



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		Office of Behavioral Health		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		MH4-26-215		
Agency Department Code:	10A	Advantage CT / RQS # :	202509110000MH426215	
Amount: (Contract/Amendment/Grant		\$121,537.50		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Northern Light Wellbeing LLC dba Northern Light Healthy Life EAP, Brewer, ME		
Brief Description of Goods/Services/Grant:		A comprehensive critical incident response program that will include outreach, consultation, training and education on how to respond to a critical incident that impacts staff.		

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. Higher Education 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 Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine Residents. The Department's Office of Behavioral Health (OBH) is the State's administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance use and mental health services. The mission of OBH is to ensure that all Maine residents with mental health challenges, Substance Use Disorder (SUD), and Co-occurring disorders are not simply managing symptoms, but are living independent lives of dignity, hope and meaning. OBH is committed to support a complete and coordinated behavioral health continuum of care that serves the whole person, the whole community.

[Pursuant to PL 2023, Ch 643, pg. 213](#) the department shall Provides funding to strengthen mental health crisis intervention mobile response services in order to provide services 24 hours a day, 7 days a week beginning January 1, 2025. This funding must provide funding for community debriefing and critical incident response services.

Funding will coordinate and expand upon existing efforts that were established through the Strengthen ME program after the Lewiston shootings and will provide continuity of services through on-going response training to agencies to be prepared for critical incident events.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

Vendor was identified based on their previous provision of this service, namely support statewide for critical incident response, both during the pandemic and also, notably, as part of the incident of mass violence in Lewiston (October, 2023). This is a niche service, especially for services statewide; this vendor was particularly well suited for this service considering their previous provision to do and established administrative infrastructure.

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

This is a Legislature directed initiative that will be allocated on a yearly basis.

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

The Department does not intend to RFP the service at this time.

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.

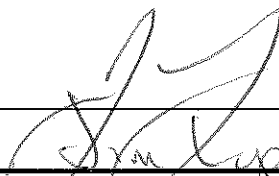
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	8 - Oct - 25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	3/30/2026