

**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/Cynthia McPherson/Kristen King	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero	
(If applicable) Department Reference #:		MHC-24-414B	
Amount: (Contract/Amendment/Grant)	Amend: \$343,783.00 Total: \$1,415,051.32	Advantage CT / RQS #:	CT 10A 20230605000000003526
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:
	Previous End Date:	6/30/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		SWEETSER, SACO, 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 checked="" 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 checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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 amendment is to add funding. The Department received a 12-month Supplemental Emergency Response Grant (SERG) from federal SAMHSA to bolster behavioral health resources, services and supports in Lewiston and surrounding communities; these grants are available to States in the aftermath of disaster and are intended to be short-term funds to immediately address an overwhelmed behavioral health system that must be ready to support iterative community and individual need in the coming weeks and months. After a tragedy of this nature and scope, there must be a comprehensive approach to helping the community and individuals to recover. This funding will cover enhanced mobile and residential services.

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 (5 awards). Due to an appeal process under 201506114 for D1, 2, and 4, RFP 201706121 (3 awards) was issued. The award periods from 201506113 and 201506114 were adjusted as none of the contracts under any of the RFPs began until 4/1/2018. 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.

PART III: SUPPLEMENTAL INFORMATION

Mobile and Crisis Residential rates are based on existing MaineCare rates. 65% of the total allocation can be used for Ancillary costs that are outlined in the Rider A. The ancillary portion was increased in FY23 for the following reasons:

- Providers must maintain staffing, regardless of utilization.
- Crisis Residential Units are not allowed to upstaff with children--not able to accept new referrals, when one child requires upstaffing.
- Staff have been forced to be out due to COVID-cases where staff has a positive test, forced to isolate.

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

The Department is currently processing RFP's OBH20235 & OBH20223 for a contract start date of January 1, 2025.

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

Does this request utilize ARPA/MJRP funds?

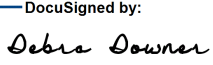
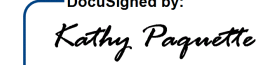
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	May-08-2024
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	5/31/2024