



## 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/CBHS			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Emily Clifton			
(If applicable) Department Reference #:	CBH-24-1508			
Amount: (Contract/Amendment/Grant)	\$ 242,320.00	Advantage CT / RQS #:	CT 10A 20231106000000001326	
CONTRACT	Proposed Start Date:	11/1/2023	Proposed End Date:	3/31/2025
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. Brunswick, ME			
Brief Description of Goods/Services/Grant:	Clinical Oversight and Non-Clinical Support for Triple P Online (TPOL) 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 teach parents the application of principles to specific situations. Studies have found that with the addition of professional support to TPOL, greater improvement in negative parenting and intensity of difficult child behaviors was found, and participants were more likely to complete the program modules. 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, specifically Home and Community Treatment (HCT), or those who are self-referred. The Provider will enroll, monitor, and support caregivers to complete the TPOL program, provide 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 and bachelor level staff who have completed the OCFs-supported Triple P Level 4 and 5 training and accreditation, and continue to be employed by the agency. Outreach to practitioners who were trained and accredited in Triple P, found that many had left the agencies they were affiliated with during the training and are not currently offering Triple P services. In addition to having a high number of trained staff, Pathways is uniquely positioned to support statewide implementation through having a presence in every county across the State and supporting access to services even 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 plans to model its own program on the work Illinois has done.

TPOL is part of the CBHS plan developed in coordination with the Commissioner's Office to address concerns identified in a recent Department of Justice (DOJ) report. Pathways of Maine is 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 Department also explored recent 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)**

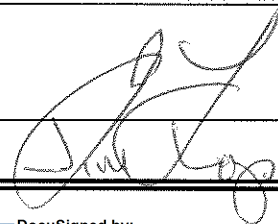
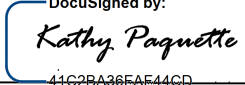
Does this request utilize ARPA/MJRP funds?

Yes – 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:	4-Dec-23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	12/22/2023