



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/OBH/ Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Stacy Martin		
(If applicable) Department Reference #:		OSA-22-722A		
Amount: (Contract/Amendment/Grant)	\$35,186.00	ORIGINAL	Advantage CT / RQS #:	CT 10A 20211028 ** 1092
	\$50,000.00	AMD A		
	\$85,186.00	REVISED TOTAL		
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	11/01/2021	Effective Date:	11/01/2022
	Previous End Date:	10/31/2022	New End Date:	05/31/2023
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Tri County Mental Health Services Lewiston, ME 04241		
Brief Description of Goods/Services/Grant:		Community Health Worker		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 funds, extend the contract period, and remove gender specific language in the Rider A.

Many barriers to SUD treatment exist both within and around the Somali community, including, but not limited to, differences in language, culture, religion, and knowledge about SUD. This service will provide funding for one FTE who shall be responsible for educating, training and connecting individuals to services and/or resources.

This service supports the Governor's Opioid Response plan strategy #16- to increase public awareness of overdose prevention and the use of naloxone, and strategy #17- increase awareness, understanding, and utilization of harm reduction strategies and resources. This service is needed to address the increase in overdoses and prevent more death from occurring in the Somali community. Barriers to health equity exist for this minority population.

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

Tri-County Mental Health Services will conduct a Systems Improvement and Innovation Responsive planning grant in partnership with New Mainers Public Health Initiative and Maine Immigration Refugee Services to develop a pathway to responsive, culturally competent substance use treatment and recovery in Lewiston. This service will help build equitable systems, encourage civic participation, and build community wellness and resiliency. This provider, along with their unique partnerships, put forth strategies to reduce these identified barriers by hiring a Community Health Worker to carry out these functions.

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

This amendment adds \$50,000.00 to continue the work of the Community Health worker for an extended period through 5/31/23. This work is being funded by a grant from the Maine Health Access Foundation (MEHAF) and a Department contract. This service has been approved in the Prevention and Treatment fund spending plan.

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

This unique service will be piloted for the period of two years, at which time a decision will be made about issuing an RFP.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

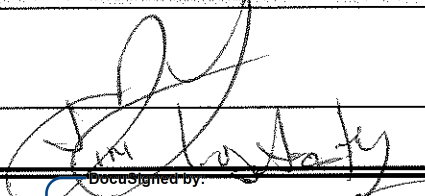

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):			Date:	2-Mar-23
Typed Name:	Jim Koyak		Date:	2-Mar-23
Signature of DAFS Procurement Official:			Date:	4/21/2023
Typed Name:	Kathy Paquette		Date:	4/21/2023