



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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:		Division of Juvenile Services	
Department Contract Administrator or Grant Coordinator:		Sonja Charest	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 45,000.00	Advantage CT / RQS #:	2021050500000003059
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	1/31/2024
	Previous End Date:	New End Date:	6/30/2024
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Health d/b/a Maine Behavioral Healthcare, 78 Atlantic Place, South Portland ME 04106	
Brief Description of Goods/Services/Grant:		Home and Community Treatment--MST	

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) 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. The provider is in need of additional funds to continue services for uninsured youth through the end of the fiscal year, if the funds are not provided then the youths will be discharged from the program without completing treatment which could lead them to recidivate or have increase mental health crisis.

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

Maine Behavioral Health (KBH) is **one of only three** providers currently licensed in Maine to deliver this service. KBH has provided a range of services for over 60 years to the Maine community. Juvenile Community Corrections is broken up into three regions across the state.. MST is an intensive family-based treatment that addresses the known determinants of serious antisocial behavior in adolescents and their families.

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

The provider is in need of additional funds to continue services for uninsured youth through the end of the fiscal year. The individual treatment costs are established through a state-agency rate setting process. The Department deems this rate and cost fair and reasonable.

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

Future competition to this program will necessitate an RFP; however, the costs associated with the start-up of a new program will strongly inhibit another site from implementing this Blue Print Model.

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  <small>4EE8D720BD7F406...</small>		
Typed Name:	Christine Thibeault	Date:	1/31/2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>2D5B6E39F57E44A...</small>		
Typed Name:	william J.E. Allen	Date:	2/16/2024

NOI 0220240186 02/16/2024 - 02/22/2024