

## State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/ OBH/ Cameron Bailey/ Suzanne Boras		
Department Contract Administrator or Grant Coordinator:	Patti Wall & Nancy Tan		
(If applicable) Department Reference #:	OSA-21-333		
Amount: (Contract/Amendment/Grant)	\$ 628,238.00	Advantage CT / RQS #:	10A 20200601*3633
<b>CONTRACT</b>	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2022
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Portland Recovery Community Center Portland, ME		
Brief Description of Goods/Services/Grant:	Portland Recovery Center/peer recovery support for addiction recovery		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	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 INFORMATION
Please respond to ALL of the following:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
<p>Maine is in the midst of a substance abuse epidemic. The provider's Peer Recovery Support Services provide a low level, low barrier access to services needed to combat substance abuse. The Provider works to actively address concerns of stigmatizing for recovery in co-occurring mental health an alcohol and other drugs by providing community education and by inviting people on these paths to work on change strategies toward creating inclusive recovery support models. Peer recovery support services also are complimentary and/or alternative supports to traditional options.</p>

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

Historically, The Alliance for Addiction and Mental Health Services Maine (AAMHS) which is comprised of a coalition of SAMHS licensed treatment agencies in both Mental Health and Substance Use Disorder prevention, treatment and recovery as well as other individuals and organizations has provided this service in the Portland area. Services have been provided at the Portland Recovery Community Center which was staffed by AAMHS employees and volunteers.

PRCC recently became an independent entity from AAMHS and is uniquely qualified to continue providing Peer Recovery Support Services as a result of their longstanding historical experience. Services continue to take place in the same location and are provided by former AAMHS employees.

PRCC continues to receive guidance and oversight from AAMHS and engages volunteer staff for the majority of their programs. Volunteers are trained to train others who are interested in becoming volunteers, using this model, they have been able to expand their reach exponentially.

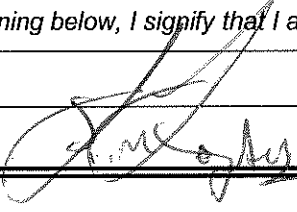
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The allocation was determined based on the average rent costs, staffing costs and the time the facility will be open to the recovery community.

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

The Department will competitively procure these services with a contract start date of 7/1/2022.

**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>	14-Jul-22
<b>Signature of DAFS Procurement Official:</b>			
<b>Printed Name:</b>		<b>Date:</b>	