



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/Denise Bradeen/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Jennifer Levesque		
(If applicable) Department Reference #:		OSA-23-394		
Amount: (Contract/Amendment/Grant)	\$20,000.00	Advantage CT / RQS #:	CT 10A 2023021400000002100	
CONTRACT	Proposed Start Date:	1/1/2023	Proposed End Date:	2/28/2023
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:		MaineHealth d/b/a Maine Behavioral Health		
Brief Description of Goods/Services/Grant:		Criminogenic Treatment		

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 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 Criminogenic Treatment to individuals who are State of Maine Adult Drug Treatment Court participants (ATDC), the Veteran Treatment Court (VTC), Co-Occurring Disorders Court (CODC), and each of the Family Recovery Courts (FRC). The Provider shall utilize Criminogenic Treatment/Case Management Services to provide substance use disorder treatment services to prevent alcohol or drug abuse and return the individual to productive functioning in the family, workplace, and community. The program goal is to reduce alcohol and drug use dependency among criminal offenders and enhance community safety by reducing criminal Recidivism; increase personal, familial, and societal accountability of offenders; and develop in offenders the necessary personal, familial, and societal assets and skills to become productive citizens through, for example, employment, positive community activities, and healthy and safe family relationships.

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

Under RFP 201609177, Central Maine Family Counseling (CMFC dba Blue Willow) was awarded a contract to provide these services. In November, 2022, CMFC informed the Department they would no longer provide services to Cumberland County court as of 12/31/2022. The Department entered into discussions with Maine Behavioral Health who is willing and has the ability to provide this service to the clients who are affected by the departure of CMFC for this limited period. The Department intends to execute an agreement with Maine Pretrial Services who has the capacity and expertise to provide both criminogenic case management and treatment services statewide

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

The cost negotiated for this short-term contract is in alignment with other Provider contracts awarded through RFP#201609177.

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

The Department does not intend to RFP these services in the future.

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

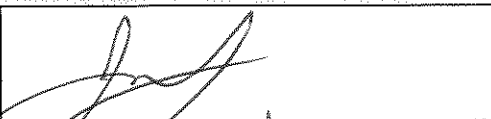


Does this request utilize ARPA/MJRP funds?

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:	27-jun-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/5/2023