



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/OBH/Brianne Masselli & Sara Wade		
Department Contract Administrator or Grant Coordinator:	Jeanne Garza / Lyndsay Frank		
(If applicable) Department Reference #:	MH4-25-CCT		
Amount: (Contract/Amendment/Grant)	\$ 48,213.00	Advantage CT / RQS #:	2024120400000000822
CONTRACT	Proposed Start Date:	9/1/2024	Proposed End Date: 9/30/2024
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:	Medical Priority Consultants Salt Lake City, Utah		
Brief Description of Goods/Services/Grant:	Training		

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.

Most of Maine's 911 call takers currently do not possess the training, skills, and abilities to confidently and accurately screen calls and determine which may be better served by 988/MCL (Maine Crisis Line) rather than dispatching traditional police, fire, or EMS resources. To adequately continue implementation of prioritizing and processing 911 calls for behavioral health events, telecommunicators must receive additional training. Maine's Emergency Dispatch Protocol vendor, Priority Dispatch, has released the newest crisis protocol and accompanying training: First Party Callers in Crisis—Caller in Crisis Certificate Training Course. For an EMD Center to receive the software licensing upgrade to turn on the additional First Party Callers in Crisis protocol, all staff must complete this initial training; the licensing itself is no cost. OBH proposes using MHBG-TA funds to support the cost (\$48,213) of the 4-hour training for 487 licensed Emergency Medical Dispatchers (EMDs) in Maine.

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

Priority Dispatch is Maine's Emergency Dispatch Protocol vendor.

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

The Department determined the costs and rates were fair and reasonable based on the services to be provided.

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

The Department does not intend 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, 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.

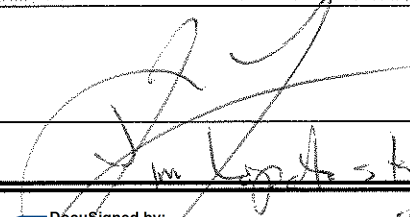
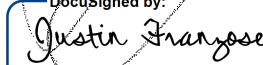
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	16 Dec 21
Signature of DAFS Procurement Official:	DocuSigned by:  Justin Franzose AEED9C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	1/7/2025