



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

**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:		DHHS/OCFS/Children's Behavioral Health Services		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Matt Galletta		
(If applicable) Department Reference #:		CBH-24-1001		
Amount: (Contract/Amendment/Grant)		\$250,000.00	Advantage CT / RQS #:	CT 10A 20230814000000000328
CONTRACT	Proposed Start Date:	7/1/2023	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:		Community Health & Counseling Services Bangor, Maine		
Brief Description of Goods/Services/Grant:		Crisis Aftercare and Stabilization with Urgent Care Crisis Intervention Walk-in Clinic Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

The purpose of this Agreement is to conduct a pilot program that will provide expanded Aftercare and Stabilization with Urgent Care Crisis Intervention Walk-in Clinic services for families in their homes and community, as an alternative to seeking emergency department services for Child(ren) and their families in order to de-escalate, stabilize and return to their homes within the community. This additional support will not only compliment Aftercare and Stabilization but will streamline efforts to bridge a Child(ren) to community resources, decrease length of unnecessary stays, and reduce the need to seek a higher Level of Care. This pilot may also support families in maintaining their Child(ren) as they wait in their home community for higher Levels of Care, such as Residential Treatment or Inpatient Psychiatric Units (IPUs). This intervention will seek to eliminate or reduce the number of days that a Child(ren) is in the local emergency room setting seeking care; reduce the number of days in an IPU; reduce the number of days in a Children's Crisis Stabilization Units (CSUs) and reduce the number of Child(ren) requiring a higher Level of Care. The Urgent Care Crisis Intervention Walk-in Clinic will provide families a place to go when the Child(ren) is in need of immediate behavioral health intervention and to provide opportunities to work with trained providers within the community and be streamlined to Aftercare services in order to remain within the community.

The goal of this agreement is to keep Children in the least-restrictive environments (with their families and in their communities), provide a centralized Urgent Care Crisis Intervention Walk-in Clinic setting for support, evaluation and coordination services within the community, and effectively prevent the need for higher Levels of Care. It is anticipated that many Children will be maintained successfully in their homes as a result of this pilot. By attending to the emotional, behavioral, and physical health needs of the Child(ren) in a Holistic client centered manner, the Child(ren) and their families will seek to obtain a pre-Crisis level of functioning, remain in the home environment, or be transferred from the higher Level of Care that they are in.

The Provider shall ensure the provision of Therapeutic Interventions within the Urgent Care Crisis Intervention Walk-in Clinic and continued Crisis Stabilization and support in the home, including In-home Clinical Support from a Licensed Mental Health Clinician, if indicated, aimed at addressing the Child(ren) and family needs and based on a plan of care for that Child(ren) and family. The Provider shall work with other community-based providers for coordination of services and Referrals along with Hospitals (emergency rooms and IPUs), CSUs or Residential Treatment facilities around possible Step-downs from a higher Level of Care to a lower Level of Care. The Provider shall provide supports to the Child(ren) and their families to navigate their individual needs that assist in obtaining services that are required.

Data provided will assist with the development and implementation of Certified Community Behavioral Health Clinics (CCBHC), assess the need for further Urgent Care Crisis Intervention Walk-in Clinics statewide, and assist in policy development in order to serve a more diverse population within the community as an alternative to emergency departments.

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

The Department's OCFS recently received funding to explore the enhancement of Crisis Resolution CFS-SFY21 Pilot, formerly known as Crisis Aftercare, to a Certified Community Behavioral Health Clinic (CCBHC). The Pilot's intent is to add Urgent Care Crisis Intervention Walk-in Clinic services to an existing CCBHC. CHCS is the only agency in the Department's District six (6) that provides Crisis Resolution Services and is identified as a CCBHC grantee. Additionally, they are the only agency participating in the Crisis Resolution CFS-SFY21 Pilot that is equipped to include an Urgent Care Crisis Intervention Walk-In Clinic.

OCFS District six (6) has been selected as the target for an Urgent Care Crisis Intervention Walk-in Clinic as data reflects an increased utilization of emergency rooms along with an increased percentage of youth with suicidal ideations in need of alternate options for care. District six (6) also has the highest total of calls, estimated at 2300, requiring emergency transport services for urgent behavioral health needs than any other

**PART III: SUPPLEMENTAL INFORMATION**

public health district. This was evidenced by an annual review of data, highlighting the critical need to establish expanded access to clinical support for behavioral health needs.

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 clinical support.

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

The Department does not intend to competitively procure this service in the future.

Data collected during this pilot program will be used to assess the effectiveness the CASii service intensity 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: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**


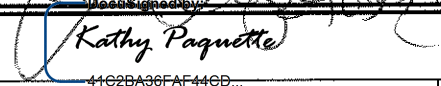
Does this request utilize ARPA/MJRP funds?

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

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:	25.5.23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	11/28/2023