



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 Corinna O'Leary & Sara Wade | | |
| Department Contract Administrator or Grant Coordinator: | | Jeanne Garza / Melanie Boucher | | |
| (If applicable) Department Reference #: | | OSA-23-327 | | |
| Amount: (Contract/Amendment/Grant) | \$ 36,000.00 | Advantage CT / RQS #: | CT 10A 2022070500000000009 | |
| CONTRACT | Proposed Start Date: | 7/1/22 | Proposed End Date: | 6/30/23 |
| 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: | | Kennebec Behavioral Health, Waterville, ME | | |
| Brief Description of Goods/Services/Grant: | | Community Reinforcement and Family Training (CRAFT) | | |

| 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.

This contract will continue to fund the training and certification infrastructure for the evidenced based program, Community Reinforcement and Family Training (CRAFT). This program funds the certification and training for up to twelve clinicians annually. The training is very involved and requires a three (3) day training with ongoing supervision, monthly consultation and fidelity checks.

This EBP involves the client's family as a resource in the recovery process. This approach enables concerned significant others (CSO's) to better encourage their spouse/significant other/family member to reduce their harmful involvement with substances and to seek help in a safe and effective manner. CRAFT is implemented through outpatient treatment.

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

CRAFT is a training and certification program provided by Dr. Robert Meyers team that is delivered to twelve clinicians across the State annually. KBH has coordinated this effort for at least eight years and built the necessary infrastructure to bring the approach to Maine. Clinicians from other community mental health and SUD service providers receive a three day training provided by Dr. Meyer's team and receive monthly supervision, consultation and fidelity checks provided by a KBH clinician.

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

This contract funds the training program delivered by Dr. Meyer's team, provides small stipends to clinicians for attendance, covers clinical time for monthly supervision and consultation, and administrative time for planning, scheduling and participant communication.

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


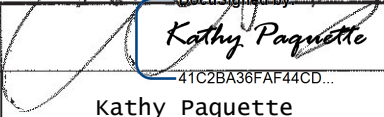
OBH does not intend to RFP this training coordination service.

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: | | | |
| Signature of DAFS Procurement Official: |  | | |
| Typed Name: | Kathy Paquette | | Date: 2/7/2023 |