



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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/CBHS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:		CBH-23-20XX See Addendum		
Amount: (Contract/Amendment/Grant)		\$ See Addendum	Advantage CT / RQS #:	See Addendum
CONTRACT	Proposed Start Date:	12/01/2022	Proposed End Date:	6/30/2024
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:		See Addendum		
Brief Description of Goods/Services/Grant:		Multisystemic Therapy (MST)/Multisystemic Therapy for Youth with Problem Sexual Behavior (MST-PSB) Provider Performance, Expansion, and Recruitment and Retention Incentives		

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 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.

Kennebec Behavioral Health, MaineHealth, and Tri-City Mental Health Services are the three (3) licensed Multisystemic Therapy (MST)/Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB) Providers in Maine. MST is an intensive family and community-based treatment program designed to make positive changes in the various social systems (home, school, community, peer relations) that contribute to the serious antisocial behaviors of children and adolescents who are at risk for out-of-home placement. MST-PSB is a clinical adaption of MST that has been specifically designed and developed to treat youth (and their families) for problematic sexual behavior. MST and MST-PSB are considered evidence-based practices (EBP). Maine needs existing blended MST/MST-PSB teams to be fully staffed as well as new teams developed to expand evidence-based services into non-served areas. The goal is to reduce the waitlist for services and provide the high quality EBPs to children and families resulting in a reduction of need for higher level services.

The purpose of these Agreements is to assist and strengthen the Provider's MST/MST-PSB programs by establishing incentives to support new and/or existing efforts for workforce recruitment and retainment, program expansion in areas with a waitlist for services, and performance incentives to meet identified targeted measures.

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

Kennebec Behavioral Health, MaineHealth, and Tri-City Mental Health Services are the only licensed MST/MST-PSB programs in the State of Maine. The Department is contracting with all three (3) Providers.

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

The deliverables as outlined in this Agreement are not included in the MST/MST-PSB MaineCare rate. The Department met with the three (3) Providers, requested current MST implementation costs and future cost increases, reviewed implementation reports, and researched other state's information to determine how to financially support MST/MST-PSB Providers in Maine to build/rebuild sustainable MST teams in areas with high waitlist numbers for services.

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)

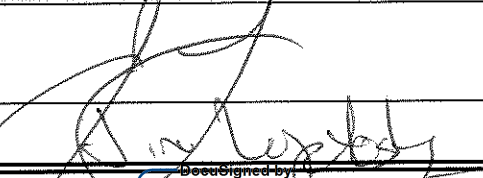

Does this request utilize ARPA/MJRP funds?

Yes – 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):			Date:	6 - Apr - 23
Typed Name:			Date:	
Signature of DAFS Procurement Official:	 <small>Designated by: 41C2BA36FAF44CD...</small> Kathy Paquette		Date:	4/20/2023
Typed Name:	Kathy Paquette	Date:	4/20/2023	

Addendum for MULTISYSTEMIC THERAPY-SFY23 Template:

<u>Name:</u>	<u>Agreement:</u>	<u>Doc ID:</u>	<u>Agreement Total:</u>
Kennebec Behavioral Health dba KVMHC - Waterville, ME	CBH-23-2014	CT 10A 20221227000000001754	\$300,000.00
MaineHealth dba Maine Behavioral Health – South Portland, ME	CBH-23-2015	CT 10A 20221227000000001755	\$300,000.00
Tri-City Mental Health Services – Lewiston, ME	CBH-23-2016	CT 10A 20221227000000001756	\$300,000.00

Total of All Agreements: \$900,000.00