



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/Morgan Connelly/Christie Goodman PA		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		MH4-24-218		
Amount: (Contract/Amendment/Grant)		\$1,307,813.75	Advantage CT / RQS #:	CT 10A 20230403000000002530
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2025
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:		Acadia HealthCare, Inc. Brewer, ME		
Brief Description of Goods/Services/Grant:		Employee Wellness and Resiliency Supports		

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 funding to support this service is available through the StrengthenME FMAP projects. The Provider will continue to deliver free employee stress management, wellness, and resiliency support sessions to employees working for Maine organizations and agencies responding to the COVID pandemic that lack Employee Assistance Program or other wellness supports.

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

This project is part of the StrengthenME initiative. StrengthenME is Maine's behavioral health and resiliency response to the COVID-19 Pandemic. The Department researched other potential providers and was able to negotiate a successful contract with Affiliated HealthCare Management, which later became Acadia Healthcare, Inc. to ensure Maine organizations and agencies responding to the COVID pandemic will have sufficient access to an Employee Assistance Program or other wellness supports for the immediate COVID-19 related needs (refer to the Governor's Proclamation of State of Civil Emergency to Further Protect Public Health).

Workforce EAP through Acadia Healthcare is the only full-service employee assistance program in the state of Maine. With offices in Portland and Bangor – as well as a network of licensed mental health counselors throughout Maine – they are readily equipped to deliver quality stress management, wellness and resiliency support services, and to show a commitment to accessible, culturally sensitive, client centered care.

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

The rates are based upon negotiated costs and are in line with similar employee wellness trainings/initiatives. OBH determined the amounts based on continued demand for these services, previous spenddown rates, and capacity of the provider to meet the demand.

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

The Department does not intend to competitively procure this service as it is for a limited period and only available due to the COVID-19 pandemic and recovery.

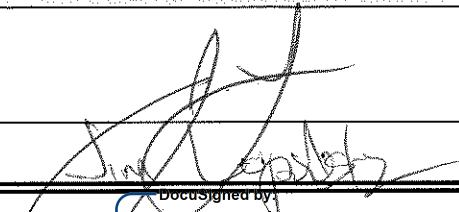
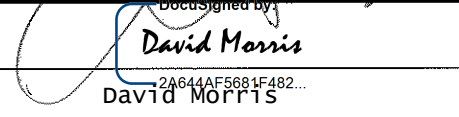
### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V

Procurement Justification Form (PJF)

The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	28 - Apr - 23
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	6/26/2023