



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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS//OBH Michael Freysinger Eliza Fielding		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Storm Dexter		
(If applicable) Department Reference #:	MH4-25-2023		
Amount: (Contract/Amendment/Grant)	\$ 85,286.48	Advantage CT / RQS #:	CT-10A-20241023000MH4252023
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date: 6/30/2025
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:	Jessica Joy Stohmann Denver, CO		
Brief Description of Goods/Services/Grant:	Peer Crisis Consultant		

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 this Agreement is to develop a training and certification process to meet new national best practice standards. The provider will develop new curriculum for Mobile, Telephonic, and Residential crisis roles, as well as Train-the-Trainer curricula for each, that will serve adult learners with lived experience in the behavioral health system of care and varying degrees of educational experience in each of the following Domains:

- Grounding participants in a new IPS practice environment
- Crisis & co-occurring issues
- Youth and Family engagement
- Personal Safety
- Crisis theory and principles of crisis management
- Crisis intervention
- Trauma
- The Role of Peer Support Specialists in Crisis Response
- Bridging the desires and needs of the individual with the clinical staff
- Co-reflection
- Debriefing challenging incidents

The curricula shall provide detailed instructions and Core Content in areas that shall allow a trainer to effectively deliver face to face curriculum to a diverse range of adult learners and shall be accompanied by a complete participant packet that aligns with a trainer manual and slide deck(s).

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

This Vendor's work is part of the approved FMAP budget to align Maine's crisis services with national best practices standards. Jess Stohlmann-Rainey has twenty (20) years of experience working at the intersections of research and practice in crisis, suicidology, and peer support. The vendor is a curriculum designer and trainer with lived experience with suicide, crisis, and unusual experiences.

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

Project costs have been determined to be fair and reasonable in negotiations between the State and the Provider. Project costs include the following:

	Hours	Cost
Peer Support Line training	40	\$ 3,384.40

PART III: SUPPLEMENTAL INFORMATION

Peer Respite Training	40	\$ 3,384.40
Mobile Crisis Training	40	\$ 3,384.40
Core Crisis System Consult	150	\$ 12,691.50
Core Clinical Training Supervisor	50	\$ 4,230.50
Training	100	\$ 8,461.00
System consult	200	\$ 16,922.00
Policy and Process Dev Consult	40	\$ 3,384.40
LMS Course Development Consult	25	\$ 2,115.25
Traning and training coordination	322.995	\$ 27,328.61
	<u>1007.995</u>	<u>\$ 85,286.48</u>

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

The department does not plan to continue the consultation/technical assistance services provided by Applied Self-Direction beyond the term of the 9817 FMAP pilot which is aligned with the term of this agreement.

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).


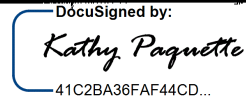
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	Jim Lapides	Date:	9-Dec-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	12/17/2024