



## 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 Leticia Huttman    Eliza Fielding			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melanie Boucher			
(If applicable) Department Reference #:		MH4-24-3002A			
Amount: (Contract/Amendment/Grant)	Amend A: Rev Amt:	\$22,558.50 \$58,167.50	Advantage CT / RQS #:	10A 2024020800000002193	
<b>CONTRACT</b>	Proposed Start Date:		Proposed End Date:		
<b>AMENDMENT</b>	Original Start Date:	2/1/2024	Effective Date:	1/1/2025	
	Previous End Date:	3/31/2025	New End Date:	6/30/2025	
<b>GRANT</b>	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Research Foundation for Mental Hygiene, Inc. Menands, New York			
Brief Description of Goods/Services/Grant:		Training and technical assistance for implementation of Individual Placement and Support (IPS) supported employment services within CCBHCs.			

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.

The purpose of the amendment is adding funds and extending the end date to support expanded deliverables in Rider A.

Implementation of CCBHCs will require provision of several Evidence Based Practices including IPS, a highly researched model of supported employment. IPS supported employment helps people living with behavioral health conditions work in competitive integrated employment positions of their choosing. Implementation of IPS within the CCBHCs will require training and technical assistance for agencies and the IPS Employment Specialist positions as well as fidelity reviews of new programs. Training will be provided to both OBH staff and CCBHC staff.

In order to build sustainability, the training and technical assistance delivered through this agreement also allows for increasing OBH capacity to better support the model, vital for effective implementation of IPS SE.

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

The IPS Employment Center, Research Foundation for Mental Hygiene, Inc. (RFMH) defined the Individual Placement and Support (IPS) approach to supported employment and developed the SAMHSA evidence-based practice toolkit. They provide training and technical assistance in IPS supported employment nationally and internationally and are home to the IPS International Learning Community.

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

The cost was negotiated with OBH which determined these are usual and customary charges for the services being provided.

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

This is a one-time project using time limited funding.

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

Does this request utilize ARPA/MJRP funds?
<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.

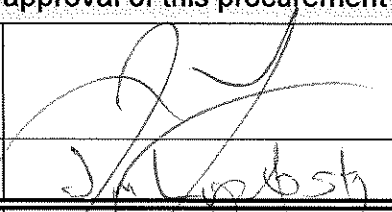

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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):			Date:	20-Feb-25
Typed Name:	J. A. Liebosh	Date:	20-Feb-25	
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <i>Kathy Paquette</i> <small>41C2BA36FAF44CD...</small>		Date:	3/21/2025
Typed Name:	Kathy Paquette	Date:	3/21/2025	