



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

**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/Maddison Bourassa & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall		
(If applicable) Department Reference #:		OSA-23-722		
Amount: (Contract/Amendment/Grant)		\$ 220,000.00	Advantage CT / RQS #:	CT 10A 20230427 ** 2972
CONTRACT	Proposed Start Date:	6/1/2023	Proposed End Date:	5/31/2025
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
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, Maine		
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 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 Somali community in greater Androscoggin County experience barriers to SUD treatment, including, but not limited to, differences in language, preferences with culture, religion, and knowledge about SUD, recovery and other services. 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 essential to address the increase in overdoses occurring in this Somali community.

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 for this minority population. 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 work is being funded by a grant from the Maine Health Access Foundation (MEHAF) and a negotiated 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 through 5/31/25. The Office will make a determination regarding future procurement at the conclusion of the pilot.

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

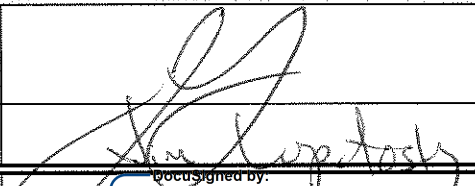

Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	10-Jul-23
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/13/2023