

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Sara Wade	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Nancy Tan	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 543,147.00	Advantage CT / RQS #:	CT 10A 20201208000000001809
CONTRACT	Proposed Start Date:	10/1/2020	Proposed End Date: 9/30/2021
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:		MaineHealth dba Maine Medical Center Portland, ME	
Brief Description of Goods/Services/Grant:		First Episodic Psychosis Treatment, Education, Supervision and Outreach Training Portland Identification and Early Referral Program	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Department's Office of Behavioral Health was directed by our Federal Partner, Substance Abuse and Mental Health Administration Agency (SAMHSA), to set aside 10% percent of their Mental Health Block Grant (MHBG) allocation to fund only evidence-based programs that target First Episode Psychosis (FEP). The Department has determined this service is necessary because it is the only evidence-based Coordinate Specialty Care service in the state that focuses on treatment for first episode psychosis (FEP) for adolescents/young adults. This service supports adolescent/young adult to maintain their education goals, their employment, functional level, maintain relationships with their families, and prevent psychiatric hospitalization.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Provider developed the PIER Program which has become qualified as an Evidence Based Practice. This is the only evidence based FEP service available in Maine.

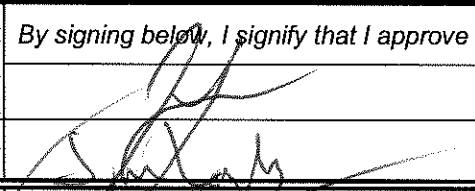
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rate has been determined based on actual costs of previous year's agreements for this service with this Provider and through comparing costs for portions of the service provided through Department's Office of Child and Family Services.

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

The Department does not intend to RFP this service because this is the only evidence based FEP service available in Maine.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:			Date: 8-31-21
Signature of DAFS Procurement Official:	DocuSigned by: <i>David Morris</i>		
Printed Name:	2A644AF5681F482... David MORRIS	Date: 4/9/2021	