

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/ OBH/ Suzanne Boras		
Department Contract Administrator or Grant Coordinator:	DHHS/ DCM/ Nancy Tan/Stacy Martin		
(If applicable) Department Reference #:	MH1-21-3006		
Amount: (Contract/Amendment/Grant)	\$ 19,763.00	Advantage CT / RQS #:	20200714000000000182
CONTRACT	Proposed Start Date:	7/1/20	Proposed End Date: 9/30/20
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:	Amistad PO Box 992 Portland, ME 04104		
Brief Description of Goods/Services/Grant:	Peers ED		

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 RFP-Extension

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

The Department provides supportive, preventive, protective, and public health and intervention services to preserve public health and assist individuals and families in meeting their needs. The Department strives to provide these programs and services, while respecting the rights and preferences of individuals and families. The Department's Office of Substance Abuse and Mental Health Services is responsible for ensuring the safety, permanency, and well-being of individuals suffering from mental illness and substance abuse.

EDs can be a stressful environment for any patient, however if an individual is experiencing a Behavioral Health Crisis, the ED environment can be detrimental and can potentially escalate symptoms. Individuals who are experiencing Behavioral Health Crises can greatly benefit from the use of a multidisciplinary approach in which Peer Support Specialists play a distinctive non-medical role in addressing individuals' self-expressed needs around Recovery. Through an empathetic approach, Peer Support Specialists can help individuals become empowered by creating stronger linkages to community resources and reducing inpatient hospital stays.

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

This provider is uniquely qualified to provide this service because they have an MOU currently in place with Mercy Hospital documenting a formal relationship between Emergency Department staff and certified Peer Support Specialists. Services with this provider are specific to Mercy hospital. Amistad was awarded the RFP. In their awarded proposal they provided an already in-place MOU with Mercy, partnering with and serving a major hospital in their region.

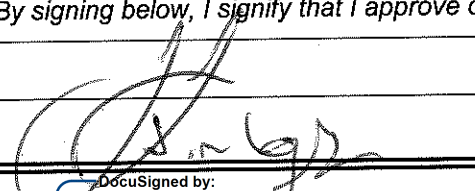
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Cost was negotiated and determined based on services provided and average number of clients served in the ED per month. Costs also reflect services provided in similar environments for previous fiscal and contract years. Based on last years' service provision, this provider reported 3671 manhours at a total cost of \$78,572.00. This works out to \$21.40 per hour and includes overhead.

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

The Department plans to RFP this service with a start date of 10/1/2020.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	14-Sept-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	9/29/2020