



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 Morse	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 178,000.00	Advantage CT / RQS #:	2021050500000003064
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2021	Effective Date:
	Previous End Date:	6/30/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Tri-County Mental Health Services 1155 Lisbon Street, P.O. Box 2008 Lewiston, Maine 04240	
Brief Description of Goods/Services/Grant:		Home and Community Treatment--MST	

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.	

PART III: SUPPLEMENTAL INFORMATION

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 t 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.

Tri-County Mental Health (TCMH) 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. TCMH operates exclusively in Androscoggin County, more specifically the towns of Lewiston and Auburn, within Juvenile Community Region 2. Since 2015, TCMH has served approximately 315 youth with an increasing need each year due to the uniqueness and scientifically proven Blue Print Model used, to reduce juvenile criminal activity. Tri-County has been providing community-based services for almost 70 years. MST is a proprietary service and can only be delivered by clinical staff that have undergone extensive training, regularly engage in on-going clinical & MST consultation, deliver the treatment adherent to the model, and are licensed by MST Services. TCMH is only one of three providers in Maine that is licensed to deliver MST-PSB (Problem Sexual Behavior) for youth with problem sexual behavior. 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.

Due to staffing vacancies, there was unspent funding in FY23. This amendment will extend the contract period for the funding to be used. 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 – If Yes, please attach the approved Business Case(s).

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: Christine Thibeault

Date: 6/7/2023

Signature of DAFS Procurement Official:

DocuSigned by: William J.E. Allen
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Typed Name: William J.E. Allen

Date: 6/9/2023