DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

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 Katherine Kasheta || Eliza Fielding				
Department Contract Administrator or Grant Coordinator:	Jeanne Garza/ Katherine Kasheta/ Stephanie Wood				
(If applicable) Department Reference #:	CBH-27-7101				
Agency Department Code:	10A	Advantage CT / RQS #:	20260609000CBH277101		
Amount: (Contract/Amendment/Grant)	$ 498,880.00				
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:	TFC Consultants, Inc. Eugene, OR				
Brief Description of Goods/Services/Grant:	Training in Treatment Foster Care Oregon (TFCO™) Model				

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 purpose of this Agreement is to implement/expand Treatment Foster Care Oregon (TFCO™) statewide by training and certifying Maine providers to be ready to provide the service when it is added to the MaineCare Benefits Manual in state fiscal year 2026-2027. The Provider shall provide technical assistance, consultation, and subject matter expertise for statewide infrastructure expansion in the State of Maine.

TFCO™ is an evidence-based mental health treatment model in which youth served do not have to be in the foster care system. This model is significantly different than the traditional foster care treatment model. This evidence-based model is used as step in the system of care for mental health treatment, which often can be utilized before residential treatment or incarceration. It places children in a “home” with trained parents, so it is less restrictive than the Children’s Residential Care Facility (CRCF) model but is still an out-of-home placement.

Presently, there are almost one hundred (100) children in the State of Maine waiting for CRCF placement, with half of these children waiting over ninety (90) days for a placement. The TFCO™ model could provide an alternative to residential placement which has been shown to reduce the need for more restrictive placements to include reducing recidivism and incarceration of teenagers

Treatment Foster Care Oregon has proven to:
• Prevent or reduce the number of days in institutional or residential settings;
• Prevent the escalation of delinquency, youth violence, and pregnancy;
• Increase positive academic engagement;
• Reduce placement disruptions;
• Increase attachment; and
• Improve brain stress regulatory systems.

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.

TFC Consultants, Inc. (the Provider) is the only vendor who can provide this service, as they are the national purveyor of the Treatment Foster Care Oregon (TFCO) model.

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

This contract leverages state general fund dollars and federal block grant dollars to contract with the national purveyor of the Treatment Foster Care Oregon model, intended to support the training and start-up costs of service providers intending to deliver this new model of care. The costs are consistent with other models providing this level of care or higher. The cost of this model is less than institutionalizing these youth (youth who are meeting a residential level of care) and the youth are able to be served in the community (least restrictive setting) with evidenced based successful outcomes.

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

The Department does not plan to competitively procure these services in the future, as the Provider is the sole purveyor of these services.

PART III: SUPPLEMENTAL INFORMATION

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):			
Typed Name:	Jim Lopatosky, Director of Contract Management	Date:	6-Jun-26

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:	Signed by: William J.E. Allen 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	6/23/2026

NOI 0620260465 06/23/2026 - 06/29/2026