



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:		Department of Corrections/Long Creek Youth Development Center	
Department Contract Administrator or Grant Coordinator:		Sonja Charest	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	03A	Advantage CT / RQS #:	20260924000000000696
Amount: (Contract/Amendment/Grant)		\$24,000.00	
CONTRACT	Proposed/Original Start Date:	10/1/2026	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:		Collaborative Safety LLC, Nashville, TN	
Brief Description of Goods/Services/Grant:		Systemic Critical Incident Review: "Safety Science"	

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 of Corrections, Long Creek Youth Developmental Center, needs training, implementation support, and technical support to develop and implement systematic critical incident reviews.

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.

Collaborative Safety is the only agency providing a comprehensive model for correctional departments that combines a systemic critical incident review process with tiered training and interventions across the organizational hierarchy to establish a culture of safety. The model integrates human factors and systems safety, behavioral analysis, forensic interviewing, and trauma-informed care into a single correctional framework. This model is known as "Safety Science."

Collaborative Safety has demonstrated expertise in correctional settings and has developed a proprietary, science-based model for conducting critical incident reviews. Collaborative Safety is currently contracted with the Maine Department of Health and Human Services, Office of Child and Family Services to provide support for the Office's implementation of Safety Science principles to critical incident reviews. Additionally, in her annual report, the Child Welfare Ombudsman recommended that OCFS implement a system for ongoing Safety Science reviews of child fatalities and other critical incidents.

In 2026, the Maine legislature enacted 5 MRSA Part 32, which creates the position of Child Advocate to replace the position of Child Welfare Ombudsman. In addition to having oversight authority over services provided by the Office of Child and Family Services, the Child Advocate will have oversight authority over services provided by the Department of Corrections to justice-involved youth in a secure facility, i.e., Long Creek Youth Development Center. The Child Advocate "must have knowledge of Safety Science and juvenile correctional practices or undergo training as determined by industry standards for Safety Science-based system and juvenile correctional practices."

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

Collaborative Safety offers a specialized catalog of proprietary and copyrighted resources that are exclusively available through the organization. Pricing for these services and resources is established using predetermined rates. Renewal costs are similarly based on established rates for ongoing technical assistance, software licensing, training resources, and continued access to the proprietary tools necessary to support implementation and fidelity to the Collaborative Safety Model.

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

The Department does not intend to competitively procure these services at this time.

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:
Christine Thibeault
1EE8D729BD7F495...

Typed Name:

Christine Thibeault, Assoc.
Commissioner

Date:

9/25/2026

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:
Michael McNeil
7008796FB36A449...

Typed Name:

Michael McNeil

Date:

9/29/2026

NOI 0920260712 9/29-10/5