



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 / Stephanie Kadnar/ Michael Freysinger	
Department Contract Administrator or Grant Coordinator:		Brianne Carrero	
(If applicable) Department Reference #:		Multiple, See Addendum	
Amount: (Contract/Amendment/Grant)		\$1,808,226.25	Advantage CT / RQS #: Multiple, See Addendum
CONTRACT	Proposed Start Date:	4/1/2024	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:		Multiple, See Addendum	
Brief Description of Goods/Services/Grant:		Substance Abuse Peer Run Recovery Centers	

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 checked="" type="checkbox"/>	L. Other Authorization – RFP Process Extended

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 provide Peer Recovery Center programs to help persons seeking Recovery in Recovery from drug addiction. Peer Recovery Centers will accomplish the following activities:

- a. Individual mentoring and coaching (as it relates to recovery)
- b. Provide assistance with access to employment services (including DOL and any other) Hold or provide access to Facilitated Groups for participants and affected others.
- c. Provide training in schools and the community that will include recovery education as well as relationship and parenting education.

In addition, resources will be provided to individuals in recovery including telephone and online recovery support, assistance (in the form of identifying and connecting with) in finding treatment, employment, housing, transportation, public assistance, criminal justice, emergency relief, child care, food banks, etc. as well as recreational and socialization events that provide a positive alternative to previous challenging behaviors that occurred before they arrived at this point. Peer Recovery Center consist of a culture which is welcoming and non-judgmental, accessible in distance, with hours of operation which are suited to Participants needs.

The Provider shall employ a Peer Center Coordinator at each Center, who shall support Recovery group facilitation, Peer Mentoring and Peer Recovery resource connections. Peer Support Recovery Centers shall utilize Peers to Mentor, coach and support Participants in their Recovery through relationships, training, and linkage to other support services.

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

Aroostook Mental Health Services, Crooked River Counseling, and Common Space (fka Amistad) were originally selected and awarded through RFP# 201704088. Portland Recovery Community Center has been providing these services as a unique vendor since 2013, while Bangor Area Recovery Network have been providing these services as a unique vendor since 2020. In September 2023, the Department issued RFP 202306142. In May 2024, the Department determined it was in the best interest to cancel the RFP due to the lack of funding needed to support these services based on the bids received. As a result of the 131st Legislature, LD 1714, the Department will receive additional funding, annually, to support Recovery Community Centers which will support the Department efforts in continuing these services.

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

Cost reflects similar cost to other SAPRRC's. Costs include funding for the following: salaries, subcontractors/ consultants, fringe benefits, travel expenses, supplies, admin expenses and trainings.

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

The Department has RFP (OBH20245) in work to competitively procure these services with a 7/1/2025 contract start date.

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

Does this request utilize ARPA/MJRP funds?

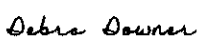

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <u>MRS Title 5, §18-A, 2.</u>

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  <small>5DC6307B8558482...</small>		
	Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date: Jun-05-2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>41C2BA36FAF44CD...</small>		
	Typed Name:	Kathy Paquette	Date: 6/25/2024

DHHS Office: OBH

Service: SA PEER RUN RECOVERY CENTER-SFY24

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
PORTLAND RECOVERY COMMUNITY CENTER	OSA-24-333	202405300000OSA24333	4/1/2024	6/30/2025	\$392,648.75
COMMONSPACE AROOSTOOK MENTAL HLTH SERV INC	OSA-24-710	202405300000OSA24710	4/1/2024	6/30/2025	\$406,767.50
CROOKED RIVER COUNSELING PA	OSA-24-720	202405300000OSA24720	4/1/2024	6/30/2025	\$469,305.00
BANGOR AREA RECOVERY NETWORK INC	OSA-24-730	202405300000OSA24730	4/1/2024	6/30/2025	\$227,005.00
	OSA-24-742	202405300000OSA24742	4/1/2024	6/30/2025	\$312,500.00
Total Items	5			Totals	\$1,808,226.25