



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 Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		Multiple, See Attached		
Amount: (Contract/Amendment/Grant)		Amend. Amt: \$479,909.00 New Total: \$2,399,550.00	Advantage CT / RQS #:	Multiple, See Attached
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	04/01/2022	Effective Date:	4/1/2023
	Previous End Date:	03/31/2023	New End Date:	6/30/2023
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, See Attached		
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 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.

The purpose of these agreements is to provide and manage peer recovery centers. 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 Providers shall develop relationships with local community mental health, substance abuse, and community service agencies and shall assist with successful linkages.

The purpose of this amendment is to add funds to allow time for the RFP process to be finalized and new agreements to be encumbered.

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 July 1, 2023.

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

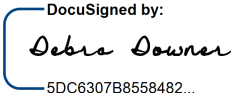

Does this request utilize ARPA/MJRP funds?

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):	 5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	May-10-2023
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	5/25/2023

Office: Office of Behavioral Health

Service Group: Peer Run Recovery Centers

No. of Vendors: 7

Agreement Number	Vendor Name	Doc ID	Original	Amendment	New Totals
MH1-22-601B	AMISTAD	20220128000000001760	\$424,546.00	\$106,136.00	\$530,682.00
MH1-22-705B	MAINEHEALTH	20220128000000001763	\$389,474.00	\$97,368.00	\$486,842.00
MH2-22-306B	MOTIVATIONAL SERVICES INC	20220128000000001769	\$253,001.00	\$63,250.00	\$316,251.00
MH2-22-636B	OXFORD CTY MENTAL HEALTH SERV	20220128000000001764	\$174,609.00	\$43,652.00	\$218,261.00
MH3-22-116B	MAINE MENTAL HLTH CONNECTIONS	20220128000000001771	\$302,441.00	\$75,610.00	\$378,051.00
MH3-22-637B	WABANAKI PUBLIC HEALTH & WELLNESS INC	20220128000000001772	\$145,085.00	\$36,272.00	\$181,357.00
MH3-22-835B	AROOSTOOK MENTAL HLTH SERV INC	20220128000000001773	\$230,484.00	\$57,621.00	\$288,105.00
			\$1,919,640.00	\$479,909.00	\$2,399,549.00