



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/Peer Crisis Consultant/Michael Freysinger/Sara Wade		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:		MH4-23-2023A		
Amount: (Contract/Amendment/Grant)	Original: \$198,000.00 Amend: \$20,800.00 Revised: \$218,800.00	Advantage CT / RQS #:	CT 10A 20221229000000001778	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	1/1/2023	Effective Date:	8/25/2023
	Previous End Date:	12/31/2023	New End Date:	8/31/24
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Jessica Joy Stohlmann Denver, CO		
Brief Description of Goods/Services/Grant:		Peer Crisis Consultant		

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 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 develop a Peer Mobile Crisis Response training and certification program and non-academic Train-the-Trainer curricula 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 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).

The purpose of this Amendment is to correct the end date of the Peer Training Curriculum work detailed in the initial agreement to 8/31/24. The scope of work is also being expanded with added deliverables related to the development of the MHRCT/CSP Knowledge, Skills and Attitudes (KSA) and Clinical Core Competencies. This work had been the responsibility of a contracted Project Manager with OBH, who abruptly left his position in August. This work is necessary and time sensitive, as it relates to the larger Crisis Reform work underway at the Dept. These new deliverables are to be completed no later than 12/31/23.

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 was part of the approved FMAP budget to align Maine's peer crisis services with national best practices and standards. Jess Stohlmann-Rainey has 20 twenty 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 living experience with suicide, crisis, and unusual experiences that get called "psychosis."

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 Department and the Provider. Project costs include the following: thirty (30) hours per week at \$84.61 per hour for the following tasks: developing curriculum, training, and consultation.

Curriculum design and system consulting=\$66,000.00
Peer Training and Train-the-Trainer=\$132,000.00

This amendment adds \$20,800 which is 320 hours of work at a rate of \$65/hour to complete the added deliverables.

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

PART III: SUPPLEMENTAL INFORMATION

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)

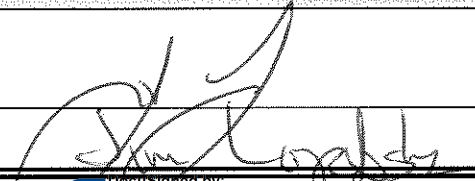

Does this request utilize ARPA/MJRP funds?

Yes – 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:	
Signature of DAFS Procurement Official:	<small>Digitally signed by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	10/10/2023