



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:		Department of Corrections, Division of Juvenile Services	
Department Contract Administrator or Grant Coordinator:		Sonja Morse	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 32,500.00	Advantage CT / RQS #:	2021050500000003064
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	11/15/2022
	Previous End Date:	New End Date:	6/30/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Tri-County Mental Health Services 1155 Lisbon Street, P.O. Box 2008 Lewiston, Maine 04240	
Brief Description of Goods/Services/Grant:		Multi-Systemic Therapy	

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 checked="" 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.

PART III: SUPPLEMENTAL INFORMATION

The Division of Juvenile Services (DJS) under the Maine Department of Corrections (DOC) has a need for an evidence-based practice that will reduce the recidivism rate and reduce out of home placement for youth at moderate to high risk of reoffending.

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

Tri-County Mental Health (TCMH) is one of only three providers currently licensed in Maine to deliver this service. Juvenile Community Corrections is broken up into three regions across the state. TCMH operates exclusively in Androscoggin county, more specifically the towns of Lewiston and Auburn, within the Juvenile Community Region 2. This is the only provider that operates in these two towns. Since 2015, TCMH has served approximately 275 youth with an increasing need each year due to the uniqueness and scientifically proven Blue Print Model used, to reduce juvenile criminal activity. Tri-County has been providing community-based services for almost 70 years. The provider is uniquely positioned to administered Flex Fund Dollars due to policies and procedures already in place and mechanisms to administer flex fund dollars.

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

Personnel savings were approved by the Governor through a financial order for use of one-time, single use, funds to providers in need. The provider requested \$32,500.00

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

These are one-time, single use, funds that will not be allocated for the same purpose in future years.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)


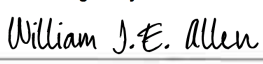
Does this request utilize ARPA/MJRP funds?

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:	Christine Thibeault	Date:	12/20/2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	1/19/2023

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