



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Robert Porter		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		OSA-27-399		
Agency Department Code:	10A	Advantage CT / RQS #:	202605150000OSA27399	
Amount: (Contract/Amendment/Grant)	\$7,522,477.34			
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	6/30/2028
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Pretrial Services, Inc.		
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.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 solicitation (RFP/RFA/RFQ) 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 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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

10-Jun-26

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****

Signature of DAFS
Procurement Official:

DocuSigned by:

David Morris

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Typed Name:

David Morris

Date:

7/1/2026