

**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		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Melinda Farrell		
(If applicable) Department Reference #:		See Attached		
Amount: (Contract/Amendment/Grant)	Original: \$1,794,338.00 Amend A: \$125,302.00 New total: \$1,919,640.00	Advantage CT / RQS #:	See attached list	
CONTRACT	Proposed Start Date:	04/01/2022	Proposed End Date:	03/31/2023
AMENDMENT	Original Start Date:		Effective Date:	4/1/2022
	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:		See attached list		
Brief Description of Goods/Services/Grant:		Peer Run Recovery Centers		

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 checked="" 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 amendment is to add funds to four agreements within this template to support the providers activity funds and maintain existing services outlined within the agreement. These amendments are to correct errors made in the initial allocation during the most recent renewal process. Four (4) providers received less funding during renewal than OBH had planned to allocate. These amendments bring the provider allocation up to correct that misallocation.

The purpose of this agreement is to provide and manage a peer recovery center. The Providers shall be inclusive of a welcoming philosophy and environment that supports participants in being active in their recovery. Services shall be provided only to adults with serious mental illness (SMI) and/or co-occurring disorders.

The Providers shall provide peer support through structured group support and through meaningful activities, as well as through provision of educational activities focused on goal planning, self-management and problem-solving skills, and vocational preparedness. The Provider shall develop relationships with local community mental health, substance abuse, and community service agencies and shall assist with successful linkages.

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

Providers were selected and awarded through a competitive process under RFP 201608173. This Procurement ended on 3/31/2022.

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

Cost reflects similar cost to other mental health peer run recovery centers. Costs are also reflective of traditionally efficient funding for this long-standing service group. Costs include funding for the following: salaries, subcontractors/ consultants, fringe benefits, travel expenses, supplies, admin expenses and trainings.

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

The services will be competitively procured for a contract start date of April 1, 2023

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


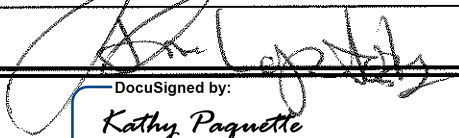
Does this request utilize ARPA/MJRP funds?

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:	5-1-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	kathy Paquette	Date:	1/27/2023

Office: Office of Behavioral Health
 Service Group: Peer Run Recovery Centers
 No. of Vendors: 4

Agreement Number	Vendor	CT Number	Agreement Amount	Amendment A	Agreement Total
MH2-22-306	Motivational Services, Inc	CT 10A 20210329*2592	\$229,001.00	\$24,000.00	\$253,001.00
MH3-22-116	Maine Mental Health Connections	CT 10A 20210329*2599	\$279,149.00	\$23,292.00	\$302,441.00
MH3-22-637	Wabanaki Health and Wellness	CT 10A 20210329*2601	\$95,085.00	\$50,000.00	\$145,085.00
MH3-22-835	Aroostook Mental Health Services, Inc.	CT 10A 20210329*2603	\$202,474.00	\$28,010.00	\$230,484.00