



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/CBHS Anita Hood    Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		CBH-26-7103	
Amount: (Contract/Amendment/Grant)		\$25,000.00	Advantage CT / RQS #: CT 10A 20250502000CBH267103
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
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:		Aroostook Mental Health Services, Inc. Presque Isle, ME	
Brief Description of Goods/Services/Grant:		Support for MDFT Service Delivery	

### 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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

Multidimensional Family Therapy (MDFT) is a collaborative, comprehensive, family-centered treatment service demonstrated to work with diverse populations of young people as young as age ten (10). MDFT simultaneously addresses substance use, delinquency, violent and aggressive behaviors, and education challenges. It improves parental and family functioning, increases positive peer affiliation, prevents out-of-home placements, and reunifies families when a youth returns from an out-of-home placement.

The Provider will receive clinical and supervisory training and certification in MDFT, which will allow them to deliver the service to eligible youth. This Agreement will support the Provider in delivering the service to fidelity by supporting components of MDFT that are not currently reimbursable by MaineCare. The provision of the service is essential to attain MDFT certification.

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

Aroostook Mental Health Services, Inc. (AMHC) is the only provider that committed to training staff in MDFT during the available training timeframe. AMHC meets the requirements of MDFT training including licensure and a team consisting of a supervisor and clinicians.

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

The Department will reimburse based on existing rates for clinical services and other current costs. The Department has determined costs and reimbursements as fair and reasonable based on comparable services in the current market.

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

The Department does not plan to RFP for this service.

### 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.



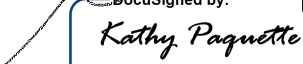

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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.

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

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	27-May-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> 		
Typed Name:	kathy Paquette	Date:	6/11/2025