



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/Youth SUD		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Nicole Mitchell		
(If applicable) Department Reference #:	CBH-24-1510C		
Agency Department Code:	10A	Advantage CT / RQS # :	20240815000CBH241510
Amount: (Contract/Amendment/Grant	Amend Amount: \$190,974.00 Total Amount: \$521,948.00		
CONTRACT	Proposed/Original Start Date:	6/1/2024	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:	7/1/2025	New End Date (if Applicable): 6/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Healthy Acadia, 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.)			
<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. Higher Education 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 amendment is to extend services for six (6) months. Due to a late start on this pilot program, the Department is continuing the contract to allow more time for continued services to youth in Hancock and Washington Counties, additional training opportunities, and continued data collection.

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.

This Agreement provides funding to train and hire one (1) Recovery Coach Coordinator, two (2) full-time Youth Peer Recovery Coaches, two (2) paid Youth Peer Recovery Coach Interns up to thirty-five (35) hours per week each, and to train at least twenty (20) volunteer Youth Peer Recovery Coaches.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, 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 already 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 perfect partner for the Youth Peer Recovery Coaches 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.

PART III: SUPPLEMENTAL INFORMATION

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

The Department does not intend to competitively procure these services at this time as this is a pilot.

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

Does this request utilize ARPAMJRP 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 signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	John Paquette	Date:	1-02-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/16/2025