

State of Maine Procurement Justification Form

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Lora Blackwell		
(If applicable) Department Reference #:		CBH-20-3016		
Amount: (Contract/Amendment/Grant)	\$ 580,000.00	Advantage CT / RQS #:	CT 10A 20200415000000002873	
CONTRACT	Proposed Start Date:	5/1/2020	Proposed End Date:	6/30/2022
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:		Advanced Behavioral Health, Inc. Middletown Ct.		
Brief Description of Goods/Services/Grant:		Purchasing and training on the ECCP Information System database		

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.
<p>This agreement is a result of State of Maine LD 997: An Act To Promote Social and Emotional Learning and Development for Young Children. This legislation states that Department shall develop, establish, and implement an Early Childhood Consultation Program. As part of the effort of LD 997, the Department intends on implement the Early Childhood Consultation Partnership (ECCP) Model developed by the founder of National Early Childhood Systems LLC, Elizabeth Bicio. This ECCP Model shall provide support, guidance and training to improve the abilities and skills of early care and education settings to teachers and providers. The goal is to prevent/reduce the risk of Infants and Children under the age of eight (8) developing learning difficulties and removal from early care and education settings due to challenging behaviors. Per the LD, the Department's shall</p>

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PART III: SUPPLEMENTAL INFORMATION

implement the Early Childhood Consultation Program in five (5) locations prior to implementing Statewide. In addition, the LD requires the Department to provide a system for collecting and analyzing implementation data and selected outcomes to identify areas for improvement, promote accountability and provide continuous quality improvement and service delivery to improve child outcomes. Data collected must include specific data related to age, gender, race and disability.

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

Advance Behavioral Health, Inc. developed the Early Childhood Consultation Partnership (ECCP) Information System which is used in conjunction with the ECCP Model both of which are utilized in other States. The ECCP Information System is a proprietary system and will be customized to the State's needs and ensure fidelity to the ECCP Model while meeting the requirements of the LD.

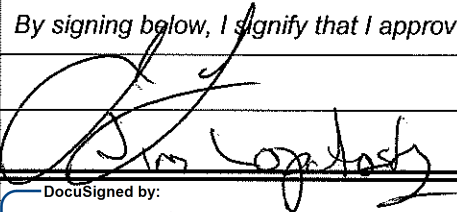
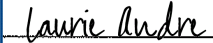
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of \$ 580,000.00 (for twenty-six (26) months) was negotiated between the Department and the Provider. It is considered fair and reasonable based on other training contracts put in place by the Department such as CFS-20-7011 Maine Community Action Association for \$257,772.00/year, CFS-18-911 National Council on Crime and Delinquency for \$399,425.00/year, and CBH-20-7000 Woodfords-BHP certification for \$956,985.00/2 years (\$478,492.50 /year).

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

Due to the proprietary nature of this product, the Department does not intend to competitively procure these services.

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:	4-Jun-20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	A4D4AF6018C54EC... Laurie Andre	Date:	6/4/2020