PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:	DHHS / OBH / Brianne Masselli				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Nicole Mitchell				
(If applicable) Department Reference #:	MH4-27-2020				
Agency Department Code:	10A	Advantage CT / RQS #:	CT-20260330000MH4272020		
Amount: (Contract/Amendment/Grant)	$1,080,777.14				
CONTRACT	Proposed/Original Start Date:	**7/1/2026**	Proposed/Most Recent End Date:	6/30/2027	
AMENDMENT	New Effective Date:		New End Date (if Applicable):		
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	MaineHealth DBA Maine Medical Center				
Brief Description of Goods/Services/Grant:	Portland Identification and Early Referral Program				

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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's Office of Behavioral Health was directed by our Federal Partner, Substance Abuse and Mental Health Administration Agency (SAHMSA), to set aside 10% percent of their Mental Health Block Grant (MHBG) allocation to fund only evidence-based programs that target First Episode Psychosis (FEP). The Department has determined this service is necessary because it is the only evidence-based Coordinate Specialty Care service in the state that focuses on treatment for first episode psychosis (FEP) for adolescents/ /young adults. This service supports adolescent/young adult to maintain their education goals, their employment, functional level, maintain relationships with their families, and prevent psychiatric hospitalization.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The Provider developed the PIER Program which has become qualified as an Evidence Based Practice. This is the only evidence based first episode psychosis service available in Maine that serves individuals between 13-35.

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

The budget has been determined based on actual costs of previous year's agreements for this service with this Provider. This contract renewal is maintaining increase capacity in FTEs to serve approximately 80 clients. A MaineCare rate is being developed, with the intent to serve clients Statewide utilizing a HUB and Spoke model.

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

This service will evolve in the future to include any willing and qualified provider, after establishment of the MaineCare rate, and onboarding of new providers.

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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS			
Governor/Department Commissioner or Designee			
1. The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	DocuSigned by: 66738ED17E0C4B2...		
Typed Name:	Jim Lopatosky	Date:	Jun-03-2026
2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: David Morris 2A644AF5681F482...		
Typed Name:	David Morris	Date:	6/16/2026

NOI 0620260442 06/17/2026 - 06/23/2026