



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		Brienne Carrero	
(If applicable) Department Reference #:		Multiple, see Addendum	
Amount: (Contract/Amendment/Grant)	Original: \$13,093,826.84 Amend: \$13,491,280.46 Revised: \$26,585,107.30	Advantage CT / RQS #:	Multiple, see Addendum
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:		Multiple, see Addendum	
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 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 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.

The purpose of this amendment is to extend the current crisis stabilization service agreements and the Maine Crisis Line agreement through 6/30/25 to allow additional time for the RFP process.

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 (8 awards). Due to an appeal process under 201506114 for D1, 2, and 4, RFP 201706121 was issued. The award periods from 201506113 and 201506114 were adjusted as none of the contract 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.

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.

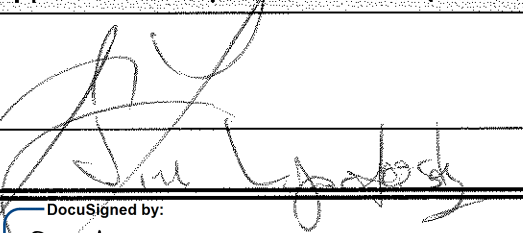
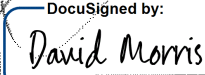
4. Describe the plan for future competition for the goods or services.

The Department is currently restructuring/conducting a service reform of its Crisis Services. Once the restructure/reform is finalized, the Department will issue an RFP for Crisis Services. The RFP for Crisis Stabilization has a contract start date of 7/1/2025.

Procurement Justification Form (PJF)

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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):			
Typed Name:	David Morris	Date:	27 Aug-24
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	2A644AF5681F482... David Morris	Date:	9/27/2024

NOI 0920241122 09/27/2024 - 10/03/2024 ASAP

DHHS Office: OBH
Service: Crisis Stabilization-SFY24

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
AROOSTOOK MENTAL HLTH SERV INC	MHC-24-240	C	20230605000000003519	7/1/2023	6/30/2024	\$562,860.74	\$1,079,062.62
AROOSTOOK MENTAL HLTH SERV INC	MHC-24-241	C	20230605000000003522	7/1/2023	6/30/2024	\$926,007.00	\$1,785,952.52
SWEETSER	MHC-24-413	C	20230605000000003525	7/1/2023	6/30/2024	\$1,141,455.00	\$2,286,324.91
SWEETSER	MHC-24-415	C	20230605000000003527	7/1/2023	6/30/2024	\$689,614.00	\$1,322,590.75
THE OPPORTUNITY ALLIANCE	MHC-24-699	C	20230605000000003528	7/1/2023	6/30/2024	\$1,551,732.00	\$3,020,629.59
THE OPPORTUNITY ALLIANCE	MHC-24-700	C	20230605000000003530	7/1/2023	6/30/2024	\$4,397,739.00	\$8,552,646.21
SWEETSER	MHC-24-414	C	20230605000000003526	7/1/2023	6/30/2024	\$1,396,390.00	\$2,811,441.32
CRISIS & COUNSELING CTR INC	MHC-24-322	B	20230605000000003523	7/1/2023	6/30/2024	\$1,504,269.22	\$3,098,430.08
COMMUNITY HEALTH & COUNSELING SERVICES	MHC-24-115	B	20230605000000003517	7/1/2023	6/30/2024	\$1,321,213.50	\$2,628,029.30
Total Items	9				Totals	\$13,491,280.46	\$26,585,107.30