



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/Denise Bradeen/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Melanie Boucher		
(If applicable) Department Reference #:		OSA-23-395		
Amount: (Contract/Amendment/Grant)		\$512,000.00	Advantage CT / RQS #:	CT 10A 2022123000000001781
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	2/28/2023
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:		Central ME Family Counseling, Lewiston, ME		
Brief Description of Goods/Services/Grant:		Criminogenic Treatment/Case Management Services		

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																	
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>	<p>The purpose of this agreement is to provide Criminogenic Treatment/Case Management Services to individuals who are State of Maine Adult Drug Treatment Court participants (ATDC), the Veteran Treatment Court (VTC), Co-Occurring Disorders Court (CODC), and each of the Family Recovery Courts (FRC). The Provider shall utilize Criminogenic Treatment/Case Management Services to provide substance use disorder treatment services to prevent alcohol or drug abuse and return the individual to productive functioning in the family, workplace, and community. The program goal is to reduce alcohol and drug use dependency among criminal offenders and enhance community safety by reducing criminal Recidivism; increase personal, familial, and societal accountability of offenders; and develop in offenders the necessary personal, familial, and societal assets and skills to become productive citizens through, for example, employment, positive community activities, and healthy and safe family relationships.</p>																
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>	<p>Providers were chosen through RFP#201609177 which included Criminogenic Treatment and Case Management. All of the Providers chosen through the RFP subcontracted with Maine Pretrial to provide Case Management services. The Department determined that Maine Pretrial will provide Case Management services for clients in each of the State of Maine Adult Drug Treatment Court (ATDC), the Veteran Treatment Court (VTC), Co-Occurring Disorders Court (CODC), and each of the Family Recovery Courts (FRC).</p> <p>All Providers awarded through RFP #201609177 will continue to provide Treatment services as outlined in the RFP through this amendment extension.</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="padding: 2px 10px;">Initial Start Date *</td> <td style="padding: 2px 10px;">7/1/2017</td> <td style="padding: 2px 10px;">Initial End Date *</td> <td style="padding: 2px 10px;">6/30/2019</td> </tr> <tr> <td style="padding: 2px 10px;">Renewal 1 Start Date</td> <td style="padding: 2px 10px;">7/1/2019</td> <td style="padding: 2px 10px;">Renewal 1 End Date</td> <td style="padding: 2px 10px;">6/30/2020</td> </tr> <tr> <td style="padding: 2px 10px;">Renewal 2 Start Date</td> <td style="padding: 2px 10px;">7/1/2020</td> <td style="padding: 2px 10px;">Renewal 2 End Date</td> <td style="padding: 2px 10px;">6/30/2021</td> </tr> <tr> <td style="padding: 2px 10px;">Renewal 3 Start Date</td> <td style="padding: 2px 10px;">7/1/2021</td> <td style="padding: 2px 10px;">Renewal 3 End Date</td> <td style="padding: 2px 10px;">6/30/2022</td> </tr> </table>	Initial Start Date *	7/1/2017	Initial End Date *	6/30/2019	Renewal 1 Start Date	7/1/2019	Renewal 1 End Date	6/30/2020	Renewal 2 Start Date	7/1/2020	Renewal 2 End Date	6/30/2021	Renewal 3 Start Date	7/1/2021	Renewal 3 End Date	6/30/2022
Initial Start Date *	7/1/2017	Initial End Date *	6/30/2019														
Renewal 1 Start Date	7/1/2019	Renewal 1 End Date	6/30/2020														
Renewal 2 Start Date	7/1/2020	Renewal 2 End Date	6/30/2021														
Renewal 3 Start Date	7/1/2021	Renewal 3 End Date	6/30/2022														
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>	<p>Providers were chosen through RFP#201609177 and the costs are consistent with the RFP bid.</p>																
<p>4. Describe the plan for future competition for the goods or services.</p>	<p>The Department does not plan to competitively procure these services in the future.</p>																

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:		Date: 30-Jan-23
Signature of DAFS Procurement Official:		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 2/15/2023