



## 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 Stephanie Kadnar    Michael Freysinger			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank			
(If applicable) Department Reference #:		OSA-24-656B			
Amount: (Contract/Amendment/Grant)	Orig: Amend A Total	\$ 481,412.00 \$ 134,651.44 \$ 616,063.44	Advantage CT / RQS #:	CT 10A 20230516000000003213	
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	10/1/2023	Effective Date:	11/1/2024	
	Previous End Date:	9/30/2024	New End Date:	3/31/2025	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		CHURCH OF SAFE INJECTION Portland, ME			
Brief Description of Goods/Services/Grant:		Peer Navigators Pilot			

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.

**This purpose of this amendment is to include SOR funding for direct service costs to correct an unanticipated shortfall in the original funding source. The additional funding will maintain services provided under this pilot through the intended contract period, which ends 3/31/2025.**

The purpose of this agreement is to expand harm reduction services through Peer Outreach positions, additional harm reduction supplies, and increased trainings and technical assistance.

The intended client served by this pilot's outreach services are individuals in active opioid and poly-substance use. Specific outreach and engagement strategies will be employed to identify and connect with individuals reluctant to engage in services currently provided in the regions served. Once connections are made, if/when an individual is in a place to consider more long-term treatment and recovery services or other supportive services such as housing, food, health care, etc, referrals will be made to appropriate provider agencies.

The intended client served by the training and technical assistance component of this pilot are community members and providers who may come into contact with active drug users including law enforcement, recovery services providers, health care providers, treatment providers, and community groups.

The intent of this Peer Outreach work is to increase connections with individuals actively engaged in opioid use to foster relationships which will lead to safer use practices, referrals to additional supports, and reduce the risk of overdose and overdose fatalities and other harmful health outcomes associated with opioid and poly-substance use disorder.

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

This Provider currently offers harm-reduction services supported by OBH funds. The intent of this Peer Outreach work is to increase connections with individuals actively engaged in opioid use to foster relationships which will lead to safer use practices, referrals to additional supports, and reduce the risk of overdose and overdose fatalities and other harmful health outcomes associated with opioid and poly-substance use disorder.

The population of focus under this pilot are active drug users not currently accessing available services who may be identified as high-risk for overdose, overdose fatalities, hepatitis C and/or HIV transmission, and other serious negative health outcomes associated with opioid and poly-substance use disorder. Additionally, funds will be used to purchase and distribute harm reduction supplies and deliver harm reduction trainings and technical assistance to providers offering services to individuals actively using opioids and other substances.

This service was identified as a priority area in response to recent opioid overdose data, particularly increased reports of overdose fatalities, including data that suggests individuals counted in these reports aren't accessing available services for several reasons. Providing additional resources via a peer outreach position and built on a foundation of noncoercive relationship building and harm reduction philosophy offers the potential to reach members of the community not currently being served.

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

**PART III: SUPPLEMENTAL INFORMATION**

The FMAP funds for this pilot were recently approved by the FMAP Steering Committee. OBH has had a Project Manager since May 2, 2022 who has worked with stakeholder both internally at DHHS and externally to identify the community partners, model of service delivery, allocation, and staff training needed to maximize the community impact of this pilot. To that end, we have developed agreements that include performance measures to help us.

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

If the pilot is successful, the Department plans to competitively procure these services. The Department created RFP OBH202312 (CADB) for tracking purposes with a 10/1/2025 contract start date.

**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.

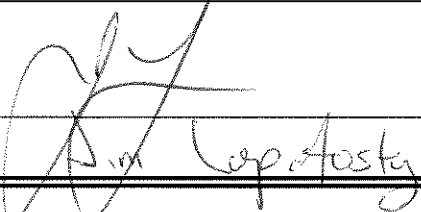

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:	Jim Lapostola	Date:	9 Dec 24
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAP44CD...		
Typed Name:	Kathy Paquette	Date:	1/29/2025