



DIVISION OF PROCUREMENT SERVICES

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 (Form's page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Crisis Stabilization/Jessica Pollard/Christie Goodman		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza/Cathy DeRocher		
(If applicable) Department Reference #:		MH1-22-100A		
Amount: (Contract/Amendment/Grant)	Original \$ 2,409,324.00 Amend \$124,900.00 Revised \$2,534,224.00	Advantage CT / RQS #:	CT 10A 20220222000000001936	
CONTRACT	Proposed Start Date:	4/1/2022	Proposed End Date:	3/31/2023
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 04103		
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.)			
<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

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 funds to cover the cost of a provider to perform yellow paper assessments, an on-site medication cube, and for on-call psychiatry so that the center can successfully be open a full twenty-four (24) hours per day.

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 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. Reference the RFP number, if applicable.

This Provider is uniquely qualified to complete timely implementation due to existing infrastructure, including physical structure already in development with an architect and permitted by the City of Portland for renovation in the desired catchment area. This renovation includes an on-site contracted pharmacy which provides access to necessary emergency medications. This Provider has a well-established Assertive Community Treatment team serving very high-need consumers and facilitates healthy working relationships with local law enforcement and service providers. This Provider is located in a high-need area very near the city's homeless shelters which serve many people with mental health and substance use disorders.

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. The Department 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 and considers the cost fair and reasonable.

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

If the program has been successful at the end of the agreement period, the Department may open the program to any willing and qualified providers across the state.

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

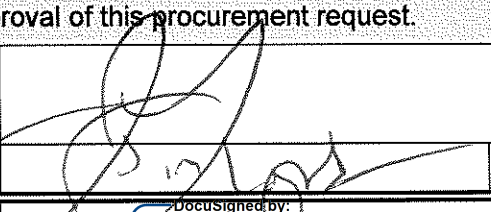

Does this request utilize ARPA/MJRP funds?

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

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):		
Typed Name:		Date: 24-Aug-22
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 11/14/2022