



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/CBHS		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Melanie Boucher		
(If applicable) Department Reference #:	CBH-25-3301		
Amount: (Contract/Amendment/Grant)	\$67,350.00	Advantage CT / RQS #:	CT 10A 20240903000CBH253301
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 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 Date:
Vendor/Provider/Grantee Name, City, State:	Acadia Healthcare Inc Brewer, ME		
Brief Description of Goods/Services/Grant:	Community Health Worker for the School Tele-Behavioral Health Pilot		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 Department (DHHS) and the Department of Education (DOE) have initiated a pilot program, partnering with community mental health agencies with telehealth experience. The pilot program provides additional counseling support and services in schools paired with the in-school support of a Community Health Worker (CHW) 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.

The purpose of this Agreement is to support the continued staffing of a CHW to facilitate the implementation of the Department's "School-Based Tele-Behavioral Health Pilot" program. The goal of the Agreement is to improve access to behavioral health services and supports for children and youth in schools, by having a CHW to support the delivery of high-quality and effective Tele-Behavioral Health services. The CHW facilitates Students in accessing behavioral health services in the school setting without life interruption and provides connections to additional services as needed.

Funds provided through this Agreement will cover the staffing costs associated with the school-based CHW position. The CHW will support the Provider's administration of Tele-Behavioral Health services. As a condition of the funding received through this Agreement, the Provider shall administer services that include access to direct counseling, psychiatry consultation, and behavioral consultation in the school(s) that is/are providing the Tele-Behavioral Health services included in this pilot.

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

The School Tele-Behavioral Health Pilot is centered in several rural communities, with a focus on communities hard hit by behavioral health needs and workforce shortages, and a 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. Acadia Healthcare is one of three community mental health agencies who serve these rural communities and have been willing to participate in the Department's School Tele-Behavioral Health Pilot.

Acadia Healthcare has been a demonstrated leader in the provision of tele-counseling in schools and is doing some of the most robust work around school based mental health; partnering with the Pittsfield School Department, serving the Vickery and Warsaw Schools.

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

The cost of the Community Health Worker (CHW) position was negotiated between the Department and the vendor and is considered fair and reasonable based on current, comparable staff salaries.

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

The Department does not intend to RFP this pilot in the future.

If the School Tele-Behavioral Health 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.

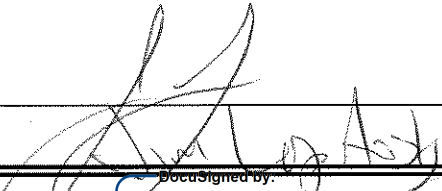

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS 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:	19-Nov-24
Signature of DAFS Procurement Official:	 41C2BA30FAF44CD...		
Typed Name:	Kathy Paquette	Date:	12/10/2024