



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/CBHS Selina McGlaulin	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Emily Clifton	
(If applicable) Department Reference #:		CBH-26-1508	
Amount: (Contract/Amendment/Grant)	\$256,576.00	Advantage CT / RQS #:	CT 10-A 20250505000CBH261508
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2027
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:		PATHWAYS OF MAINE INC, ATLANTA, GA	
Brief Description of Goods/Services/Grant:		Clinical oversight and coaching support for Triple P Online participants	

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.

Triple P Online (TPOL) is a Triple P Level 4 broad-focused, stand-alone online parenting skills intervention program that has proven outcomes. It is designed to promote positive parenting practices and teaches parents the application of principles to specific situations. Studies have found that the addition of professional support to TPOL led to greater improvements in reducing negative parenting and intensity of difficult child behaviors. Participants were more likely to complete the program modules, had greater program satisfaction, and significantly better outcomes than those without professional support. Professional support includes coaching calls to ensure parents/caregivers understand the modules and are setting reasonable and achievable goals.

The purpose of this Agreement is to offer professional support to TPOL participants in the form of clinical oversight and non-clinical support. TPOL will be offered in Maine to eligible caregivers who need high-quality, evidence-based children's behavioral health services and may be participating as part of child welfare referrals, as an alternative to other treatment services that are not immediately available such as Home and Community Treatment (HCT), or to those who are self-referred.

The Provider will enroll, monitor, and support caregivers to complete the TPOL program, providing technical assistance, and other support as needed.

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

Pathways of Maine has the highest number of master's and bachelor's level staff who have completed the CBHS-supported Triple P Level 4 and 5 trainings and accreditations and continue to be employed by the agency. Outreach to all practitioners who were trained and accredited in Triple P found that many had left the agencies they were affiliated with at the time of training and are not currently offering Triple P services. In addition to having a high number of trained staff, Pathways of Maine is uniquely positioned to support statewide implementation through having a presence in every county across the State and can support access to services when technology is a barrier. Lastly, Pathways of Maine is affiliated with an agency in Illinois that has successfully implemented a similar clinical oversight initiative with their TPOL program. Maine has explored the Illinois program and modeled its own program similarly.

The TPOL program in Maine provides a stand-alone positive parenting skills intervention that can also be offered as part of larger treatment planning for parents/givers in need of additional support. Pathways of Maine continues to be the only agency able to provide the robust clinical oversight and support services to support the TPOL initiative statewide in a timely manner.

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

The Department met with the vendor to review current clinical and nonclinical support rates and researched other state's initiatives to determine how TPOL clinical oversight is provided. The

PART III: SUPPLEMENTAL INFORMATION

Department has explored rate studies for outpatient mental health services and non-clinical support services to determine a fair hourly rate for the clinical oversight and non-clinical support positions.

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

The Department does not plan to competitively procure this service.

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.

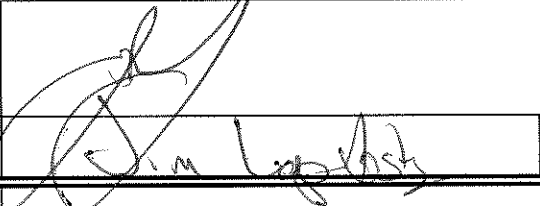

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 Lapinski	Date:	11-11-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	9/5/2025