



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/Virginia Dill & Sara Wade		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque \ Brianne Carrero		
(If applicable) Department Reference #:	Multiple, See Addendum		
Amount: (Contract/Amendment/Grant)	Multiple, See Addendum	Advantage CT / RQS #:	Multiple, See Addendum
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:	Multiple, See Addendum		
Brief Description of Goods/Services/Grant:	Projects for Assistance in Transition from Homelessness (PATH)		

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 PATH service provides outreach, engagement and connection to mainstream services for homeless individuals with serious mental illness (SMI) or co-occurring SMI and Substance Use Disorders (SUD). This service provides the staffing to go out and find people living outside, and who are disconnected from Mainstream services such as case management. The PATH Navigators engage with individuals and get them connected to service, housing referrals, financial and medical resources.

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

The Department put this service out to RFP in 2019, a decision was made to cancel the RFP and split the award among three (3) providers, since no single provider had capacity to serve the entire State. Only one community service provider submitted a notice of intent to bid for each region. OBH was conditionally approved to move forward with a sole source procurement method as of August 12th, 2022 and ending 12/31/2026.

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

PATH is funded through a federal grant that requires a match by the Grantee. Each provider covers a region of the State and submits a budget, and staffing plan that will be reviewed and approved by OBH. This funding is expected to cover more than 23 FTEs who provide Statewide outreach.

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

This service is on the DCM RFP schedule for a 1/1/27 contract start date.

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

Does this request utilize ARPA/MJRP funds?

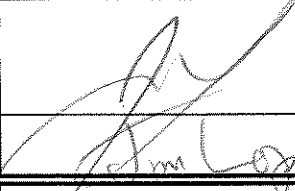

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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:	<i>Anne Lopez</i>	Date:	<i>3-1 June-24</i>
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	8-28-24

NOI 0820240979 08/28/2024 - 09/03/2024

DHHS Office:
OBH
Service: PATH -
SFY25

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
KENNEBEC BEHAVIORAL HEALTH THE OPPORTUNITY ALLIANCE COMMUNITY HEALTH & COUNSELING SERVICES	MH4-25-1013	20240404000000002735	7/1/2024	6/30/2026	\$1,551,780.00
	MH4-25-1014	20240404000000002736	7/1/2024	6/30/2026	\$1,590,058.00
	MH4-25-1015	20240404000000002737	7/1/2024	6/30/2026	\$1,466,634.00
Total Items	3			Totals	\$4,608,472.00