



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-24-4221B		
Amount: (Contract/Amendment/Grant)	Amend B: Rev Amt:	15,278.71 \$408,961.65	Advantage CT / RQS #:	CT 10A 20231211000000001661
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	9/30/2023	Effective Date:	6/1/2025
	Previous End Date:	6/30/2025	New End Date:	n/a
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:		Pediatric Mental Health Care Access Program		

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 checked="" 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.

The purpose of this amendment is to add one-time additional funding to support the service through the end of the agreement period.

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 Department 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. The Pediatric Mental Health 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.

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. OBH 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 has a pending RFP (OBH202511) Evaluation of the Pediatric Mental Health Care Access Program with an anticipated contract start date of 9/30/2026.

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.

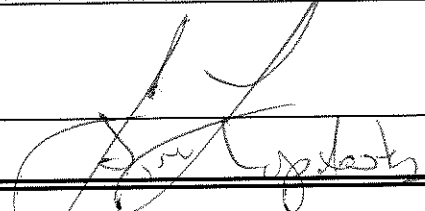
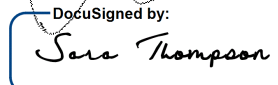
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	18-Jul-25
Signature of DAFS Procurement Official:	DocuSigned by:  1AA58C7ED4B44B6		
Typed Name:	Sara Thompson	Date:	04 August 2025