

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
<b>Department Office/Division/Program:</b>		Division of Juvenile Services		
<b>Department Contract Administrator or Grant Coordinator:</b>		Sonja Morse		
<b>(If applicable) Department Reference #:</b>				
<b>Amount: (Contract/Amendment/Grant)</b>	\$ 78,000.00	<b>Advantage CT / RQS #:</b>	CT 03A 20210505000000003058	
<b>CONTRACT</b>	<b>Proposed Start Date:</b>	July 1 <sup>st</sup> , 2021	<b>Proposed End Date:</b>	June 30 <sup>th</sup> , 2022
<b>AMENDMENT</b>	<b>Original Start Date:</b>		<b>Effective Date:</b>	
	<b>Previous End Date:</b>		<b>New End Date:</b>	
<b>GRANT</b>	<b>Project Start Date:</b>		<b>Grant Start Date:</b>	
	<b>Project End Date:</b>		<b>Grant End Date:</b>	
<b>Vendor/Provider/Grantee Name, City, State:</b>		Spurwink 901 Washington Ave Portland, Maine 04101		
<b>Brief Description of Goods/Services/Grant:</b>		Functional Family Therapy (FFT)		

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
<b>X</b>	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:
<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>
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. All referred youth will have an opportunity to benefit from

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### PART III: SUPPLEMENTAL INFORMATION

this evidenced based treatment program focused on family therapy, proven to reduce recidivism and improve the functionality of youth involved with the DOC. FFT is supported by DOC and the Department of Health and Human Services (DHHS).

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

FFT, Inc. is a nationally recognized program with in-depth data on effectiveness of their treatment or Blue Print Model. It is an essential component of services offered to moderate-high risk youth to reduce recidivism and is a cost-effective treatment model that offers an affordable alternative to residential placement or incarceration. The Provider is one of only two agencies in the State of Maine currently licensed to deliver FFT which is recognized and promoted by various national organizations such as Office of Juvenile Justice Delinquency Prevention (OJJDP) and Substance Abuse and Mental Health Administration's (SAMHSA) national Registry for Evidence-Based programs and Practices (NREPP), for delivering effective outcomes in their work with moderate to high risk youth, including those under the supervision of DOC. 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. The attained knowledge and skills in these on-going trainings and consults are directly applied to the treatment they deliver to assist youth and families in strengthening their skills and competencies needed to reduce the likelihood of re-offending. FFT, Inc. was formed in 1998 for the purpose of leading the systematic replication of Functional family Therapy and assisting and collaborating in the on-going scientific inquiry into the model. The FFT intervention is evidence based, culturally sensitive family therapy model for at risk and delinquent youth.

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

This evidenced base program has data showing their success in significantly reducing risk of recidivism with high risk youth. Since Maine's inception of this practice, there are less youth being detained and committed or require residential treatment. This has created significant cost savings to the State of Maine. The funds in this contract are going to support all youth without MaineCare. Those youth with a private insurance provider will also be able to access this service. The base rate in this contract is the rate established and used by MaineCare, effective May 1<sup>st</sup>, 2020, which is determined by the Department to be fair and reasonable. DOC and DHHS collaborate to determine the most logical approach, financially, to ensure sustainability for this evidence-based practice.

**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 Blue Print Model.

### PART IV: APPROVALS

**Signature of requesting  
Department's Commissioner  
(or designee):**

*By signing below, I signify that I approve of this procurement request.*



**Printed Name:**

Colin O'Neill

**Date:**

5/10/2021

**Signature of DAFS  
Procurement Official:**

DocuSigned by:



**Printed Name:**

2D5B6E39F57E44A...  
William J.E. Allen

**Date:**

5/18/2021