



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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/Stephanie Kadnar | | |
| Department Contract Administrator or Grant Coordinator: | | Althea Harris / Melanie Boucher | | |
| (If applicable) Department Reference #: | | OSA-23-4076B | | |
| Amount: (Contract/Amendment/Grant) | Amend B Revised Amt | \$250,000 \$410,000 | Advantage CT / RQS #: | CT 10A 2022081700000000508 |
| CONTRACT | Proposed Start Date: | | Proposed End Date: | |
| AMENDMENT | Original Start Date: | 10/1/2022 | Effective Date: | 8/1/2023 |
| | Previous End Date: | 6/30/2024 | New End Date: | 7/31/2024 |
| GRANT | 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 | | | |
|---|-----------------------------------|--------------------------|----------------------------------|
| 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 | |
|---|--|
| <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 extend the agreement, add funds and provide peer support services to adults involved with the Child Welfare System in the greater Lewiston, Augusta, and Bangor areas.</p> <p>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.</p> <p>The provider, MPRN will provide peer support to adults participating in the Family Recovery Courts in each of these communities named above. Additionally, MPRN will accept community-based referrals to provide peer recovery support to individuals in these communities who have an open case with Child Protective Services.</p> <ul style="list-style-type: none"> • 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, • Support existing and future Recovery, Harm Reduction, Mental Health, family programs and support resources • Develop a working Restorative Practices model through integration of restorative practices principles. • Measurably increase achievement for participants in achieving and maintaining their recovery goals • Identify/track data points to support results and provide a model to be replicated • Develop a replicable "Peer Support" integration model specifically for this population |
| <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>MPRN is a unique direct care peer services provider that delivers peer recovery support in several alternative treatment courts across Maine including Drug Court, Dual Diagnosis Court, and Veteran's Court. MPRN is a unique provider of Peer Recovery Support services as they are the only Peer Services provider involved in alternative treatment courts, have existing service relationships with the court and treatment teams in these programs, and have created the best practices guide for peer recovery support services within this program model. 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), and 2) Intentional Peer Support (CIPSS), whereas other Peer provider agencies focus on either SUD OR MH, MPRN provides Peer support focused on Co-occurring challenges prevalent with CPS involved individuals. This combination of Peer training, and MPRN's leadership in developing the Best Practices guide for the role of Peer Recovery Support staff in alternative treatment courts, make them uniquely qualified to provide the services in this amendment.</p> |
| <p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> | <p>These rates were negotiated with the provider. Rates are comparable to other peer services requiring professional certification such as Recovery Coaches and Certified Intentional Peer Support Specialists.</p> |
| <p>4. Describe the plan for future competition for the goods or services.</p> | <p>The Department does not intend to competitively procure this service in the future.</p> |

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

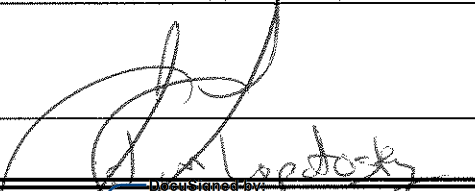
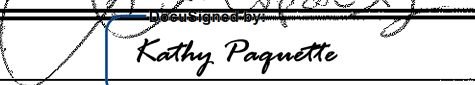
Does this request utilize ARPA/MJRP funds?

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): |  | | |
| Typed Name: | | Date: | 11-01-23 |
| Signature of DAFS Procurement Official: |  | | |
| Typed Name: | 41C2BA36FAF44CD... Kathy Paquette | Date: | 11/3/2023 |