



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS//OBH Dean Bugaj Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Nicole Mitchell	
(If applicable) Department Reference #:		CBH-26-4220	
Amount: (Contract/Amendment/Grant)	\$ 325,784.00	Advantage CT / RQS #:	CT 10A 20250617000CBH264220
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 9/29/2026
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:		Acadia Healthcare, Inc Brewer, ME	
Brief Description of Goods/Services/Grant:		Pediatric Mental Health Care Access	

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.	<p>Maine Children’s Behavioral Health Services (CBHS), within the Office of Behavioral Health, was awarded the Pediatric Mental Health 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. This grant is awarded through September 29, 2026. CBHS intends to utilize consistent vendors throughout the life of the grant cycle to maintain services within the structure developed for the program.</p> <p>The Pediatric Mental Health Care Access 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.</p> <p>This vendor has provided these services consistently and successfully for the prior 4-year grant period. This contract will 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.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>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 (PMHNP’s) who provide mental health diagnostic clarification, psychiatric assessment, prescribing and monitoring psychiatric medications, treating behavioral complications of medical diagnoses and treatment.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>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.</p>

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

The Department has a pending RFP (OBH202511) to competitively procure these services for a contract start date of September 30, 2026.

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.

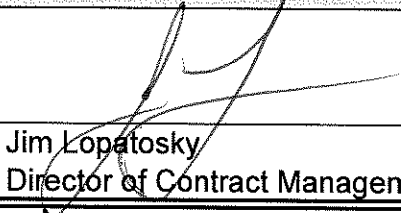

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	2-Jul-25
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	7/29/2025