

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Crisis Stabilization/Jessica Pollard/Christie Goodman		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Valerie Andreasen		
(If applicable) Department Reference #:		MH1-21-100		
Amount: (Contract/Amendment/Grant)	\$ 1,194,478.00	Advantage CT / RQS #:	CT 10A 2021011500000002053	
CONTRACT	Proposed Start Date:	4/1/2021	Proposed End Date:	9/30/2021
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:		Spurwink Services INC Portland, ME		
Brief Description of Goods/Services/Grant:		Behavioral Health Crisis Center Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	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 INFORMATION

Please respond to ALL of the following:

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 support a Behavioral Health (BH) Crisis Center in Cumberland County. Individuals in a BH Crisis frequently end up in the emergency department, sometimes in the criminal justice system, and often are admitted for psychiatric inpatient treatment due to lack of a complete continuum of Crisis Services and mechanism to link such Individuals to ongoing community-based treatment in a timely manner.

This Provider shall implement a Crisis Center in Cumberland County to ensure that Individuals receive the support necessary until the Crisis has been resolved and/or, as appropriate, a firm linkage to the level of care determined via assessment and triage is in place. Crisis Center programming is designed to provide immediate assessment, triage, and, when indicated, active treatment and/or support until warm handoff to the

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PART III: SUPPLEMENTAL INFORMATION

appropriate service is completed. The goal of the Crisis Center is stabilizing the Individual and re-integrating him/her back into the community.

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

This Provider is uniquely qualified to complete timely implementation due to their existing infrastructure in the desired catchment area and recent planning efforts during a federal SAMSA grant application to expand access to complimentary services.

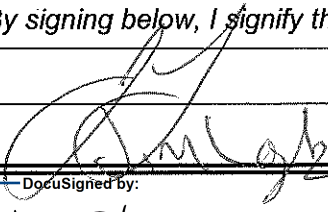
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

There has been an increased need in the Cumberland County areas for crisis services. OBH reviewed the anticipated need, data elements, current crisis utilization, information from stakeholders and assessed the total population through a review similar to how other projects are estimated when developing a budget. This budget is based on the need to provide these services with the expected interdisciplinary team coverage, identified in the RFP.

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

This service will be piloted for an 18-month period and depending on the success of the pilot, will then be opened to all willing and qualified providers across the state.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	7-Apr-21
Signature of DAFS Procurement Official:	DocuSigned by: <i>Jaime Schorr</i>		
Printed Name:	Jaime Schorr <small>6D9437754DD0459</small>	Date:	6/14/2021