## 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

			PART I: O	VERVIE	W		
Department Office/Division/Program:			DHHS/CBHS				
Department Contract Administrator or Grant Coordinator:			Shawn Belanger				
(If applicable) Department Reference #:			Multiple, See Attached				
Amount: \$300,694 (Contract/Amendment/Grant)		4.00	Advantage CT / RQS #:		Multiple, See Attached		
CONTRACT	Proposed St	art Date:	7/1/2024		Proposed End [		6/30/2025
AMENDMENT	Original Start Date:				Effective Date:		
	Previous End Date:				New End Date:		
GRANT	Project Start Date:				Grant Start Date:		
	Project End Date:		Grant End D		Date:		
Vendor/Provider/Grantee Name, City, State:			Multiple, See Attached Vendor List				
Brief Description of Goods/Services/Grant:			School Tele-Behavioral Health Pilot-SFY25				

PART II: JUSTIFICATION FOR VENDOR SELECTION  Check the box below for the justification(s) that applies to this_request. (Check all that apply.)					
	B. Amendment		H. State Statute/Agency Directed		
	C. Single Source/Unique Vendor		Federal Agency Directed		
	D. Proprietary/Copyright/Patents	×	J. Willing and Qualified		
	E. Emergency		K. Client Choice		
	F. University Cooperative Project		L. Other Authorization		

REV 08/12/24 Page 1 of 5

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.

Children and youth continue to demonstrate marked increases in social, emotional, and mental health needs, including substantial increases in depression, anxiety, behavioral issues, and suicidal ideation. Data from Maine hospitals show that Emergency Department utilization has increased markedly for children and youth with behavioral health (BH) complaints, including significant increases in visits for suicidal ideation for adolescent females.

These trends existed prior to the COVID-19 pandemic but have dramatically increased over the past several years due to a complex array of factors, prompting several national child health organizations to declare a national emergency in children's mental health. Additionally, the pandemic caused profound workforce shortages, particularly in the health care and BH workforce, which are worse in rural communities, further compounding the issues of finding access to BH care. Improving access to BH services presents an important challenge. Given current BH workforce shortages, officials see an opportunity to provide these services through telehealth. Maine DHHS has noted a successful program developed out of Heywood Healthcare in western Massachusetts that has expanded access to BH services for students by offering tele-BH counseling services in the school setting. Community Health Workers (CHWs) that are on-site in schools, coordinate access to BH counseling services and help students address unmet health-related social service needs.

Given current needs, the Department (DHHS) and the Maine Center for Disease Control and Prevention will initiate a pilot program, partnering with local mental health providers with telehealth experience. The pilot program will provide additional counseling support and services in schools paired with the in-school support of a Community Health Worker in targeted rural areas of the state. Concurrent work with existing School-Based Health Centers to prioritize and expand mental health services will continue along with efforts to support and strengthen integrated school-based mental health programs across the state.

Funding will allow contracts with community mental health and/or tele-behavioral health providers to:

- Provide tele-behavioral health counseling services to students in schools;
- Provide a Community Health Worker (CHW) that will be based in the school; and
- Cover start-up and infrastructure supplies as necessary.

Services may include access to direct counseling, psychiatrists, and behavioral consultation. Providers will be able to bill insurance for eligible services.

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

The pilot is centered in several rural communities, with a focus on communities hard hit by behavioral health needs and workforce shortages, with the goal of improving access to behavioral health services in rural schools by expanding telehealth counseling services and social supports for students within their school setting. Community Mental Health Providers were asked if any were

## PART III: SUPPLEMENTAL INFORMATION

willing to collaborate with the DHHS in a pilot combining telehealth in the schools with an on-site Child Health Worker Position; two (2) providers volunteered:

Community Health and Counseling Services (CHCS) has had a presence in several rural school systems and is willing to expand to additional schools with provision of telehealth services and Child Health Worker. They have been a trusted provider of behavioral healthcare for years. CHCS is partnering with rural Guilford and Ellsworth schools, serving Piscataquis Community High School and Ellsworth Middle School.

Kennebec Behavioral Health (KBH) has a robust school telehealth program in place and has agreed to implement the pilot with the Child Health Worker position as part of the team. KBH is currently serving China Middle School and KBH has served Messalonskee Middle School in years one (1) and two (2) of the pilot. Beginning 7/1/24, KBH will serve students at Messalonskee High School.

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

Pilot project funds will support efforts to develop this model and work with rural schools to ramp up these services, with the understanding that the participating behavioral health providers will also be able to bill insurance for eligible services.

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

If the pilot is determined to be successful, it will inform policy changes in Medicaid, specifically as it pertains to behavioral health services in the school setting and incorporating the Community Health Worker, a fundamental position in this pilot.

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 <u>Title 5</u>, §18 and §18-A, in harmony with MRS <u>Title 17</u>, §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):	14		
Typed Name:	200 modeste	Date:	25-5m24
Signature of DAFS Procurement Official:	Kathy Paquette		
Typed Name:	Kathy Paquette	Date:	10/7/2024

DHHS Office: OCFS

**Service:** SCHOOL TELE BEHAVIORAL HEALTH PILOT-SFY25

Vendor Name	Agreement Number	Start Date	End Date	Agreement Amount
Community Health and Counseling Services	CBH-25-3302	7/1/2024	6/30/2025	\$217,136.00
Kennebec Behavioral Health	CBH-25-3303	7/1/2024	6/30/2025	\$83,558.00
Total Items	3	To	tal Amount	\$300,694.00

REV 08/12/24 Page 5 of 5