



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:		DHHS/OBH/Brianne Masselli & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Storm Dexter		
(If applicable) Department Reference #:		MH4-26-2020		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250331000MH4262020	
Amount: (Contract/Amendment/Grant)		\$ 1,080,777.14		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2026
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:		MaineHealth DBA Maine Medical Center Westbrook, ME		
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.)			
☐	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'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 adult 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 solicitation (RFP/RFA/RFQ) number and the date of award notification, 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 and 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 increase 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, 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

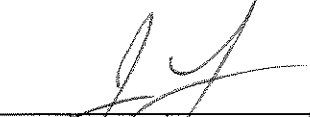
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

Procurement Justification Form (PJF)

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

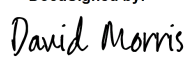
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Morris	Date:	17-Nov-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by:  2A644AF5681F482		
Typed Name:	David Morris	Date:	12/10/2025

NOI 1220251070 12/11/2025 - 12/17/2025