



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/Michael Freysinger Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:		OSA-24-656A		
Amount: (Contract/Amendment/Grant)	Original:	\$396,208.00	Advantage CT / RQS #:	CT 10A 20230516000000003213
	Amend A:	\$85,204.00		
	Revised:	\$481,412.00		
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/1/2023	Effective Date:	2/1/2024
	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.

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.

This amendment includes an end-date adjustment to reflect a no-cost extension for underspending in year one due to a late contract encumbrment and does not include additional funding for any direct service costs. Additional funds have been added to the budget to account for SAMHSA Emergency Response Grant (SERG) dollars for an increase in harm reduction resource support and training. It also includes participant engagement support funding, from underspent FMAP dollars, for the purpose of program data collection.

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. Because of the unique nature of this project, the vendor selected has a demonstrated history showing capability to do the street level outreach necessary to connect with the target population of the project. There are limited harm reduction agencies in Maine with the capacity to satisfy both street level outreach by peers as well as training and education related to harm reduction. This vendor had also already been certified as a syringe service program, so they were able to start working on the pilot immediately without needing to get further certifications. This is the second year of a two-year pilot with this vendor, who consistently demonstrates their capabilities to not only meet the goals of the pilot, but also continuously looking toward how to improve outcomes with outreach and training beyond expectation.

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

Costs in this agreement were negotiated with the provider and reflect similar costs for peer support positions in other contracts held by the Department. Harm reduction supplies and trainings are similar in cost to other contracts held with the provider. 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

PART III: SUPPLEMENTAL INFORMATION

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 a success, the Department plans to issue an RFP with a 10/1/2025 contract start date. RFP OBH202312 (placeholder) has been created in CADB.

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

Does this request utilize ARPA/MJRP funds?

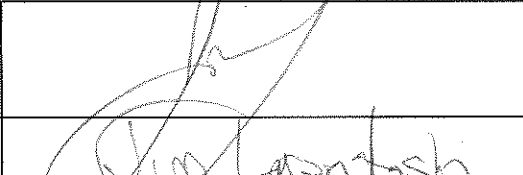

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	25-Apr-24
Signature of DAFS Procurement Official:			
Typed Name:	kathy Paquette	Date:	6/18/2024