



**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:		Jennifer Levesque/Matt Galletta		
(If applicable) Department Reference #:		See Attached List		
Amount: (Contract/Amendment/Grant)		\$ 1,975,964.00	Advantage CT / RQS #:	See Attached List
CONTRACT	Proposed Start Date:	<b>7/1/2023</b>	Proposed End Date:	6/30/2024
AMENDMENT	Original Start Date:		Effective Date:	
	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:		Mental Health Support 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 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 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.

These Providers were selected from the 2016 RFP process and are unique for their populations/geographic regions. RFP#201608173.

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.

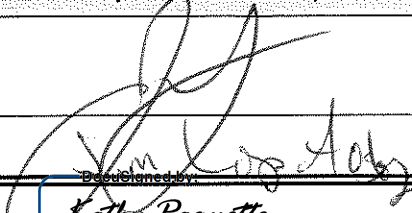

The Department intends to RFP this service (CADB#OSAMHS202310) for 7/1//2024.

### 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):			Date: 19 - Sep - 23
Typed Name:	John King		Date: 19 - Sep - 23
Signature of DAFS Procurement Official:			Date: 9/26/2023
Typed Name:	Kathy Paquette		Date: 9/26/2023

DHHS Office: OBH  
 Service: Mental Health Support Center

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
AMISTAD	MH1-24-601	20230627000000003777	7/1/2023	6/30/2024	\$427,045.00
MAINEHEALTH	MH1-24-705	20230627000000003779	7/1/2023	6/30/2024	\$396,974.00
MOTIVATIONAL SERVICES INC	MH2-24-306	20230627000000003780	7/1/2023	6/30/2024	\$261,501.00
OXFORD CTY MENTAL HEALTH SERV	MH2-24-636	20230627000000003781	7/1/2023	6/30/2024	\$177,109.00
MAINE MENTAL HLTH CONNECTIONS	MH3-24-116	20230627000000003783	7/1/2023	6/30/2024	\$310,764.00
WABANAKI PUBLIC HEALTH & WELLNESS INC	MH3-24-637	20230627000000003784	7/1/2023	6/30/2024	\$160,085.00
AROOSTOOK MENTAL HLTH SERV INC	MH3-24-835	20230627000000003785	7/1/2023	6/30/2024	\$242,486.00
<b>Total Items</b>	7			<b>Totals</b>	<b>\$1,975,964.00</b>