



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		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Ryan Roberts		
(If applicable) Department Reference #:		CBH-21-1000B		
Amount: (Contract/Amendment/Grant)	Amend: \$286,465.00 Total: \$862,381.00	Advantage CT / RQS #:	CT 10A 20200602*3653	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2020	Effective Date:	6/1/2021
	Previous End Date:	6/30/2021	New End Date:	6/30/2022
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 04769		
Brief Description of Goods/Services/Grant:		Strengthen Children's Crisis Services - Pilot Project expanded statewide		

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 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 checked="" type="checkbox"/>	L. Other Authorization – COVID-19 Funding

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.

In collaboration with the Children's Cabinet and Fund for a Healthy Maine, OCFS began piloting enhanced aftercare and crisis stabilization services in Aroostook County, the Department's District 8. Data showed that Aroostook County had the greatest number of children waiting more than ten (10) hours in Emergency Departments for safe and appropriate discharge plans, including community services such as Home and Community Treatment, individual counseling, or psychiatry. From June 2019 to December 2019, an average of eight (8) children waited more than ten (10) hours for discharge from Emergency Departments; eighteen (18) children in October, and nineteen (19) children in November, had prolonged waits for appropriate crisis and aftercare.

The purpose of the pilot was to assist children in crisis to remain with their families and in their communities, safely and more often, effectively preventing the need for higher levels of care. The pilot expands aftercare and stabilization services for families in their homes, supporting children as they transition home from Hospitals (Emergency Departments and psychiatric in-patient units), Crisis Stabilization Units (CSUs), or Residential Treatment facilities. This additional support is intended to bridge community resources for children and families and decrease length of unnecessary stays. The original pilot contract had a 7/1 start but wasn't encumbered until the middle of August; the provider experienced difficulty hiring, and services didn't begin until the end of September/early October. Due to the late start and workforce challenges, this service did not collect sufficient data to make recommendations for Medicaid changes.

Mental Health Block Grant (MHBG) ECOVID funding, effective 6/1/2021, supported the expansion of the pilot to two additional sites, Districts 3 and 6. Through review of additional data sources from across the state, OCFS determined that these two other areas of the state had notable extended Emergency Department waits, and many of the children in these districts who were pending discharge required the assistance of the Program Coordination team as well as the CBHS Medical Director.

When MHBG Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) funding became available, Districts 1, 2, 4, 5, 7, and 8 were added, effective 7/1/2021. A recent amendment was done to continue the crisis aftercare services and data collection in District 8 for one more year; expand pilot services and data collection in all other Department Districts (1-7); and add a requirement that Providers obtain data via the Child and Adolescent Level of Care/ Service Intensity Utilization System (CALOCUS-CASII), which will be used as the Department considers service intensity tools for Maine.

The purpose of this subsequent amendment is to add MHBG COVID-19 funds to this Agreement, for District 7. The funding was unavailable at the time of the previous amendment.

The enhanced services provided through these contracts includes provision of therapeutic interventions and continued crisis stabilization in the home, including in-home clinical support from a licensed clinician. The family will be assigned a Child & Family Support Specialist who will work closely with the clinician to help the family understand the recommendations for treatment, to assist the family with referrals and obtaining the treatment that they need, to attend to barriers such as transportation, and to support families during the initial meetings with health providers to explain the child's needs and develop safety plans. The Department believes that supporting children and families through the pilot will decrease the amount of time children are pending appropriate discharge from identified hospitals.

The outcomes of the pilot will inform MaineCare policy development; specifically, if the CALOCUS-CASII assessment tool is effective in determining disposition, it could potentially be included in various Children's Behavioral Health policies; if the intensive in-home support of a Crisis Responder and Clinician is effective in maintaining children and families in their community and keeps them from accessing higher levels of care, there is potential to incorporate National Best Practice in this section of MaineCare as well. Our hope is that having this service available to families in crisis, we will see a decrease in utilization of higher levels of care.

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

Aroostook County, District 8, was selected as the target for this pilot since crisis data from the six (6) months preceding the contract indicated that they have the largest number of children waiting in the Emergency Departments, and for the longest amount of time, statewide. When additional funding became available, and upon review of additional data, Districts 3 and 6 were found to have notably long wait times in Emergency Departments, pending discharge to safe, appropriate care.

Each of the providers for this statewide pilot was the awarded bidder in a competitive bidding process through RFP# 201506114, Crisis Mobile Resolution and Stabilization Unit Services, and each is the only crisis provider in the Department district in which they are located.

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 the clinical component.

The Crisis Stabilization Pilot was extended for an additional year past the original agreement and was expanded to additional districts since additional funding became available. The monthly rates, per provider, were determined based upon the original cost estimate from the first pilot and coincide with the rates for the statewide crisis contracts as well as 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.

Data collected during this pilot program will be used to assess the effectiveness the CALOCUS-CASII service disposition tool, as well as whether the expansion for aftercare and crisis stabilization services will assist children in remaining 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)

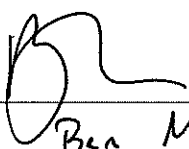

Does this request utilize ARPA/MJRP funds?

Yes – 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:	Ben Mun	Date: 12/13/21
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 3/31/2022