

**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:		OCFS/Children's Behavioral Health/Pediatric MH Care Access	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		CBH-24-4221	
Amount: (Contract/Amendment/Grant)	\$ 178,566.00	Advantage CT / RQS #:	CT 10A 20231211000000001661
CONTRACT	Proposed Start Date:	9/30/2023	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:		MaineHealth dba Maine Medical Center Westbrook, ME	
Brief Description of Goods/Services/Grant:		Increase access to behavioral health care by expanding the ability of pediatric primary and specialty care providers to detect, assess, treat, and refer children with behavioral health disorders.	

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.

In 2022, Maine ranked 16th among US states for overall health of women and children according to America's Health Rankings (AHR), up from 21st in 2016. However, the 2022 AHR report also ranks Maine among states with the highest suicide rates at over 16.8 per 100,000 for youth ages 15-19. In the 2021 Maine Integrated Youth Health Survey, 31.6% of middle schoolers and 42.7% of high schoolers reported their mental health as "not good," exemplifying the profound impact the COVID-19 pandemic has had on Maine's youth: 35.9% of high schoolers noted they felt sad or hopeless in the past 12 months, up from 32.1% in 2019. The Child and Adolescent Health Measurement Initiative shows that in 2019-2020, close to three in 10 (29.5%) of Maine children aged three to 17 experiences a mental, emotional, developmental, or behavioral (MEDB) problem. Further, the 2021 Maine Kids Count data show that of calls to Maine Emergency Medical Services for children and youth under the age of 18 years, 16.8% related to behavioral health concerns.

The Maine OCFS was awarded the Pediatric Mental Health Care Access Program grant from HRSA to increase access to behavioral health care by expanding the ability of pediatric primary and specialty care providers to detect, assess, treat, and refer children with behavioral health disorders.

The Pediatric Mental Health Care Access Program grant requires the Department to work with partners to provide behavioral health care for clients while using onsite and telehealth visits as a way to be more accessible. This grant also requires the Department to provide training and resources to healthcare and social service providers on screening and referral. This vendor has provided these services consistently and successfully for the prior 4-year grant period.

This contract will also allow the current vendor to continue to provide peer-to-peer telehealth consultations, be subject matter experts at the ECHO Webinar Series and to provide additional education to clinical providers through technical assistance and Lunch & Learns sessions without disruption while the Department transitions management of the grant and evaluates any necessary program changes prior to future competitive procurement.

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

This grant had previously been awarded and managed by the Maine CDC. OCFS intends to utilize consistent vendors from the previous grant period for a 9-month contract period in order to successfully transition the grant work between the offices without disruption to the existing services and to assess the plan for future services.

This vendor houses a distinct Integrated Behavioral Health program, which is consultative and designed to maximize patient and provider access to behavioral health expertise within outpatient medical practices. The Provider uses on-site/telehealth experts and whose primary functions include Licensed Clinical Social Workers (LCSW) that provide mental health diagnostic clarification, evidence-based behavioral therapy for mental health and substance use, individual and group therapy, advance directives educational sessions and Psychiatric Mental Health Nurse Practitioners (PMHNPs) who provide mental health diagnostic clarification, psychiatric assessment, prescribing and monitoring psychiatric medications, treating behavioral complications of medical diagnoses and treatment.

PART III: SUPPLEMENTAL INFORMATION

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

Costs were based on actual staff time costs and materials needed to complete the deliverables in the Agreement. The Department determined the costs were fair and reasonable for comparable services across the State.

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

The Department is utilizing this shortened contract period to review whether or not competitive procurement will be appropriate in the future.

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

Does this request utilize ARPA/MJRP funds?

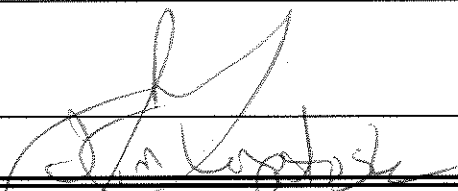
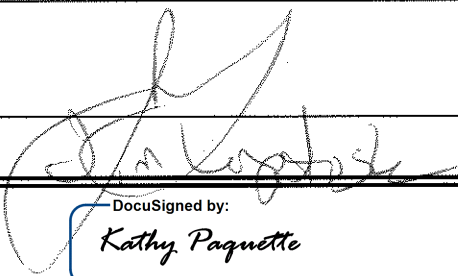
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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:		Date:	7-Mar-24
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/3/2024