



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH/Alice Preble/Elizabeth Heath		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger		
(If applicable) Department Reference #:	CBH-25-4013		
Amount: (Contract/Amendment/Grant)	\$225,000.00	Advantage CT / RQS #:	CT-10A- 20250113000CBH254013
<b>CONTRACT</b>	Proposed Start Date:	<b>12/1/2024</b>	Proposed End Date: <b>6/30/2025</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Kennebec Behavioral Health Waterville, ME		
Brief Description of Goods/Services/Grant:	Family Peer Support Statewide Network		

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	<p>The purpose of this Agreement is to provide the Family Peer Support Services Statewide Network (FPSSN) to families and primary caregivers of children/youth with Serious Emotional Disturbances (SED) or Serious Mental Illness (SMI). The services provided are designed to empower families and primary caregivers by enhancing their capacity to support children/youth in their homes and communities. The FPSSN promotes and assists with the development and maintenance of social and educational opportunities for families and primary caregivers, as an alternative to conventional support group meetings. These Social and Educational Workshop opportunities provide mutual support and education for parents; strategies for self-advocacy; public awareness activities; information regarding accessing mental health services for children/youth; information provision (i.e. therapeutic resources, basic needs, school, community resources, etc.); and assistance making referrals to needed services.</p> <p>The Provider utilizes the System of Care model to facilitate collaboration across agencies, families and primary caregivers, and children/youth for the purpose of improving access and expanding the array of coordinated, community-based, culturally- and linguistically-competent services and supports for children/youth with SED or SMI and their families/primary caregiver. These services can lead to an improvement in functioning, wellbeing, relationships, social connections, engagement, and participation in meaningful community activities.</p>
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</b>	<p>This service was originally awarded through RFP 202001016 to Crisis and Counseling Center who was the only provider to submit a proposal. Crisis &amp; Counseling Center closed in 2024 and services were transferred to Kennebec Behavioral Health to continue servicing and supporting families through the Family Peer Support Statewide Network.</p>
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>	<p>The cost is comparable to staffing costs for other peer supports in place for families in Maine.</p>
<b>4. Describe the plan for future competition for the goods or services.</b>	<p>The Department initiated RFP OCFS20244 to competitively procure these services for a contract start date of 7/1/2025.</p>

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
<b>Does this request utilize ARPA/MJRP funds?</b>	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

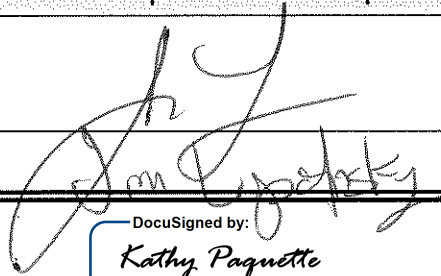

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:	Don E. Paquette	Date:	30 Jan 25
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	3/6/2025