



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 Leticia Huttman & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		MH4-24-3002		
Amount: (Contract/Amendment/Grant)		\$35,609.00	Advantage CT / RQS #:	CT 10A 20240208000000002193
CONTRACT	Proposed Start Date:	2/1/2024	Proposed End Date:	3/31/2025
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:		Research Foundation for Mental Hygiene, Inc. Menands, NY		
Brief Description of Goods/Services/Grant:		Training and technical assistance for implementation of Individual Placement and Support (IPS) supported employment services within CCBHCs.		

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

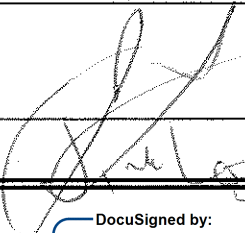
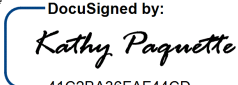
Please respond to ALL of the questions in the following sections.

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.	<p>Implementation of CCBHCs will require provision of several Evidence Based Practices including IPS, a highly researched model of supported employment. IPS supported employment helps people living with behavioral health conditions work in competitive integrated employment positions of their choosing. Implementation of IPS within the CCBHCs will require training and technical assistance for agencies and the IPS Employment Specialist positions as well as fidelity reviews of new programs. Training will be provided to both OBH staff and CCBHC staff.</p> <p>In order to build sustainability, the training and technical assistance delivered through this agreement also allows for increasing OBH capacity to better support the model, vital for effective implementation of IPS SE.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The IPS Employment Center, Research Foundation for Mental Hygiene, Inc. (RFMH) defined the Individual Placement and Support (IPS) approach to supported employment And developed the SAMHSA evidence-based practice toolkit. They provide training and technical assistance in IPS supported employment nationally and internationally and are home to the IPS International Learning Community.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The budget was negotiated with OBH which determined these are usual and customary charges for the services being provided.</p>
4. Describe the plan for future competition for the goods or services.	<p>This is a one-time project using time limited funding.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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:	7-Mar-24
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD		
Typed Name:	Kathy Paquette	Date:	11/8/2024