

## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

**INSTRUCTIONS:** Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/ DCM/ Nancy Tan/ Stacy Martin	
Department Contract Administrator or Grant Coordinator:		DHHS/ OBH/ Cameron Bailey/ Victor Dumais	
(If applicable) Department Reference #:		OSA-21-650	
Amount: (Contract/Amendment/Grant)	\$ 713,000	Advantage CT / RQS #:	CT-10A-20180307*2634
<b>CONTRACT</b>	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2021
<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:		Healthy Acadia Ellsworth, ME	
Brief Description of Goods/Services/Grant:		Substance Abuse Recovery Coach Program	

### 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
X	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:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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### PART III: SUPPLEMENTAL INFORMATION

Washington and Hancock counties have been identified by the Department as regions with particularly high need for additional resources to combat the opioid crisis. These two counties recorded the most and second-most opioid overdose deaths per capita, respectively, in 2016. Washington county also recorded the second-most infants born with neonatal abstinence syndrome (Drug Affected Babies) in the state per capita in 2016. This region of the state has been identified as being in need of new and innovative approaches to treatment and recovery due to socioeconomic and logistical reasons. Due to a low population density and significant spread of population over area, access to traditional services may be challenging for individuals seeking help in this region of the state. In addition, transportation has been identified as a significant barrier to treatment in this region, due to income and access to insurance coverage. These are reasons why this approach, which utilizes services by volunteers who may be dispersed widely throughout the region, has been considered to be appropriate and apt for a pilot project.

The purpose of this agreement is to create a Recovery Coach Coordinator program that is meant to expand, enhance, improve the quality of, and direct the work of volunteer Recovery Coaches among opioid and polysubstance users in Hancock and Washington counties. This program has been expanded significantly following Executive Order #2 to provide services in five counties statewide.

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

The Vendor in this agreement is uniquely able to fulfil the requirements agreed upon in an efficient and efficacious manner. Healthy Acadia has been providing training to Recovery Coaches throughout the Downeast region for several years and has maintained means of contact with the coaches they have trained. Therefore, this organization is already equipped with access to a robust community of trained individuals, many of whom are already working in the community as volunteers. In addition, this agreement focuses upon building and maintaining working relationships that may facilitate the activities of recovery coaches within existing institutions such as jails and hospitals, when individuals in need of help may be most vulnerable. Healthy Acadia has demonstrated a strong working relationship with several other organizations, including area hospitals and jails, that may serve to facilitate successful completion of the goals of this agreement. Finally, Healthy Acadia staff have already developed, trained, and utilized a method of measuring outcomes of individuals served that will meet all reporting requirements that relate to client ("recoveree") outcome.

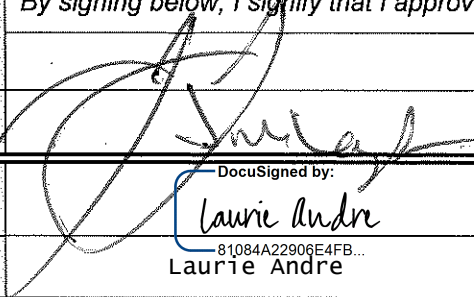
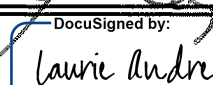
#### **3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The cost for this agreement is based on 4 FTEs (2 at \$21/ hour and 2 at \$20/ hour) plus Fringe at a 43% rate. Costs for this agreement will include awarding sub-recipients at 3 different sites based on highest need and readiness. Award per county will be \$65,000 per county for a total of \$196,000. Lastly, costs will also include materials and supplies at approximately \$35,000/year, travel reimbursement at approximately \$26,000/year, training and education for \$1000/year and use of consultants at \$30,000/year. C

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

This program was initiated as a small pilot in 2018, which yielded successful initial outcomes. However, as a result of Executive Order #2, the program was expanded significantly in scope, geographical region covered, and services to be delivered. As such, the second year of the initial agreement is presently considered a qualitatively and quantitatively different project than that in 2018. The Department is requesting one year of pilot status to conclude the degree to which the expansion of services is sustainable and cost-effective. If services are to continue after 6/30/2021, the Department will issued an RFP for a 7/1/2020 contract start date.

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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>	20 Aug 20
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: 		
<b>Printed Name:</b>	81084A22906E4FB... Laurie Andre	<b>Date:</b>	9/21/2020