



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/Patrick Bouchard/Kristen King	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Brianne Carrero	
(If applicable) Department Reference #:		MHC-24-700	
Amount: (Contract/Amendment/Grant)	\$ 304,870.00	Advantage CT / RQS #:	CT-10A-20240516000000003272
CONTRACT	Proposed Start Date:	4/1/2024	Proposed End Date: 3/14/2025
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:		Project Support You	

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.

On the evening of October 25, 2023, the City of Lewiston, Maine, experienced an incident of mass violence. In total, 18 individuals died and dozens more were injured. In the United States, the incident was the deadliest mass shooting of the year and the tenth deadliest mass shooting on record. In the days and weeks after the tragedy, Maine DHHS acted in partnership with the City of Lewiston, local healthcare, behavioral health and community organizations, and across Maine State Government, federal and local partners to coordinate the early response to this devastating event. In particular, Maine DHHS provided – and plans to continue to provide – leadership to the behavioral health response critical in the aftermath of mass violence.

The Office of Behavioral Health within Maine DHHS recently 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 grant and the services it provides – including the services contained within this contract – are a vital component to the behavioral health response to support Lewiston.

In particular, this grant bolsters the number of Project Support You (PSY) staff available to first responders in Lewiston, Lisbon and Auburn. PSY staff are trained behavioral health professionals that “ride along” with first responders in the respective communities. Their role is multi-faceted: they assist with de-escalation of emergency responses from a behavioral health perspective; support community outreach and engagement; and provide just-in-time debriefing and appropriate therapeutic support for first responders.

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

PSY is the only program of its kind in Lewiston and Auburn; because it is a pre-existing program, from an organizational standpoint, the Provider and municipal officials have worked closely together for years. Further, PSY staff were on site in the hours after the shooting and have been integrally involved in response and support for first responders since the shooting.

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

While this is a new service to Maine DHHS, the service has existed as a relationship between PSY and the cities of Auburn and Lewiston. The costs which have historically supported this service were reviewed by Maine DHHS, deemed appropriate based on the nature of the service, further reviewed by SAMHSA, and utilized to develop the budget and scope of work.

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

The services supported by this contract are for the 12-month period of the grant. Maine DHHS has been clear that the services are grant specific, that no future grant dollars will be available (based on the emergency response element of the grant), and that this service is time limited.

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.

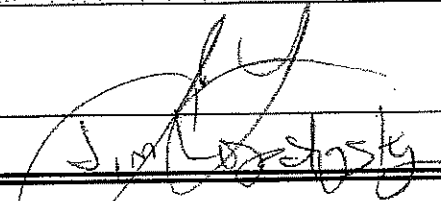
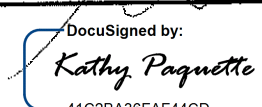
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

- Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:			
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette <small>41C2BA36FAF44CD</small>		
Typed Name:	Kathy Paquette	Date:	6/13/2024