



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/OADS/DS/Crisis	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melanie Boucher	
(If applicable) Department Reference #:		ADS-24-9820	
Amount: (Contract/Amendment/Grant)	\$32,334.00	Advantage CT / RQS #:	CT 10A 20240206000000002167
CONTRACT	Proposed Start Date:	2/1/2024	Proposed End Date: 3/31/2025
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:		Restorative Justice Institute of Maine Portland, Maine	
Brief Description of Goods/Services/Grant:		Restorative Justice training	

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 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.

The purpose of this agreement is to provide restorative justice training to the OADS/DS Crisis Team, Case Managers, and agency staff who serve individuals with disabilities, as well as those individuals with disabilities. The target population for the new skills acquired through these trainings will include individuals who are at risk of homelessness, incarceration, and/or who have received Crisis services.

The Provider will also work with six members in three homes. Management, Direct Care Staff, and the individuals will receive restorative justice training, which includes two intro classes, restorative justice dialogue, and two additional trainings. Provider will provide a facilitator to be present during monthly house meetings as well as any staff debriefings after an incident or a week where individuals have been struggling. Provider will provide a member of management to continue to meet weekly with staff and individuals to assist with the implementation of the program.

The goal of this Program to reduce harmful behaviors by number of instances and/or intensity, and reduce homelessness and incarceration.

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

There are no other known agencies like Restorative Justice who serve adults with IDD or Autism. The trained facilitators have a combined 60+ years of experience working with individuals with IDD and Autism. Restorative Justice facilitators have established a network of attorneys and District Attorneys to support the process when an individual is involved in the court system. A facilitator is provided to support the individual throughout the court process.

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

The training and continued oversight will take place over the course of the contract and includes two types of training.

The first type of training is specific to an individual and their direct care staff at their home. The total cost to implement and provide oversight is \$6,084.00 for two individuals in one home. This includes the training for all management who oversees the program, direct care staff, and individuals. Total for three programs is \$18,252.00, to include two residential homes and one crisis home.

The second type of training is for State of Maine/OADS staff, Agency staff, and the Resident if applicable. The first two modules of the training will be geared to benefit the OADS Crisis Team who work with individuals who are homeless and are in difficult situations during their stay. This

PART III: SUPPLEMENTAL INFORMATION

would provide Crisis workers with another tool to use to support these individuals and allow them to pass on what they learn to the agencies that receive referrals.

A majority of the costs will be absorbed by waiver funding. Training costs are based on a fair rate of pay.

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

There is no current plan for future competition as there are currently no other entities trained or equipped to provide this service.

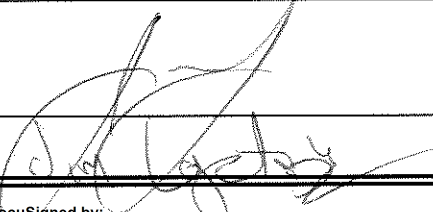
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

- Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
- Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
- 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:	27 Feb 24
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	3/12/2024

NOI 0320240270 03/12/2024 - 03/18/2024