



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		Nicholas Farrand / Kristen King		
Department Contract Administrator or Grant Coordinator:		Brianne Carrero / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached list		
Amount: (Contract/Amendment/Grant)		\$4,660,823.28	Advantage CT / RQS #:	Multiple, see attached list
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	12/31/2025
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:		Multiple, see attached list		
Brief Description of Goods/Services/Grant:		Crisis Stabilization - MHS		

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 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.

There are two (2) distinct services provided in this service group, Crisis Intervention Mobile Response Services (Mobile Services) and Crisis Residential Services. 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 201506114 (8 awards). Due to an appeal process under 201506114 for D1, 2, and 4, RFP 201706121 was issued. The award periods from 201506114 were adjusted as none of the contracts under any of the RFPs began until 4/1/2018. The contract period for both procurements ended 6/30/2022.

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

Mobile and Crisis Residential rates are based on existing MaineCare rates. Based on utilization, providers are allocated ancillary funding based on costs that are outlined in the Rider A.

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

The Department is currently restructuring/conducting a service reform of its Crisis Services. The Department intends to issue two separate RFPs, one for Mobile Crisis Intervention Response Services scheduled for 1/1/2026 contract start date and one for Crisis Residential Unit Services (for adults and adolescents) scheduled for contract state date no later than 7/1/2026.

### 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.

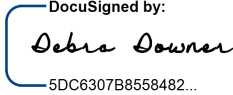
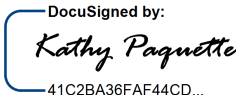
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

### PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	Jun-04-2025
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	7/2/2025

DHHS Office:

OBH

Service:

Crisis Stabilization SFY-26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
Community Health & Counseling Services	MHC-26-115	202505290000MHC26115	7/1/2025	12/31/2025	\$852,812.57
Aroostook Mental Health Services	MHC-26-240	202505290000MHC26240	7/1/2025	12/31/2025	\$333,143.03
Aroostook Mental Health Services	MHC-26-241	202505290000MHC26241	7/1/2025	12/31/2025	\$419,662.97
Kennebec Behavioral Health	MHC-26-322	202505290000MHC26322	7/1/2025	12/31/2025	\$844,822.65
Sweetser	MHC-26-413	202505290000MHC26413	7/1/2025	12/31/2025	\$479,092.39
Sweetser	MHC-26-414	202505290000MHC26414	7/1/2025	12/31/2025	\$618,217.22
Sweetser	MHC-26-415	202505290000MHC26415	7/1/2025	12/31/2025	\$301,022.03
The Opportunity Alliance	MHC-26-699	202505290000MHC26699	7/1/2025	12/31/2025	\$812,050.42
<b>Total Items</b>	<b>8</b>			<b>Totals</b>	<b>\$4,660,823.28</b>