



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:		Jeanne Garza/ Stacy Martin		
(If applicable) Department Reference #:		Multiple		
Amount: (Contract/Amendment/Grant)	Orig:	\$ 1,762,378.00	Advantage CT / RQS #:	Multiple
	Amend	\$ 2,296,251.00		
	Revised	\$ 4,058,629.00		
CONTRACT	Proposed Start Date:	1/1/2022	Proposed End Date:	12/31/2022
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	12/31/23
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple		
Brief Description of Goods/Services/Grant:		Projects for Assistance in Transition from Homelessness (PATH)		

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.

The purpose of this amendment is to extend the contract period by 12 months. The Homeless system in Maine is undergoing changes on how individuals access certain housing resources. PATH workers will serve as Access Points in the new system. The decision to extend the current contract instead of renew is due to the expected changes to the scope of work in the PATH contracts.

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, 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.

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

The Department published RFP 201810197, withdrew the RFP, and awarded 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. DHHS has been conditionally approved to move forward with a two-year contract and an optional three-year renewal, as of August 12th, 2022.

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

The project is partially funded through a federal grant that requires a match by the Grantee. This amendment period will utilize all of the \$300,000 PATH Grant for the program period F2023. The contract is cost settled with invoicing. The budget has been negotiated with the Providers, OBH and approved by the Department. The total 12-mo cost of the PATH service is increasing over the previous 12-mo period due to the addition of 4.54 FTEs during this amendment period.

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



The Department intends to competitively procure this service (OASAHMS20229) with an anticipated contract start date of 1/1/2028.

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:	13-Apr-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/5/2023

DHHS Office: OBH
 Service: PATH Amend A – SFY22
 Start Date: 1/1/2022

Vendor/Provider Name, City & State	Contract (CT) Number	DHHS Agreement #	Total Contract Amount
Kennebec Behavioral Health Waterville, ME	CT 10A 20220120000000001710	MH4-22-1013 A	\$772,696.00
The Opportunity Alliance South Portland, ME	CT 10A 20220120000000001711	MH4-22-1014 A	\$ 791,835.00
Community Health & Counselling Services Bangor, ME	CT 10A 20220120000000001712	MH4-22-1015 A	\$731,720.00
Amendment A Total:			\$2,296,251.00