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.

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Department Office/Division/Program:			DHHS/Office of Behavioral Health/ Brooke Pochee- Smith/Kristen King (PA)				
Department Contract Administrator or Grant Coordinator:			Jennifer Levesque / Melinda Farrell				
(If applicable) Department Reference #:			MHC-24-418				
Amount: \$133,130 (Contract/Amendment/Grant)		.00 Advantage CT / RQS #:		CT 10A 20240502000000003080			
CONTRACT	Proposed S	tart Date:	2/1/202	24	Proposed End	Date:	9/30/2025
AMENDMENT	Original Start Date:				Effective	Date:	
	Previous End Date:				New End	Date:	
ODANT	Project Start Date:				Grant Start	Date:	
GRANT	Project End Date:				Grant End	Date:	
Vendor/Provider/Grantee Name, City, State:			Mission Critical Partners LLC				
Brief Description of Goods/Services/Grant:			The provider will provide expert crisis consulting services to assist the Department in the implementation of the 911-988 transfer protocol and to comply with the SAMHSA 988 grant deliverables.				

PART II: JUSTIFICATION FOR VENDOR SELECTION Check the box below for the justification(s) that applies to this request. (Check all that apply.)					
	B. Amendment		H. State Statute/Agency Directed		
×	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		

REV 11/9/2023 Page 1 of 3

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.

OBH intends to contract with Mission Critical Partners (MCP) to support continuing implementation of the 911-988 transfer protocol by developing training, evaluation and quality control. In addition to the ongoing management and facilitation of the working group, MCP will develop a series of reports on the outcomes of the working group, to be delivered by OBH in compliance with SAMHSA 988 grant requirements. The purpose of the facilitated workgroup is to support OBH's role as the governing authority for 988 in the State of Maine by promoting stakeholder engagement in delivering the highest level of service to the community through enhancing the integration between 911 and 988 services.

The consultant will be responsible for the following aspects of the 911-988 collaboration in Maine: defining clear objectives, providing direction, allocating resources efficiently, mitigating risks, integrating advanced technologies, promoting interagency coordination, fostering staff training and development, facilitating continuous improvement, engaging with the community, and ensuring compliance with relevant standards and regulations.

Deliverables for this contract are:

- 1. Project development, management and documentation for all deliverables
- 2. 988-911 Workgroup: Agendas, facilitation and meeting notes for facilitated sessions, and completion of full meeting schedule
- 3. 988-911 Roadmap for Maine
 - a. Phase 1: 988-911 Report for SAMHSA grant requirements
 - b. Phase 2: Final 988 Roadmap and presentation to identified stakeholders
- 4. 988-911 Quality Assurance (QA) and performance metrics package, including QA training
- 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Mission Critical Partners (MCP) is a national consulting firm offering design, planning, implementation, and lifecycle management expertise spanning all aspects of the mission-critical communications ecosystem with experience covering everything from data integration, wireless communications, IPnetworks and cybersecurity, to facilities and operations. They have extensive history working with Maine's 911-988 working group and statewide stakeholders in the crisis and emergency systems. MCP is the only national expert working at the nexus of 988/behavioral health crisis/911/EMS, and their deep experience in emergency and disaster services makes them uniquely qualified to broker a trusting relationship between 911 and 988 service personnel.

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

The current SAMHSA 988 grant budget (Award # 6H79FG001158-01M001, *Improving Maine's 988 Lifeline Capacity*) includes the MCP project costs. In compliance with the grant-funded required activities to enhance statewide data collection to improve 988 service and communication, as well as the requirement to develop a trackable process improvement plan for collaborative 988-911 initiatives across the State, and to continue development of a comprehensive quality assurance plan for 988, the State will contract with Mission Critical Partners to improve Maine's 988 behavioral health crisis response through developing performance metrics that can be applied, and reviewed

PART III: SUPPLEMENTAL INFORMATION

for alignment with the State of Maine 988-911 call receipt, acknowledgment, and transfer of behavioral health calls. Costs were provided in an estimate from the vendor.

Y	
988-911 Report & Roadmap	\$ 61,930.00
Y2	
Quality Assurance & Performance	
Metrics	\$ 71,200.00
Project	TOTAL \$ 133,130.00

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

The Department does not intend to competitively procure these services in the future.

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: APPROVALS		54.44
The signatures below indicate a	pproval of this procurement request	
Signature of requesting Department's Commissioner (or designee):		
Typed Name:	1 Sin Lostody	Date: 18-151-24
Signature of DAFS Procurement Official:	Kathy Paquette	
Typed Name:	Kathy Paquette	Date: 7/24/2024

REV 11/9/2023 Page 3 of 3