



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/Robert Porter/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:		OSA-25-399		
Amount: (Contract/Amendment/Grant)		\$ 7,059,057.34	Advantage CT / RQS #:	CT-10A-20240401000000002684
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date:	6/30/2026
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:		Maine Pretrial Services Portland, ME		
Brief Description of Goods/Services/Grant:		Criminogenic Case Management/Treatment		

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. 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 Case Management and Treatment Services 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 provide substance use disorder case management services and treatment services to individuals in order to prevent future alcohol or drug abuse and to 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.

In August 2022, the Department issued RFP 202207109 for Criminogenic Treatment Services. Although the Department received multiple proposals, none were sufficient for award and did not ensure Statewide coverage for individuals who are in need of substance use treatment. After much discussion, the Department determined it to be in the best interest of individuals to have both case management and treatment services under one umbrella. The Department has determined that Maine Pretrial is best suited to continue as the sole provider of the Drug Court criminogenic case management and to oversee management of treatment services which will ensure individuals Statewide receive the necessary case management and treatment services. Maine Pretrial has the necessary expertise with this population and can ensure the collaborative relationships with other providers to provide the necessary and individualized treatment to individuals.

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

The cost of both case management and treatment services is considered fair and reasonable and consistent and in line with previous years' contracts.

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

The Department does not intend to competitively procure Drug Court criminogenic case management case and treatment services at this time.

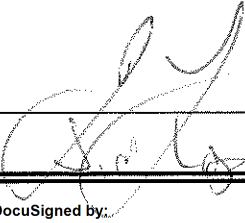
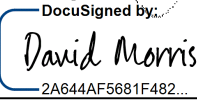
### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	14 - May 24
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	6/7/2024

NOI 0620240667 06/10/2024 - 06/16/2024