



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/OCFS/Children's Behavioral Health Services Amanda Porter / Rebecca Harvey	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall	
(If applicable) Department Reference #:		CBH-23-600A	
Amount: (Contract/Amendment/Grant)	Current: Amd A: Revised Total	\$84,000.00 \$84,000.00 \$168,000.00	Advantage CT / RQS #: CT 10A 20220427 **2636
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2022	Effective Date:
	Previous End Date:	6/30/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		The Opportunity Alliance (TOA) South Portland, ME	
Brief Description of Goods/Services/Grant:		Case Management	

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 agreement is to offer a parent coaching program to parents and families through Northern Light Mercy Hospital's Portland McAuley Residence, a comprehensive transitional housing program for women who are in recovery from drug and alcohol dependency. Parent Coaching classes are an integral component to the McAuley Residence two-generational program. Developing and strengthening parenting skills increases the health and well-being of families and decreases the emotional stress that could culminate in substance use disorder relapse. This program is to assist families in reunification with their children. A parent coach assists parents in creating parental goals and plans and then supports parents as they put this plan into practice. The parent coach meets weekly one on one with residents on their goals, monitors child development outcomes, and conducts a weekly parenting group. The parent coaches will be provided by The Opportunity Alliance (TOA) and will be working onsite with the women and their families.

The purpose of this amendment is to add funding and extend services for an additional 12 months to 6/30/2024, while the RFP processes.

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

The provider is a licensed behavioral health organization with the breadth and depth to provide this specific service. They employ qualified licensed practitioners and they have been the sole provider of this parent coaching program with the women at the Portland McCauley residence.

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

The rate is the Department-negotiated rate with TOA and includes staff time to deliver and document the service with like services. The service is not billable with MaineCare.

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

The Department intends to competitively procure these services (CABD # OCFS202218) with a resulting contract start date of 7/1/2024.

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