



## 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:	OBH / Brianne Masselli (PM) / Kristen King (PA)		
Department Contract Administrator or Grant Coordinator:	Althea Harris / Storm Dexter		
(If applicable) Department Reference #:	MHC-25-322		
Amount: (Contract/Amendment/Grant)	\$ 926,960.00	Advantage CT / RQS #:	CT 10A 202412050000MHC25322
<b>CONTRACT</b>	Proposed Start Date:	<b>12/1/2024</b>	Proposed End Date: <b>6/30/2025</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Kennebec Behavioral Health Waterville, ME		
Brief Description of Goods/Services/Grant:	Crisis Stabilization Services		

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.

There are three (3) distinct services provided in this service group, Crisis Intervention Mobile Response Services (Mobile Services) and Crisis Residential Services, and Crisis Telephone Response. The Provider shall provide effective Mobile Services and Residential services in the least restrictive setting and connect Persons in Crisis to community-based service providers.

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

These services were competitively bid under RFP 201506113 (1 award) and 201506114 (8 awards). Due to an appeal process under 201506114 for D1, 2, and 4, RFP 201706121 was issued. The award periods from 201506113 and 201506114 were adjusted as none of the contract under any of the RFPs began until 4/1/2018.

Crisis and Counseling CTR Inc was awarded the contract for district 7 under RFP 201506114. Crisis and Counseling Services will cease provision of services in totality on November 30, 2024. Kennebec Behavioral Health will assume services historically maintained by Crisis and Counseling as of December 1<sup>st</sup> 2024. The transition, which includes comprehensive elements such as supporting existing staff to transition to Kennebec Behavioral Health as well as a transition of existing clients of Crisis and Counseling, is mutually agreed upon by both agencies.

The renewal periods are as follows:

**201506113 – 1 Statewide award MHC-XX-700**

Initial Start Date*	4/1/2018	Initial End Date*	3/31/2019
Renewal 1 Start Date	4/1/2019	Renewal 1 End Date	6/30/2020
Renewal 2 Start Date	7/1/2020	Renewal 2 End Date	6/30/2021
Renewal 3 Start Date	7/1/2021	Renewal 3 End Date	6/30/2022
Renewal 4 Start Date	7/1/2022	Renewal 4 End Date	6/30/2023
Renewal 5 Start Date	7/1/2023	Renewal 5 End Date	6/30/2024

**201506114 – 5 awards (D3, 5, 6, 7, 8) MHC-XX-115, 240, 241, 322, and 414**

Initial Start Date*	4/1/2018	Initial End Date*	3/31/2019
Renewal 1 Start Date	4/1/2019	Renewal 1 End Date	6/30/2020
Renewal 2 Start Date	7/1/2020	Renewal 2 End Date	6/30/2021
Renewal 3 Start Date	7/1/2021	Renewal 3 End Date	6/30/2022

**201706121 – 3 awards (D1, 2, and 4) MHC-XX-413, 415, 699**

Initial Start Date*	4/1/2018	Initial End Date*	3/31/2019
Renewal 1 Start Date	4/1/2019	Renewal 1 End Date	6/30/2020
Renewal 2 Start Date	7/1/2020	Renewal 2 End Date	6/30/2021
Renewal 3 Start Date	7/1/2021	Renewal 3 End Date	6/30/2022

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

Mobile and Crisis Residential rates are based on existing MaineCare rates. Based on utilization, providers are allocated ancillary funding based on costs that are outlined in the Rider A.

**PART III: SUPPLEMENTAL INFORMATION**

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

The Department is currently restructuring/conducting a service reform of its Crisis Services. Once the restructure/reform is finalized, the Department will issue an RFP for Crisis Services. The RFP for Crisis Stabilization is expected to be finalized by 7/1/2025.

**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.

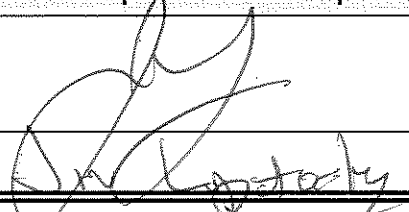

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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. Dec. 21
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	3/21/2025