

**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/OCFS Alice Preble / Dondi Dexter		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall		
(If applicable) Department Reference #:		CBH-23-7003		
Amount: (Contract/Amendment/Grant)		\$ 215,100.00	Advantage CT / RQS #:	CT 10A 20220915 ** 0813
CONTRACT	Proposed Start Date:	10/01/2022	Proposed End Date:	06/30/2024
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:		Youth MOVE National Milwaukee, WI 53203		
Brief Description of Goods/Services/Grant:		Youth Peer Support Curricula – Peer Support		

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 Child and Family Services is responsible for approving the Youth Peer Support curricula to be used agencies that provide Youth Peer Support in Maine, a component of Behavioral Health Home and other MaineCare billable services, such as Crisis. Youth MOVE National (YMN) is the only entity that provides a National Youth Peer Support curriculum; the curriculum is being utilized nationally by other states. The current OCFS Youth Peer Support contract is utilizing an adult model of Peer Support training, with an additional component that was developed by YMN. The adult peer training model is not ideal for Youth Peer Support, Peer Connect Youth Peer training model is now available nationally and will be utilized in Maine for agencies in Maine that provide Youth Peer Support. Additionally, this contract will support a train the trainer model for sustainability.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

There is no other national expert in Youth Peer Support curricula development in the State of Maine government, or other governmental entities—this is a national expert in Youth Peer Support who works with other states to provide a sustainable Youth Peer Support model and curricula.

This is the only entity that provides this model who trains other places across the nation. Michigan has developed a model but only uses their model in the State of Michigan.

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

There is no other national model for Youth Peer Support available, and the cost is considerably less than the Rubi, MATCH, and Trauma Focused Cognitive Behavioral Therapy, trainings recently purchased by CBHS which are similar trainings in size and scope of work.

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

This is a twenty-one (21) month contract to train supervisors and peers in Maine in the Peer Connect model. Beginning in the second-year of this contract, a Train-the-Trainer model will be provided to promote sustainability within Maine. The Department does not intend on competitively procuring this service in the future.

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

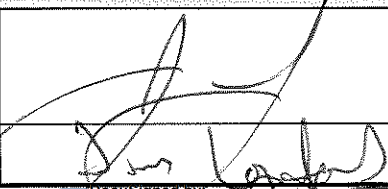

Does this request utilize ARPA/MJRP funds?

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:		Date:	20-08-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	11/3/2022