



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:		Jennifer Levesque/Brianne Carrero	
(If applicable) Department Reference #:		See Attached Addendum	
Amount: (Contract/Amendment/Grant)	\$ 987,982.00	Advantage CT / RQS #:	See Attached Addendum
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2024
AMENDMENT	Original Start Date:	7/1/2024	Effective Date:
	Previous End Date:	6/30/2024	New End Date: 12/31/2024
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		See Attached Addendum	
Brief Description of Goods/Services/Grant:		Mental Health Support 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 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

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 extend the end date and add funding to cover the additional six months until the RFP is awarded.

The purpose of this agreement is to provide and manage a peer recovery center. The Providers shall be inclusive of a welcoming philosophy and environment that supports participants in being active in their recovery. Services shall be provided only to adults with serious mental illness (SMI) and/or co-occurring disorders.

The Providers shall provide peer support through structured group support and through meaningful activities, as well as through provision of educational activities focused on goal planning, self-management and problem-solving skills, and vocational preparedness. The Provider shall develop relationships with local community mental health, substance abuse, and community service agencies and shall assist with successful linkages.

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

Providers were selected and awarded through a competitive process under RFP 201608173. This procurement ended on 3/31/2022.

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 mental health peer run recovery centers. Costs are also reflective of traditionally efficient funding for this long-standing service group. 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 is in the process of competitively procuring these services under CADB RFP OBH202310 for a 1/1/2025 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).

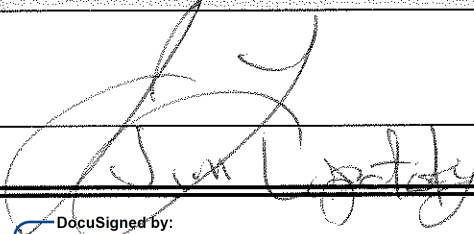
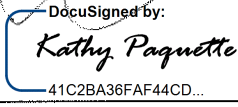
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

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

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	8-JUL-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	7/19/2024

DHHS Office: OBH

Mental Health Support
Center

Service:

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount
AMISTAD	MH1-24-601	A	20230627000000003777	7/1/2023	12/31/2024	\$213,522.50
MAINEHEALTH	MH1-24-705	B	20230627000000003779	7/1/2023	12/31/2024	\$198,487.00
MOTIVATIONAL SERVICES INC	MH2-24-306	A	20230627000000003780	7/1/2023	12/31/2024	\$130,750.50
OXFORD CTY MENTAL HEALTH SERV	MH2-24-636	A	20230627000000003781	7/1/2023	12/31/2024	\$88,554.50
MAINE MENTAL HLTH CONNECTIONS	MH3-24-116	A	20230627000000003783	7/1/2023	12/31/2024	\$155,382.00
WABANAKI PUBLIC HEALTH & WELLNESS INC	MH3-24-637	A	20230627000000003784	7/1/2023	12/31/2024	\$80,042.50
AROOSTOOK MENTAL HLTH SERV INC	MH3-24-835	A	20230627000000003785	7/1/2023	12/31/2024	\$121,243.00
Total Items	7				Totals	\$987,982.00