



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/Leticia Huttman & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero		
(If applicable) Department Reference #:		OSA-23-428		
Amount: (Contract/Amendment/Grant)	\$ 995,428.00	Advantage CT / RQS #:	CT 10A 2022070700000000041	
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:		Adcare Educational Institute of Maine		
Brief Description of Goods/Services/Grant:		Workforce Development		

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 checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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 under this agreement provide workforce development for substance abuse and mental health services, intervention, treatment, and recovery providers to maintain a well-trained and credentialed professional and paraprofessional workforce. This agreement covers the administration, training and technical assistance for four (4) mental health certification programs: MHRT-1, MHRT/C, MHRT/CSP, and CIPSS.

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

The Provider was awarded this Agreement as a result of competitive Bid RFP: 201301460. This Procurement ended on 6/30/2022. The Department is extending these services for an addition year to allow for completion of the RFP.

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

The funding for the various elements in the table of expenses has been thoroughly vetted through the vendor, OBH program manager and the two sub-recipients and reflects a small increase over the previous year. Workforce shortages in Maine necessitate this increase in resources to address this need.

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

The Department will competitively procure this service with a resulting contract start date of 7/1/2023.

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):	DocuSigned by: <i>Debra Downer</i> 5DC6307B8558482		
Typed Name:	Debra Downer, Deputy Director DHHS Competitive Procurement	Date:	Sep-07-2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA30FAF44CD...		
Typed Name:	Kathy Paquette	Date:	9/9/2022