



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 Michael Freysinger Theresa Witham	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall	
(If applicable) Department Reference #:		OSA-23-650B	
Amount: (Contract/Amendment/Grant)	Current: Amend B: Revised Total:	\$1,158,333.00 \$268,583.00 \$1,426,916.00	Advantage CT / RQS #: CT 10A 20220426**2623
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2022	Effective Date:
	Previous End Date:	6/30/2023	New End Date:
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:		Substance Abuse Recovery Coach Program	

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 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 amendment is to add funds and extend the agreement period through 9/30/2023 to allow time for the RFP process.

The purpose of this agreement is to create a Recovery Coach Coordinator program that is meant to expand, enhance, improve the quality of, and direct the work of volunteer Recovery Coaches among opioid and polysubstance users in Hancock and Washington counties. This program has been expanded significantly following Executive Order #2 to provide services in five counties statewide.

Washington and Hancock counties have been identified by the Department as regions with particularly high need for additional resources to combat the opioid crisis. These two counties recorded the most and second-most opioid overdose deaths per capita, respectively, in 2016. Washington county also recorded the second-most infants born with neonatal abstinence syndrome (Drug Affected Babies) in the state per capita in 2016. This region of the state has been identified as being in need of new and innovative approaches to treatment and recovery due to socioeconomic and logistical reasons. Due to a low population density and significant spread of population over area, access to traditional services may be challenging for individuals seeking help in this region of the state. In addition, transportation has been identified as a significant barrier to treatment in this region, due to income and access to insurance coverage. These are reasons why this approach, which utilizes services by volunteers who may be dispersed widely throughout the region, has been considered to be appropriate and apt for a pilot project.

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

The Vendor in this agreement is uniquely able to fulfil the requirements agreed upon in an efficient and efficacious manner. Healthy Acadia has been providing training to Recovery Coaches throughout the downeast region for several years and has maintained means of contact with the coaches they have trained. Therefore, this organization is already equipped with access to a robust community of trained individuals, many of whom are already working in the community as volunteers. In addition, this agreement focuses upon building and maintaining working relationships that may facilitate the activities of recovery coaches within existing institutions such as jails and hospitals, when individuals in need of help may be most vulnerable. Healthy Acadia has demonstrated a strong working relationship with several other organizations, including area hospitals and jails, that may serve to facilitate successful completion of the goals of this agreement. Finally, Healthy Acadia staff have already developed, trained, and utilized a method of measuring outcomes of individuals served that will meet all reporting requirements that relate to client ("recoveree") outcome.

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

The cost for this agreement is based on 4 FTEs (2 at \$21/ hour and 2 at \$20/ hour) plus Fringe at a 43% rate. Costs for this agreement will include awarding sub-recipients at 3 different sites based on highest need and readiness. Award per county will be \$65,000 per county for a total of \$196,000. Lastly, costs will also include materials and supplies at approximately \$35,000/year, travel reimbursement at approximately \$26,000/year, training and education for \$1000/year and use of consultants at \$30,000/year.

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

The Department is currently drafting RFP OSAMHS20215 to competitively procure this service with a contract start date of 10/1/2023.

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:	27-Jun-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	11/27/2023