staffing structure appears somewhat convoluted, with multiple senior staff members. Leaders and people report to different people. Seems like a bit of Silo approach rather than integrated multi-disciplinary approach• Total FTE seems low to operate a 24/7 365 program, low on peers, CSP, Clinical, and prescribers, total FTE's identified 13.7• Identified 1.5 Clinicians, but does not highlight who they will report to since they have several reporting lines• Attrition rate 21%• Supervision requirements and or training in A-CRA and MATCH are outside of scope for a receiving center and more routine care referrals
K. Staff Training Requirements
<ul style="list-style-type: none">• Met requirements – Peer• Naloxone Met requirements
L. Other Staff Engagement Requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Androscoggin County

BIDDER NAME: Sweetser

DATE: May 28, 2025

EVALUATOR NAME: Brianne Masselli

EVALUATOR DEPARTMENT: OBH

- Meeting focused on Utilization of participant utilization of the center and HUES model – moves away from a person-centered approach and appropriate use of the facility, as crisis is self-defined and may set up a strategy that you can't use the center
- Contradiction in language between the peer section and the other section. This section focuses on the voluntary services' ability to work with peers while other sections of the assessment seem individuals will navigate via a triage team, have a medical exam, and a crisis assessment within 4 hours of entering in the center.

M. Administrative Requirements

- All policies will be developed specifically for the center
- CIR requirements met Child and Adult
- All referral tracking with details is available in the Sweetser programs
- Records management – Meets requirements
- Community Engagement plan- Meets requirements
- QA – meets requirements

N. Performance Measures

- Meets requirements

O. Reports

- Meets requirements

2. Staffing

- Staffing in Narrative does not match the org chart FTE's – inconsistent on staffing numbers
- Should omit CCBHC RN.s, Clinicians. Peers and CSP
- NP is not available 24/7

3. Implementation - Work Plans

- Plan in place

Part IV, Section IV. Cost Proposal and Budget Narrative

-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Penobscot County

BIDDER NAME: Community Health and Counseling Services

DATE: 6/12/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: DHHS/OBH

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">Bidder submitted MH Licensing documents which appear to meet eligibility requirements for the services requested in the RFPBidder indicated that they meet eligibility requirements
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">Agency has provided MH services for 67 yearsCurrently offering services in 17 locationsHas provided Crisis services for 60 years, and currently provides Mobile Crisis services and crisis stabilization services for both adults and youthHold licenses to provide both MH and SUD servicesIndicates relationships between current crisis services and other community-based services positions agency to provide warm handoffs for crisis service utilizers. Response demonstrates understanding of the importance of least restrictive options for crisis resolution keeping participants in the communityResponse indicates agency involvement in several pertinent community collaborations and initiativesProject 1 – Children’s Behavioral Health Urgent Care Unit – relevantProject 2 – Mobile Crisis and Crisis Residential contracts with DHHS - relevantProject 3 – CCBHC – relevant
2. Subcontractors
<ul style="list-style-type: none">Form not found
3. Project Team Organizational Chart
<ul style="list-style-type: none">Project team members identified withing org chart
4. Litigation
<ul style="list-style-type: none">One case indicated – settle with prejudice
5. Financial Viability
<ul style="list-style-type: none">Financial reviews for 2022, 2023, and 2024 appear to indicate financial viability
6. Certificate of Insurance
<ul style="list-style-type: none">Workers comp appears to have expired in 2024

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Penobscot County

BIDDER NAME: Community Health and Counseling Services

DATE: 6/12/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: DHHS/OBH

Part IV, Section III Proposed Services	
Part II	
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach	
<ul style="list-style-type: none">• CRC to be located at agency's main office located in Bangor – CRC will have separate entrance• Response addresses furniture, light, and separate spaces for one-on-one meetings with soft music and meditative tools• Private spaces will be big enough to accommodate family participation• Separate congregate space for youth• Kitchenet available to participants• Response addresses confidentiality and technology for telehealth	
B. Crisis Center Standards, Licensing, and Operations	
<ul style="list-style-type: none">• Response indicates bidder currently has, and will maintain, appropriate licensure, insurance, and status as a mainecare provider• Indicates status as a tier 2 naloxone distributor• Response indicates existing MOU's through CCBHC, and community provider partnership to be formalized as MOU's if awarded• Response references positive working relationships with local law enforcement and corrections• Response indicates existing relationship with Genoa pharmacy and local hospitals, and plan to employ prescriber if awarded• Agency has existing collaboration with local SSP's	
<ul style="list-style-type: none">• Met requirement with minimal details	
C. Crisis Service Delivery Methodology	
<ul style="list-style-type: none">• Met requirement with minimal details• Response commits to meeting requirement, but offer few details on operationalization• Response indicates experience in psychiatry but does not address how the bidder would provide this if awarded. Does not meet requirement• Response addresses Peer Support training and certification requirements, but offers minimal detail on application of peer support at CRC if awarded• Response indicates agencies values as they align with SAMHSA Practice Guidelines for responding to crisis, but offers few details related to operationalizing at CRC if awarded.	

**STATE OF MAINE
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EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: DHHS/OBH

<ul style="list-style-type: none">• Met requirement. Indicates agencies MHRT/CSP will provide training on safety planning• Met requirement
C. Other Service Delivery Requirements
<ul style="list-style-type: none">• Met requirement with minimal details• Met requirement• Indicates 24-hour access to psychiatrist• Bidder is the local administrator for permanent supportive housing, and staff will be trained to complete coordinated entry assessment
D. Crisis Center Intake and Triage
<ul style="list-style-type: none">• Indicates on-site nursing staff 7am-7pm, and available via telehealth 7pm-7am• Response seems to indicate medical triage takes place prior to medical screening.• Response lacks detail• Response lacks detail• Response minimally met requirement with limited detail provided• Response indicates support for SUD related challenges provided vi referral, but lacks detail regarding CRC staff provision of support related to SUD• Response includes minimal detail
E. Crisis Plan Development
<ul style="list-style-type: none">• Response indicates commitment to meeting requirement, but provides minimal details• Response relies on services that participants have experienced prior to contact with CRC staff, excluding necessary services a participant may have never tried. Response does not meet requirement• Met requirement
F. Outpatient Chairs
<ul style="list-style-type: none">• Met• Met requirement• Met requirement
G. Additional Crisis Services for Transition Age Youth
<ul style="list-style-type: none">• Response minimally addresses proposed CRC operations• Response met requirement with minimal detail• Met requirement with minimal detail• Response does not address meeting this requirement at the crc if awarded• Response provides minimal details

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Penobscot County

BIDDER NAME: Community Health and Counseling Services

DATE: 6/12/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: DHHS/OBH

<ul style="list-style-type: none">• Response does not meet requirement• Met minimally
H. Telehealth
<ul style="list-style-type: none">• met
I. Linkages and Warm Handoffs
<ul style="list-style-type: none">• Response offers limited detail• Requirement minimally met• Met requirement• Met requirement
J. Staffing Requirements
<ul style="list-style-type: none">• Directs evaluator to attachment 9 staffing plan• Response does not address process for verifying licensure following initial hire• Response related to peer credentialing does not meet requirement• Response directs evaluator to attachment 7 staffing recruitment, onboarding, and retention plan• Response offers limited detail
K. Staff Training Requirements
<ul style="list-style-type: none">• Response commits bidder to meeting requirements with limited detail• Response commits to meeting requirement with minimal detail• Response does not indicate types of topics of training, or the requirements of SAMHSA Crisis Service Model• Met requirement. Minimal details provided
L. Other Staff Engagement Requirements
<ul style="list-style-type: none">• The response indicates monthly staff meetings will satisfy clinical supervision requirements. Unclear if this meets mainecare and licensing requirements• Response aligns with peer fidelity• Met requirement• A – does not address consent to participation (addressed in c)• B – met• Overall – met with minimal detail
M. Administrative Requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: 6/12/25

EVALUATOR NAME: Mike Freysinger

EVALUATOR DEPARTMENT: DHHS/OBH

- Response provides minimal detail beyond a commitment to develop policies within 6 months of the initial period of performance
- Response provides minimal detail beyond committing to meet requirement
- Response does not address any of the requirements listed in this section
- Plan to use MyEvolv HER platform
- Response includes minimal detail
- Community outreach staff employed within bidder's crisis services programming
- Met with minimal detail
- Commits to meeting requirement

N. Performance Measures

- Met

O. Reports

- Met with minimal detail
- Met with minimal detail

2. Staffing

- Indicates CRC Prog Supervisor to hold MHRT/CSP
- Peer position indicates need to hold high school diploma or GED
- CRC crisis worker requires associate's degree or equivalent and MHRT/CSP
- All positions include responsibilities and minimum qualifications
- Indicates no plan to use subcontractors
- Staffing plan indicates psychiatric provider on site 40 hours per week, M-F
- Staffing plan indicates Nurse on site 7 day/week 8am-5pm - unclear how nursing services to be provided outside of hours listed – no nursing or psychiatric services indicated as on-call

3. Implementation - Work Plans

- Implementation plan – Construction – plan provided in time bound chart – lacks detail
- Date included do not align with the intended award schedule of this RFP with some activities happening prior to award
- Implementation plan – CRC services work plan provided in time bound format
- Plan indicates initial delivery of CRC service to begin in August 2026
- Plan lacks detail

Part IV, Section IV. Cost Proposal and Budget Narrative

- \$92,880 in architecture/plan costs for start-up

**STATE OF MAINE
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- Budget form indicates \$29k for purchase of recliners at 8 x \$3,000, but the actual cost should be listed at \$24k using those figures – budget narrative indicates a cost of \$2,500 per chair x 8 for a total cost of \$20k – unclear actual costs of recliners
- Budget narrative indicates \$10k for sign on bonuses, but unclear which positions these are intended to support
- Budget narrative indicates \$5,300 in pre-operational trainings for staff, but trainings are not identified
- Form 1 – revenue – left blank in budget proposal for service delivery
- Form 2 – expense – indicates \$2,081,039 in total expenses during initial period of performance
- Budget narrative indicate 14 FTE to operate CRC 24/7/365 – however, staffing chart included in budget narrative includes over 20 FTE
- Personnel section of budget proposal – form 3 – indicates 19.23 FTE's – unclear if this refers to year 1, yr 2, or 24 months –
- Form 5 – expense detail – indicates \$7,000 for training and education at a rate of \$400/FTE equaling 17.5 FTE
- unclear total number of positions requested in this proposal
- 17.03% indirect rate indicates in budget form 4

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Penobscot County

BIDDER NAME: Community Health and Counseling Services

DATE: 5/29/25

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

Individual Evaluator Comments:

Part I. Preliminary Information

Eligibility Requirements

- Met requirements – provided MaineCare Provider Agreement and current Mental Health Agency license.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Stated their headquarters are in Bangor.
- Stated they are a Medicare certified home health and hospice provider and is a “fully licensed” comprehensive mental health services provider for adults, children and families in seventeen (17) locations covering Fort Kent to Manchester and Skowhegan to Calais.
- Stated their organization began in 1883 and they have provided mental health services for over sixty-seven (67) years.
- Stated they have provided crisis services in various forms for sixty (60) years and has been a State contracted crisis provider for nearly thirty-five (35) years.
- Stated their current Crisis services include Crisis Mobile Resolution, the Thomas T. Lynn Safe Harbour Crisis Stabilization Unit (CSU) for adults, and their Sojourn CSU for children in District 6 (Penobscot and Piscataquis counties).
- Stated they hold a current Mental Health Agency PNMI license, including the following modules: mental health outpatient, emergency services, residential-crisis-program-MH, residential-mental health and community support services.
- Stated they also hold a Children’s Residential Facility license and have held a substance use license since 2017.
- Described their Mobile Crisis and CSU service provision.
- Stated they have existing MOUs with many community providers to coordinate crisis services and link individuals back to their existing service provider.
- Stated they are involved with the Penquis Sexual Trafficking Action Response Team; Homeless Outreach committee; Penobscot County Domestic Violence task force; Challenging Youth Placement; Penquis Region Resource Quarterly meetings; Behavioral Health Liaison meetings; and the Crisis Intervention Training Steering Committee.
- Stated they facilitate monthly Statewide CSU manager meetings and biweekly Certified Community Behavioral Health Clinic (CCBHC) Navigator meetings.

**STATE OF MAINE
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EVALUATOR DEPARTMENT: Office of Behavioral Health

- Stated they are represented on the Advisory Board for the Dorothea Dix Psychiatric Center and their staff join the weekly Penobscot Partners and Helping Hands with Heart meetings.
- Stated their Crisis Team offers education, “in-services”, and support to a variety of local social service agencies, primary care offices, and schools and colleges.
- Stated they have a robust CCBHC service that includes psychiatry, case management and peer support.
- Stated they have experience providing medication management.
- Stated they have incorporated their psychiatry team into their crisis services’ structure.
- Plans to continue to utilize their psychiatric staff for in-person and phone consultation to their Crisis team, including an on-site Medical Prescriber in the Center, for provision of comprehensive support to clients while at the Center, and as needed, for follow-up.

Project 1:

- Referred to their Children’s Behavioral Health Urgent Care Clinic that was established November 2023, in Bangor as part of a pilot program with the Department.
- Stated the clinic offers walk-in services from 12-8pm throughout the week to youth and families up to the age of eighteen (18) who are able to access the building, with access not restricted by catchment area.
- Stated services provided include crisis assessment; planning; psychoeducation; referrals; clinical consultation; referrals; and follow-up support.
- Goal of the pilot is to decrease the number of children and families utilizing emergency departments for mental health treatment and support, and to increase access to urgent mental health care, preventative assessment and safety planning and access to community services.
- Stated their pilot program was a success with specific metrics provided, and indicated, per March 1, 2025, the program transitioned from a pilot to become an integral part of their CCBHC model of care, including MaineCare covered services.

Project 2:

**STATE OF MAINE
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EVALUATOR DEPARTMENT: Office of Behavioral Health

- Referred to their full scope of Mobile Crisis, and adult and children CSU services; with a comprehensive, detailed description provided for each service.
- Crisis Unit has three (3) office locations in District 6, including Bangor, Dover-Foxcroft and Lincoln, and operates an existing CSU for children in Bangor and a CSU for adults in Brewer.
- Provided positive results and feedback quotes from participant satisfaction surveys for Mobile Crisis services.
- Provided positive feedback quotes from service recipients of their Adult and Children CSUs.

Project 3:

- Referred to their provision of a CCBHC, with Bidder indicating they have been a part of the CCBHC model of care since it first came to Maine in 2012; and provided a description of services provided through their CCBHC.
- Stated they were one (1) of two (2) agencies in the state that were awarded a 2-year federal grant to develop and implement the CCBHC model in Penobscot County; and upon successful implementation, they were awarded a 4-year CCBHC continuation grant to further enhance their CCBHC model.
- Stated they implemented the CCBHC model of care utilizing formal relationships with the following local agencies, referred to as Designated Collaborative Organizations (DCOs): Wings, Acadia, PCHC, Wellspring and Penquis. Stated partnerships were designed to increase local collaboration and increase CCBHC service capacity and resources.
- Stated their CCBHC DCO model was well received by their partners and remains strong; and data collected over the years has shown a high level of interagency collaboration, including sharing of client resources, referrals to the clinic or other community programs and successful “upfront care-navigation”.
- Stated preliminary data collected by their five (5) CCBHC care navigators located in each of the DCOs resulted in the agency opening a “CCBHC-walk-in-clinic” June 2024.
- Bidder provided “highlights and key findings” regarding the impact of their CCBHC, included positive client feedback quotes and included CCBHC enrollment numbers, including the number of individuals that were transitioned from CCBHC services into the State CCBHC model.

2. Subcontractors

- This evaluator was unable to locate the subcontractor form in the proposal submission.

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EVALUATOR DEPARTMENT: Office of Behavioral Health

3. Project Team Organizational Chart
<ul style="list-style-type: none">• Provided.• Includes specific currently hired staff for various agency programming.• Proposed Center staff are indicated under the supervision lines of the Crisis Services Manager and their Manager of Residential and Transitional Services.• Anticipated Center staff indicated under the Crisis Services Manager are: Peer Specialist Supervisor, indicated as “vacant”; Receiving Center Clinician, noted as “1FTE”; and Receiving Center Program Supervisor, “1FTE”, who oversees “6 FTEs” of Peer Specialists and “7-8 FTEs” of “Receiving Center Crisis Workers”.• Anticipated Center staff indicated under the Manager of Residential and Transitional Services are: “1FTE” of Receiving Center Psychiatric Provider” and “3-4 FTEs” of Receiving Center Nurses.
4. Litigation
<ul style="list-style-type: none">• One (1) settled case.
5. Financial Viability
<ul style="list-style-type: none">• Financial statements with Independent Auditor’s Report were provided for June 30, 2022; June 30, 2023; and June 30, 2024.
6. Certificate of Insurance
<ul style="list-style-type: none">• Provided on a standard ACORD form, insurance is current and includes: commercial general liability; automobile liability; umbrella liability; workers compensation and employers’ liability; and professional liability.

**STATE OF MAINE
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DATE: 5/29/25

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

Part IV, Section III Proposed Services

Part II

A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach

- Plans to have the Center located in a separate unit at their main office in Bangor, with its own entrance and will be in a quiet part of the building.
- Plans to have separate rooms where participants can be alone and will include an “inviting milieu area” for congregation and peer support.
- Plans to use calming and supportive aesthetics.
- Plans to use comfortable recliners and seating to accommodate participant’s choice to lay back or sit up and connect with others.
- Plans to use muted wall mounted soft lighting to avoid the florescent lighting in other areas of the main building.
- Will have separate treatment spaces where participants can meet individually with providers and family, if desired.
- Plans to have treatment spaces be calming, with relaxation music and meditative tools available for use, as desired.
- Plans to display welcoming art, including art that was created by others served by the agency.
- Plans to have separate rooms with recliners for participants to relax and sleep.
- Plans to have separate treatment spaces used as needed, and appropriate, for clinical, psychiatric and medical services.
- Plans to offer an array of treatment spaces to meet participant’s needs, with larger spaces available to accommodate families and support participants, with other spaces ideal for one-on-one clinical services.
- Will have treatment spaces be separated from communal gathering areas to allow for appropriate privacy while still being closely located to the supportive areas.
- Plans to equip rooms with sound machines with alternative calming sound options to meet participants’ preferences and needs.
- Rooms to utilize comfortable furniture, art and will “have access to calming coping skills to increase comfort and well-being while providing a clinical atmosphere”. It is unclear to this evaluator if Bidder will ensure clinical areas do not appear like clinical exam rooms (A.1.f.).
- Plans to design the space to ensure areas for private communication and group congregation areas, with sound machines located in ceiling panels to increase privacy and confidentiality throughout the space.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: 5/29/25

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

- Plans to have a large communal living room with separate private rooms that allow for adequate space to support participants and their families.
- Plans to have a small kitchenette available that will enable participants to help themselves to light snacks and drinks.
- Plans to provide a smaller living room space for Transition Age Youth that is separate from the larger adult communal living room; and the smaller space will accommodate two (2) outpatient chairs and have areas for family and support participants.
- Plans to have eight (8) outpatient reclining chairs available, with some chairs located in a group setting and others in more private rooms to accommodate needs and preferences.
- Six (6) Outpatient Chairs will be designated for Adults and two (2) Outpatient Chairs will be designated for Transition Age Youth, located in a separate area designated for Youth.
- Plans to utilize Youth Outpatient Chairs for Adults when there are no Youth at the Center.
- Plans to equip the smaller treatment spaces with technology to allow for telehealth services.
- Plans to have an iPad available for usage in the area participants feel most comfortable, to allow for confidential engagement.
- Stated they maintain a fully staffed IT Department and Help Desk and they maintain a service agreement with an outside consultant and support firm to supplement internal IT resources.

B. Crisis Center Standards, Licensing, and Operations

1.
 - Stated they currently have an active Crisis Services Module license as they currently hold the mobile Crisis contract for Penobscot and Piscataquis counties.
 - Stated they are currently enrolled as a MaineCare provider for Section 65 services for Crisis Resolution Services.
 - Met requirement for B.1.c.
 - Has current and valid licensure/certification for mental health and substance use disorder treatment agency and they review both licensures biennially.
 - Current Tier 2 Overdose Education and Naloxone Distribution partner through MNDI; and stated they partner with Bangor Public Health as their Tier 1 supplier.
 - Described current MOUs with four (4) community providers for their CCBHC.

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- Described current partnerships with community-based organizations, law enforcement and emergency services, and correctional facilities, but did not explicitly describe a plan to create and execute MOUs with indicated entities, as required by B.1.f.i.-iii. Bidder also did not address partnership through MOUs with SUD treatment providers (part of B.1.f.i.).
- Stated their Bangor office has Genoa pharmacy co-located at the facility, and the Genoa pharmacy supports members of their community, ACT, CRS, and Group Home participants' psychiatric and/or SUD medication needs.
- Stated Genoa has access to e-kits (locked boxes) for safe storage and access of non-controlled emergency medications; with the expectation that prescriber's orders will be sent to the pharmacy within seventy-two (72) hours post administration.
- Stated they have a comprehensive medication management policy that follows State licensing requirements, including responsible prescribing, administration, storage and medication disposal to ensure participant and staff safety. Did not specify if Bidder would be tailoring a specific medication management policy for the Center.
- Plans to have a prescriber on staff at the Center that can assess medication needs, prescribe emergency medications and coordinate with the participant's community providers for care continuity.
- Plans to have registered nurses on staff to assist with care coordination, provide medical and psychiatric referrals and warm hand-offs.
- Did not specifically address ensuring completion of a referral to a long-term medication provider prior to the Participant's discharge (part of B.1.h.i.).
- Stated they have established referral and collaborative relationships with multiple OTPs in the greater Bangor area, with specific agencies listed, and stated they work closely with the Wabanaki Public Health SSP program.
- 2.
- Plans to ensure 24/7/365 coverage through onsite staff shifts and on-call coverage for consultation.
- Plans to have Center staff facilitate treatment through a trauma informed and least restrictive lens to meet participant's identified needs.
- Stated their Children's Behavioral Health Urgent Care Clinic through their CCBHC can provide warm handoffs to the community from the Center for Transitional Age Youth under eighteen (18).
- Met requirements for B.2.c and B.2.e.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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- Plans to provide a warm handoff to their Children’s Behavioral Health Urgent Care for youth, when appropriate. Participant choice was discussed in response to a separate item.
- Plans to connect Adults and Youth, as appropriate, back to their current natural and professional support, and warm handoffs to their CCBHC for ongoing treatment needs.
- Plans to have Center staff be informed on recovery and wellness resources in the area and support access, as needed.
- Plans to ensure Center staff are aware of accepting primary care offices to connect Participants, as appropriate.

C. Crisis Service Delivery Methodology

1.
 - Plans to utilize a “participant-direct”, person-centered approach to clinical service provision, an approach described as privileging the participant’s voice in treatment, to the maximum extent possible while adhering to professional and ethical practice standards, while also celebrating participants’ strengths and heroic qualities.
 - Services will be person-centered, trauma-informed and participant-directed action planning.
 - Stated their practice approach addresses Crisis from an ecological perspective, with the aim to expand alternatives so more adaptive functioning can emerge for the participant and their environment.
 - Stated they rely on current successful practices that include well-developed policies, protocols and documentation and highly qualified staff.
 - Stated they undergo regular performance evaluation activities.
2.
 - Stated development of the Crisis safety plan typically follows the Comprehensive Crisis Assessment and participant interview, with crisis planning to sometimes be explored concurrently with evaluation.
 - Stated Crisis planning includes validation of the Crisis precipitant(s), the current situation, potential challenges and details concrete next steps, written using the Participant’s language.
 - Stated they provide de-escalation through meeting the participant where they are at and providing space for them to share their story.
 - When participants in Crisis need additional time and space to deescalate to baseline, process the Crisis and/or its precipitant(s), plans to have the Center

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: 5/29/25

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

support such through utilization of their anticipated private rooms and/or living room space.

3.

- Minimal response provided as it pertains to how the Bidder will provide Clinical consultation at the Center through an on-call psychiatrist or a psychiatric nurse practitioner.

4.

- Plans to have all Peer Support Specialists receive CIPPS certification within six (6) months of employment and onboarding, depending on training availability.
- Stated all Peer Support Specialists will have personal experience of mental illness and/or co-occurring substance abuse. The RFP (C.4.) requires that Peer Support Specialists have lived experience in navigating mental health Crisis services, specifically.
- Plans to have at least one (1) Peer Support Specialist on 24/7 to meet with Participants individually, offer groups and assist with warm handoffs to community supports.
- In addition to regular supervision, plans to have Peer Support Specialists participate in a weekly peer-facilitated support group at the agency for staff to learn, and provide and receive support.

5.

- Stated they will ensure Center and Center staff practices and operates service provision in accordance with SAMHSA's 2025 National Guidelines for BH Coordinated System of Crisis Care.
- Stated they have a long standing and supportive relationship with the 988 suicide and crisis lifeline and Maine Crisis Line operated through The Opportunity Alliance.
- Provided a comprehensive response as it pertains to the following SAMHSA Crisis values: avoid harm; person-centered interventions; shared responsibility; addressing trauma; establish personal safety; strengths-based; whole person; person as a credible source; recovery, resilience, natural support; and prevention.
- Stated their agency incorporates use of CIT officers that have received Crisis Intervention Training.
- Plans to have Center staff receive Trauma-Informed Care and Behavioral Safety Care training.
- Plans to utilize restraints as an "absolute last resort" for safety.

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- Plans to develop strength-based stabilization plans in partnership with Participants, using Participant's own words in plans and assessments, and will work with Participants to find unique solutions.
- Stated in their Mobile Crisis work, it is rare for a participant to require involuntary psychiatric hospitalization, and stated they have a less than 7% overall hospitalization rate, with a less than 1% involuntary hospitalization rate.
- Stated they incorporate Advanced Directives when a participant has them.
- Stated they take a holistic approach to service provision, where they address the mind, body and spirit of each participant.
- Plans to offer community team meetings to participants that have struggled to stabilize to better serve the participant.
- 6.
- Plans to have in agency training on how and when to complete a safety plan with a Participant in a trauma informed and supportive way.
- Stated their Mobile Crisis team provides in-house training for agency staff on safety planning and will have the following staff trained in this model: MHRT/CSP, nursing, psychiatric, clinical and program supervisor.
- Stated they have a safety plan within their electronic medical record that follows "this model".
- 7.
- Will utilize the C-SSRS as a screening tool upon intake to determine level of risk for harm for Participants.
- Should there be evidence of clear and imminent risk of suicide or harm to others, will have staff coordinate with the least restrictive and invasive resources to reduce and stabilize risk.
- Plans to have co response with emergency services, when indicated, including further crisis assessment and evaluation with an MHRT/CSP staff person and consultation with an independently licensed clinical consultant, or support from peer services if requested and appropriate.
- Stated, "when able, participant choice will be acknowledged and supported to offer a trauma informed environment where the participant has voluntary control of their service delivery."
- Stated, after a crisis assessment and determination on most appropriate level of care, Crisis services will follow and support the Participant to this level of care, including inpatient level of care, crisis residential unit level of care, community referrals to new providers, community referral to current providers, supportive counseling, peer support and stabilization within the community.

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D. Other Service Delivery Requirements
<div>1.</div> <div><ul style="list-style-type: none">• Met requirement.</div> <div>2.</div> <div><ul style="list-style-type: none">• Stated they have well established relationships with emergency services and other first responders through their other agency programming, and stated they are a partner in the CIT training program and have built connections with local emergency personnel.• Plans to call law enforcement and EMS to assist in supporting the participant to a local emergency department for further assessment and safety management, should a participant be assessed to be at imminent risk.• Should imminent risk be determined, staff will provide outreach to law enforcement, with protective custody determination to be made solely by law enforcement.• Plans to have Center staff take immediate steps to ensure participant safety and safety of others at the Center until law enforcement arrives.</div> <div>3.</div> <div><ul style="list-style-type: none">• Stated their Crisis team has access to a psychiatrist 24/7, when clinically indicated, who can make recommendations for best practice level of care directly to crisis workers.• Stated their psychiatrist may consult directly with Center providers treating participants regarding medication, comorbidity and psychiatric diagnosis.• Plans to have any referrals to outpatient providers be facilitated by the crisis worker, based upon psychiatry recommendations, with follow up, as appropriate.• Stated the Center will have a medical prescriber and nurse on staff to provide in person and/or telehealth consultation and treatment.</div> <div>4.</div> <div><ul style="list-style-type: none">• Stated they are the Local Administrative Agency (LAA) for PSHP; and they will have staff trained through Maine Housing as an access point to complete the Coordinated Entry Assessment for those that meet HUD's definition of 'literal homelessness'.• Plans to offer the participant connection to care coordination/case management services to facilitate continuation of the application process.</div>
E. Crisis Center Intake and Triage
<div>1.</div>

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- Plans to have nursing staff provide initial medical triage, “as clinically indicated”, on-site, from 7am-7pm, Monday to Sunday; with telehealth initial medical triage to be provided 7pm-7am, Monday to Sunday, “as clinically indicated”. This does not meet the E.1. requirement that an initial medical triage be provided to all participants that visit the Center, not exclusive to clinical indication.
- Met requirement for E.1.a., E.1.b.i.-iii.
- Participants whose triage indicates a need for medical screening, but not immediate emergency medical evaluation, will receive screening by nursing staff in collaboration with psychiatry Monday through Friday, 8am-5pm; with on-call psychiatry available outside of these hours through telehealth.
- Plans to train Center staff on administering naloxone.
2.
- Plans to utilize the AC-OK and AC-OK COD.
- Plans to conduct comprehensive assessments that address commonly recognized co-occurring disorders and less common ones to ensure early detection and integrated care, while adapting interventions to address the specific needs of each participant with sensitivity and appropriateness.
- Did not specifically address E.2.a.
3.
- Plans to have a MHRT/CSP “provider” on site at all times for provision of 24/7/365 on-site Crisis triage and assessment.
- Stated the staffing schedule for the MHRT/CSP will be adjusted based on anticipated and identified needs.
- Triage to include level of risk determination and assess for the most appropriate, least restrictive approach to meet the identified need.
- Plans to utilize screening tools, such as the C-SSRS, with initial evaluation completed by nursing staff or telehealth nursing consultation during triage to identify the need for more formal medical screening prior to assessment.
- Plans to utilize psychiatry, as indicated by the medical screening.
- Once the participant is triaged “and a crisis assessment is recommended”, MHRT/CSP staff to “provide this support”. E.3. of the RFP requires that all Participants seeking Crisis Services receive an on-site Crisis assessment and triage, without exclusion.
- Stated their EMR will capture timeline data for assessments and disposition plans in a report so the information can be provided timely and as requested by the Department.

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- Met requirement for E.3.b., with the indication that they would only use a previous assessment if there are no clinical indications indicating a need for an updated mental status exam or there have been no precipitating events within the time since the last Crisis assessment.
- 4.
- Stated the initial Crisis comprehensive assessment conducted for all participants upon Center admission will identify any SUD, recovery or harm reduction needs.
- Plans to make appropriate referrals at participant's consent and preference.
- 5.
- Plans to obtain information via interview with the participant and/or guardian. It is unclear to this evaluator if Bidder also intends on obtaining information from Participant's existing service providers, when appropriate and with Participant consent.
- With participant permission, plans on having Crisis workers facilitate conversation with the existing medication prescriber to address any medication issues.
- Should there be "no provider and issues are urgent", may consult the Center's Medical Prescriber in person, telephonically, or via telemedicine; and the Prescriber may be able to offer immediate, time-limited access to emergency medical intervention with an order and on-site access to a pharmacy, secure automated medication dispensing system, or emergency box.

F. Crisis Plan Development

- 1.
- Plans to have development of the Crisis plan follow the Comprehensive Crisis Assessment.
- For participants with an existing Crisis Plan, plans to review and update the Crisis Plan as applicable, for each engagement.
- Described Crisis Plan development action steps.
- Plans to provide participants and their parent/guardian with an electronic or printed copy of their Crisis Plan, per participant preference. Did not specify if participant consent would be garnered prior to sharing the Crisis Plan with a parent/guardian.
- Plans to provide electronic or printed copies of the Crisis Plan to identified emergency first responders and other appropriate providers, based on the participant's request and release of information.

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- Upon completion of participant identification and release of information, plans to have Center staff coordinate with their “HIM” department to ensure appropriate entities receive the Crisis Plan.
- 2.
- Plans to have the Crisis Worker explore services that have been helpful or not in the past for a participant or family.
- Stated the Crisis Plan addresses the problem from the participant’s perspective, the crisis worker’s assessment and includes a plan for stabilization.
- Stated referrals are noted in the Crisis Plan, and all referrals are participant and situation specific, with the Crisis team offering multiple provider options verbally and on the plan in order to allow for the best-fit connection.
- Stated referrals may include, but are not limited to, crisis stabilization units, outpatient counseling, psychiatry and/or case management, connections to shelters and food pantries, peer support and wellness activities, and SUD resources.
- 3.
- Maintains clear policies and procedures for obtaining consent prior to contacting external entities regarding participants, with consent obtained in writing and filed in the participant’s permanent record.
- Upon consent, plans to have Center staff work collaboratively with the participant’s treatment providers to ensure smooth transitions when discharging from the Center.
- Stated they maintain MOUs with case management agencies and other behavioral health providers that outline protocols to be used for the Bidder to obtain participant information from the participant’s provider.
- Plans to contact providers for additional information that may be useful in formulating outcome recommendations.

G. Outpatient Chairs

- 1.
- Met requirement.
- 2.
- Plans to have participants welcomed by a Peer Support Specialist and given a tour of the Center, upon arrival.
- Plans to then have the participant meet with an on-site crisis worker and/or nurse in a private room for triage and level of care assessment. Should a

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participant require a higher level of service, Center staff will facilitate a warm handoff for an emergency medical evaluation.

- Should a participant's triage be determined to meet the Center's level of care, and the participant is agreeable to a Crisis assessment, will have a Crisis worker complete a comprehensive Crisis assessment that integrates co-occurring mental health and substance use issues, and will initiate treatment interventions as appropriate.
- Plans to have clinical consultation available 24/7/365 by a registered nurse and/or medical prescriber to determine level of care and manage complex crisis situations. As indicated in C.3., clinical consultation must be provided through an on-call psychiatrist or a psychiatric nurse practitioner.
- Plans to have staff work with participants to explore what is needed for them to remain and feel safe.
- For those feeling unsafe at any point, plans to develop a safety plan to use during their Center stay, explore direct referral to Acadia Hospital for Youth, or explore use of an emergency department for further evaluation and treatment to help ensure safety until they are able to get placement in a higher level of care.
- Plans to have staff transport participants to the emergency department, if assessed as safe enough to do so. Otherwise, will have Center staff contact the police department to send law enforcement and an ambulance to assist with transportation.
- Stated Crisis Intervention Trained (CIT) officers are familiar with agency's Crisis team and are encouraged to be the ones to respond, if at all possible.
- 3.
- Plans to have a kitchenette available 24/7 that will be stocked with healthy snacks, including fruits and vegetables; light meal foods; filtered water; and coffee/tea.
- Plans to ensure all food and drink provided meet State of Maine regulations and nutritional guidelines with respect to content, preparation and storage.
- Did not specifically address ensuring the snacks provided are low-sodium and high protein.

H. Additional Crisis Services for Transition Age Youth

1.

- Stated all Crisis staff are trained in Trauma Principles; Trauma-Informed Behavior Management; Lethal Means; Co-occurring Disorders; and Recovery Principles.

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- Stated staff working with children and families also receive training in Children in Families; Grief; Loss and Separation; Intellectual Disabilities 101; Autism; Adolescents with or without ADHD and Substance Abuse; Systems of Care Principles; Social and Emotional Learning; and Cultural Competency.
- Stated “many staff are trained in Motivational Interviewing”, but did not specify if Center staff will be required to complete this training.
- Stated all provided interventions are developmentally appropriate and individualized to Youths’ needs and abilities.
- 2.
- Youth to receive a comprehensive Crisis assessment upon Center arrival.
- Plans to utilize the C-SSRS, when indicated, to determine level of risk for harm; and should there be an imminent risk of suicide, will provide immediate Crisis interventions to determine the most appropriate level of care.
- Plans to provide direct referrals and admissions to accepting inpatient hospitals, as needed, for Transition Age Youth.
- Response lacked detail.
- 3.
- Plans to have MHRT/CSP staff at the Center conduct a trauma informed and participant centered bio-psychosocial spiritual comprehensive assessment to include the participant’s perspective, perspective of their identified professional and personal supports and guardians, as appropriate.
- Plans to have the assessment address safety, stabilization, risk assessment, challenges, causes that led to the crisis event “(including psychiatric, ethnic, gender, social, familial, legal and substance use), inpatient hospitalization history and any current relationship with mental health providers, medications prescribed and medication compliance, and recommended disposition.
- Plans to have the assessment include the presenting problem in the participant and their identified support teams’ own words; with the assessment to include the participant’s desired outcomes and their identified support teams’ desired outcomes.
- Plans to have support team involvement be determined and dependent on appropriate releases of information.
- Plans to explore the Youth’s family’s perspective of the current Crisis during the assessment phase, with family encouraged to engage during the planning phase to generate supportive and holistic safety and crisis plans.

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- Plans to collaboratively reach a resolution that the participant, support system and Center staff agree has been effectively achieved and will document such on the participant's Crisis Plan.
- Should the participant disagree with the plan/resolution, Center will provide continued support until a resolution is identified. Should the participant's support system disagree with the resolution, plans to have Center staff provide advocacy and psychoeducation to the support system, and will also take their perspective into consideration and review any changes to the plan that may be needed. Should Center staff disagree with both the participant and support system, plans to have Center staff seek further consultation to ensure participant's needs are appropriately met, and to the best ability of the Center.
- 4.
- Met requirement.
- 5.
- Plans to ensure hired staff have the knowledge and understanding to teach de-escalation skills to Youth and their families.
- Plans to have ongoing staff education and skill development as a routine component of supervision sessions.
- Plans to have Center staff help Youth and families establish coping skills through direct teaching, role playing, coaching and prompting, and will also provide written resources throughout their stay and upon discharge.
- Stated the goal will be to identify the individualized needs of the Youth and family, and the specific skills or resources needed to support overall stabilization.
- Plans to have "an assortment" of coping skills tools and resources available at the Center to promote Crisis stabilization and recovery. Specific anticipated coping skills tools and resources were not specified.
- 6.
- Plans to have all Center staff trained in Trauma Informed Behavior Management, which Bidder described as being designed to increase the awareness of the impact of trauma and to help staff become more aware of behavioral strategies to use and not use with Youth who have experienced trauma.
- Stated the Trauma Informed Behavior Management training can also be used by staff to help families learn effective, non-abusive, trauma sensitive behavioral strategies to use with their Youth.

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- Plans to operate the Center through promoting respect towards self and others, acceptance for all, and healthy emotional and behavioral functioning.
7.
- Stated the Crisis Safety Plan includes identification of what is helpful and what is not helpful and can lay the foundation for navigating future Crisis situations.
- Plans to provide Youth with education, interventions and resources on healthy coping skills and self-regulation, while at the Center.

I. Telehealth

- When psychiatric and/or nursing staff are not available on-site, plans to have peer or MHRT/CSP staff support participants with accessing covered Crisis Services through interactive Telehealth with psychiatric and/or nursing staff that are on-call off-site.
- Plans to have peer and/or MHRT/CSP staff support participants via laptop and/or tablet for telehealth through the Microsoft Teams platform to provide comparable quality to in-person service delivery.
- Plans to have Center staff support participants with initiating telehealth meetings and will offer both technical and clinical support to ensure the participant's in-person needs are met.
- Should a participant not want an in-person staff in the room while engaging in Telehealth, the Center staff will exit the room after providing instructions to the participant on how to alert an in-person team member if on-site support or coordination is needed while engaged with their telehealth intervention.
- Plans to have separate rooms equipped with telehealth technology, with sound machines outside of the room to increase privacy.

J. Linkages and Warm Handoffs

- 1.
 - Indicated their agency frequently conducts outreach with potential referral sources, including but not limited to: emergency departments, law enforcement and criminal justice, homeless shelters, psychiatric inpatient facilities, schools, primary care offices and community-based providers. Stated outreach educates referral sources regarding Crisis services and the agency's continuum of care and fosters strong relationship development within the community.
 - For Crisis residential unit referrals, should a participant be unable to access the service directly from the Center, staff to complete a Crisis Plan and safety plan "if the participant is appropriate to await a bed from the community", and they will provide the participant with a warm handoff to their agency Crisis Mobile

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team to follow up with assessment and subsequent presentation to the Crisis residential unit, if this level of care is still appropriate. Plans to engage in the same process for Youth referred to an inpatient level of care.

- For community-based referrals to outpatient therapy and case management services, plans to have Center staff complete the referrals and conduct the appropriate warm handoffs with the participant and the preferred provider.
- For referrals back to current service providers, will have Center staff contact current service providers where a release of information is in place to provide appropriate updates and recommendations for the Crisis Plan.
- Plans to have Center staff and supervisor ensure referrals are followed through and completed, and that participants receive updates, as appropriate.
- Plans to have Center staff coordinate and collaborate with their internal Children's Behavioral Health Urgent Care Clinic and CCBHC, when appropriate and agreed upon by the participant.
- Plans to have follow up care and outreach provided through their Crisis Mobile team after Center discharge to ensure warm handoffs occur smoothly.
- 2.
- Plans to promote use and linkage with the Statewide Crisis Hotline.
- Will coordinate with their Mobile Crisis team for discharge planning and follow up services, as appropriate.
- If a participant at the Center needs further stabilization after twenty-three (23) hours, will have the Crisis worker facilitate a referral to the appropriate Crisis stabilization unit and coordinate a warm handoff for care continuity.
- If a participant has stabilized during the twenty-three (23) hours, Center staff will provide community-based referrals, including but not limited to local Recovery centers, hypodermic apparatus exchange programs, SUD treatment, Recovery residences, shelters and medical providers. Plans to provide warm handoffs whenever possible.
- Will provide all participants education and information regarding the 988 and Maine Crisis Line for immediate and low barrier access to someone to contact.
- Will have signage at the Center informing individuals of the Statewide Crisis Hotline and 988 and will have Crisis cards individuals can take and utilize.
- Plans to have Center staff partner and coordinate with local SUD treatment and residential services, including detox centers and sober living, to ensure support for appropriate referrals from and to the Center.

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- Plans to have the Center complete routine outreach to the community to ensure continued updates are provided and community partners are aware and utilizing the Center to support the needs of the community.
- 3.
- Stated they have a well-established existing relationship with the OADS Crisis System and have current fluid practices within their Mobile Crisis program for warm handoffs for adults with a diagnosis of an ID and/or DD who are served by the OADS system.
- Plans to extend their existing relationship with the OADS Crisis System for their Center to ensure participants are referred to appropriate services under OADS.
- Plans to call the Statewide Crisis Line for participants connected with the OADS system and will request the Statewide Crisis Line connect them with an on call OADS Crisis staff person.
- For participants that may be eligible for OADS but aren't currently receiving services, will have Center staff support participants through connecting them with the OADS system.
- 4.
- Stated staff can and will facilitate warm handoffs, as appropriate; however, they will also empower the participant to initiate connections, re-establish relationships with providers, and "to lead their own journey towards recovery with the support of the center staff".
- Stated, due to the short-term nature of the Center, Bidder considers it more essential to teach participants how to reach out, where to reach out and when to reach out.
- Plans to have Center staff maintain a current community resource binder for participants to access and make copies.
- Will have staff assist in bridging Center services to the community to support coordination of services.

K. Staffing Requirements

- 1.
- Bidder did not provide a response to this item (K.1.) and instead directed the reader to their Attachment 9 – Staffing Plan.
- Staffing plan included the following positions: "MHRT/CSP", "MHRT/CSP FLOAT", "PEER", "SUPERVISOR", "CLINICIAN", "NURSE A", "NURSE B", "PSYCHIATRIC PROVIDER", and "ON CALL Clinical Support".

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- Staffing Plan indicates plan to have one (1) “MHRT/CSP” and one (1) “PEER” every hour on the weekend, with more “MHRT/CSP” and “PEER” working from Monday to Friday.
- Weekend clinical staff only include a “NURSE B”, with “SUPERVISOR”, “CLINICIAN”, and “PSYCHIATRIC PROVIDER” working Monday through Friday, from 8am to 4pm (“SUPERVISOR” only) or 5pm.
- On call clinical support is indicated for the full week.
- It is unclear to this evaluator if there will be sufficient clinical staff to support clinical needs during weekend hours where only one (1) “NURSE B” and the “ON CALL Clinical Support” are the only clinical staff available.
- 2.
- Plans to have HR verify all new licenses and/or certifications presented to HR at time of hire through the appropriate licensing board.
- Plans to have HR also verify that the employee is not listed on the State or Federal exclusion list for Medicare or Medicaid fraud through the Office of Inspector General, at hire and annually thereafter.
- Plans to have HR run a complete criminal background check at the post-offer stage of the employment process. The criminal background check includes: criminal conviction information from State Bureaus of Investigation for all states that the candidate has lived in during the past ten (10) years; Maine Background Check Center; motor vehicle records for the previous three (3) year period; confirmation the name is not on the fraud database; DHHS Child Protective unit and DHHS Adult Protection Services check for a substantiated case on file; and for those from a foreign country, will have the candidate go to the appropriate government office to initiate clearances for the country’s authorities and submit the information to HR prior to employment start.
- If Medicaid/Medicare fraud is indicated, the conditional employment offer would be withdrawn.
- If a substantiated case is found for Child Protective or Adult Protection Services, plans to have the HR Manager and Senior leader discuss and make a decision on whether to withdraw the conditional employment offer, depending on the position.
- 3.
- Will have independently licensed clinicians provide clinical oversight and consultation to Center Crisis workers.

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- Full time MHRT/CSP staff and conditionally licensed clinicians at the Center will receive a minimum of four (4) hours of clinical supervision monthly through individual and group supervision.
- Plans to have independently licensed clinicians receive at least one (1) hour of clinical supervision, individually or through group supervision.
- Stated their Medical Prescriber will provide clinical oversight of medical personnel and will provide any supervision needs.
- Plans to have the Peer Support Specialist Supervisor provide supervision to all peers at the Center.
- 4.
- Plans to have capacity to provide coverage for Center positions during vacation, sick time and other absences.
- Plans to follow protocols currently in place, including cross training staff from other programs (e.g., cross training with Mobile Crisis workers, Crisis residential staff and other agency staff).
- Provided Attachment 7 – Staff Recruitment, Onboarding, and Retention Plan.
- For recruitment, utilizes social media; local and statewide recruiting websites; participates in local job fairs throughout the state; works with State of Maine Career Centers; and participates in special events for recruitment of Veterans and “the disabled”.
- Stated they work closely with many universities and colleges, listed them, and indicated they are a frequent host for Social Work students completing their required internships.
- Stated their HR staff work in partnership with program staff for applicant evaluations, background and reference checks, and for provision of a smooth transition for new staff to the agency.
- Plans to have new staff participate in an extensive one (1) week on-site orientation period that includes training, presentations, reading and/or viewing a wide range of topics and job shadowing.
- Stated they have designated staff that oversee their orientation processes and ensure all new staff complete required training topics.
- Stated some pertinent training topics include but are not limited to: Trauma-Informed Behavior Management; Mental Health 101; Human Trafficking; Recovery Principles; Grief, Loss and Separation; Lethal Means; and Provider Ethics.
- Plans to provide training to all staff during the initial implementation phase of the Center.

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- Training to include an overview of the service; roles and responsibilities; and topics to provide a solid foundation of knowledge and skills.
- Stated newly hired staff will have access to information on community resources, manuals, organizational charts, and phone lists to assist with navigating their agency and necessary community connections.
- For retention, they often promote or transfer staff to other positions once available.
- Stated their existing staff who are familiar with community resources and type of work proposed may be interested in potential Center positions.
- Stated they encourage staff to apply for internal positions and will provide additional training and resources, if needed.
- Minimal detail provided as it pertained to staff retention.

L. Staff Training Requirements

1.
 - Will have Center Peer staff work toward obtaining and maintaining CIPSS certification, as required.
 - Plans to have Center Peer staff overseen by the Peer Support Supervisor.
 - Will have the Peer Support Supervisor keep a well-documented training record to ensure proper updates are provided to the Department and all training needs are met.
2.
 - Plans to have all Center staff receive Narcan training upon hire, which includes how to recognize the signs and symptoms of overdose and how to administer Naloxone.
 - Plans to provide First Aid and CPR training to all new hires, with certification maintained through the duration of employment.
 - Stated they provide a robust Training Institute that offers educational training opportunities for staff to build their knowledge, skills and resources in a wide range of topics in mental health and SUD treatment.
 - Plans to have all Center staff receive the Department's Critical Incident training at hire, with training manuals and resources available at the Center for reference.
3.
 - Stated Center staff will have access to their agency Training Institute that includes monthly training opportunities to staff that is applicable to service delivery.

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- Stated Center staff will communicate with their supervisor regarding training needs they identify throughout their work.
- Plans to have clinical, medical and supervisory staff identify training needs within the team and work to ensure training needs are met through internal, external and online on demand training, as appropriate.
- Stated their clinical, medical and supervisory staff will ensure identified training is applicable to participant needs and aligns with the SAMHSA Crisis Service Model.
- 4.
- Plans to provide Mandated Reporting for adult and child to all new hires, to be renewed annually thereafter.
- Stated their agency has policies and protocols to guide staff when a report is required.
- Plans to provide Harm Reduction training from their agency's OPTIONS staff to all Center staff during their first month of employment.
- Plans to provide Trauma Informed Care training to all new hires, including the "no force first" approach.
- Plans to provide training in Culturally Affirming Care through an online platform to all Center staff.

M. Other Staff Engagement Requirements

- 1.
- Plans to hold weekly staff meetings to provide all staff with the required four (4) hours of clinical supervision per month.
- Stated weekly staff meetings will be separated into clinical and administrative sections.
- Stated the administrative section of their weekly staff meetings will focus on operational issues, facility topics and day-to-day running of the program.
- Plans to invite community providers to join periodically to discuss their services and strengthen collaborations.
- For the clinical component of their weekly staff meetings, plans to have the team address service needs; participant specific case reviews; collaborations with community providers; address strengths and build off the strengths while addressing barriers and work towards breaking them down.
- Plans to have staff meetings provide ongoing training needs, using the full knowledge and expertise of the treatment team and also bringing in other agency staff with experience and resources.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Penobscot County

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DATE: 5/29/25

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

- Peer Support Specialists will only participate in the administrative component of the weekly staff meetings, following CIPSS Code of Ethics requirements.
- 2.
- Plans to have Peer Specialists garner their CIPSS certification within six (6) months of employment and onboarding, dependent on training availability and “personal experience of mental illness and/or co-occurring substance use”.
- Plans to have Peer Support Specialists receive regular supervision, in addition to monthly peer-facilitated co-reflections that will be held at the agency.
- Stated their Peer Support Supervisor will ensure Peer Support Specialists’ schedules align to allow for monthly co-reflection attendance.
- Bidder did not specify if Peer Support Specialists would be attending monthly co-reflections independent of their direct supervisor.
- 3.
- Stated Peer Support Specialists will be based at the Center but also available to assist with outreach and follow up, as need arises.
- Plans to have Peer Support Specialists greet participants upon arrival and will be available for individual and group support, per participant and milieu desire.
- Plans to display information on the benefits of peer support and have information on ongoing community-based peer resources at the Center’s resource board.
- Stated their Peer Support Specialists will uphold CIPSS Code of Ethics fidelity and will conduct their work in accordance with agency policy and CIPSS requirements.
- Plans to have Peer Support Specialists engage with participants at their consent and discretion.
- Plans to have Peer Support Specialists available to provide supports to participants as they go stabilize at the Center, from triage, assessments, interventions, discharge and follow up, as appropriate.
- Stated Peer Support Specialists will not be expected to conduct assessments or work out of their scope of practices as a peer, and their role will be to “partner” with the participant in meaningful and supportive ways to empower healing, growth, recovery and stabilization.
- Stated Peer staff, in collaboration with Center staff, will explore ongoing Crisis resolution and management through use of community-based resources, peer support and wellness programming.
- Did not address Peer Support Specialists providing support to Participants during Crisis assessments, if requested (part of M.3.b.i.).

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- Did not address M.3.b.ii.
- Minimal response provided regarding collaboration with all Center staff to promote and enhance Peer Support in the Center, according to the needs of Participants experiencing a BH Crisis.

N. Administrative Requirements

1.
 - Stated their agency has a comprehensive Operations Manual detailing policies, procedures and protocols to guide their work.
 - Stated they understand that any material changes are approved by the Department.
 - Plans to have newly hired staff review the manual and its contents for their orientation; and as policies, procedures or protocols are added, deleted or revised, they will provide all staff with notice.
 - Stated their manual's table of contents is available upon request.
 - Will develop and submit the required policy to the Department within the required timeframe.
2.
 - Stated it is their agency policy that all critical incidents are reported and addressed in a manner that ensures safety, protects interests and provides support for all involved.
 - Stated they will initiate review and corrective action to improve participants' quality of care, protect agency interests and to prevent similar incidents from occurring in the future.
 - Stated all critical incidents will be reported within the required timeframes and through the required reporting modality (Acentra for adults and EIS for youth).
3.
 - Plans to build a tracking system within their electronic medical record to identify referral data, including when the referral was made and purpose of the referral, including but not limited to the list of referral tracking items outlined in the RFP.
4.
 - Plans to utilize MyEvolv for their electronic health record.
 - Plans to have Center staff document each participant's Crisis service activities, including progress note regarding engagement, and, as applicable, a Crisis assessment, Crisis Plan, safety plan and discharge plan.
 - Will have their progress notes detail services associated with delivering Bridge Services.

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EVALUATOR DEPARTMENT: Office of Behavioral Health

<ul style="list-style-type: none">• Stated Center staff will have access to documentation to ensure they are aware of participant plans and to ensure care continuity.• Stated their electronic health record is inclusive of all mental health services, including Crisis.• Stated they are in the process of implementing a new electronic health record to provide more robust integration internally and externally; and indicated the system will be in place by the time the Center is operational.• Indicated addition of the Center to their records management should be easy due to current Crisis services' documentation for their other services.• Plans to structure the electronic record to capture the assessment; Crisis Plan, including strategies for their stay at the Center; medication history/needs; contacts; current providers; discharge plans; and service coordination documentation.• Stated they have budgeted to include four (4) laptops at their proposed Center, which will ensure access to the electronic record.• Stated their electronic record includes alert set-up abilities to keep all staff informed of a participant's needs.• Stated their experience with 24/7 program management includes capturing documentation to ensure transitions between shifts.• Met requirement for 4.b. and 4.b.i.• Plans to follow all requirements for submitting authorization requests as they currently do with their other mental health services.• Did not address N.4.c.-N.4.d.
<p>5.</p> <ul style="list-style-type: none">• Stated they employ a community outreach staff within their Crisis Services program that is active in the community, and provides outreach to schools, community providers, emergency personnel and city-wide events.• Will have Center staff collaborate with their internal outreach crisis provider to promote the Center and ensure the community is aware of the new service.• Plans to coordinate an open house and offer tours of the facility.• Did not describe anticipated plan for monthly public education and promotional activities.
<p>6.</p> <ul style="list-style-type: none">• Stated their agency has a program evaluator and director of quality to ensure successful program implementation and delivery.• Plans to collect program evaluation activities data continuously to track and monitor program implementation and outcomes.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Anna Ko

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<ul style="list-style-type: none">Plans to review evaluation findings regularly as part of their agency's continuous Quality Improvement process to ensure quality service delivery.Plans to collect and review satisfaction survey results through the QuestionPro survey tool and will provide survey results (in addition to strength and opportunity identification and recommendation) to the Department.Plans to provide survey results, strengths, opportunities and recommendations written communication and scheduled provider meetings.For program evaluation, implementation challenges, gap identification and/or referral challenges, plans to provide such collaboration and information to the Department through electronic communication and scheduled meetings.
7. <ul style="list-style-type: none">Plans to have program leadership alert the Department via written communication and/or in provider meetings when a stakeholder group meeting is scheduled such that a Department representative may attend, as appropriate.Stated reporting capabilities within their EHR will ensure information is gathered and able to be shared when requested.Met requirement for N.7.b.
O. Performance Measures
<ul style="list-style-type: none">Stated their Crisis team had less than 7% of encounters result in hospitalization in the last year.Met requirement.Plans to utilize their EHR reporting capabilities to capture performance measures in order to provide monthly data to the Department.
P. Reports
1. <ul style="list-style-type: none">Met requirement.Indicated onsite visits would also be at the Department's discretion, in addition to an agreed upon schedule with the Department.
2. <ul style="list-style-type: none">Met requirement.
2. Staffing
a. <ul style="list-style-type: none">Job descriptions were provided for: Medical Prescriber, Crisis Receiving Center Program Supervisor; Crisis Receiving Center Clinician; Crisis Receiving Center Peer Navigator; Crisis Receiving Center Crisis Worker; and Registered Nurse.

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INDIVIDUAL EVALUATION NOTES**

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- For the Medical Prescriber position, the job description indicates the individual must be “licensed Psychiatrist or Nurse Practitioner in the State of Maine, with prescriptive authority”. This evaluator assumes the Nurse Practitioner would have to be a Psychiatric Nurse Practitioner, as required by the RFP, however, this was not specifically indicated.
- The Center Program Supervisory is required to have a bachelor’s degree and ability to obtain the MHRT/CSP certification, to be obtained within sixty (60) days of employment.
- The Center Clinician is required to be an LCSW, LMSW-cc, LCPC or LCPC-cc, and also must obtain MHRT/CSP certification within sixty (60) days of employment.
- The Center Peer Navigator must have or be willing to obtain CIPPS certification within their first nine (9) months of employment.
- A minimum high school diploma or equivalent requirement for the Peer Navigator position will assist with ensuring quality staff and minimize barriers to hiring.
- The Center Crisis Worker position requires credits equivalent to an associate’s degree in a relevant field, and an MHRT/CSP certification, or ability to obtain such, required within the first ninety (90) days of employment.
- An intake/administrative support position was included in the cost proposal and budget narrative; however, a job description was not provided.
 - b.
 - c.
- Stated they do not intend to utilize subcontractors or consultants at point of RFP submission.
- Staffing plan included the following positions: “MHRT/CSP”, “MHRT/CSP FLOAT”, “PEER”, “SUPERVISOR”, “CLINICIAN”, “NURSE A”, “NURSE B”, “PSYCHIATRIC PROVIDER”, and “ON CALL Clinical Support”.
- Staffing Plan indicates plan to have one (1) “MHRT/CSP and one (1) “PEER” every hour on the weekend, with more “MHRT/CSP” and “PEER” working from Monday to Friday. Weekend clinical staff only include a “NURSE B”, with “SUPERVISOR”, “CLINICIAN”, and “PSYCHIATRIC PROVIDER” working Monday through Friday, from 8am to 4pm (“SUPERVISOR” only) or 5pm.
- On call clinical support is indicated for the full week.
- It is unclear to this evaluator if there will be sufficient clinical staff to support clinical needs during weekend hours where only one (1) “NURSE B” and the “ON CALL Clinical Support” are the only clinical staff available.

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- No job description provided for “PSYCHIATRIC PROVIDER”.

3. Implementation - Work Plans

- a.
 - The construction/renovation work plan was provided with month, task and position responsible indicated.
 - Plans to issue an RFP for an architect during “Month 1” and plans to award their architect contract July 2025. The RFP indicates the initial period of performance resulting from this RFP would start 8/1/25.
 - Plans to issue an RFP for construction work in Late September 2025, with the plan to award a construction contract October 2025 and construction work to begin late October/November 2025.
 - Anticipates construction/renovation to be completed July 2026.
- b.
 - The implementation work plan for the Center was provided with month, task and position responsible indicated.
 - First task indicated on the Center implementation work plan was a task to develop program specific policies and procedures from February 2026 – April 2026.
 - Plans to address licensing and MaineCare requirement needs/applications February 2026.
 - Plans to advertise, interview and hire Center staff April 2026.
 - Plans to have pre-operational staff training July 2026, with the program to open August 2026.

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Part IV, Section IV. Cost Proposal and Budget Narrative

Proposed Start-up Costs Cost Proposal

- Indicated proposed start-up costs would be \$950,000.
- Indicated architect permitting, design and renovation costs are about 12% of their construction costs (\$92,880).
- Plans to purchase eight (8) Behavioral Health Specific Recliners which have eliminated potential ligature points and includes reinforced upholstery and high weight capacity for durability, longevity, and reliability.
- Construction related costs include demolition, disposal, framing, HVAC, flooring, painting and safety.
- Total physical structure costs are indicated at \$895,880.
- Plans to use sign on bonuses and will be seeking costs for professional development/training.
- Plans to purchase “various nursing equipment for health screening”.
- Plans to purchase commercial grade washer/dryer, common area furniture (chairs, tables and couch), and four (4) laptops for staff and a telemedicine station. Unclear if Bidder will only have one (1) “telemedicine station” available for participant use.

Proposed Cost for Center Services Cost Proposal

- Indicated proposed cost for Center services is \$2,081,039, above the current indicated available funding amount for the initial period of performance.
- Did not complete the “FORM 1 REVENUE SUMMARY” tab (i.e., left the tab blank).
- Anticipated personnel: 8 FTE Center Crisis Workers, 6 FTE Peer Specialists, 1.5 FTE Registered Nurse, a Program Supervisor (3,120 hours for 1.5 FTE), 1 FTE Clinical Lead, 1 FTE Psychiatric Provider, .33 FTE for “On-Call Clinical Back-up”, and .40 FTE for “Weekend Psychiatry On-Call”.
- Plans to also hire an intake/administrative support position who has an MHRT for 3,120 hours (1.5 FTE).
- Indicated fringe benefits’ cost would be 33.77% of salary.
- The “CS RIDER F-1 ASF” tab has “#DIV/0!” formula errors due to the tab not being completed.

Budget Narrative

- Indicated renovation would take place at their existing office building in Bangor and are proposing to renovate 2,580 square feet within their almost 55,000 square foot building.
- Indicated they also have their CCBHC housed in the building, assisting with

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ease of warm handoff facilitation.

- included an email quote from their architect in the budget narrative regarding the architectural cost.
- Included a quote estimate for renovation within their budget narrative (\$300/sq ft).
- Plans to utilize sign-on bonuses for positions they have experienced as difficult to recruit, based on current experience managing seven (7) 24/7 residential programs.
- Stated per-operational training will focus on program expectations, workflows and clinical competencies.
- Stated health screening equipment will include items such as blood pressure cuffs, thermometers and glucose monitoring kits.
- Plans to create a laundry space to support individuals with laundry needs.
- Plans to purchase a refrigerator and small kitchen appliances including microwave, coffee pots and a water bubbler.
- Plans to create a space to accommodate telemedicine visits or other participant conferencing needs.
- Budget narrative indicated 1.0 FTE for their Program Supervisor and intake/administrative support position, however, the Center Cost Proposal indicated 3,120 hours for both positions, which would equal to about 1.5 FTE. Actual anticipated FTE for Program Supervisor and intake/administrative support is unclear.
- Provided a role summary for each role indicated.
- Stated their core staffing is a combination of MHRT-CSP and Peer Specialists on a 24/7/365 basis, with a plan to schedule three (3) FTEs per shift, with a minimum of 1 FTE MHRT-CSP and 1 FTE Peer Specialists. Stated they are anticipating a total of 14 FTEs for MHRT-CSP and Peer Specialists.
- Plans to have a Registered Nurse staff the morning shift seven (7) days per week. Indicated the plan is for those that remain from late evening/overnight admission to receive an in-depth nursing assessment during the day. It is unclear to this evaluator if this nurse staffing pattern will be sufficient to ensure timely, sufficient medical clearance prior to receiving Center services.
- Plans to have a psychiatric provider available full-time during weekdays, and on-call during the weekend. It is unclear to this evaluator if there will be sufficient psychiatric coverage to ensure participant safety and needs for non-weekend hours when the psychiatric provider is not on-site.

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RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Penobscot County

BIDDER NAME: Community Health and Counseling Services

DATE: 05/29/2025, 05/30/2025

EVALUATOR NAME: Ellie Larrabee

EVALUATOR DEPARTMENT: OBH/CBHS

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">Bidder met requirement
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">17 locations, from Fort Kent to Manchester and Skowhegan to Calais.Providing mental health services for over 67 years; crisis services for 60 years
2. Subcontractors
<ul style="list-style-type: none">Bidder did not include form; however, noted they would not utilize subcontractors
3. Project Team Organizational Chart
<ul style="list-style-type: none">Organizational chart outlined with Peer Specialist Supervisor vacant, Receiving Center Clinician 1 FTE, Receiving Center Program Supervisor 1 FTE, Receiving Center Psychiatric Provider 1 FTE, Peer Specialists 6 FTSs, Receiving Center Crisis Workers 7-8 FTEs, Receiving Center Nurses 3-4 FTYEs
4. Litigation
<ul style="list-style-type: none">1 case since 07/23; settled, dismissed with prejudice
5. Financial Viability
<ul style="list-style-type: none">Financial documents from 2021-2024Operation losses for multiple years with plan for correction
6. Certificate of Insurance
<ul style="list-style-type: none">Portion of policy expired 12/31/24
Part IV, Section III Proposed Services
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none">1.-j.- Q “some chairs will be in a group setting”
B. Crisis Center Standards, Licensing, and Operations
<ul style="list-style-type: none">1.- f.- Current MOUs with Acadia Northern Light, Penquis Penobscot County Health Center, and WINGS since 2021MOU. with Hope House, Bangor Homeless Shelter, Shaw House, Bangor PD, Pen County Sheriff’s Dept, St. Joseph Hospital ED, and NL-EMMC; ED for emergency MH care

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EVALUATOR DEPARTMENT: OBH/CBHS

<p>g.-Contract with Genoa pharmacy, co-located at the facility</p> <p>i.-Bidder indicated a well-established referral and collaborative relationships with multiple OTPs and other treatment organizations to include Wabanaki Public Health SSP program</p>
<ul style="list-style-type: none">• Bidder indicated they will refer adults and youth to mental health and medical support for follow up care
C. Crisis Service Delivery Methodology
<ul style="list-style-type: none">• 1.-Bidder met requirement• 2.-P-Bidder indicates they will empower Participant to use their “voice”• 3.-Bidder indicates they currently utilize on site and telepsychiatry for earlier stabilization and initiation of medication management as applicable• 4.-Bidder indicates CIPPS certification will be completed within six months of employment• 5.-P-Bidder individually addressed the 10 Core Elements in responding to Mental Health Crises• P-Bidder indicated they utilize CIT officers for wellness checks• 6.-I-Bidder currently utilizes SPI model within their EMR• 7.-Bidder met requirement
D. Other Service Delivery Requirements
<ul style="list-style-type: none">• 1.-Bidder met requirement• 2.-Bidder indicated they have established relationships with police, EMS, and hospital personnel.• 3.-Bidder indicated they currently have access to psychiatrist 24/7 and will have a medical prescriber and nurse on staff at the CRC to provide in person and/or telehealth consultation and treatment• 4.-Bidder indicated they are the Local Administration Agency, (LAA) for Permanent Supportive Housing Program (PSHP)
E. Crisis Center Intake and Triage
<ul style="list-style-type: none">• 1.-Bidder indicated medical triage will be provided by nursing staff as clinically indicate on site 7 days a week from 7a-7p and via telehealth 7 days a week 7p-7a. Participant whose triage indicates need for medical screening, but not immediate emergency medical evaluation, will receive screening by nursing staff in collaboration with psychiatry Monday through Friday 8a-5p. Outside of these hours on call psychiatry will be consulted via telehealth.
<ul style="list-style-type: none">• 2.-Bidder did not meet requirement-eating disorders

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EVALUATOR DEPARTMENT: OBH/CBHS

<ul style="list-style-type: none">• 3.-Bidder indicated a previously completed mobile crisis assessment will be utilized if the assessment was completed within 24 hours proceeding the participants arrival at the CRC and there are no clinical inactions of a need for an updated mental status exam or precipitating events since the last crisis assessment• 4.-I-Bidder indicated they will refer to their own SUDF and OPTIONS providers• 5.-P-Bidder indicated they will utilize the center's medical prescriber for urgent consultation when no provider is identified
F. Crisis Plan Development
<ul style="list-style-type: none">• 1.-Q-Release obtained for guardian?
<ul style="list-style-type: none">• 2.-Bidder met requirement
<ul style="list-style-type: none">• 3.-Bidder met requirement
G. Outpatient Chairs
<ul style="list-style-type: none">• 1.-Bidder met requirement
<ul style="list-style-type: none">• 2.-I-Bidder indicated they will utilize ED to wait for higher LOC
<ul style="list-style-type: none">• 3.-Bidder met requirement
H. Additional Crisis Services for Transition Age Youth
<ul style="list-style-type: none">• 1.-P-Bidder indicates staff is trained in Children in Families, Grief, Loss and Separation, Intellectual Disabilities 101, Autism, Adolescents with or without ADHD and Substance Abuse, Systems of Care Principles, Social and Emotional Learning, and Cultural Competency.• 2.-Bidder met requirement• 3.-Bidder met requirement• 4.-Bidder indicated they offer a comprehensive array of services for youth and families including treatment foster care, resource parent care team services, home and community-based treatment, targeted case management, crisis stabilization services, and therapy• 5.-Bidder met requirement• 6.-Bidder met requirement• 7.-P-Bidder indicates they will work with the participant to find his or her own hope and solution.
I. Telehealth
<ul style="list-style-type: none">• Bidder met requirement
J. Linkages and Warm Handoffs
<ul style="list-style-type: none">• 1.-P-Bidder indicated participants will be supported by mobile crisis teams for further support upon making referrals to higher or lower levels of care

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EVALUATOR NAME: Ellie Larrabee

EVALUATOR DEPARTMENT: OBH/CBHS

<ul style="list-style-type: none">• 2.-P-Bidder indicated they will utilize signage and crisis cards in addition to education• 3.-Bidder met requirement• 4.-I-Bidder will maintain a current community resource binder for participants to access and make copies
K. Staffing Requirements
<ul style="list-style-type: none">• 1.-Bidder met requirement• 2.-Bidder met requirement• 3.-Bidder met requirement• 4.-P-Bidder works with universities to recruit
L. Staff Training Requirements
<ul style="list-style-type: none">• 1.-CIPSS provisional certification no more than 9 months from date of employment• 2.-a.-Monthly Narcan training• 3.-Bidder indicated staff will have access to their Training Institute for monthly training opportunities• 4.-Bidder met requirement
M. Other Staff Engagement Requirements
<ul style="list-style-type: none">• 1.-P-Bidder indicated they will hold weekly staff meetings• 2.-Bidder met requirement• 3.-Bidder met requirement
N. Administrative Requirements
<ul style="list-style-type: none">• 1.-Bidder met requirement• 2.-Bidder met requirement• 3.-Bidder indicated a tracking system will be built within their EMR• 4.-Bidder utilized MyEvolv for HER and are implementing a new HER that will be more robust• 5.-P-Bidder employs a community outreach staff• 6.-Bidder utilizes QuestionPro survey tool• 7.-Bidder met requirement
O. Performance Measures
<ul style="list-style-type: none">• Bidder met requirement
P. Reports
<ul style="list-style-type: none">• Bidder met requirement• Bidder met requirement
2. Staffing

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DATE: 05/29/2025, 05/30/2025

EVALUATOR NAME: Ellie Larrabee

EVALUATOR DEPARTMENT: OBH/CBHS

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|---|
| <ul style="list-style-type: none">• 1.-I-Crisis Receiving Center Program Supervisor-minimum of bachelor's degree• 2.-Bidder indicated they will not utilize subcontractors/consultants• 2. c.-Matrix indicated 2 nurses while org chart indicated 3-4 |
|---|

3. Implementation - Work Plans

- | |
|---|
| <ul style="list-style-type: none">• 1.-Bidder met requirement• 2.-Bidder met requirement |
|---|

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

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Penobscot County

BIDDER NAME: Community Health and Counseling Services

DATE: June 16, 2025

EVALUATOR NAME: Adrienne Leahey

EVALUATOR DEPARTMENT: OBH / DHHS

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">Bidder replies “yes” to both requirements
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">headquartered in BangorMedicare certified home health and hospice providerfully licensed, comprehensive mental health services provider for adults, children, and families17 locations covering a geographic area from Fort Kent to Manchester and Skowhegan to Calais.history dating back to 1883, provider of mental health services for > 67 years.has provided crisis services in various forms for 60 years, one of Maine’s contracted crisis providers for nearly 35 years.CCBHC, including psychiatry, case management, and peer supports, to wrap around clients at the Receiving Center to ensure warm hand-off’s upon discharge and connection to longer term stabilization servicesexisting MOUs with community providers to coordinate crisis services and linking individuals back to their existing service providerCrisis Mobile Resolution and Crisis Stabilization experienceHas incorporated psychiatry team into the structure of crisis servicesBidder provides good detail and impact data for three projects:<ul style="list-style-type: none">Children’s Behavioral Health Urgent Care Clinic: started as pilot in Nov 2023; now integrated with CCBHC modelMobile and Residential Crisis services in Penobscot and Piscataquis Counties since 1995CCBHC in Bangor since 2021
2. Subcontractors
<ul style="list-style-type: none">No info provided; assume no subcontractors
3. Project Team Organizational Chart
<ul style="list-style-type: none">Org chart provided
4. Litigation

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Penobscot County

BIDDER NAME: Community Health and Counseling Services

DATE: June 16, 2025

EVALUATOR NAME: Adrienne Leahey

EVALUATOR DEPARTMENT: OBH / DHHS

<ul style="list-style-type: none"> One case, settled
5. Financial Viability
<ul style="list-style-type: none"> Bidder included 2022 (old) audited financial statements; loss of \$2m.
6. Certificate of Insurance
<ul style="list-style-type: none"> Provided

Part IV, Section III Proposed Services
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none"> Bidder responds in detail, bullet by bullet <ul style="list-style-type: none"> Separate building, separate rooms, inviting milieu for congregation and peer support, calming aesthetics, recliners, muted lighting, separate treatment spaces, calming music, art, meditative tools, separate rooms to relax and sleep, client choice, array of spaces, private and group rooms, sound machines to enhance privacy and confidentiality, small kitchenette w light snacks and drinks for clients, 2-chair room for transition age youth, 8 outpatient chairs total, small room and ipad for telehealth
B. Crisis Center Standards, Licensing, and Operations
<ul style="list-style-type: none"> Bidder responds re: Compliance in detail, bullet by bullet <ul style="list-style-type: none"> Hold MH license, holds mobile crisis contract for Penobscot and Piscataquis counties, enrolled in MaineCare, holds insurance, state license for MH and SUD, Tier 2 naloxone provider, OPTIONS provider, CCBHC provider, 4 MOUs with DCOs and community-, law enforcement-, and correctional-based relationships, Genoa pharmacy co-located with safe storage, med mgmt policy and prescriber on staff, relationships with OTPs and SSPs Bidder responds in detail re Programming, bullet by bullet <ul style="list-style-type: none"> Affirms ability to deliver 24/7/365 services, will serve adults and transition-age youth, has a Youth BH Urgent Care unit already thru its CCBHS, will follow policy, services will be short-term with warm handoffs to community providers, multidisciplinary SAMHSA best-practice team
C. Crisis Service Delivery Methodology
<ul style="list-style-type: none"> participant-direct, person-centered approach, client voice, strengths based, array of services in therapeutic environment, inclusion of natural supports, expand alternative to support adaptive functioning,

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INDIVIDUAL EVALUATION NOTES**

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- individualized, comprehensive assessment, crisis safety plan, person-centered, trauma-informed,
- forerunner in the integration of psychiatry into the intervention; on-site and via telehealth
- all Peers will have Lived Experience, be CIPSS certified, one peer support specialist available 24/7/365
- affirms will follow SAMHSA best practice toolkit; already provides “someone to respond to” and CRC will be “safe place to be”; Bidder addresses the best practice values one-by-one with examples
- will provide safety / suicide prevention training to all staff
- will use suicide severity tool

C. Other Service Delivery Requirements

- Affirms will comply with Rights of Recipients for adults and children
- Well-established relationships with first responders thru OPTIONS, mobile crisis, ride along, and jail-based programs.
- Access to a psychiatrist 24/7/365 on-site or telehealth; medical prescriber and nurse available too
- Already an LAA for PSHP services

D. Crisis Center Intake and Triage

- Initial medical triage by nurses on-site and via telehealth; staff will be trained to administer naloxone; overdoses will receive a CIR / Reportable Events protocol; safety will be prioritized
- AC-OK tool will be used; holistic understanding of situation
- Affirms 24/7/365 triage and assessment; MHRT/CSP provider on site at all times to provide this service; C-SSRS screener tool; psychiatry as needed; assessments completed within 2 hours; if not will be documented in EMR;
- Will assess for SUD; can refer to existing OPTIONS and SUD services or other community providers
- Comprehensive client / family interview surfaces medical / psychiatric needs, medical prescriber available on-site and via telehealth and telemedicine.

E. Crisis Plan Development

- Crisis Plan development follows assessment; co-development; action steps; final copy shared with client and others as approved by client
- Identifies and incorporates prior successful supports / interventions; participant and situation specific; connections to BH as well as social services

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: OBH / DHHS

<ul style="list-style-type: none">• Bidder affirms client consent ahead of soliciting other records to inform Disposition
F. Outpatient Chairs
<ul style="list-style-type: none">• Affirms participants will have access to 1 of 8 chairs for up to 23 hours w access to an array of services• Client welcomed by Peer support specialist; evaluated by crisis worker and/or nurse; crisis worker initiate treatment interventions; clinical consultation 24/7/365; safety discussion and plan• Kitchenette, nutritious food
G. Additional Crisis Services for Transition Age Youth
<ul style="list-style-type: none">• Training to be provided; Motivational Interviewing is important; developmentally appropriate and individualized• Comprehensive assessment that screens for risks• Affirms collaborative assessment, family support / services. Individualized de-escalation / coping training to clients and families. Training in trauma-informed behavior management.• Listening and validation. Crisis Safety Plan to prevent re-occurrence and long-term stabilization.
H. Telehealth
<ul style="list-style-type: none">• Used when no on-site nursing or psychiatric staff on-site. Separate room w sound machine to support confidentiality. Crisis worker will support as / if needed.
I. Linkages and Warm Handoffs
<ul style="list-style-type: none">• Many existing referral relationships with community providers. Follow-up from CHCS Mobile team, information re: 988.• Linkage to Maine Crisis Line; discharge planning and follow up w Mobile Crisis team; training and signage for 988; connections to SUD services• Existing, well-established relationships within OADS crisis system for people with ID / DD• Existing, well-established relationships within SUD, binder of services, will act as a bridge
J. Staffing Requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Community Health and Counseling Services

DATE: June 16, 2025

EVALUATOR NAME: Adrienne Leahey

EVALUATOR DEPARTMENT: OBH / DHHS

- Provides a staffing plan as an attachment
- HR will verify licenses / certifications and do comprehensive background check
- Independently licensed clinicians will provide clinical oversight and consultation to center crisis workers; 4 hrs / mth for MHRT/CSP staff; Medical Prescriber will provide clinical oversight of the medical personnel and any supervision needs. The Peer Support Specialist Supervisor will provide supervision to all peers within the center.
- Provide staff recruitment, onboarding, and training plan as an attachment. Mobile crisis workers, CSU staff, and other agency staff may cross train to support coverage of the crisis receiving center and collaborations between programs

K. Staff Training Requirements

- Affirms CIPSS, naloxone, supervision, CMR and CIR training requirements
- CHCS Training Institute, which provides monthly training opportunities to staff applicable to service delivery, including SAMHSA Crisis Services model
- Affirms training to be provided for Mandated Reporting, harm reduction practices, trauma-informed care, culturally affirming care

L. Other Staff Engagement Requirements

- Affirms monthly CRC staff meetings, peer co-reflections, adherence to CIPSS values and Code of Ethics

M. Administrative Requirements

- CHCS has a comprehensive Operations Manual that details policies, procedures and protocols; will submit required CRC policy within 6 months
- Affirms adherence to CIR protocols
- will build a tracking system within its electronic medical record to identify data re: when a referral was made and what the referral was made for, to include but not limited to the list outlined within this RFP.
- EHR = MyEvolv; will document each participant's crisis services activities, including a progress note for their engagement and, as applicable, a crisis assessment, crisis plan, safety plan, and discharge plan. Progress note will detail services associated with delivering bridge services. Center staff will have access to the documentation so that they are aware of the participant's plans and can ensure continuity of care.
- complies with all State and Federal regulations regarding records management
- 4 laptops to provide access to EHR; will utilize the Department's Designated System to enter all treatment and demographic data

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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<ul style="list-style-type: none">• Has outreach staff; will host an Open House; will share marketing and outreach materials with Dept• has both a program evaluator and director of quality to ensure successful program implementation and delivery; will participate in monthly mtgs / TA w Dept; already administers Dept-approved satisfaction surveys; will collaborate w Dept re: data collection• will notify Dept of stakeholder meeting, will provide ad hoc data re Bridge Services
N. Performance Measures
<ul style="list-style-type: none">• Meets requirements
O. Reports
<ul style="list-style-type: none">• Meets requirements
<ul style="list-style-type: none">•
2. Staffing
<ul style="list-style-type: none">• No subcontractors
<ul style="list-style-type: none">• Bidder provided attachments as required
<ul style="list-style-type: none">•
3. Implementation - Work Plans
<ul style="list-style-type: none">• Bidder provided work plans as required

Part IV, Section IV. Cost Proposal and Budget Narrative
<ul style="list-style-type: none">• Start-up budget includes renovation costs, furniture, nursing equipment, staffing supports, appliances, and IT equipment; renovation will take place at existing office building at 42 Cedar Street, Bangor; will renovate 2,580 square feet within 55,000 square foot building; building also has CCBHC; \$92k for architect; \$774k (\$300/sq foot) for contractor services; \$92k for special BH recliners; \$10k in sign-on bonuses; \$5.3k for pre-service training; \$2.5k for health screening tools; \$3.2 for appliances (laundry, kitchenette); \$23k for furniture; \$10k for laptops• Ongoing costs based on 8-bed CRU:<ul style="list-style-type: none">○ Attachment shows slightly different total of 1,261,706.25; differences are in the FTE values for the intake/ admin person and the weekend psychiatry on-call person○ Attachment indicates 426,078.20 in fringe○ Total annual ongoing costs per attachment: 1,687,784.45

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202504062

RFP TITLE: Network of Behavioral Health Crisis Receiving Centers – Penobscot County

BIDDER NAME: Community Health and Counseling Services

DATE: 5/30/25

EVALUATOR NAME: Brianne Masselli

EVALUATOR DEPARTMENT: OBH

Individual Evaluator Comments:

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none">• Met requirements• OMS Provider agreement submitted• Currently Licensed provider and copy of Lic on file
Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Met requirements
2. Subcontractors
<ul style="list-style-type: none">• Non noted in this section
3. Project Team Organizational Chart
<ul style="list-style-type: none">• Provided the number of required staff identified• Notes 1: LCSW, Peer supervisor, and six specialists, 1 Psych provider, and 23-4 RN's and one Receiving supervisor
4. Litigation
<ul style="list-style-type: none">• One in 2019
5. Financial Viability
<ul style="list-style-type: none">• Submitted June 2022, June 2023, June 2024 – The Agency continues to take a loss each year
6. Certificate of Insurance
<ul style="list-style-type: none">• Provided
Part IV, Section III Proposed Services
Part II
A. BH Crisis Receiving Center (Crisis Center/Center) Design Approach
<ul style="list-style-type: none">• Space will be in the main building with a separate entrance.• Will include private spaces and group spaces• Will also have a smaller living room space available for TAY• Will have a trauma-informed focus• Plan for confidential space and use of telehealth
B. Crisis Center Standards, Licensing, and Operations

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: 5/30/25

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EVALUATOR DEPARTMENT: OBH

- Has all required Licenses and enrolled in OMS services
- Tier 2 overdose location
- Several Community child and adult organizations that have an MOU with
- Strong relationships with Law Enforcement as well as corrections
- On-site pharmacy

C. Crisis Service Delivery Methodology

- Participant- Direct, person-centered, trauma-informed approach promoting a safe, therapeutic healing environment.
- I appreciate the understanding that no two crises are alike and the empowerment language for individuals to make informed and independent judgements about their own lives.
- Did not articulate any evidence-informed models to assist with crisis intervention, de-escalation, and safety planning. It was a very value-driven approach, noted.
- Clinical Consultation integration of psychiatry into the intervention, both on-site and via telehealth.
- Peer Support: will be certified within 6 months, and they will always have one on shift.
- CHCS best practice: Avoid Harm, person-centered, Shared responsibility, addressing trauma, established personal safety, strength-based, whole person, person as a credible source, Recovery, resilience and natural support, and prevention
- Staff will participate in the training provided by the Suicide Prevention Resource Center/ American Foundation for Suicide Prevention's best practice
- Collaboration: notes strong collaboration with EMS, community resources, and hospital staff due to mobile services, Options, MH ride-along program, and partnerships with CIT training program.
- Will call relies on the strength of our safety policies and protocols and relationships
- Psych/Nurse consultation: I did speak to the Crisis Receiving Center and highlighted existing resources on other CHCS programs, as well as current capacity.

C. Other Service Delivery Requirements

-

D. Crisis Center Intake and Triage

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Brianne Masselli

EVALUATOR DEPARTMENT: OBH

<ul style="list-style-type: none">• Intake and triage: RN for medical triage 7 am-7 pm and Monday to Friday 8-5, psych after 5 pm will be via telehealth• The section was a bit vague on how but it identified who
E. Crisis Plan Development
<ul style="list-style-type: none">• Focus on what works and what doesn't in a person-centered way• The provider will draft a plan• Plan for referrals and warm handoff – with consent of the person
F. Outpatient Chairs
<ul style="list-style-type: none">• 1. Meet requirements• The plan outlines are greeted by a peer, followed by a tour, and then assessed by an RN or CSP. This process does not seem to leave much time for relationship building and the choice of peer-delivered support or clinical services.• Like how they will try to utilize CIT-trained officers in the region to intervene if needed for those who may not be meeting the level of care.
G. Additional Crisis Services for Transition-Age Youth
<ul style="list-style-type: none">• An extensive list of developmentally appropriate training sessions is offered to staff.• Motivational Interviewing• Eating Disorder was not formally addressed in response• Note applicable consent to include families• A lot of additional child-oriented services that build on the engagement experience
H. Telehealth
<ul style="list-style-type: none">• Appropriate use of telehealth
I. Linkages and Warm Handoffs
<ul style="list-style-type: none">• Meets requirements• Highlighted OADS crisis system relationships
J. Staffing Requirements
<ul style="list-style-type: none">• Hire practices outlined• Supervisory plan meets the needs of credentialed workers• Peer certification plan meets requirements
K. Staff Training Requirements
<ul style="list-style-type: none">• Training plans meet the requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: 5/30/25

EVALUATOR NAME: Brianne Masselli

EVALUATOR DEPARTMENT: OBH

L. Other Staff Engagement Requirements
<ul style="list-style-type: none">• Meets requirements
M. Administrative Requirements
<ul style="list-style-type: none">• An operation manual that details policies and procedures exists, and they will make modifications as needed for this service and submit to the department• CIR meets requirements for Adult and EIS for child• Referral tracking in EHR• Outreach identified the Mobile Outreach staff and the open house• Has program evaluator and Director of QA
N. Performance Measures
<ul style="list-style-type: none">• Met requirements
O. Reports
<ul style="list-style-type: none">• Met requirements
2. Staffing
<ul style="list-style-type: none">• Weekend support seems limited, with only 1 CSP and one peer available, and Nursing only during 8-5 pm• Psychiatric provider has limited hours
3. Implementation - Work Plans
<ul style="list-style-type: none">• meets requirements
Part IV, Section IV. Cost Proposal and Budget Narrative
<ul style="list-style-type: none">•

APPENDIX J

State of Maine
Department of Health and Human Services
Office of Behavioral Health
NOTICE OF INTENT TO BID
RFP# 202504062

Network of Behavioral Health Crisis Receiving Centers

Check the proposed target area of the BH Crisis Receiving Center:		<input type="checkbox"/> Penobscot County <input checked="" type="checkbox"/> Androscoggin County	
Bidder's Organization Name:		Spurwink Services, Inc	
Chief Executive - Name/Title:		Eric Meyer, President & CEO	
Tel:	207 871-1200 x2197	E-mail:	emeyer@spurwink.org
Headquarters Street Address:		901 Washington Ave, Suite 100	
Headquarters City/State/Zip:		Portland, ME 04103	
<i>(Provide information requested below if different from above)</i>			
Lead Point of Contact for Proposal - Name/Title:		Gabrielle Gallucci, Director of Business Development	
Tel:	207 871-1200 x2137	E-mail:	ggallucci@spurwink.org
Street Address:		901 Washington Ave, Suite 100	
City/State/Zip:		Portland, ME 04103	

<p>Provide a brief description of the Bidder's experience and ability to perform the work required within this RFP.</p> <p>Spurwink is uniquely qualified to perform the work required by this RFP as the first provider of a Crisis Receiving Center in Maine, serving Cumberland and neighboring counties. Launched in Portland in 2022, Spurwink's successful Living Room Crisis Center, serves individuals 14 years and older who are experiencing a behavioral health crisis in a low-barrier 24/7/365 alternative to emergency room or hospital level of care. Spurwink's BH Crisis Receiving Center has served 6,175 individuals in crisis through the end of 2024.</p> <p>Spurwink is a Maine-based non-profit agency with 65 years of experience providing response to community needs by providing behavioral health care, substance use disorder services, and support services for people of all ages, abilities, and backgrounds, and their families. Spurwink has partnered closely with the Department of Health and Human Services (DHHS) since its inception and has provided co-located services with OCFS through several initiatives over the last 30 years. Spurwink has built</p>
--

a robust, patient-centered, effective infrastructure to serve Maine people.

Qualifications, Licensures, and/or Certification - A cornerstone of Maine's mental health system, Spurwink has gained a reputation for excellence in evidence-based treatment and service delivery throughout New England. Spurwink is incorporated and registered with the Maine Secretary of State as a 501(c)3 nonprofit organization, capable of doing business in the State. The agency is licensed by the State of Maine as a Mental Health Facility at the Full-Service Level, as a Substance Use Disorder Provider, as a Special Purpose Private School, and as a Children's Residential Care Facility. Spurwink is accredited by the Council on the Accreditation for Children and Family Services, is a member of the Child Welfare League of America and the American Association of Children's Residential Centers. Spurwink is also licensed as a Foster-Care-CPA Level of Care Placing Facility Agency and maintains an Alcohol and Drug Treatment license. Spurwink also holds two ICF-IID Nursing facility licenses, and 23 Residential Care Facility Licenses (Waiver Homes, Level I-IV). Most recently, Spurwink has become a State of ME Qualified Vendor for Housing First Support and Stabilization Services.

Signature of person authorized to enter into the contract with the Department:

Name (Print): Eric Meyer

Title: President & CEO

Authorized Signature:



Date: 5/7/2025

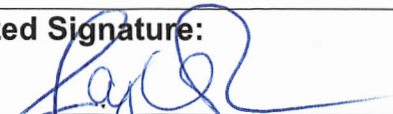
State of Maine
Department of Health and Human Services
Office of Behavioral Health
NOTICE OF INTENT TO BID
RFP# 202504062

Network of Behavioral Health Crisis Receiving Centers

Check the proposed target area of the BH Crisis Receiving Center:		<input type="checkbox"/> Penobscot County <input checked="" type="checkbox"/> Androscoggin County	
Bidder's Organization Name:		Sweetser	
Chief Executive - Name/Title:		Jayne Van Bramer CEO, President	
Tel:	518-461-5413	E-mail:	jvanbramer@sweetser.org
Headquarters Street Address:		50 Moody Street	
Headquarters City/State/Zip:		Saco, Maine 04072	
<i>(Provide information requested below if different from above)</i>			
Lead Point of Contact for Proposal - Name/Title:		Joanne Grant LCPC, LADC, CCS	
Tel:	207-294-4422	E-mail:	jmgrant@sweetser.org
Street Address:		50 Moody Street	
City/State/Zip:		Saco, Maine 04072	

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

Sweetser, one of the largest independent, not for profit, behavioral health organizations in Maine, offers a statewide network of community mental health and substance use disorder care. We provide crisis, residential, and education services to children, adults, and families. Sweetser is the largest mobile crisis provider, covering 10 of 16 counties in Maine and is recognized as an expert in the State regarding crisis services to both children and adults. Sweetser also has an extensive peer support program and was awarded a Statewide Intentional Warm Line grant peer training network grant and youth peer grant. Sweetser has been awarded two Substance Abuse and Mental Health Services Administration (SAMHSA) grants to create Certified Community Behavioral Health Clinics (CCBHC) in Brunswick and Sanford. Recently, Sweetser was approved to create a CCBHC expansion site in Lewiston, Maine and was selected to be a State of Maine CCBHC demonstration site. Sweetser has a 60-year legacy of serving children and adults with mental health and/or substance use disorders in a variety of community-based and residential settings including Behavioral Health Homes, school-based therapy, Child ACT, mobile crisis/crisis stabilization units, medication management, outpatient counseling, and residential treatment programs. Given our large network of care and longevity in providing behavioral health treatment to the people of Maine, we are uniquely qualified to develop and operate a crisis receiving center and look forward to the opportunity to offer an additional and important service in our continuum of care.

Signature of person authorized to enter into the contract with the Department:	
Name (Print): Jayne Van Bramer	Title: President/CEO
Authorized Signature: 	Date: 5/1/25

APPENDIX J

State of Maine
Department of Health and Human Services
Office of Behavioral Health

NOTICE OF INTENT TO BID
RFP# 202504062

Network of Behavioral Health Crisis Receiving Centers

Check the proposed target area of the BH Crisis Receiving Center:		<input checked="" type="checkbox"/> Penobscot County <input type="checkbox"/> Androscoggin County	
Bidder's Organization Name:		Community Health and Counseling Services	
Chief Executive - Name/Title:		Mr. Dale Hamilton – Executive Director	
Tel:	207-922-4600 x6488	E-mail:	dhamilton@chcs-me.org
Headquarters Street Address:		42 Cedar Street	
Headquarters City/State/Zip:		Bangor/ Maine / 04401	
<i>(Provide information requested below if different from above)</i>			
Lead Point of Contact for Proposal - Name/Title:			
Tel:		E-mail:	
Street Address:			
City/State/Zip:			

Provide a brief description of the Bidder's experience and ability to perform the work required within this RFP.
<p>-CHCS has provided crisis services in various forms for 50 years, and is exceptionally qualified to join Maine's Network of Behavioral Health Crisis Receiving Centers. CHCS currently provides Crisis Mobile Resolution and Stabilization Unit Services (CSU) and has been one of Maine's crisis providers for nearly 25 years. Crisis services provided include; Crisis Mobile Resolution, CSU for adults, and CSU for children in District 6: Penobscot and Piscataquis counties.</p> <p>- In November 2023, CHCS established a Children's Behavioral Health Urgent Care Clinic. A walk-in clinic for children up to the age of 18 as well as their caregivers and families, open 7 days a week between noon- 8 pm.</p> <p>- In February 2021, CHCS was awarded the first Certified Community Behavioral Health Clinic SAMHSA grant in the State of Maine. The CCBHC model of care required CHCS to provide a comprehensive set of services for children and adults, including 24/7 crisis services; outpatient mental health and substance abuse treatment services; immediate screenings, risk assessments, and diagnoses; and care coordination with emergency rooms, law enforcement, and veteran groups.</p> <p>-CHCS is one of five organizations certified in Maine as a Certified Community</p>

Behavioral Health Clinic and one of the three organizations to implement the Maine CCBHC program on March 1, 2025 serving Penobscot, Piscataquis and Hancock counties.

-CHCS is enrolled in MaineCare and maintains a current provider agreement to deliver MaineCare behavioral health and community support services defined in Sections 13, 17, 65, 92 and 97. CHCS holds a current Mental Health Agency license.

-CHCS has extensive experience in operating 24/7/365 services including crisis and adult residential programs. Our proposal will further detail the unique service array, depth of experience and philosophical approach to care.

Signature of person authorized to enter into the contract with the Department:

Name (Print): Dale Hamilton

Title: Executive Director

Authorized Signature:

Dale Hamilton

Date:

5/2/25



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202504062
RFP TITLE: Network Behavioral Health Crisis Receiving Center**

I, Michael Freysinger, 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:

Michael Freysinger

E442AFB365C7470

Signature

May-16-2025

Date



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202504062
RFP TITLE: Network Behavioral Health Crisis Receiving Center**

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

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

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

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

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

Signed by:

Autumn Hughes

EEB126D172604DB

Signature

May-16-2025

Date



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202504062
RFP TITLE: Network Behavioral Health Crisis Receiving Center**

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

532CE4ABF8C2423...

Signature

May-16-2025

Date



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202504062
RFP TITLE: Network Behavioral Health Crisis Receiving Center**

I, Ellie Larrabee, 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.

DocuSigned by:

A handwritten signature in blue ink, appearing to read 'Ellie Larrabee'.

5FD5CF0AED324A3...

Signature

May-16-2025

Date



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202504062
RFP TITLE: Network Behavioral Health Crisis Receiving Center**

I, Adrienne Leahey, 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:

Adrienne Leahey

EED18D286BE941B

Signature

Jun-11-2025

Date



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

**Janet T. Mills
Governor**

**Sara Gagné-Holmes
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202504062
RFP TITLE: Network Behavioral Health Crisis Receiving Center**

I, Brianne Masselli, 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.

DocuSigned by:

Brianne Masselli

006070010F404FF...

Signature

May-16-2025

Date