



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: OVERVIEW					
Department Office/Division/Program:		DHHS//OBH Brianne Masselli Eliza Fielding			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melanie Boucher			
(If applicable) Department Reference #:		MH1-25-100			
Amount: (Contract/Amendment/Grant)		\$5,204,100.00	Advantage CT / RQS #:	10A 10A 202410100000MH125100	
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date:	3/31/2026	
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:		Spurwink Services, Inc Portland, Maine			
Brief Description of Goods/Services/Grant:		Crisis Center			

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.

The purpose of this Agreement is to support a Behavioral Health (BH) Crisis Center in Cumberland County. Individuals in a BH Crisis frequently end up in the emergency department, sometimes in the criminal justice system, and often are admitted for psychiatric inpatient treatment due to lack of a complete continuum of Crisis Services and mechanism to link such Individuals to ongoing community-based treatment in a timely manner.

This Provider shall implement a Crisis Center in Cumberland County to ensure that Individuals receive the support necessary until the Crisis has been resolved and/or, as appropriate, a firm linkage to the level of care determined via assessment and triage is in place. Crisis Center programming is designed to provide immediate assessment, triage, and, when indicated, active treatment and/or support until warm handoff to the appropriate service is completed. The goal of the Crisis Center is stabilizing the Individual and re-integrating him/her back into the community.

The Crisis Center also serves as the 24/7 access point for required mental health assessments for foreseeable harm commonly referred to as Maine's Yellow Flag Law, Public Law 2019, Chapter 411.

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

In early 2020, the Department issued RFP 202001011 Crisis Center Services. The Department received 1 proposal from The Opportunity Alliance (TOA) and issued an award in October 2020. At the start of negotiations, TOA determined it could not provide the services at that time. The Department then began engagement with Spurwink and as a result has negotiated a contract to ensure these Behavioral Health Crisis Services can be implemented in the southern part of the State.

Spurwink is uniquely qualified to complete timely implementation due to existing infrastructure, including physical structure already in development with an architect and permitted by the City of Portland for renovation in the desired catchment area. This renovation includes an on-site contracted pharmacy which provides access to necessary emergency medications. Spurwink has a well-established Assertive Community Treatment team serving very high-need consumers and facilitates healthy working relationships with local law enforcement and service providers. Spurwink is located in a high-need area very near the city's homeless shelters which serve many people with mental health and substance use disorders.

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

There has been an increased need in the Cumberland County areas for crisis services. OBH reviewed the anticipated need, data elements, current crisis utilization, information from stakeholders and assessed the total population through a review similar to how other projects are

PART III: SUPPLEMENTAL INFORMATION

estimated when developing a budget. This budget is based on the need to provide these services with the expected interdisciplinary team coverage, identified in the RFP.

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

OBH needs to complete a one-year evaluation after the facility has been open twenty-four (24) hours a day for a period of one (1) year. The Department is continuing to evaluate the program and does not intend to RFP this service in Cumberland County at this time.

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.

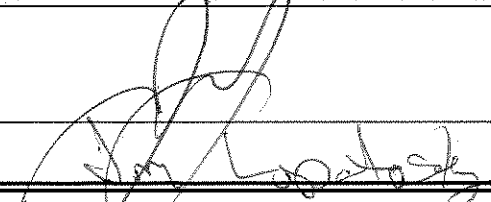
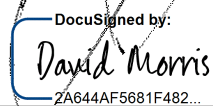
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	6-Nov-24
Signature of DAFS Procurement Official:	DocuSigned by:  2A644AF5681F482...		
Typed Name:	David Morris	Date:	1/6/2025

NOI 0120250013 01/06/2025 - 01/12/2025