

**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:		DHHS/DCM		
(If applicable) Department Reference #:		OSA-23-333		
Amount: (Contract/Amendment/Grant)	\$ 314,119.00	Advantage CT / RQS #:	CT 10A 20220527000000003092	
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2023
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Portland Recovery Community Center Portland, ME		
Brief Description of Goods/Services/Grant:		Portland Recovery Center Peer recovery support for addiction recovery		

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.

Maine is in the midst of a substance abuse epidemic. The provider's Peer Recovery Support Services provide a low level, low barrier access to services needed to combat substance abuse. The Provider works to actively address concerns of stigmatizing for recovery in co-occurring mental health an alcohol and other drugs by providing community education and by inviting people on these paths to work on change strategies toward creating inclusive recovery support models. Peer recovery support services also are complimentary and/or alternative supports to traditional options.

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

Historically, The Alliance for Addiction and Mental Health Services Maine (AAMHS) which is comprised of a coalition of SAMHS licensed treatment agencies in both Mental Health and Substance Use Disorder prevention, treatment and recovery as well as other individuals and organizations has provided this service in the Portland area. Services have been provided at the Portland Recovery Community Center which was staffed by AAMHS employees and volunteers.

PRCC recently became an independent entity from AAMHS and is uniquely qualified to continue providing Peer Recovery Support Services as a result of their longstanding historical experience. Services continue to take place in the same location and are provided by former AAMHS employees.

PRCC continues to receive guidance and oversight from AAMHS and engages volunteer staff for the majority of their programs. Volunteers are trained to train others who are interested in becoming volunteers, using this model, they have been able to expand their reach exponentially.

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

The allocation was determined based on the average rent costs, staffing costs and the time the facility will be open to the recovery community.

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

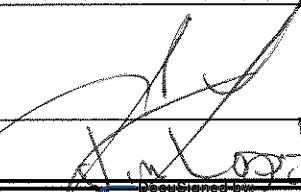

PRCC is a newly established entity in Portland uniquely providing this service in the Portland area in collaboration with The Alliance for Addiction and Mental Health Services Maine (AAMHS). OBH will RFP this service for a contract start date of 7/1/2023.

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:	31 Oct 22
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	12/5/2022