



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

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/OBH/Cindy McPherson & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin	
(If applicable) Department Reference #:		MH4-25-2020	
Amount: (Contract/Amendment/Grant)	\$ 1,080,776.14	Advantage CT / RQS #:	CT 10A 20240405000000002740
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:		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.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input 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.

The Department’s Office of Behavioral Health was directed by our Federal Partner, Substance Abuse and Mental Health Administration Agency (SAMHSA), 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 adults 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 RFP 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 the ages of thirteen to thirty-five (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 increased 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.

The Department does not plan to competitively procure this service. 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).

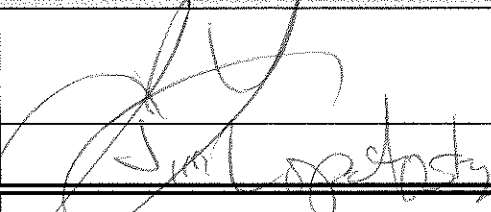

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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 signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lagastay	Date:	17-Jul-24
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	9/20/2024

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