



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
Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount: (Contract/Amendment/Grant), Multiple, See Addendum, Advantage CT / RQS #, Multiple, See Addendum, CONTRACT, Proposed Start Date, Proposed End Date, 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, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with 4 columns: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.

There are only two remaining, licensed Multisystemic Therapy (MST)/Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB) providers in Maine. Maine lost a third MST/MST-PSB provider when Tri-County Mental Health Services became part of Spurwink. Spurwink continues all services except for MST/MST-PSB.

MST is an intensive family and community-based treatment program designed to make positive changes in the various social systems (home, school, community, peer relations) that contribute to the serious antisocial behaviors of children and adolescents who are at risk for out-of-home placement. MST-PSB is a clinical adaptation of MST that has been specifically designed and developed to treat youth (and their families) for problematic sexual behavior. MST and MST-PSB are considered evidence-based practices (EBP).

The remaining MST/MST-PSB teams and their agencies are working to expand their services to cover families in service areas previously served by TCMHS. Maine needs existing blended MST/MST-PSB teams to be fully staffed, and the development of new teams, to expand evidence-based services into underserved/non-served areas. The goal is to reduce the waitlist for services and provide high quality EBPs to children and families resulting in a reduction of the need for higher level of care services.

The purpose of this Contract is to assist and strengthen the Provider's MST/MST-PSB program by establishing incentives for meeting maximum team staffing levels, program expansion in areas with a waitlist for services including areas previously served by Tri County Mental Health Services, and meeting identified targeted performance measures.

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

There are only two (2) remaining licensed MST/MST-PSB programs in the State of Maine. The Department is contracting with both providers.

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

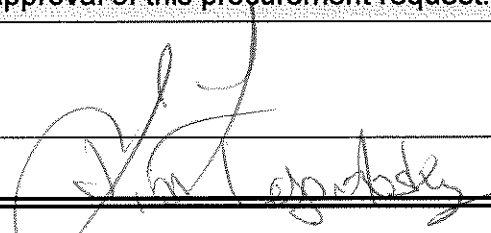

The deliverables as outlined in this agreement are not included in the MST/MST-PSB MaineCare rate. The Department met with the two providers, requested current MST implementation costs and future cost increases, reviewed implementation reports, and met with other State stakeholders to determine how to financially support MST/MST-PSB providers in Maine to build/rebuild sustainable MST teams in areas with high waitlist numbers for services.

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

The Department does not plan to RFP for this service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
Does the requesting Department signatory understand and acknowledge Maine's COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <u>MRS Title 5, §18-A, 2.</u>	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:			
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD		
Typed Name:	Kathy Paquette	Date:	6/26/2024

DHHS Office:

OCFS

Service:

MULTISYSTEMIC THERAPY-SFY25

Vendor Name	Agreement Number	Start Date	End Date	Agreement Amount
KENNEBEC BEHAVIORAL HEALTH	CBH-25-2014	7/1/2024	3/31/2025	\$150,000.00
MAINEHEALTH - MAINE BEHAVIORAL HEALTHCARE	CBH-25-2015	7/1/2024	3/31/2025	\$150,000.00
Total Items	2	Total Amount		\$300,000.00