

**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

Department Office/Division/Program:		DHHS/OBH/Michael Freysinger & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		MH4-23-2023B	
Amount: (Contract/Amendment/Grant)	Current: \$218,800.00 Amend B: \$341,147.52 Revised: \$559,947.52	Advantage CT / RQS #:	CT 10A 20221229000000001778
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	10/1/2023
	Previous End Date:	New End Date:	12/31/2024
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Jessica Joy Stohlmann Denver, CO	
Brief Description of Goods/Services/Grant:		Consultation, Research, 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.

The purpose of this Agreement is to develop a Peer Mobile Crisis Response training and certification program and non-academic Train-the-Trainer curricula that will serve adult learners with lived experience in the behavioral health system of care and varying degrees of educational experience in each of the following Domains:

- Grounding participants in a new IPS practice environment
- Crisis & co-occurring issues
- Youth and Family engagement
- Personal Safety
- Crisis theory and principles of crisis management
- Crisis intervention
- Trauma
- The Role of Peer Support Specialists in Crisis Response
- Bridging the desires and needs of the individual with the clinical staff
- Co-reflection
- Debriefing challenging incidents

The curricula shall provide detailed instructions and Core Content areas that shall allow a trainer to effectively deliver face to face curriculum to a diverse range of adult learners and shall be accompanied by a complete participant packet that aligns with a trainer manual and slide deck(s).

This contract is being amended to implement significant changes and improvements to the State-wide crisis resolution system as required by SAMHSA & the national 988 Suicide & Crisis Lifeline. These pending changes include:

1. answer a minimum of 90% of in-state call, chat and text routed from the national 988 hub
2. enhance recruitment, hiring, and training and documentation of the 988 workforce to meet the 90% answer rate minimum
3. update Imminent Risk policies and practices to align with Vibrant's new Suicide Safety Policy
4. implement additional technology and cyber security measures to fully support 988 infrastructure and effective coordination across the crisis continuum
5. improve 988 support and service for high-risk and underserved populations
6. develop and implement comprehensive quality assurance plans, to include identification and review of critical incidents
7. develop and implement comprehensive 988 communication plans to align with SAMHSA's 988 partner toolkit.

To meet these new mandates, The Department is contracting with this provider to support ongoing crisis system reform efforts, specifically in updating/re-writing the training curricula and certification standards and process. The provider will also offer consultation in system design and implementation as a national expert in the field.

PART III: SUPPLEMENTAL INFORMATION

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

This Vendor's work was part of the approved FMAP budget to align Maine's peer crisis services with national best practices and standards. Jess Stohlmann-Rainey has 20 twenty years of experience working at the intersections of research and practice in crisis, suicidology, and peer support. The vendor is a curriculum designer and trainer with living experience with suicide, crisis, and unusual experiences that get called "psychosis".

This Contract is being amended to include the work components of 2 approved FMAP spend plans: 207.1 Crisis Services Enhancement, and 102.4 Workforce Portability and Expansion. This Vendor was selected based on their content knowledge, expertise, and direct experience developing training curricula, certification standards, and system design and implementation in the field of State-wide crisis response. Additionally, this provider is recognized nationally for their work in crisis reform, including presenting at National Conferences, publishing scholarly articles, and contracting with SAMHSA on 988 development and roll out. This Vendor is part of a small group of national experts working with the American Association of Suicide Prevention, the national entity responsible for establishing the certification standards for both individual crisis responders and crisis response provider agencies. This provider is a Certified trainer and advanced level facilitator of Intentional Peer Support, the MH peer modality endorsed by OBH, necessary to develop training curricula that is complimentary to this modality and support integration of Peer into Mobile Crisis Response teams via system design consultation.

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

Project costs have been determined to be fair and reasonable in negotiations between the State and the Provider. Project costs include the following: thirty (30) hours per week at \$84.61 per hour for the following tasks: developing curriculum, training, and consultation.

Curriculum design & system consulting=\$66,000.00

Peer Training & Train the Trainer=\$132,000.00

The funding for this work represented in Contract amendment B was negotiated and agreed upon using a Table of expenses. The rate of \$84.61 per hour for the following tasks: developing curriculum, training, and consultation, was approved by OBH Sr Leadership as part of the project approval process.

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

The Department does not intend to RFP this unique consultation and training service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPAMJRP funds?

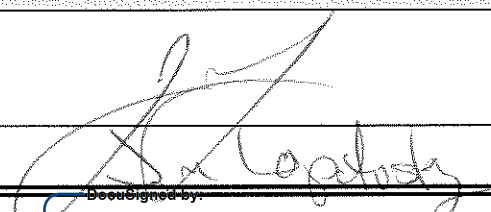
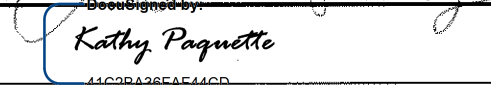
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	DocuSigned by: Dan Logasofsky	Date: 28 - Mar - 24
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 4/30/2024