



## 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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melanie Boucher		
(If applicable) Department Reference #:		OMS-24-7006		
Amount: (Contract/Amendment/Grant)	\$60,000	Advantage CT / RQS #:	CT 10A 20230913000000000728	
<b>CONTRACT</b>	Proposed Start Date:	10/1/2023	Proposed End Date:	3/30/2024
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Tri-County Mental Health Services Lewiston, ME		
Brief Description of Goods/Services/Grant:		Certified Community Behavioral Health Clinic Evaluation		

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 checked="" type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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.

Section 223 of the PAMA helps states establish Certified Community Behavioral Health Clinics (CCBHCs). Section 223 creates and evaluates a demonstration program, overseen by SAMHSA, for states to certify community behavioral health clinics. Certified clinics must meet specific criteria emphasizing high-quality care.

The Provider will conduct a review of current services and provide recommendations to improve diversion away from incarceration to treatment for people experiencing mental health and/or substance use conditions. The focus will be justice-involved individuals that have mental health and/or substance use disorder to determine ways to improve diversion away from incarceration to treatment.

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

This work is funded by the SAMHSA CCBHC Demonstration Grant, and the and funding for selected CCBHCs is included in the grant application. Tri-County Mental Health Services is a prospective CCBHC eligible to receive contractor funding to pilot population specific interventions as identified in the SAMHSA CCBHC Planning Grant. Tri-County Mental Health Services provides care in Androscoggin County, in Juvenile Community Corrections Region 2 which had the 2nd highest rate of all referrals to the Department of Corrections (147 referrals, 32% of all referrals in 2023 YTD) and 13% of all referrals by offense type involved Drugs and Alcohol.

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

The scope of work and budget have been reviewed and approved by SAMHSA.

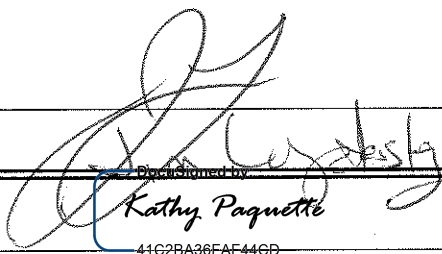
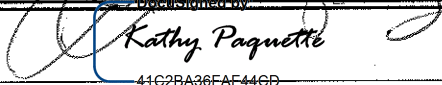
4. Describe the plan for future competition for the goods or services.

This work is supported by a federal grant award and is not expected to continue beyond the grant period.

**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:	30-Oct-23
Signature of DAFS Procurement Official:	 41C2BA36FAF446D...		
Typed Name:	Kathy Paquette	Date:	12/11/2023