



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)		\$ 181,680.00	Advantage CT / RQS #:	202401290000002085
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:		Spurwink 901 Washington Ave Portland, Maine 04101		
Brief Description of Goods/Services/Grant:		Functional Family Therapy (FFT)		

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 Department of Corrections (DOC) has a continued need to reduce the number of youth incarcerated, in detention and to lower the recidivism rate utilizing evidence-based practice models. The mission of the Division of Juvenile Services (DJS) is to promote public safety by ensuring juveniles under DOC jurisdiction 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. DOC has determined Functional Family Therapy (FFT) is appropriate for meeting the above stated need.

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

The Provider is the only agency in the State of Maine currently licensed to deliver FFT which is recognized and promoted by various national organizations as an Evidence-Based programs and Practices. The therapists and supervisors have spent a significant amount of time receiving specialized training in this proprietorship, including on-going weekly consultation through their corporate offices to ensure this model is being delivered with the highest possible fidelity possible.

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 competitions to this program will necessitate an RFP; however, with the costs associated with the start-up of a new program would strongly inhibit another site from implementing this Blueprint 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> 4EE8D720BD7F495...		
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	3/28/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	kathy Paquette	Date:	4/18/2024