



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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/OCFS/Child Welfare Services	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Lyndsay Frank	
(If applicable) Department Reference #:		CFS-25-2201A	
Agency Department Code:	10A	Advantage CT / RQS #:	CT 20241030000CFS252201
Amount: (Contract/Amendment/Grant)		Amend A: \$650,000.00 Revised: \$1,300,000.00	
CONTRACT	Proposed/Original Start Date:	12/1/2024	Proposed/Most Recent End Date: 11/30/2025
AMENDMENT	New Effective Date:	12/1/2025	New End Date (if Applicable): 11/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Community Health & Counseling Services Bangor, ME	
Brief Description of Goods/Services/Grant:		Substance Use Disorder (SUD) Consultation and Support Services	

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. Higher Education 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 funding and extend the pilot program for an additional year. More time is needed for program growth and implementation in order to assess this pilot for effectiveness.

Fifty-five percent (55%) of families with a child(ren) in the Department's custody had substance use identified as a risk factor. The purpose of this Agreement is to procure statewide Substance Use Disorder Consultation and Support Services to support Child Protective Services when engaging these families. The SUD Consultation and Support Services shall be provided to parents involved in an OCFS investigation or case, who are identified as having alcohol or substance misuse. Each of the eight (8) Department Districts shall have one (1) SUD Consultant. One (1) Clinical Supervisor who will supervise and manage all eight (8) Consultants and provide consultation services to OCFS staff.

The Provider's SUD Consultation and Support Services shall provide Assessment and Referrals for Recovery Support Services to Parents to reduce recidivism and promote positive change for children and families. These services include providing SUD Assessment, including Biopsychosocial and Level of Care components, and Referrals to treatment services for Parents involved with OCFS; meeting with families in the Department District Offices, during home visits, or in community settings; providing consultation services to OCFS staff including direct case consultation and participation in various meetings; providing education and training to OCFS staff and community partners, as requested; and developing and maintaining community partnerships to act as a liaison between OCFS and community-based SUD treatment providers.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

SUD Consultation and Support Services is a pilot project funded through Opioid Prevention and Treatment Funds. Community Health & Counseling Services (CHCS) provides a similar support system for foster parents and district staff. This pilot will leverage CHCS network to establish a similar system for SUD support.

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

The cost of these services was deemed fair and reasonable by the Department when compared to similar services provided in CFS-23-8722, Clinical Team Intervention and Assistance for Resource Families (Resource Family Support Services).

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

This is a continuation of a pilot project that has gotten off the ground, but requires more time to assess it. The contract has not yet generated enough data to be able to determine if the project is working as expected. Another year will allow us to have this data and if the data supports it, the Department will initiate an RFP with an anticipated contract start date of 12/1/2026.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – 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	
<i>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.</i>	
<input checked="" type="checkbox"/> The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.	

PART VI: APPROVALS	
Governor/Department Commissioner or Designee	
1. The signature below indicates approval of this procurement request.	
Signature of requesting Department's Commissioner (or designee):	
Typed Name:	Date: 22 nd Dec -25
2. Additional signature required ONLY if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the <u>designee</u> specifically authorized to approve emergency procurement requests.	
Signature of requesting Department's Commissioner (or designee):	
Typed Name:	Date:

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Typed Name:	Kathy Paquette	Date:	1/6/2026