



## 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.*

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/ MCDCP/Infectious Disease Surveillance/HIV Prevention		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:	CDX-24-51XXA (See Attached Table)		
Amount: (Contract/Amendment/Grant)	\$490,000.00 See Attached Table	Advantage CT / RQS #:	See Attached Table
<b>CONTRACT</b>	Proposed Start Date: <b>7/1/2023</b>	Proposed End Date:	<b>6/30/2025</b>
<b>AMENDMENT</b>	Original Start Date:	Effective Date:	<b>10/1/2023</b>
	Previous End Date:	New End Date:	
<b>GRANT</b>	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	See Attached Table		
Brief Description of Goods/Services/Grant:	Syringe Service Programs		

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 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. 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.

This Agreement aims to expand and increase certified syringe service programs (SSP) in Maine. These services would expand staffing, referral services, distribution of naloxone, and fund the purchase of physical program supplies (such as syringes, cotton balls, prep pads, filters, and HIV and Hepatitis C point-of-care rapid testing kits) for Certified Hypodermic Apparatus Exchange Programs in Maine, as directed in LD1707 and LD1552 and by Title 22, §1341, Hypodermic Apparatus Exchange Programs (<http://legislature.maine.gov/statutes/22/title22sec1341.html>) and any applicable rules, see: <https://www.maine.gov/sos/cec/rules/10/chaps10.htm>

Over the last year in Maine the supply of illicit opioid has been increasingly contaminated with xylazine, a non-opioid veterinarian tranquilizer with novel consequences and complications, including atypical wounds and infection risks. During the 2023 Governor's Opioid Summit, Governor Mills announced a million-dollar initiative to combat the detrimental effects of xylazine. This Agreement is one of four pillars that make up the Governor's Initiative. It will provide outreach and education to people most at risk to the adverse health effects of xylazine in the drug supply, by educating individuals and linking them to support services if necessary.

This amendment adds a Peer/Patient Navigator who will link clients to services, strengthen referral networks, attend training, and travel to build relationships with internal and external stakeholders and partners, including those partners funded by the Office of Behavioral Health and other Maine CDC-funded entities.

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

DHHS Maine CDC has determined that these providers are uniquely qualified to provide these services because they offer Certified Hypodermic Apparatus Exchange Programs in Maine and are therefore the only agencies funded to do this work on a state-certified basis. Certified Hypodermic Apparatus Exchange Programs in Maine, as directed in LD1707 and LD1552 and in accordance with Title 22, §1341, Hypodermic Apparatus Exchange Programs (<http://legislature.maine.gov/statutes/22/title22sec1341.html>) and any applicable rules, see: <https://www.maine.gov/sos/cec/rules/10/chaps10.htm>

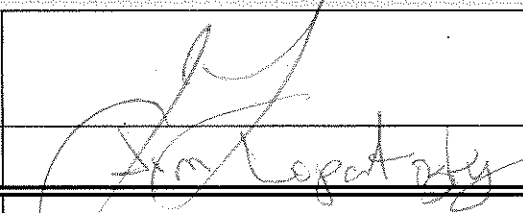
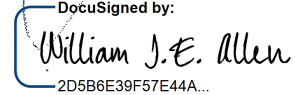
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

As directed by statute/22/title22sec1341 the funding of each Exchange Program is "based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program; if applicable, the number of services historically provided by the certified program; and other relevant factors". The rate for this service is comparable amongst the different willing and qualified providers.

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

The Department does not intend to RFP these services as they are offered to Providers who are willing and qualified to provide these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Steve Legault	Date:	18 Mar 24
Signature of DAFS Procurement Official:	DocuSigned by:  2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	4/11/2024

NOI W&Q 0420240387

Procurement Justification Form (PJF)

DHHS Office: CDC  
 Service: HIV Prevention SSP-  
 SFY24

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
Amistad	CD1-24-5102	A	20230426000000002930	7/1/2023	6/30/2025	\$61,250.00	\$539,144.00
Tri-County Mental Health Services	CD3-24-5100	A	20230510000000003131	7/1/2023	6/30/2025	\$61,250.00	\$340,318.00
Maine Access Points	CD4-24-5109	A	20230510000000003133	7/1/2023	6/30/2025	\$61,250.00	\$521,122.00
Wabanaki Health & Wellness	CD9-24-5124	A	20230515000000003204	7/1/2023	6/30/2025	\$61,250.00	\$398,212.00
City of Portland	CDM-24-5102	A	20230515000000003205	7/1/2023	6/30/2025	\$61,250.00	\$664,702.00
MaineGeneral Medical Center	CDM-24-5103	A	20230515000000003206	7/1/2023	6/30/2025	\$61,250.00	\$512,358.00
Down East Aids Network Inc. dba Health Equity Alliance	CDM-24-5104	A	20230515000000003208	7/1/2023	6/30/2025	\$61,250.00	\$770,744.00
Church of Safe Injection	CDM-24-5155	A	20230515000000003209	7/1/2023	6/30/2025	\$61,250.00	\$614,136.00
<b>Total Items</b>		<b>8</b>			<b>Totals</b>	<b>\$490,000.00</b>	<b>\$4,360,736.00</b>