



PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Mike Freysinger/Stephanie Kadnar			
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero			
(If applicable) Department Reference #:		OSA-23-4076			
Amount: (Contract/Amendment/Grant)		\$160,000.00	Advantage CT / RQS #:		CT 10A 20220817000000000508
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	6/30/2024	
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:		Maine Prisoner Re-Entry Network VC1000057962			
Brief Description of Goods/Services/Grant:		Peer Support			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

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

The purpose of this program is to provide community support between community partners including Maine Prisoner Re-Entry Network (MPRN), Maine General Medical Center, Kennebec County Jail, the District Attorney, Restorative Justice Project, Maine Department of Corrections Probation, Maine Pretrial, and other partners to be identified, in the form of relationship building, peer support, and network navigation for individuals, at no cost. MPRN Team members will meet with identified clients inside or outside of Kennebec County Jail. In most cases, the MPRN representative will be a peer with lived experience of substance use, mental health, and/or incarceration. Peer support will be assigned to the client and peer support will maintain a relationship that helps to ensure success in any pre-trial, treatment, and/or recovery scenarios. The goals include:

- Promote, build, and support "Healthy County Jail Communities". Including the community inside and outside of jail; citizens, DA, MPS, community supports, and jail staff & residents.
- Develop a County program/strategy based on proven behavioral health first models.
- Support existing and future Recovery, Harm Reduction, Mental Health, family programs and support resources in Kennebec County
- Develop a working Restorative Practices model through integration of restorative practices principles.
- Measurably reduce recidivism and criminal justice involvement.
- Identify/track data points to support results and provide a model to be replicated in all Maine counties
- Develop a replicable "Peer Support" training model specifically for this population

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

MPRN is a unique direct care re-entry program that contacts those being released while still in all state prison facilities. MPRN is a unique provider of Peer Reentry services as they are the only Peer Services provider with an MOU with the Maine Department of Correction and the Kennebec County DA's office to provide Peer Support Services to individuals involved in the justice system and to support justice involved individuals reentering their communities of origin. Additionally, MPRN is the only provider of Peer Services in Maine whose staff are required to complete training in each of the following Modalities: 1) Recovery Coaching (CCAR Model), 2) Intentional Peer Support (CIPSS), and 3) Ready for Reentry (R4R). Whereas other Peer provider agencies focus on either SUD OR MH, MPRN provides Peer support focused on Co-occurring challenges prevalent with justice involved individuals as well as the unique challenges stemming from incarceration. This combination of Peer training, and the addition of the R4R training, make them uniquely qualified to support individuals with the particular challenges faced when reentering the community following a period of incarceration, and the distinct hurdles they face.

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

These rates were negotiated with the provider. Rates are comparable to other peer services requiring professional certification such as Recovery Coaches and Certified Intentional Peer Support Specialists. The Department does not intend to competitively procure this service in the future.

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

PART III: SUPPLEMENTAL INFORMATION

The Department does not intend to competitively procure this service in the future.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

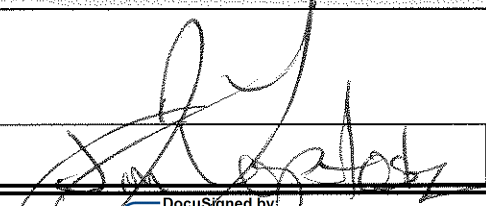
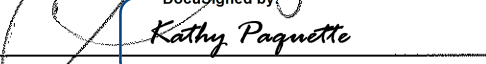
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	16 Nov-22
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> kathy Paquette	Date:	1/3/2023