

Crisis



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

## PROCUREMENT JUSTIFICATION FORM (PJF)

*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:		Corrections, Long Creek Youth Development Center		
Department Contract Administrator or Grant Coordinator:		Rebecca O'Keefe		
(If applicable) Department Reference #:		Click or tap here to enter text.		
Amount: (Contract/Amendment/Grant)		\$7,000	Advantage CT / RQS #:	03F 20221219*1698
CONTRACT	Proposed Start Date:	2/1/2023	Proposed End Date:	2/28/2023
AMENDMENT	Original Start Date:	Click or tap to enter a date.	Effective Date:	Click or tap to enter a date.
	Previous End Date:	Click or tap to enter a date.	New End Date:	Click or tap to enter a date.
GRANT	Project Start Date:	Click or tap to enter a date.	Grant Start Date:	Click or tap to enter a date.
	Project End Date:	Click or tap to enter a date.	Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:		Crisis Consultant Group, Mechanicsville, VA		
Brief Description of Goods/Services/Grant:		Crisis Intervention Training		

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 mission of the Juvenile Division of the Maine Department of Corrections is “To promote public safety by ensuring that juveniles under Department of Correction’s jurisdiction are provided with risk-focused intervention, quality treatment, and other services that teach skills and competencies; strengthen prosocial behaviors to reduce the likelihood of re-offending and require accountability to victims and communities.” To achieve that goal, we seek to train our staff in the areas of verbal and physical intervention as well as crisis management. The training provided to us by Crisis Consultant Group identifies strategies which staff can utilize to de-escalate youth who are upset and/or in crisis safely for all youth and staff involved.

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

Crisis Consultant Group utilizes a program and philosophy that is safe, realistic, and specific to youth who are upset and/or in crisis. They offer multiple techniques and strategies for verbal de-escalation and intervention, as well as physical intervention as a last resort. Emphasis is placed on safety of both staff and youth who are involved. Their program teaches staff how to respond to challenging and very aggressive behaviors in a professional manner while maintaining the dignity and respect of the youth involved. CCG teaches their curriculum around the country and has been shown to be a safe and effective means of intervening with youth who are in crisis. The training provides opportunity for staff to practice the skills they have been taught in a safe, controlled environment before having to use these skills for the first time in a real-life situation.

The Department is unaware of any public resource capable of providing this specialized training. No one in the state is currently qualified to deliver this training curriculum.

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

The Department has previously received the same training from this Provider and, while there have been modest rate increases over the years, the Department considers the current rates to be fair and reasonable.

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

The Department will consider seeking competitive bids should additional qualified Providers enter the market.

**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):	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">DocuSigned by:</p> <p style="font-size: large; margin: 0;"><i>Christine Thibeault</i></p> <p style="font-size: small; margin: 0;">1EE8D729BD7E495...</p> </div> <div style="float: right; text-align: right;">12/29/2022</div>		
Typed Name:	Christine Thibeault, Associate Commissioner	Date:	Click or tap to enter a date.
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">DocuSigned by:</p> <p style="font-size: large; margin: 0;"><i>William J.E. Allen</i></p> <p style="font-size: small; margin: 0;">2D5B6E39F57E44A...</p> </div>		
Typed Name:	Click or tap here to enter text. William J.E. Allen	Date:	Click or tap to enter a date. 1/17/2023

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