

State of Maine Procurement Justification Form

PART I: OVERVIEW

| | | | |
|---|--|---|------------------------|
| Department Office/Division/Program: | | DHHS/OCFS | |
| Department Contract Administrator or Grant Coordinator: | | Chris Moiles/Ryan Roberts | |
| (If applicable) Department Reference #: | | CBH-21-100X (Multiple, See Attached) | |
| Amount: (Contract/Amendment/Grant) | Template Total: \$2,221,239.50 | Advantage CT / RQS #: | Multiple, See Attached |
| CONTRACT | Proposed Start Date: | Proposed End Date: | |
| AMENDMENT | Original Start Date: | Effective Date: | 6/1/2021 |
| | Previous End Date: | 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: | | Multiple, See Attached | |
| Brief Description of Goods/Services/Grant: | | Strengthen Children's Crisis Services – Crisis Pilot expanded statewide | |

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 |
| X | 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

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.

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. The purpose 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.

In July 2020, OCFS initiated a pilot serving children in 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

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PART III: SUPPLEMENTAL INFORMATION

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 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 purpose of this amendment is 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 use a particular data collection tool.

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 enough data to make recommendations for Medicaid changes as we had expected.

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, and 7 were added, effective 7/1/2021.

Finally, this amendment adds a requirement that the 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 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.

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 notable 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 are the only crisis providers in the Department district in which they are located.

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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.

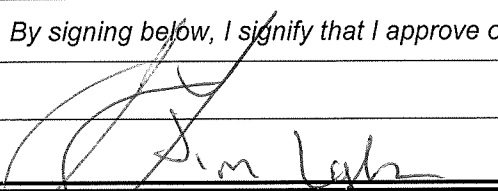
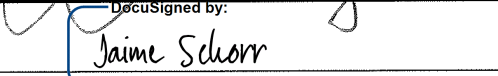
The Crisis Stabilization Pilot will be expanded to another year, since additional funding became available (MHBG ECOVID- effective 6/1/2021, and MHBG CRRSA- effective 7/1/2021). The monthly rates, per provider, were determined based upon the original cost estimate from the first pilot, and coincide with 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: 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: |  | Date: | 29-Jun-21 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small>  | | |
| Printed Name: | Jaime Schorr <small>6D6437754DD0459...</small> | Date: | 6/30/2021 |

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Addendum to PJF Strengthening Children's Crisis Services contracts

DHHS Office: OCFS

Service: Crisis Stabilization CFS-SFY21 (template)

| Vendor/Provider Name | DHHS Agreement Number | Contract (CT) Number | Amendment Amt. | Agreement Totals |
|--|-----------------------|--------------------------------|----------------|-----------------------|
| Aroostook Mental Health Services, Inc. | CBH-21-1000A | CT 10A 20200602000000003653 | \$539,131.00 | \$796,631.00 |
| Community Health and Counseling Services | CBH-21-1001 | CT 10A 20210528000000003489 | N/A | \$292,971.50 |
| Sweetser | CBH-21-1002 | CT 10A 20210528000000003488 | N/A | \$852,207.00 |
| Crisis and Counseling Center | CBH-22-1003 | CT 10A 20210623000000003775 | N/A | \$268,465.00 |
| The Opportunity Alliance | CBH-22-1004 | CT 10A 20210623000000003777 | N/A | \$268,465.00 |
| | | Total: | | \$2,221,239.50 |