



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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.

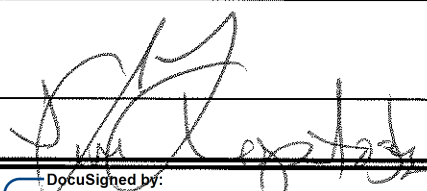
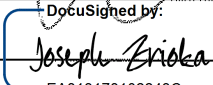
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Stacey Chandler/Kristen King		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melanie Boucher		
(If applicable) Department Reference #:		OSA-24-4201		
Amount: (Contract/Amendment/Grant)		\$ 35,880.00	Advantage CT / RQS #:	CT 10A 2023071200000000060
CONTRACT	Proposed Start Date:	7/1/2023	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:		MaineHealth dba Midcoast, Brunswick, ME		
Brief Description of Goods/Services/Grant:		Contingency Management Software		

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.	Maine is facing a growing problem of methamphetamine and cocaine use; this initiative is an effort to address Psychostimulant Use Disorder (PUD) across Maine's behavioral health system. There are no FDA-approved medications to treat PUD, and the behavioral interventions currently offered across behavioral health entities are based on models that address other substance use disorders and are largely ineffective for PUD. However, Contingency Management (CM) is a behavioral treatment modality that has been extensively studied to specifically treat PUD with consistently positive results.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Addiction Resource Center (ARC) is a nationally recognized treatment program for individuals who struggle with substance use disorders. ARC medical providers and clinical staff have a strong track record of innovation, and pride themselves on following the evidence when implementing innovative treatments to produce the best outcomes for their patients. This pilot program will be staffed by existing ARC staff, yet there is no request for staff funding. OBH will provide funding for software needed for the accounting and incentive distribution that is created through Contingency Management Innovations.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	OBH had a pilot CM agreement with Crooked River Counseling (OSA-23-4200). However, they were unable to get the pilot going and successfully running; the agreement is in the process of being disencumbered. This agreement is less than half the cost of the CRC agreement and ARC has received funding to support most aspects of this pilot. OBH would only be purchasing the CMI software and saving over \$40,000 in the process.
4. Describe the plan for future competition for the goods or services.	This is a one-time, limited funded project. The Department does not plan on competitively procuring this service in the future.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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: 14-Mar-23
Signature of DAFS Procurement Official:	DocuSigned by: 
Typed Name:	Date: 1/31/2024

Joseph Zrtoka Director of IT Procurement