

## State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	Department of Health and Human Services Office of Substance Abuse and Mental Health Services -Therese Witham		
Department Contract Administrator or Grant Coordinator:	Elizabeth Heath Nancy Tan		
(If applicable) Department Reference #:	OSA-20-1415		
Estimated Contract or Grant Amount:	\$ 97,349.00	Advantage CT / RQS #:	10A 20200312000000002509
CONTRACT	Proposed Start Date:	<b>3/1/2020</b>	Proposed End Date: <b>2/28/2021</b>
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Aroostook Mental Health Center Michelle Ferris 43 Hatch Drive, Caribou, ME 04736		
Brief Description of Goods/Services/Grant:	Central Coordinating Telephone System for Washington County		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
The purpose of this Agreement is to establish a pilot project to save lives and support people with substance use disorder in Washington County by developing a central coordinating telephone system.

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### PART III: SUPPLEMENTAL QUESTIONS

The responsibility of the dispatch line is to receive referrals for the Mobile Crisis team from the Maine Crisis Line, monitor schedule and safety of the Mobile Crisis staff in the community, and to support, assess, and intervene with callers through the National Suicide Prevention Lifeline.

Services encompass emergency mobile response ("crisis services"), outpatient therapy and substance use disorder treatment, residential treatment, care coordination/case management, medication management, peer support, sexual assault prevention and support, and rehabilitation for individuals with acquired brain injury for all income levels across its service area, encompassing Aroostook, Hancock and Washington Counties.

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

The Provider is part of the community mental health organization attending to behavioral health needs of the community since 1964 and has a long history of offering telephone support services. AMHC has since maintained a dispatch line as part of our Mobile Emergency Services that covers Aroostook, Hancock and Washington Counties. AMHC also offers many different mental health and substance use disorder services, including growing peer support services over the last few years.

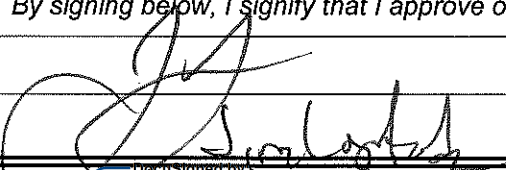
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

This proposal was determined to be fair and reasonable through the Project Proposal Review process. This is a service specific to Washington County, other call center contracts are Statewide services. For example, the 211 contract for resource referral throughout the State of Maine is a 2 year contract for approximately 1.2 million.

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

This is a 1 year pilot project established to meet the requirements of H.P. 747 - L.D. 1005: Resolve, To Establish a Pilot Project To Save Lives and Support People with Substance Use Disorder in Washington County. If after the pilot project period, the Department determines these services will continue, a RFP will be completed.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>			<b>Date:</b> 5 - May - 20
<b>Signature of DAFS Procurement Official:</b>	<small>Digitally signed by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	5/19/2020