



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**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:		DHHS/OBH	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		MHC-26-700A	
Agency Department Code:	10A	Advantage CT / RQS #:	202504100000MHC26700
Amount: (Contract/Amendment/Grant)	Amend A: \$1,575,123.00 Revised: \$4,434,403.00		
CONTRACT	Proposed/Original Start Date:	<b>7/1/2025</b>	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	<b>9/1/2025</b>	New End Date (if Applicable): N/A
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		THE OPPORTUNITY ALLIANCE, SOUTH PORTLAND, ME	
Brief Description of Goods/Services/Grant:		Crisis Stabilization – MHS (Maine Crisis Line/988)	

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 purpose of this amendment is to add 988LC Part II funds.**

The Statewide Crisis Hotlines (Maine Crisis Line and Maine 988) serve as the gateway to Maine’s behavioral health crisis system. Providing confidential behavioral health support via call, text and chat, the Statewide Crisis Hotlines are available to all Mainers 24/7/365.

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

These services were originally awarded RFP 201506113, the procurement period of which ended on 6/30/2024. Prior to the 2015 RFP, the 988 Suicide and Crisis Lifeline did not exist. In 2018, through the awarded contract under 201506113, the provider was able to develop and implement the 988 Suicide and Crisis Lifeline. The provider has the required infrastructure, supported by accredited protocol and processes to support and maintain the Statewide Crisis Hotline and 988 Suicide & Crisis Lifeline. Although there are two in-state backup centers these providers have extremely limited capacity and do not have the technical infrastructure to respond to 988 chat/text or implement a 988-follow-up program.

The current vendor has significant experience operating a public 24/7/365 behavioral health crisis hotline with call, chat, and text; and has the capabilities to manage the significant volume which is utilized by the hotline.

In addition, the vendor is a direct grantee of SAMHSA’s 988 funding and has worked with statewide partners to develop and expand interoperability with Maine’s 911, EMS and law enforcement systems and communities. As leaders of a program to develop a model of documentation, quality assurance, and critical incident response for the successful interaction of the 988 and 911 systems, the vendor has access to relationships, knowledge, and data that no other provider in the State can claim.

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

The Crisis Telephone Response contract (MHC-24-700) is cost settled and this service does not have an established MaineCare Rate. Allocation is based on funding the staffing required based on historical call volumes. Costs are consistent with the existing contract.

**PART III: SUPPLEMENTAL INFORMATION**

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

The Department does not intend to competitively procure these services.

**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) or (026) – 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**

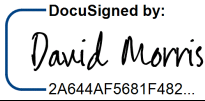
The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	Nov-20-2025

**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:	David Morris	Date:	12/3/2025