



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/OCFS Child Welfare Services		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Storm Dexter		
(If applicable) Department Reference #:		CFS-25-2201		
Amount: (Contract/Amendment/Grant)		\$650,000.00	Advantage CT / RQS #:	CT-10A- 20241030000CFS252201
CONTRACT	Proposed Start Date:	12/1/2024	Proposed End Date:	11/30/2025
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:		Community Health & Counseling Services Bangor, ME		
Brief Description of Goods/Services/Grant:		Substance Use Disorder (SUD) Consultation and Support Services		

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.

Fifty-five percent (55%) of families with a child(ren) in the Department’s custody had substance use identified as a risk factor. The purpose of this Agreement is to procure statewide Substance Use Disorder Consultation and Support Services to support Child Protective Services when engaging these families. The SUD Consultation and Support Services shall be provided to parents involved in an OCFS investigation or case, who are identified as having alcohol or substance misuse. Each of the eight (8) Department Districts shall have one (1) SUD Consultant. One (1) Clinical Supervisor will supervise and manage all eight (8) Consultants and provide consultation services to OCFS staff.

The Provider’s SUD Consultation and Support Services shall provide Assessment and Referrals for Recovery Support Services to Parents to reduce recidivism and promote positive change for children and families. These services include providing SUD Assessment (including Biopsychosocial and Level of Care components) and Referrals to treatment services to Parents involved with OCFS; meeting with families in the Department District Offices, during home visits, or in community settings; providing consultation services to OCFS staff including direct case consultation and participation in various meetings; providing education and training to OCFS staff and community partners, as requested; and developing and maintaining community partnerships to act as a liaison between OCFS and community-based SUD treatment providers.

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

SUD Consultation and Support Services is a pilot project funded through Opioid Prevention and Treatment Funds. Community Health & Counseling Services (CHCS) provides a similar support system for foster parents and district staff. This pilot will leverage CHCS network to establish a similar system for SUD support. Initial Start Date 12/01/2023 Initial End Date 11/30/2024
Renewal 1 Start Date 12/01/2024 Renewal End Date 11/30/2025.

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

The cost of these services was deemed fair and reasonable by the Department when compared to similar services provided in CFS-23-8722, Clinical Team Intervention and Assistance for Resource Families (Resource Family Support Services).

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

At the conclusion of the pilot and pending evaluation of performance measures, these services will be competitively procured.

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.

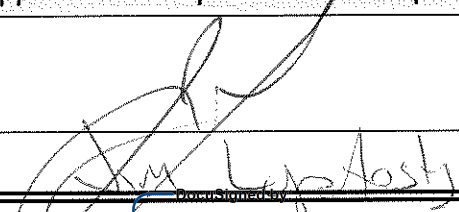
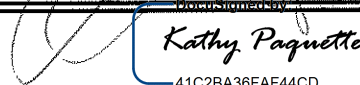
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 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:			
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	12/2/2024