



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS//OBH Richard Freund Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stephanie Wood	
(If applicable) Department Reference #:		OSA-27-327	
Agency Department Code:	10A	Advantage CT / RQS #:	202604010000OSA27327
Amount: (Contract/Amendment/Grant)		\$ 56,000.00	
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date: 6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Kennebec Behavioral Health dba Kennebec Valley Mental Health Waterville ME	
Brief Description of Goods/Services/Grant:		Community Reinforcement and Family Training (CRAFT)	

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. Higher Education 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.	<p>This contract will fund the training and certification infrastructure for the evidence based program, Community Reinforcement and Family Training (CRAFT). This program funds certification and training for up to twelve clinicians annually. The training is very involved and requires a three (3) day training with ongoing supervision, monthly consultation and fidelity checks. The Provider also conducts Community Outreach and Engagement promoting CRAFT.</p> <p>This EBP involves the client’s family as a resource in the recovery process. This approach enables concerned significant others (CSO’s) to better encourage their spouse/significant other/family member to reduce their harmful involvement with substances and to seek help in a safe and effective manner. CRAFT is implemented through outpatient treatment.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	<p>CRAFT is a training and certification program provided by Dr. Robert Meyers team that is delivered to twelve clinicians across the State annually. KBH has coordinated this effort for at least eight years and built the necessary infrastructure to bring the approach to Maine. Clinicians from other community mental health and SUD service providers receive a three-day training provided by Dr. Meyer’s team and receive monthly supervision, consultation and fidelity checks provided by a KBH clinician.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>This contract funds the training program delivered by Dr. Meyer’s team, provides small stipends to clinicians for attendance, covers clinical time for monthly supervision and consultation, and administrative time for planning, scheduling and participant communication.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to competitively procure this service.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
---	--


Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Julie Kopitsky	Date:	15 - Apr - 26

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by:  41C2BA36FAE44CD		
Typed Name:	Kathy Blais	Date:	5/6/2026