



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 /Nicole Mitchell		
(If applicable) Department Reference #:		Multiple, See attached list		
Agency Department Code:	10A	Advantage CT / RQS # :	Multiple, See attached list	
Amount: (Contract/Amendment/Grant)	\$ 3,519,804.00			
CONTRACT	Proposed/Original Start Date:	9/30/2025	Proposed/Most Recent End Date:	9/29/2026
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:		Multiple, See attached list		
Brief Description of Goods/Services/Grant:		OPTIONS Liaisons		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 Agreement is to create and deploy Co-responder(s) that are Substance Use Disorder (SUD)/Dual Diagnosis capable Licensed or Certified SUD clinicians. These Co-responder(s) will be assigned to each county. The clinical staff members will be embedded within a law enforcement agency in each of those counties. The services rendered through this agreement are to provide OUD/SUD overdose response, assessment, behavioral health crisis de-escalation, referral to community treatment modules, system navigation, short-term counseling interventions, increase recovery capital, and aid in completion of the State's Medicaid program application for uninsured population. The clinicians may also accept proactive referrals from first responders and other community SUD service providers for engagement of an individual prior to an overdose.

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.

These vendors have agreed to continue the embedded SUD clinician model, and due to their well-developed connections with law enforcement through their Crisis Intervention service work, and their clinical oversight structures, they are uniquely positioned to provide this service.

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

The negotiated costs are based on Bureau of Labor statistics for salary and fringe for licensed or certified clinicians, equivalent IT-associated costs, and aligned travel reimbursement.

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

This service is willing and qualified. The Department does not intend to RFP 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: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

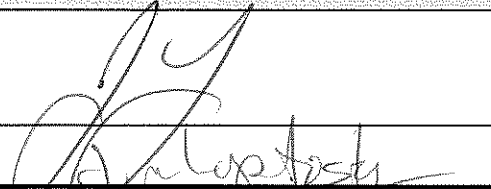
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

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PART VI: APPROVALS

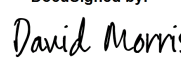
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	15 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:	DocuSigned by:  2A644AF5681F482...		
Typed Name:	David Morris	Date:	11/17/2025

NOI W&Q 112251016

Procurement Justification Form (PJF)

Office of Behavioral Health				
SFY26 Co-Responder: Post Overdose Response Team (OPTIONS LIAISONS)				
Agreement N	Vendor Name	Contract Start	Contract End	Agreement Amou
OSA-26-6001	SPURWINK SERVICES INC	9/30/2025	9/29/2026	358,800.00
OSA-26-6002	SWEETSER	9/30/2025	9/29/2026	2,278,474.00
OSA-26-6003	COMMUNITY HEALTH & COUNSELING SERVICES	9/30/2025	9/29/2026	320,408.00
OSA-26-6004	AROOSTOOK MENTAL HLTH SERV INC	9/30/2025	9/29/2026	562,122.00
				3,519,804.00