

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Jessica Pollard/Christie Goodman PA	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Jennifer Levesque	
(If applicable) Department Reference #:		MH4-22-218	
Amount: (Contract/Amendment/Grant)	\$416,772.00	Advantage CT / RQS #:	CT 10A 20210818000000000393
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date: 5/31/2022
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:		Acadia HealthCare, Inc.	
Brief Description of Goods/Services/Grant:		Employee Wellness and Resiliency Supports	

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:

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

This contract was part of the StrengthenME grant proposal. The Provider will develop and deliver free employee stress management, wellness, and resiliency support sessions to employees working for Maine organizations and agencies responding to the COVID pandemic that lack Employee Assistance Program or other wellness supports

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PART III: SUPPLEMENTAL INFORMATION

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

In June 2020, the Department began working with another provider to develop a contract which would ensure Maine organizations and agencies responding to the COVID pandemic would have sufficient access to an Employee Assistance Program or other wellness supports. The terms of the contract could not be fully negotiated. The Department considered other types of procurement, however, due to the short timeframe and immediate need for these services, the Department determine a complete procurement process would not suffice. Therefore, the Department researched other potential providers and was able to negotiate a successful contract with Affiliated HealthCare Management to ensure Maine organizations and agencies responding to the COVID pandemic will have sufficient access to an Employee Assistance Program or other wellness supports for the immediate COVID-19 related needs (refer to the Governor's Proclamation of State of Civil Emergency to Further Protect Public Health).

Affiliated HealthCare Management has conducted over 110 pandemic-related trainings and clinical services for 24 different companies, municipalities, and non-profit organizations.

Reason for Vendor Name Change:

The Work Force EAP line of business is simply being relocated to a different entity within the Northern Light system. Currently, Work Force's line of business is part of Affiliated Healthcare Management which is in the vendor's for-profit family of companies. The plan involves relocating this line of business to Acadia healthcare, Inc., a subsidiary of Acadia Hospital, which is a member of the vendor's charitable non-profit family of companies. It has been determined that this is a more logical alignment within the vendor's family of companies.

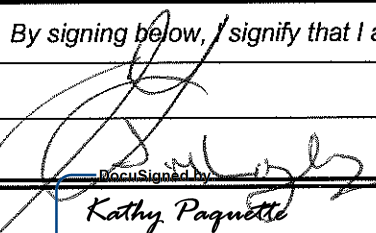

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates are based on upon negotiated costs and are in line with similar employee wellness trainings/initiatives.

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

The Department does not intend to RFP this service as it is for a limited period and only available due to the COVID-19 pandemic and recovery.

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:	21-Aug-21
Signature of DAFS Procurement Official:			
Printed Name:	Kathy Paquette	Date:	11/29/2021