



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 Division of Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH/Mike Freysinger/Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Debbie Weston	
(If applicable) Department Reference #:		OSA-25-4076	
Amount: (Contract/Amendment/Grant)	\$432,856.00	Advantage CT / RQS #:	CT 10A 20240712000OSA254076
<b>CONTRACT</b>	Proposed Start Date:	8/1/2024	Proposed End Date: 7/31/2026
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Prisoner Re-Entry Network Lewiston, ME	
Brief Description of Goods/Services/Grant:		Peer Support	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 the Agreement is to provide Peer Recovery Support to individuals involved with Child Protective Services in Lewiston, Augusta, and Bangor and to promote, build, and support healthy communities by providing Peer Support to individuals with justice system involvement in Kennebec County. This support will be in the form of relationship building, peer support services, and network navigation.

Peer Recovery Support staff shall meet with identified recoverees participating in Family Recovery Courts. Peer Recovery Support staff shall additionally accept community-based referrals for individuals with open Child Protective Services cases.

Additionally, Peer Support staff will connect with individuals incarcerated at the Kennebec County Jail and/or referred by the Kennebec County District Attorney's Office, Specialized Alternative Courts, and/or pre-trial services within Kennebec County and determined to be eligible for Peer Re-entry services.

Peer Recovery Support shall meet with identified participants inside or outside of Kennebec County Jail. Peer Recovery Support staff shall be assigned to the participant and that Peer Recovery Support staff shall maintain a relationship that helps to ensure success in any pre-trial, treatment, re-entry, and/or recovery scenarios.

- Promote, build, and support "Healthy County Jail Communities". Including the community inside and outside of jail; citizens, DA, MPS, community supports, and jail staff & residents.
- Develop a County program/strategy based on proven behavioral health first models.
- Support existing and future Recovery, Harm Reduction, Mental Health, family programs and support resources in Kennebec County
- Develop a working Restorative Practices model through integration of restorative practices principles.
- Measurably reduce recidivism and criminal justice involvement.
- Identify/track data points to support results and provide a model to be replicated in all Maine counties
- Develop a replicable "Peer Support" training model specifically for this population

Additionally, in response to Governor Mills' directive, referenced in the Governor's 2023 State of the Budget Address, "I have directed the Department of Health and Human Services to engage Recovery Coaches with lived experience to assist parents struggling with substance use disorder", DHHS has committed \$250,000 from the Prevention and Treatment fund to pilot integrating Peer Recovery Supports into Family Recovery Courts across Maine. The goals for this initiative include:

- Serve families involved in the child welfare system with at least one child and a parent diagnosed with a substance use disorder (SUD).
- Promote child safety and well-being, increase permanency for children, and improve family stability and self-sufficiency by supporting parental SUD recovery.

**PART III: SUPPLEMENTAL INFORMATION**

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

MPRN is a unique direct care re-entry program that contacts those being released while still in all state prison facilities. MPRN is a unique provider of Peer Reentry services as they are the only Peer Services provider with an MOU with the Maine Department of Correction and the Kennebec County DA's office to provide Peer Support Services to individuals involved in the justice system and to support justice involved individuals reentering their communities of origin. Additionally, MPRN is the only provider of Peer Services in Maine whose staff are required to complete training in each of the following Modalities: 1) Recovery Coaching (CCAR Model), 2) Intentional Peer Support (CIPSS), and 3) Ready for Reentry (R4R). Whereas other Peer provider agencies focus on either SUD or MH, MPRN provides Peer support focused on Co-occurring challenges prevalent with justice involved individuals as well as the unique challenges stemming from incarceration. This combination of Peer training, and the addition of the R4R training, make them uniquely qualified to support individuals with the particular challenges faced when reentering the community following a period of incarceration, and the distinct hurdles they face.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

These rates were negotiated with the provider. Rates are comparable to other peer services requiring similar levels of professional certification such as Recovery Coaches and Certified Intentional Peer Support Specialists.

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

The Department does not intend to competitively procure this service in the future.

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

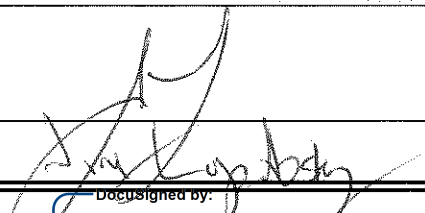

Does this request utilize ARPA/MJRP funds?

- Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
- Yes, ARPA funds (025) – 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**

*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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	25 Sep 24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	10/25/2024