



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/Theresa Witham/Michael Freysinger		
Department Contract Administrator or Grant Coordinator:		CM / Melinda Farrell		
(If applicable) Department Reference #:		Multiple - See attached list		
Amount: (Contract/Amendment/Grant)		Multiple - See attached list	Advantage CT / RQS #:	Multiple - See attached list
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	4/1/2022	Effective Date:	10/1/2023
	Previous End Date:	9/30/2023	New End Date:	3/31/2024
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple - See attached list		
Brief Description of Goods/Services/Grant:		Substance Abuse 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 extension

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

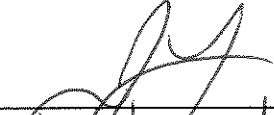

PART III: SUPPLEMENTAL INFORMATION													
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>													
<p>The purpose of this amendment is to add funds and extend the existing agreements to allow time for the RFP process. This amendment also transitions agreement OSA-23-333 from a standalone agreement into the Template batch.</p> <p>The purpose of this Agreement is to establish new Substance Abuse Peer Support Recovery Center (s) (SAPRCs) in underserved parts of the State and to coordinate and run Peer Support programs to help persons in Recovery from drug addiction. SAPRCs will accomplish the following activities: Individual mentoring and coaching (as it relates to recovery) Provide assistance with access to employment services (including DOL and any other) Hold or provide access to Facilitated Groups for participants and affected others. Provide training in schools and the community that will include recovery education as well as relationship and parenting education.</p> <p>In addition, resources will be provided to individuals in recovery including telephone and online recovery support, assistance (in the form of identifying and connecting with) in finding treatment, employment, housing, transportation, public assistance, criminal justice, emergency relief, child care, food banks, etc. as well as recreational and socialization events that provide a positive alternative to previous negative behaviors that occurred before they arrived at this point.</p> <p>SAPRCs consist of a culture which is welcoming and non-judgmental, accessible in distance, with hours of operation which are suited to Participants needs.</p> <p>The Provider shall employ a Peer Center Coordinator at each Center, who shall support Recovery group facilitation, Peer Mentoring and Peer Recovery resource connections. Substance Abuse Peer Support Recovery Centers shall utilize Peers to Mentor, coach and support Participants in their Recovery through relationships, training, and linkage to other support services.</p>													
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>													
<p>Vendors were selected and awarded through RFP# 201704088. This Procurement is outside of the procurement cycle.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Initial Start Date *</td> <td style="width: 25%;">10/1/2017</td> <td style="width: 50%;">Initial End Date *</td> <td style="width: 25%;">6/30/2019</td> </tr> <tr> <td>Renewal 1 Start Date</td> <td>7/1/2019</td> <td>Renewal 1 End Date</td> <td>6/30/2021</td> </tr> <tr> <td>Renewal 2 Start Date</td> <td>7/1/2021</td> <td>Renewal 2 End Date</td> <td>6/30/2022</td> </tr> </table>		Initial Start Date *	10/1/2017	Initial End Date *	6/30/2019	Renewal 1 Start Date	7/1/2019	Renewal 1 End Date	6/30/2021	Renewal 2 Start Date	7/1/2021	Renewal 2 End Date	6/30/2022
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Renewal 2 Start Date	7/1/2021	Renewal 2 End Date	6/30/2022										
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>													
<p>Cost reflects similar cost to other SAPRRRC's. Costs include funding for the following: salaries, subcontractors/consultants, fringe benefits, travel expenses, supplies, admin expenses and trainings.</p>													
<p>4. Describe the plan for future competition for the goods or services.</p>													
<p>The Department will competitively procure these services through RFP 202306142 with a 4/1/2024 contract start date.</p>													

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:	14-Sep-23
Typed Name:			Date:	14-Sep-23
Signature of DAFS Procurement Official:	 Kathy Paquette		Date:	10/23/2023
Typed Name:	Kathy Paquette	Date:	10/23/2023	

DHHS Office: OBH
 Service: SA PEER RUN RECOVERY
 CENTER-SFY22

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
AMISTAD AROOSTOOK MENTAL HLTH SERV INC	OSA-22-710	C	20220216000000001891	4/1/22	3/31/24	\$162,707.00	\$650,828.00
BANGOR AREA RECOVERY NETWORK INC	OSA-22-720	B	20220304000000002006	4/1/22	3/31/24	\$187,722.00	\$750,888.00
CROOKED RIVER COUNSELING PA	OSA-22-742	B	20220304000000002007	4/1/22	3/31/24	\$125,000.00	\$500,000.00
PORTLAND RECOVERY COMMUNITY CENTER	OSA-22-730	B	20220304000000002010	4/1/22	3/31/24	\$90,822.00	\$363,288.00
	OSA-23-333	B	20220527000000003092	7/1/22	3/31/24	\$157,060.00	\$549,709.00
Total Items	5				Totals	\$723,311.00	\$2,814,713.00