

**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/ Outpatient Services/Stacey Chandler & Kristen King	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero	
(If applicable) Department Reference #:		OSA-25-XXXX, Multiple, see addendum	
Amount: (Contract/Amendment/Grant)	\$5,323,616.00	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:		Outpatient 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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

Maine is in the midst of a substance use epidemic. Treatment services and interventions are needed to combat Opioid Use Disorder (OUD), Substance Use Disorder (SUD) and alcohol dependence. Outpatient services are lower levels of care and aid in the prevention of an individual needing a higher more costly level of care such as Residential treatment. These services include individual, group and family counseling and are widely available across the State.

Outpatient Services: represent a point of entry initiating treatment and recovery. It is a community-based service on the care continuum.

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

DHHS, Office of Behavioral Health has determined that these providers are willing and qualified to provide these services because they are licensed to provide these services. These providers employ qualified licensed practitioners, and they are also the providers of these services under MaineCare with a contract with SAMHS/DHHS.

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

Costs are consistent with historical costs needed to run this specialized program for the previous six years. Costs reflect two years of the following associated expenses; salaries and fringe, rent, utilities, technology, maintenance, materials, travel, etc.

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

The Department does not intend to competitively procure these services.

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:	Jeanne GARZA	Date:	9/25/24
Signature of DAFS Procurement Official:	<div>DocuSigned by:  41C2BA36FAF44CD...</div>		
Typed Name:	Kathy Paquette	Date:	10/2/2024

DHHS Office: OBH

Service: OUTPATIENT (SA)-SFY25

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Amount
MAINEHEALTH dba Midcoast SPURWINK SERVICES INC	OSA-25-219	202407080000OSA25219	7/1/2024	6/30/2026	463,032.00
CRISIS & COUNSELING CTR INC	OSA-25-3001	202407080000OSA253001	7/1/2024	6/30/2026	644,715.00
CROSSROADS FOR WOMEN INC	OSA-25-311	202407080000OSA25311	7/1/2024	6/30/2026	650,102.00
MAINEGENERAL COMMUNITY CARE	OSA-25-312	202407080000OSA25312	7/1/2024	6/30/2026	664,402.00
KENNEBEC BEHAVIORAL HEALTH	OSA-25-317	202407080000OSA25317	7/1/2024	6/30/2026	752,000.00
CATHOLIC CHARITIES MAINE	OSA-25-323	202407080000OSA25323	7/1/2024	6/30/2026	262,701.00
REGIONAL MEDICAL CTR AT LUBEC	OSA-25-369	202407080000OSA25369	7/1/2024	6/30/2026	635,968.00
AROOSTOOK MENTAL HLTH SERV INC	OSA-25-382	202407080000OSA25382	7/1/2024	6/30/2026	183,694.00
A TIME TO RISE- COUNSELING & WELLNESS	OSA-25-389	202407080000OSA25389	7/1/2024	6/30/2026	732,000.00
DAY ONE	OSA-25-390	202407080000OSA25390	7/1/2024	6/30/2026	50,400.00
HEALTH AFFILIATES	OSA-25-391	202407080000OSA25391	7/1/2024	6/30/2026	170,602.00
MAINE	OSA-25-4046	202407080000OSA254046	7/1/2024	6/30/2026	14,000.00
MAINEHEALTH dba MBH	OSA-25-4073	202407080000OSA254073	7/1/2024	6/30/2026	100,000.00
Total Items	13			Totals	5,323,616.00