



## 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.*

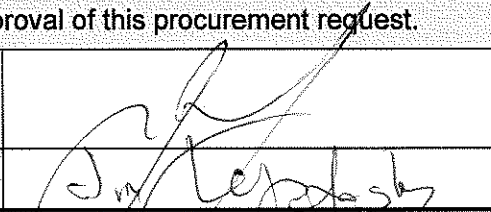

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OCFS/CBHS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		CBH-23-2013		
Amount: (Contract/Amendment/Grant)		\$300,000.00	Advantage CT / RQS #:	CT 10A 2022113000000001488
CONTRACT	Proposed Start Date:	12/01/2022	Proposed End Date:	6/30/2024
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:		Spurwink Services Inc. Portland, ME		
Brief Description of Goods/Services/Grant:		Functional Family Therapy (FFT) Provider Performance, Expansion, and Recruitment and Retention Incentives		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.	<p>Spurwink Services Inc. has the only remaining Functional Family Therapy (FFT) program in Maine. FFT is a family strengths-based clinical assessment and intervention model built on a foundation of acceptance and respect. FFT addresses risk and protective factors within and outside of the family that impact adolescents and their adaptive development. FFT is considered an EBP. Maine needs existing FFT teams to be fully staffed as well as new teams developed to expand evidence-based services into non-served areas. The goal is to reduce the waitlist for services and provide these high quality EBPs to children and families resulting in a reduction of need for higher level services.</p> <p>The purpose of this Agreement is to assist and strengthen the Provider's FFT program by establishing incentives to support new and/or existing efforts for workforce recruitment and retainment, program expansion in areas with a waitlist for services, and performance incentives to meet identified targeted measures.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Spurwink has the only certified FFT program in the State of Maine.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The deliverables as outlined in this agreement are not included in the FFT MaineCare rate. The Department met with the provider, requested current FFT implementation costs and future cost increases, and researched other state's information to determine how to financially support this FFT provider in Maine to build/rebuild sustainable teams in areas with high waitlist numbers for services.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not plan to competitively procure this service.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			Date:
Typed Name:	David Levesque		3/1-Jan-23
Signature of DAFS Procurement Official:			Date:
Typed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>		2/3/2023