



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/Tyra Corson		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Lora Blackwell		
(If applicable) Department Reference #:		CBH-23-227		
Amount: (Contract/Amendment/Grant)	\$ 472,858.00	Advantage CT / RQS #:	CT 10A 20220427000000002635	
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2023
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:		Mercy Hospital dba Northern Light Mercy Hospital Portland, ME		
Brief Description of Goods/Services/Grant:		Integrated Treatment and Recovery Services for Families (ITRSF)		

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 services were originally a result of L.D. 1771. The purpose of this Agreement is to maintain housing-based programs employing evidence-based strategies in a holistic approach to recovery for vulnerable families affected by substance use disorder in the northern region of the State. The programs must treat mothers affected by substance use disorder who have at least one child under 10 years of age when entering the program in an integrated family care model. The programs must provide mothers in the program with stable housing and comprehensive services that support recovery and unification with their children. Comprehensive services provided include all of the following: care coordination, health care, childcare, early childhood education, home supports, after-school programming, parenting education, treatment for mental health and substance abuse, postsecondary education, community-based transportation and employment supports. The programs must include coordinated data collection to assess long-term recovery outcomes, transition to employment and independence for mothers participating in the programs.

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

Northern Light Mercy is uniquely positioned and has been providing a successful branch of ITRSF service within the southern region of the state for several years without state funding. In early 2019, the Department issued RFP 201811227 as required by LD 1771 and awarded Northern Light Mercy to provide the services in the northern region of the state for the one-year period of performance expanding the program in the Bangor area. Both the Bangor and the Portland programs have continued to grow since that time and has been successful across a variety of outcome measures, including reunification, percentage of clients pursuing education while in treatment, and percentage of clients who remain in recovery. Northern Light Mercy remains uniquely qualified to continue this work as they have been successful in founding and maintaining ITRSF programming in several locations around the State and are the only programs of their kind in Maine.

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

Costs were negotiated and based on costs to provide similar services. Costs are reasonable to this level of clinical residential care. Costs include salaries, training, technology, food and residential operational costs needed to provide this direct care.

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

The Department intends to issue an RFP with a 7/1/2023 contract start date.

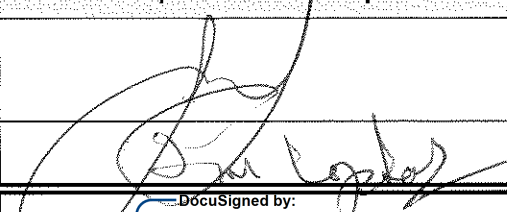
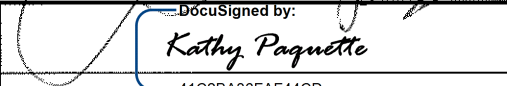
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	2 - May - 22
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	7/18/2022