

# State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH/Stephanie Kallio/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Debbie Weston		
(If applicable) Department Reference #:	OSA-21-4076		
Estimated Contract or Grant Amount:	\$160,000.00	Advantage CT / RQS #:	CT 10A 20210127*2113
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	1/1/2021	Proposed End Date: 9/30/2022
Vendor/Provider/Grantee Name, City, State:	Maine Pretrial Services Portland, ME		
Brief Description of Goods/Services/Grant:	Peer Support		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
<p>The purpose of this pilot program is to provide community support between community partners including Maine Prisoner Re-Entry Network (MPRN), Maine General Medical Center, Kennebec County Jail, the District Attorney, Restorative Justice Project, Maine Department of Corrections Probation, and other partners to be identified, in the form of relationship building, peer support, and network navigation for individuals, at no cost. MPRN Team members will meet with identified clients inside or outside of Kennebec County Jail. In most cases, the MPRN representative will be a peer with lived experience of substance use and/or incarceration. A peer</p>

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### PART III: SUPPLEMENTAL QUESTIONS

support will be assigned to the client and that peer support will maintain a relationship that helps to ensure success in any pre-trial, treatment, and/or recovery scenarios. The goals include:

- Promote, build, and support "Healthy County Jail Communities". Including the community inside and outside of jail; citizens, DA, MPS, community supports, and jail staff & residents.
- Develop a County program/strategy based on proven behavioral health first models.
- Support existing and future Recovery, Harm Reduction, Mental Health, family programs and support resources in Kennebec County
- Develop a working Restorative Justice model through integration of restorative practices.
- Measurably reduce recidivism and criminal justice involvement.
- Identify/track data points to support results and provide a model to be replicated in all Maine counties
- Develop a replicable "Peer Support" training model specifically for this population

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The provider has been working with MPRN who is a unique direct care re-entry program who contacts those being released while still in all state prison facilities.

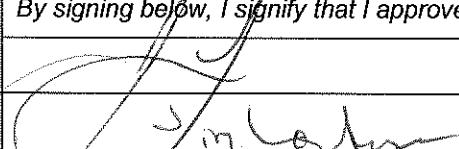
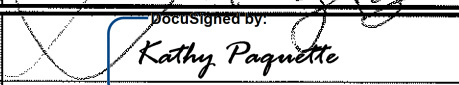
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Maine Pretrial has been working with MPRN and will provide administrative support. These rates were negotiated with the provider.

#### 4. Describe the plan for future competition for the goods or services.

This is a pilot project identified in the StimSOR grant. If the Department determines these services will continue, a RFP will be completed with a 12/1/2022 contract start date.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	2 - Mar - 21
<b>Signature of DAFS Procurement Official:</b>	<small>procured by:</small> 		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	3/22/2021