



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.

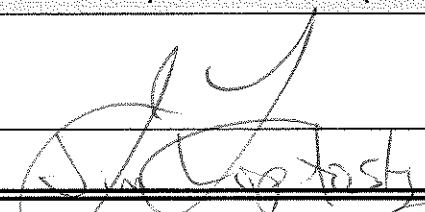

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		OBH/CBHS/Youth SUD	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall	
(If applicable) Department Reference #:		CBH-25-2018	
Amount: (Contract/Amendment/Grant)	\$ 150,000.00	Advantage CT / RQS #:	CT 10A 20240626000CBH252018
CONTRACT	Proposed Start Date:	7/1/2024	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:		Aroostook Mental Health Services Inc. Presque Isle, ME	
Brief Description of Goods/Services/Grant:		Youth Substance Use Services Provider Workforce Recruitment/Retention, Outreach and Performance Incentives.	

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 expand the availability of Adolescent Substance Use Disorder treatment by establishing workforce recruitment, retention, and performance incentive contracts to support the recruitment of Adolescent SUD treatment Clinicians and/or providers as well as develop and strengthen a strong referral pathway. This contract shall support the Provider's new and existing efforts for workforce recruitment and retention, performance, and outreach.	
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
The Department sought applications through RFA 202312245, however, no responses were received. The Department contacted multiple entities who do not currently have a contract with the State to provide Adolescent SUD services to inquire about their interest in providing these Adolescent SUD Services. AMHC expressed interest in working with the Department on a pilot to hire and retain SUD clinicians to serve the population of focus and currently holds SUD Agency licensure. Since this is a one-time funding opportunity, the Department intends to contract with all interested Providers.	
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
Costs were based on other existing Department recruitment, retention and expansion contracts	
4.	Describe the plan for future competition for the goods or services.
The Department does not intend to competitively procure these services in the future as this is a one-time funding opportunity.	
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	5 Aug -24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/19/2024