



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:		DHHS/OCFS	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell	
(If applicable) Department Reference #:		CBH-23-7003C	
Amount: (Contract/Amendment/Grant)	Amend C: \$25,600.00 Revised: \$235,800.00	Advantage CT / RQS #:	CT 10A 20220915000000000813
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	10/1/2023
	Previous End Date:	New End Date:	No change
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Youth MOVE National Milwaukee, WI	
Brief Description of Goods/Services/Grant:		Youth Peer Support Curricula – Peer Support	

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.

DHHS/OCFS is charged with approval of curricula for Youth Peer Support provider in Maine, as well as Youth Peer Support providers, a component of Behavioral Health Home and other MaineCare billable services, such as Crisis. Youth MOVE National is the only entity that curriculum for Youth Peer Support which they are using to train other states; the curriculum is being utilized nationally by other states. The OCFS Youth Peer Support contract is currently utilizing an adult model of Peer Support training, with an additional component that was developed by YMN. The adult peer training model is not ideal for Youth Peer Support, and now that there is a Youth Peer training model available (Peer Connect), at the national level for training in other states, Maine would like to provide this opportunity to Maine's Youth Peer Support providers statewide. Additionally, this contract will support a train the trainer model for sustainability.

This amendment is to add funds to this contract that will allow for the addition of two (2) more Peer Connect Trainings.

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

There is no other national expert in Youth Peer Support curricula development in the State of Maine government, or other governmental entities—this is a national expert in Youth Peer Support who works with all states to develop a sustainable Youth Peer Support model and curricula.

This is the only entity that provides this model who trains other places across the nation. Michigan has developed a model but only uses their model in the State of Michigan.

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

Youth MOVE National provided a budget for the training. There have been meetings with them since that and conversations about what Maine would like to purchase related to the training needs in Maine. There is no other national model for Youth Peer Support available, but the costs are considerably less than the Rubi, MATCH, and Trauma Focused Cognitive Behavioral Therapy, previously purchased by CBHS.

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

This is a twenty-four (24) month agreement to train supervisors and peers in Maine in the Peer Connect model. The second-year agreement will provide a Train-the-Trainer model to promote sustainability within Maine. The Department does not intend on competitively procuring these services.

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

Does this request utilize ARPA/MJRP funds?

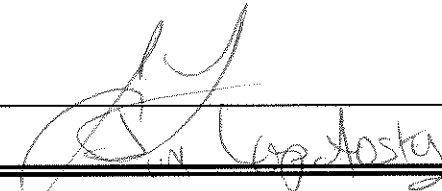

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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):			
Typed Name:	David C. Hasty	Date:	2-Apr-24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	5/10/2024