

**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 (Form's page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Michael Freysinger/Kristen King		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Patricia Wall		
(If applicable) Department Reference #:		OSA-21-4007B		
Amount: (Contract/Amendment/Grant)		Amend Amt: \$251,120.00 Revised Amt: \$703,134.00	Advantage CT / RQS #:	CT 10A 20200512**3212
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2020	Effective Date:	1/1/2022
	Previous End Date:	12/31/2021	New End Date:	10/31/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MaineHealth dba Maine Behavioral Health Westbrook, ME		
Brief Description of Goods/Services/Grant:		Recovery Coach in ED		
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 checked="" type="checkbox"/>	L. Other Authorization: RFP Extended	

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.	

**PART III: SUPPLEMENTAL INFORMATION**

This agreement is to reduce rates of opioid overdose and risk of death by overdose via improving access to treatment, recovery-oriented supports, and workforce development for individuals with opioid use disorder. This agreement seeks to provide in-person and phone-based Recovery Coaching in the Emergency Departments at Southern Maine Health Center (Biddeford); Southern Maine Health Center (Sanford); Mid Coast Hospital (Brunswick); Lincoln Health Miles Campus (Damariscotta); Stephens Memorial Hospital (Norway); Maine Medical Center (Portland); Pen Bay Medical Center (Rockport); and Waldo County Hospital (Belfast). Recovery Coach tasks will include Recovery Coaching, Patient Navigation, outreach, and efforts to increase retention and engagement in treatment and Recovery Supports.

This is a pilot program created to address Governor Mills' Executive Order #2 dated 2/6/2019, IV. Treatment and Recovery Efforts, D. Use SAMHS funds: #2 Train 250 recovery coaches and fund recovery coaches in 10 emergency departments.

The purpose of this amendment is to extend the end date and add funds until the competitive RFP process has been completed.

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

This Provider was selected for the pilot program because it serves eight (8) hospitals within one contract, is licensed and certified as a hospital in Maine and each Recovery Coach has been trained specifically in CCAR prior to hire and this provider meets those qualifications.

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

Salary was based on current rates for qualified staff providing the service.

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

The Department intends to competitively bid RFP T2020033, for this service with an 11/1/2022 start date.

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


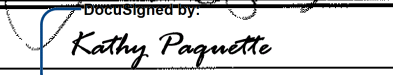
Does this request utilize ARPA/MJRP funds?

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:	23-May-22
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	5/27/2022