



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/Cynthia McPherson & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Chris Moiles /Matt Galletta		
(If applicable) Department Reference #:		MH4-24-2020		
Amount: (Contract/Amendment/Grant)	\$ 1,080,776.14	Advantage CT / RQS #:	CT 10A 20230502000000003000	
CONTRACT	Proposed Start Date:	<b>7/1/2023</b>	Proposed End Date:	6/30/2024
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			
Mark an "X" before 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 ten percent (10%) 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:

- a. Maintain their education goals, employment, and functional level;
- b. Maintain relationships with their families; and
- c. 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 eighty (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.

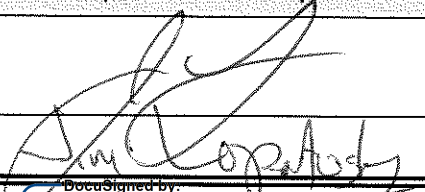
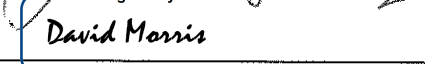
### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

- Yes – 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:	David Morris	Date: 14 - Sep. 23
Signature of DAFS Procurement Official:		
Typed Name:	David MORRIS	Date: 10/30/2023