



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:		Maine CDC / Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Jennifer Levesque		
(If applicable) Department Reference #:		CD0-21-4412B		
Amount: (Contract/Amendment/Grant)	Original: \$1,223,591.00 Amend: \$350,005.00 Revised: \$1,573,596.00	Advantage CT / RQS #:	20201102000000001370	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/01/2020	Effective Date:	12/01/2021
	Previous End Date:	09/30/2022	New End Date:	No Change
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Public Consulting Group, Inc. Boston, MA		
Brief Description of Goods/Services/Grant:		SEOW staffing and Substance Abuse Prevention Services evaluation		

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 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.

Many of Maine's young people and adults are misusing and abusing prescription drugs, marijuana, alcohol and stimulants. Abuse and use of these substances may lead to consequences such as unintentional poisonings or overdose, automobile crashes, addiction and increased crime. To address the above concerns, the Maine Center for Disease Control and Prevention (ME CDC) supports primary prevention interventions guided by the Strategic Prevention Framework. Evaluation, assessment and strategic planning are key pieces of the framework. These efforts are supported by SAMHSA grants including the Strategic Prevention Framework for Prescription Drugs (SPF Rx) and the State Opioid Response Grant (SOR) as well as the Fund for a Healthy Maine (FHM) and the Substance Abuse Prevention and Treatment Block Grant (SAPTBG).

The project goal is to reduce underage alcohol and marijuana use among the 12-20-year-old population and reduce prescription drug and stimulant misuse among the 12-25-year-old population. Evidence-based strategies and programs will be implemented state-wide through community coalitions located in all nine of Maine's Public Health Districts. A component of this project includes state and local level evaluation, strategic planning, as well as the State Epidemiological Outcomes Workgroup (SEOW) coordination. The SEOW coordinator analyzes multiple data sources as they become available to develop a State Epidemiological Profile for substance abuse and mental health services. The primary goal of the SEOW coordinator is to continuously provide assessment, monitoring and surveillance of data to institutionalize data-driven decision making for state and community level prevention planning. The coordinator integrates behavioral health indicators and common risk/ protective/ intervening variables as they relate to substance abuse in current scope of work.

This amendment will provide funds to:

- Further enhance the State Epidemiological Outcomes Workgroup data platform and provide funding for maintenance
- Complete the evaluation of Domain 1 for the entirety of the Maine Prevention Services initiative.
- Provide funding to update the strategic planning and assessment work this vendor did in 2016 that is required for the new SPF Rx 2021 grant. This work will also support deliverables for the Prevent Prescription Drug/Opioid Overdose Related Deaths grant to help identify high priority populations and community assets.

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

This vendor has provided these services to Maine CDC for several years and have been an integral part of this work as the evaluators for all our substance use prevention related grants and surveillance data collection. PCG has the expertise and history that will allow them to get started quickly and efficiently as they will be updating work they have done over the past five years.

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

The rates outlined in the proposed budget are reasonable and equitable to rates outlined in other service agreements where personnel and services are rendered. Any funding not from grant sources also matches the approved grant rates.

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

Future substance use prevention related evaluation services will be included in the Maine CDC's Maine Prevention Services Evaluation RFP for a 7/1/2022 contract start date.

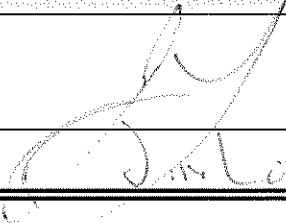
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

<input checked="" type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input 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:	17 - Jun - 22
Signature of DAFS Procurement Official:			
Typed Name:		Date:	