

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

| PART I: OVERVIEW | | | | |
|---|--|-----------------------------|----------------------------|------------------------------|
| Department Office/Division/Program: | Division of Juvenile Services | | | |
| Department Contract Administrator or Grant Coordinator: | Sonja Morse | | | |
| (If applicable) Department Reference #: | | | | |
| Amount: (Contract/Amendment/Grant) | \$ 141,740 | Advantage CT / RQS #: | CT 03A 2021050500000003064 | |
| CONTRACT | Proposed Start Date: | July 1 st , 2021 | Proposed End Date: | June 30 th , 2022 |
| 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: | Tri-County Mental Health Services 1155 Lisbon Street, P.O. Box 2008 Lewiston, Maine 04240 | | | |
| Brief Description of Goods/Services/Grant: | Home and Community Treatment--MST | | | |

| PART II: JUSTIFICATION FOR VENDOR SELECTION | | | |
|---|-----------------------------------|--|----------------------------------|
| Mark an "X" before the justification(s) that applies to this request. (Check all that apply.) | | | |
| | A. Competitive Process | | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| X | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | L. Other Authorization |

| PART III: SUPPLEMENTAL INFORMATION |
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| Please respond to ALL of the following: |
| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I. |
| The Division of Juvenile Services (DJS) under the Maine Department of Corrections (DOC) has a need for an evidence-based practice that will reduce the recidivism rate and reduce out of home placement for youth at moderate to high risk of reoffending. The mission of the Division of Juvenile Services (DJS) is to promote public safety by ensuring that juveniles under DOC jurisdiction are provided with risk-focused interventions, quality treatment, and other services that teach skills and competencies; strengthen pro social behaviors to reduce the likelihood of re-offending and require accountability to victims and communities. DOC determined Multi-systemic Therapy is appropriate for meeting the above stated need. |

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Tri-County Mental Health (TCMH) is one of only three providers currently licensed in Maine to deliver this service. Juvenile Community Corrections is broken up into three regions across the state. TCMH operates exclusively in Androscoggin county, more specifically the towns of Lewiston and Auburn, within the Juvenile Community Region 2. This is the only provider that operates in these two towns. Since 2015, TCMH has served approximately 275 youth with an increasing need each year due to the uniqueness and scientifically proven Blue Print Model used, to reduce juvenile criminal activity. Tri-County has been providing community-based services for almost 70 years.

MST is a proprietary service and can only be delivered by clinical staff that have undergone extensive training, regularly engage in on-going clinical & MST consultation, deliver the treatment adherent to the model and are licensed by MST Services. MST is an intensive family-based treatment that addresses the known determinants of serious antisocial behavior in adolescents and their families. As such, MST treats those factors in the youth's environment that are contributing to his or her behavior problems.

TCMH is only one of three providers in Maine that is licensed to deliver MST-PSB (Problem Sexual Behavior) for youth with problem sexual behavior. Due to the geographical nature of Maine, one provider cannot cover the state with this service. Over the last few years, the provider lost 1 clinical MST/MST-PSB team due to the geographical burden of travel, other rural restrictions, and funding.

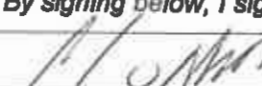
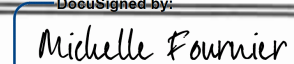
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

MST is a rigorously researched and challenging model to implement with significant start-up costs and on-going costs associated with ensuring fidelity to the model all of which is TCMH is being supported through other means besides State General Funds. The individual treatment costs are established through a state-agency rate setting process. The Department deems this rate and cost fair and reasonable.

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

Future competition to this program will necessitate an RFP; however, the costs associated with the start-up of a new program will strongly inhibit another site from implementing this Blue Print Model.

PART IV: APPROVALS

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| Signature of requesting Department's Commissioner (or designee): | <i>By signing below, I signify that I approve of this procurement request.</i> | | |
| |  | | |
| Printed Name: | Colin O'Neill | Date: | 05/10/2021 |
| | <small>DocuSigned by:</small> | | |
| Signature of DAFS Procurement Official: |  | | |
| | <small>066BBD96EE6347F...</small> | | |
| Printed Name: | Michelle Fournier | Date: | 6/3/2021 |