



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

### PART I: OVERVIEW

|   |  |                          |                                |
|---|--|--------------------------|--------------------------------|
| Department Office/Division/Program:                     | DHHS//OBH Michael Freysinger    Eliza Fielding |                          |                                |
| Department Contract Administrator or Grant Coordinator: | Althea Harris / Melinda Farrell                |                          |                                |
| (If applicable) Department Reference #:                 | MH4-25-2023A                                   |                          |                                |
| Amount:<br>(Contract/Amendment/Grant)                   | Amend A: \$90,421.47<br>Revised: \$175,707.95  | Advantage<br>CT / RQS #: | CT 10A<br>20241023000MH4252023 |
| CONTRACT  | Proposed Start Date:                           |                          | Proposed End Date:             |
| AMENDMENT   | Original Start Date:                           | 1/1/2025                 | Effective Date:                |
|   | Previous End Date:                             | 6/30/2025                | New End Date:                  |
| GRANT   | Project Start Date:                            |                          | Grant Start Date:              |
|   | Project End Date:                              |                          | Grant End Date:                |
| Vendor/Provider/Grantee Name,<br>City, State:           | Jessica Joy Stohlmann<br>Denver, CO            |                          |                                |
| Brief Description of<br>Goods/Services/Grant:           | Peer Crisis Consultant                         |                          |                                |

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for 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 funding to continue work on the project to create new Mobile Crisis curriculum; the project was hampered due to delays in finalizing MC policy.

The purpose of this Agreement is to develop a training and certification process to meet new national best practice standards. The provider will develop new curriculum for Mobile, Telephonic, and Residential crisis roles, as well as Train-the-Trainer curricula for each, that will serve adult learners with lived experience in the behavioral health system of care and varying degrees of educational experience in each of the following Domains:

- Grounding participants in a new IPS practice environment
- Crisis & co-occurring issues
- Youth and Family engagement
- Personal Safety
- Crisis theory and principles of crisis management
- Crisis intervention
- Trauma
- The Role of Peer Support Specialists in Crisis Response
- Bridging the desires and needs of the individual with the clinical staff
- Co-reflection
- Debriefing challenging incidents

The curricula shall provide detailed instructions and Core Content in areas that shall allow a trainer to effectively deliver face to face curriculum to a diverse range of adult learners and shall be accompanied by a complete participant packet that aligns with a trainer manual and slide deck(s).

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

This Vendor's work is part of the approved FMAP budget to align Maine's crisis services with national best practices standards. Jess Stohlmann-Rainey has twenty (20) years of experience working at the intersections of research and practice in crisis, suicidology, and peer support. The vendor is a curriculum designer and trainer with lived experience with suicide, crisis, and unusual experiences.

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

Project costs have been determined to be fair and reasonable in negotiations between the State and the Provider. Project costs include the following:

**PART III: SUPPLEMENTAL INFORMATION**

|   | Hours    |    | Cost       |
|---|----------|----|------------|
| <b>Curriculum Development/Production</b>        |          |    |            |
| Mobile Crisis Training - Peer                   | 150      | \$ | 12,691.50  |
| Mobile Crisis Training - Clinical               | 150      | \$ | 12,691.50  |
| Mobile Crisis TTT - Peer and Clinical           | 200      | \$ | 16,922.00  |
| Crisis System Core training                     | 250      | \$ | 21,152.50  |
| Clinical Core Training                          | 180      | \$ | 15,229.80  |
| Peer Core Training                              | 180      | \$ | 15,229.80  |
| Supervisor Training                             | 150      | \$ | 12,691.50  |
| <b>Consultation, TTT, and training delivery</b> |          |    |            |
| System consult                                  | 200      | \$ | 16,922.00  |
| Policy and Process Dev Consult                  | 66.669   | \$ | 5,641.85   |
| LMS Course Development                          | 150      | \$ | 12,691.50  |
| Consult   | 400      | \$ | 33,844.00  |
| Training and training coordination              | 400      | \$ | 33,844.00  |
|   | 2076.669 | \$ | 175,707.95 |

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

The Department does not plan to continue the consultation/technical assistance services provided by Applied Self-Direction beyond the term of the 9817 FMAP pilot which is aligned with the term of this agreement.

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

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

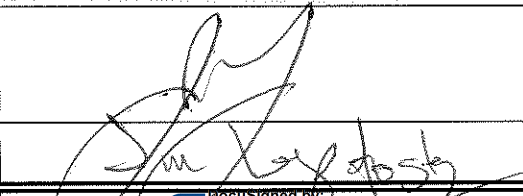

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.*

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

|  |  |       |           |
|--|--|-------|-----------|
| Signature of requesting<br>Department's Commissioner<br>(or designee): |  |       |           |
| Typed Name:  | Sam Xaydosy  | Date: | 24-Apr-25 |
| Signature of DAFS<br>Procurement Official:                             |  |       |           |
| Typed Name:  | Kathy Paquette   | Date: | 4/29/2025 |