



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:		DHHS//OBH Brianne Masselli Eliza Fielding		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		MH1-25-100A		
Amount: (Contract/Amendment/Grant)		Amend A: \$422,400.00 Revised: \$5,626,500.00	Advantage CT / RQS #:	CT 10A 202410100000MH125100
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2024	Effective Date:	3/31/2025
	Previous End Date:	3/31/2026	New End Date:	6/30/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Spurwink Services, Inc Portland, Maine 04103		
Brief Description of Goods/Services/Grant:		Crisis Center		

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

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 Yellow Flag funds to support services through the entire agreement period. In error, these funds were not included at the time the original agreement was executed.

The purpose of 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.

The Crisis Center also serves as the 24/7 access point for required mental health assessments for foreseeable harm commonly referred to as Maine's Yellow Flag Law, Public Law 2019, Chapter 411.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

In early 2020, the Department issued RFP 202001011 Crisis Center Services. The Department received 1 proposal from The Opportunity Alliance (TOA) and issued an award in October 2020. At the start of negotiations, TOA determined it could not provide the services at that time. The Department then began engagement with Spurwink and as a result has negotiated a contract to ensure these Behavioral Health Crisis Services can be implemented in the southern part of the State.

Spurwink 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. Spurwink 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. Spurwink 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. OBH reviewed the anticipated need, data elements, current crisis utilization, information from stakeholders and assessed the total population through a review similar to how other project costs

PART III: SUPPLEMENTAL INFORMATION

are estimated when developing a budget. The negotiated costs were deemed fair and reasonable and are based on the need to provide these services with the expected interdisciplinary team coverage.

The end date of the contract is being extended and the costs and rates negotiated for the original contract are unchanged.

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

OBH needs to complete a one-year evaluation after the facility has been open twenty-four (24) hours a day for a period of one (1) year. The Department is continuing to evaluate the program and does not intend to RFP this service in Cumberland County 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.

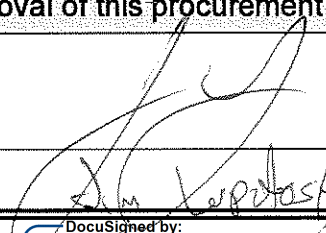
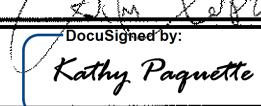
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	4 - Aug - 25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	kathy Paquette	Date:	8/6/2025