



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/Virginia Dill & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melanie Boucher		
(If applicable) Department Reference #:		Multiple		
Amount: (Contract/Amendment/Grant)		Amend B Revised	\$ 1,096,838.00 \$ 5,155,467.00	Advantage CT / RQS #: Multiple
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	1/1/2022	Effective Date:	1/1/2024
	Previous End Date:	12/31/2023	New End Date:	6/30/2024
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Kennebec Behavioral Health, The Opportunity Alliance and Community Health and Counseling		
Brief Description of Goods/Services/Grant:		PATH – SFY22		

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 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.

The PATH service provides outreach, engagement, and connection to mainstream services for homeless individuals with serious mental illness (SMI) or co-occurring SMI and Substance Use Disorders (SUD). This service provides the staffing to go out and find people living outside, and who are disconnected from Mainstream services such as case management. The PATH Navigators engage with individuals and get them connected to service, housing referrals, financial and medical resources.

The reason for the amendment is to extend the end date and add funds.

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

The Department issued an RFP in 2019 for these services, a decision was made to cancel the RFP and split the award among three (3) providers, since no single provider had capacity to serve the entire State. Only one community service provider submitted a notice of intent to bid for each region. In August 2022, the Department was approved to move forward with sole source contracts through 12/31/2027.

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

PATH is funded through a federal grant that requires a match by the Grantee. Each provider covers a region of the State and submits a budget, and staffing plan that will be reviewed and approved by OBH. This funding is expected to cover more than 23 FTEs who provide Statewide outreach.

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

The Department intends to reevaluate the competitive market to determine if competitively procure is appropriate for these services. If a competitive procure is appropriate the Department will issue an RFP (OSAMHS20229) for a 1/1/28 contract start date.

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

Does this request utilize ARPA/MJRP funds?

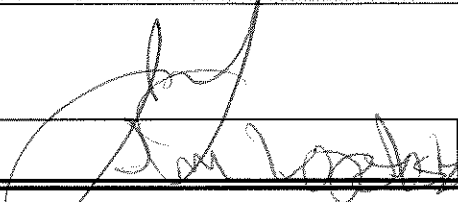
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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):			Date:	27-Feb-24
Signature of DAFS Procurement Official:	DocuSigned by: David Morris 2A044AF5681F482...			
Typed Name:	David Morris	Date:	3/12/2024	

NOI 0320240272 03/12/2024 - 03/18/2024

Procurement Justification Form (PJF)

DHHS Office:	OBH						
Service:	PATH Amend B SFY22						
Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
Kennebec Behavioral Health	MH4-22-1013	B	20220120000000001710	1/1/2022	6/30/2024	\$243,628.00	\$1,635,550.00
The Opportunity Alliance	MH4-22-1014	B	20230428000000000024	1/1/2022	6/30/2024	\$460,138.00	\$1,815,125.00
Community Health & Counselling Services	MH4-22-1015	B	20230428000000000025	1/1/2022	6/30/2024	\$393,072.00	\$1,704,792.00
Total Items	3				Totals	\$1,096,838.00	\$5,155,467.00