

# State of Maine Procurement Justification Form

## PART I: OVERVIEW

Department Office/Division/Program:		DHHS/SAMHS/Cameron Bailey			
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Elizabeth Heath			
(If applicable) Department Reference #:		Multiple: See attached			
Amount: (Contract/Amendment/Grant)	Multiple: See attached	Advantage CT / RQS #:	Multiple: See attached		
CONTRACT	Proposed Start Date:	8/1/2020	Proposed End Date:	7/31/2021	
AMENDMENT	Original Start Date:		Effective Date:		
	Previous End Date:		New End Date:		
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Multiple: See attached			
Brief Description of Goods/Services/Grant:		Community Center			

## 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
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	<b>X</b>	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.**

There continues to be an increased need for treatment options within the State. In accordance to the Governor's Executive Order; "An Order To Implement Immediate Responses To Maine's Opioid Epidemic" dated February 6<sup>th</sup>, 2019. Community Centers provide a safe and welcoming space where individuals going through recovery can gain skills and support essential to promoting success.

The purpose of these Agreements are to establish new Pilot Program of Community Centers to coordinate and run Peer Support programs to help persons in Recovery from drug addiction. The Center will accomplish the following activities:

- Individual mentoring and coaching
- Provide assistance with access to employment services
- Hold or provide access to Facilitated Groups for participants and affected others.

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### PART III: SUPPLEMENTAL INFORMATION

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

DHHS, Office of Behavioral Health has determined that these providers are willing & qualified to provide this service as they are designed and set up to run and operate as a support Center within their community. Certain areas of Maine is significantly lacking resources and quality entities to combat the opioid crisis. This will allow a space for individuals fighting for their recovery to gather local resources and help. It will provide the only safe space these individuals can go to obtain the skills and support needed to guide and progress them through their recovery.

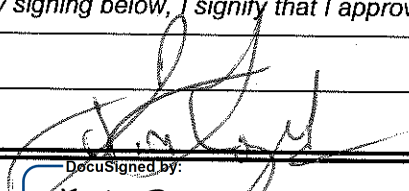
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The cost was determined based on necessity of funding for this residence, staff and resources in order to provide Community Center Services. Costs includes rent, consultation, utilities, various supplies, salaries and other needed expenses to help support and promote a safe space for recovery.

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

The Department does not intent to RFP this willing and qualified service.

### 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-Sept 20
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	9/28/2020

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Procurement Justification Form**

**Office:** Behavioral Health Services  
**Service Group:** Community Center - SA  
**No. of Vendors:** 4  
**Service Group Total:** \$189,257.28

Vendor	Agreement #	Vendor Code	CT# 10A	Amount
LARRY LABONTE RECOVERY CENTER	OSA-21-770	VC0000242322	20200709000000000105	\$50,000.00
REST CENTER RECOVERY EMPLOYMENT SUPPORT TREATMENT	OSA-21-780	VC0000242721	20200709000000000106	\$50,000.00
SAVE A LIFE INC	OSA-21-790	VC0000242688	20200709000000000107	\$50,000.00
PIR2PEER	OSA-21-760	VC0000237409	20200327000000002690	\$39,257.28