

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/ OBH/ Stephanie Kallio/Cameron Bailey	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Lisa Munster	
(If applicable) Department Reference #:		OSA-22-227	
Amount: (Contract/Amendment/Grant)	\$ 472,858	Advantage CT / RQS #:	10A 20210716000000000111
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date: 6/30/2022
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:		Mercy Hospital dba Northern Light Mercy Hospital Portland, ME	
Brief Description of Goods/Services/Grant:		Integrated Treatment and Recovery Services for Families (ITRSF)	

### 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:

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

The services were originally a result of L.D. 1771. The purpose of this Agreement is to maintain housing-based programs employing evidence-based strategies in a holistic approach to recovery for vulnerable families affected by substance abuse in the northern region of the State. The programs must treat mothers affected by substance abuse who have at least one child under 10 years of age when entering the program in an integrated family care model. The programs must provide to a mother in the program stable housing and comprehensive services that support recovery and unification with that mother's children. Comprehensive services provided include all of the following: care coordination, health care, child care, early childhood education, home supports, after-school programming, parenting education, treatment for mental health and substance abuse, postsecondary education, community-based transportation and employment supports. The programs must include coordinated data collection to assess long-term recovery outcomes, transition to employment and independence for mothers participating in the programs.

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### PART III: SUPPLEMENTAL INFORMATION

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

Northern Light Mercy is uniquely positioned and has been providing a successful branch of ITRSF service within the southern region of the state for several years without state funding. In early 2019, the Department issued RFP 201811227 as required by LD 1771 and awarded Northern Light Mercy to provide the services in the norther region of the state for the one year period of performance expanding the program in the Bangor area. Northern light was able to open this program, however, due to delays in funding, securing a location and COVID, full design and efficacy of the program was not able to be properly measured.

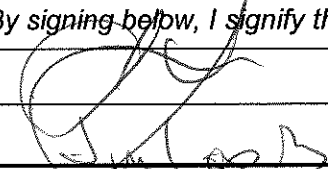
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

Costs were negotiated and based on costs to provide similar services. Costs are reasonable to this level of clinical residential care. Costs include salaries, training, technology, food and residential operational costs needed to provide this direct care.

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

The Department will evaluate the success of this program and its services. If successful, the Department intends to issue an RFP to continue the services with a 7/1/2022 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>	29-Sep-21
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	10/29/2021