



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 #:		N/A		
Amount: (Contract/Amendment/Grant)		\$304,950.00	Advantage CT / RQS #:	20240129000000002089
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date:	6/30/2025
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 d/b/a Maine Behavioral Healthcare, 78 Atlantic place, South Portland, ME, 04106		
Brief Description of Goods/Services/Grant:		Multi-Systemic Therapy		

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.

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 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 mission of DJS is to promote public safety by ensuring that juveniles are provided with risk-focused interventions, quality treatment, and other services that teach skills and competencies; strengthen pro social behaviors to reduce the likelihood of re-offending and require accountability to victims and communities. Multi-systemic Therapy is appropriate for meeting this need.

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

Maine Behavioral Healthcare (MBH) is **one of only three** providers currently licensed in Maine to deliver this service. Juvenile Community Corrections is broken up into three regions across the state. **MBH operates exclusively in York and Cumberland County**, within Juvenile Community Region 1. This is the only provider that operates in these two counties. Since 2015, MBH has served approximately 146 youth with an increasing need each year due to the uniqueness and scientifically proven Blue Print Model used, to reduce juvenile criminal activity. MST is an intensive family-based treatment that addresses the known determinants of serious antisocial behavior in adolescents and their families. Due to the geographical nature of Maine, one provider cannot cover the state with this service.

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

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: <i>Christine Thibeault</i> 1EE8D729BD7F495...		
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	4/2/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	4/16/2024