



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 / Melinda Farrell	
(If applicable) Department Reference #:		CBH-24-3011	
Amount: (Contract/Amendment/Grant)	\$45,000.00	Advantage CT / RQS #:	CT 10A 20240228000000002355
CONTRACT	Proposed Start Date:	3/1/2024	Proposed End Date: 6/30/2025
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:		Jessica Griffin, Psy.D., LLC Paxton, MA	
Brief Description of Goods/Services/Grant:		Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Consultation and Training	

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 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.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment model that has proved successful with children and adolescents who have significant emotional and/or behavioral problems (e.g., symptoms of post-traumatic stress disorder, fear, anxiety, or depression) related to traumatic life events. The 2021 Maine Integrated Youth Health Survey data indicates that Maine children's mental health issues have become more severe since the 2019 Survey. Students reporting adverse childhood experiences and suicidal ideation have increased. In 2021, twenty-five percent (25%) of high school students reported four (4) or more adverse childhood experiences (an increase from 21% in 2019). Twenty percent (20%) of middle school students and 18.5% of high school students seriously considered suicide in the past year. Approximately 32% of middle school students and 43% of high school students reported poor mental health, which included stress, anxiety, and depression 'most of the time or always' during the COVID-19 pandemic. This contract will enable OCFS CBHS to increase the pool of certified TF-CBT Therapists in Maine and improve access to this effective treatment modality to children and families impacted by trauma including those impacted by the mass shooting that occurred in Lewiston, ME on October 25, 2023.

To support certification requirements, two (2) trainings would be offered virtually at no cost to a total of seventy-five (75) Therapists in the State. To be Nationally Certified in TF-CBT, Therapists must meet specific requirements, including participation and completion of the **TF-CBT Web 2.0 training**, a twelve (12) hour Basic TF-CBT training, and a minimum of nine (9) follow-up clinical consultation calls. An Advanced TF-CBT Training can take the place of one (1) clinical consultation call and provides focus on specialized populations and advanced clinical topics. A Supervisor TF-CBT Training will be provided to ensure certified TF-CBT therapists have access to clinical supervision on effective implementation and fidelity practices.

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

Jessica Griffin, Psy.D. is a clinical and forensic psychologist and associate professor in psychiatry and pediatrics at UMass Chan Medical School, who has expertise in childhood trauma, resilience, and relationships. A nationally recognized expert and certified national trainer in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), she developed the UMass Child Trauma Training Center (now Lifeline for Kids), which has trained thousands of professionals in trauma, trauma-informed care, and trauma sensitive practices.

Dr. Griffin and her colleague Dr. Jessica Wozniak, Psy.D. are the only individuals within relative proximity to New England, who are Nationally Certified to provide TF-CBT Training. Research of Nationally Certified TF-CBT trainers showed the next closest trainer is in Connecticut. Dr. Griffin and Dr. Wozniak have facilitated TF-CBT trainings for the Department and other Maine-based agencies such as Sweetser and Spurwink for several years. They are the only TF-CBT certified trainers with the experience and knowledge of the Maine mental health system.

PART III: SUPPLEMENTAL INFORMATION

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

The TF-CBT website <http://tfcbt.org> estimates the cost of each training at \$200-\$350 per Therapist, and the cost of consultation calls can range from \$250-435 per Therapist.

By training Therapists in cohorts, the cost of training and consultation per therapist will be significantly less as part of this contract than it would be if the individual therapist were to pursue training and certification independently or through the agency they are employed with.

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

The Department does not intend to continue these services beyond the contract period.

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

Does this request utilize ARPA/MJRP funds?

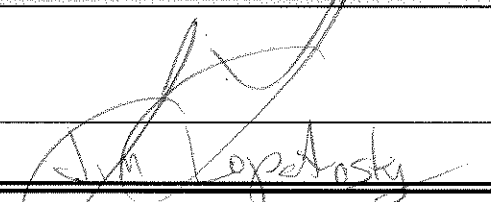
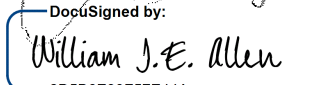
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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:	Steven Kopetosty	Date:	18-Mar-24
Signature of DAFS Procurement Official:	DocuSigned by:  2D5B8E39F57E44A...		
Typed Name:	william J.E. Allen	Date:	4/2/2024

NOI 0420240355 04/02/2024 - 04/08/2024