DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

# PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 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/CBHS | | | |
| Department Contract Administrator or Grant Coordinator: | Jennifer Levesque / Storm Dexter | | | |
| (If applicable) Department Reference #: | CBH-27-1510 | | | |
| Agency Department Code: | 10A | Advantage CT / RQS #: | CT-10A-20260417000CBH271510 | |
| Amount: (Contract/Amendment/Grant) | $661,894.00 | | | |
| CONTRACT | Proposed/Original Start Date: | **7/1/2026** | Proposed/Most Recent End Date: | **6/30/2028** |
| AMENDMENT | New Effective Date: | | New End Date (if Applicable): | |
| GRANT | Project Start Date: | | Grant Start Date: | |
| | Project End Date: | | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | Healthy Acadia<br>Ellsworth, ME | | | |
| Brief Description of Goods/Services/Grant: | Youth Peer Recovery Coaching | | | |

| PART II: JUSTIFICATION FOR VENDOR SELECTION | | | |
|---|---|---|---|
| Check the box below for the justification(s) that applies to this request. (Check all that apply.) | | | |
| ☐ | A. Competitive Process | ☐ | G. Grant |
| ☐ | B. Amendment | ☐ | H. State Statute/Agency Directed |
| ☒ | C. Single Source/Unique Vendor | ☐ | I. Federal Agency Directed |
| ☐ | D. Proprietary/Copyright/Patents | ☐ | J. Willing and Qualified |
| ☐ | E. Emergency | ☐ | K. Client Choice |
| ☐ | F. Higher Education Cooperative Project | ☐ | L. Other Authorization |

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

| **PART III: SUPPLEMENTAL INFORMATION** |
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| 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 contract is to provide Youth Peer Recovery Coach services to Maine youth with or affected by a substance use disorder (SUD). A peer recovery coach is a non-clinical advisor, mentor, and support to a person with or affected by a SUD. The peer capacity helps to facilitate a relationship unlike most other relationships a person has with members of their treatment team because it is often a rare opportunity for the person in treatment to feel like an equal partner. Many people in long term recovery from SUD credit their peer recovery coach for their ability to stay in and benefit from treatment. This contract will serve people between the ages of fourteen (14) and twenty-one (21) who self-identify as seeking recovery and/or are in need of support as they navigate the impacts of substance use disorder. Youth Peer Recovery Coach services will increase success in recovery for individuals and families, build capacity of recovery-focused systems and organizations, and decrease the devastating impact of the opioid crisis and the epidemic of SUD.<br><br>This contract supports one (1) Recovery Coach Coordinator, two (2) full-time Youth Peer Recovery Coaches, two (2) part-time Youth Peer Recovery Coaches and a minimum of two (2) CCAR Recovery Coach Academy for Young People trainings per year. |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable. |
| Healthy Acadia has an existing Peer Recovery Coach program and hires/trains adults who are interested in becoming a Peer Recovery Coach. They currently serve Aroostook, Franklin, Hancock, Kennebec, Knox, Penobscot, Piscataquis, Somerset, Waldo, and Washington counties. Healthy Acadia uses the Connecticut Community for Addiction Recovery (CCAR) model for adults and is familiar with the model for Youth Peer Recovery Coaches. Youth peer recovery coaches will be trained under this CCAR model. Healthy Acadia has extensive connections with community providers in the counties they serve, allowing them to make appropriate referrals for service, when needed. The Maine Integrated Youth Health Survey reports show the counties Healthy Acadia serves demonstrate a higher rate of youth substance use, strengthening the need for Youth Peer Recovery Coaches in these counties. Due to the existing familiarity with the CCAR model and relationships within these high need communities, Healthy Acadia is the uniquely equipped for the Youth Peer Recovery Coach pilot. |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. |
| Costs were negotiated based on the Youth Peer Recovery Coach training costs and reasonable staffing costs. |
| 4. Describe the plan for future competition for the goods or services. |
| The Department does not intend to competitively procure these services as this is a pilot. |

| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) |
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| Does this request utilize ARPA/MJRP funds? |
| ☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s). |
| ☐ Yes, ARPA funds (025) or (026) – 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 |
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| *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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment. |

| PART VI: APPROVALS | | | |
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| Governor/Department Commissioner or Designee | | | |
| 1. The signature below indicates approval of this procurement request. | | | |
| Signature of requesting Department's Commissioner (or designee): | | | |
| Typed Name: | | Date: | 18 May – 26 |
| 2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests. | | | |
| Signature of requesting Department's Commissioner (or designee): | | | |
| Typed Name: | | Date: | |

****OSPS Section Only****

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|---|---|---|---|
| Signature of DAFS Procurement Official: | Signed by: Kathy Blais 41C2BA36FAF44CD... | | |
| Typed Name: | Kathy Blais | Date: | 7/22/2026 |