

**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/Children's Behavioral Health Services		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stacy Martin		
(If applicable) Department Reference #:		CBH-24-1001A		
(Contract/Amendment/Grant) Amount:	Original:	\$ 250,000.00	Advantage CT / RQS #:	CT 10A 20230814*328
	Amend A:	\$ 224,400.00		
	Revised:	\$ 474,400.00		
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:	11/1/2023
	Previous End Date:	6/30/2024	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Community Health & Counseling Services Bangor, Maine		
Brief Description of Goods/Services/Grant:		Behavioral Health Urgent Care Clinic for Children		

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 checked="" 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 purpose of this Agreement is to conduct a pilot program that will provide expanded Crisis Resolution and Follow Up services with Behavioral Health Urgent Care Clinic services for Children and their families in their homes and community, as an alternative to seeking emergency department services for de-escalation, stabilization and to return to their homes within the community. This additional support will not only compliment Crisis Resolution and Follow Up Services but may also support families in maintaining their Child(ren) at home as they wait for higher Levels of Care, such as Residential Treatment or Inpatient Psychiatric Units (IPUs) and will seek to eliminate or reduce the need for Child(ren) and families seeking emergency room care. The Behavioral Health Urgent Care Clinic for Children will provide families a place to go when the Child(ren) is/are in need of immediate behavioral health intervention and to provide opportunities to work with trained providers within the community and be streamlined to Crisis Resolution and Follow Up Services in order to remain within the community.

The goal of this agreement is to keep Children in the least-restrictive environments (with their families and in their communities), provide a centralized Behavioral Health Urgent Care Clinic for Children setting for support, evaluation and coordination of services within the community, and effectively prevent the need for higher Levels of Care by connecting them to Crisis Resolution and Follow Up services. It is anticipated that many Children will be maintained successfully in their homes as a result of this pilot. By attending to the emotional, behavioral, and physical health needs of the Child(ren) in a Holistic client-centered manner, the Child(ren) and their families will seek to obtain a pre-Crisis level of functioning, remain in the home environment, or be transferred from the higher Level of Care they are in.

The Provider shall ensure the provision of Therapeutic Interventions within the Urgent Care Crisis Intervention Walk-in Clinic and continued support in the home, including In-home Clinical Support from a Licensed Mental Health Clinician, if indicated, aimed at addressing the Child(ren) and family needs and based on a plan of care for that Child(ren) and family. The Provider shall work with other community-based providers for coordination of services and Referrals and provide supports to the Child(ren) and their families to navigate their individual needs that assist in obtaining services that are required.

Data provided will assist with the development and implementation of Certified Community Behavioral Health Clinics (CCBHC), assess the need for further Urgent Care Crisis Intervention Walk-in Clinics statewide, and assist in policy development in order to serve a more diverse population within the community as an alternative to emergency departments.

The purpose of this Amendment is to add funds that support the expansion of the Behavioral Health Urgent Care Clinic for Children to seven (7) days per week to align with National Best Practice guidelines and to support the anticipated increase in service needs for Crisis Resolution and Follow Up to return Children to their home and community-based services.

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

PART III: SUPPLEMENTAL INFORMATION

The Department's OCFS recently received funding to explore the enhancement of the pilot for Crisis Resolution and Follow Up services, formerly known as Crisis Aftercare, to a Behavioral Health Urgent Care Clinic for Children, certified as a Community Behavioral Health Clinic (CCBHC). The Pilot's intent is to add Behavioral Health Urgent Care Clinic for Children services to an existing Crisis Resolution and Follow Up program. CHCS is the only agency in the Department's District six (6) that provides Crisis Resolution and Follow Up Services and is identified as a CCBHC grantee. Additionally, they are the only agency participating in the Crisis Resolution and Follow Up pilot that is equipped to include a Behavioral Health Urgent Care Clinic for Children.

OCFS District six (6) has been selected as the target for a Behavioral Health Urgent Care Clinic for Children as data reflects an increased utilization of emergency rooms along with an increased percentage of youth with suicidal ideations in need of alternate options for care. District six (6) also has the highest total of calls, estimated at 2,300, requiring emergency transport services for urgent behavioral health needs than any other public health district. This was evidenced by an annual review of data, highlighting the critical need to establish expanded access to clinical support for behavioral health needs.

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

The costs were estimated based on the current funding structure and rates for the statewide crisis contracts, as well as the average wage for clinical support.

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

The Department does not intend to RFP this service in the future. Data collected during this pilot program will be used to assess the effectiveness of the Behavioral Health Urgent Care Clinic for Children's pairing with Crisis Resolution and Follow Up services. The expansion will assist children to remain safely with their families and in their communities more often, effectively reducing the need for higher Levels of Care. The outcomes of the pilot will inform MaineCare policy development.

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

Does this request utilize ARPA/MJRP funds?

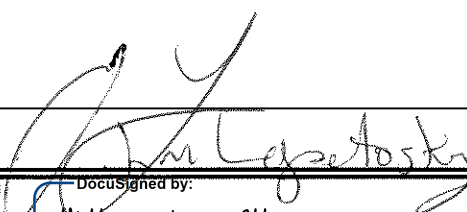

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	William J.E. Allen	Date:	1 - Feb - 24
Signature of DAFS Procurement Official:			
Typed Name:	william J.E. Allen	Date:	2/6/2024