



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 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/ MCDCP/Infectious Disease Surveillance/HIV Prevention	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell	
(If applicable) Department Reference #:		CDX-24-51XXB, Multiple, See Attached	
Amount: (Contract/Amendment/Grant)		Multiple, See Attached	Advantage CT / RQS #: Multiple, See Attached
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:
	Previous End Date:	6/30/2025	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Multiple, See Attached	
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.

The purpose of this Amendment is to add transportation services for two (2) SSP providers, Amistad and Maine Access Points as directed by LD979

(<https://legislature.maine.gov/legis/bills/getPDF.asp?paper=HP0626&item=5&snum=131>) for 7/1/2024 to 6/30/2025. This amendment will allow these two (2) providers to provide transportation services for their clients to medically managed withdrawal sites. The State of Maine is a geographically large state with limited public transportation, which can pose a great barrier for people who use substances and cannot access reliable transportation to medically managed withdrawal sites. Lack of access to these facilities can impede people who use substances from receiving the care and services needed to manage their substance use.

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.html>

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

PART III: SUPPLEMENTAL INFORMATION

program; and other relevant factors". The rate for this service is comparable amongst the different willing and qualified providers.

For the transportation pilot project, Maine CDC determined that the costs will be fair and reasonable for this project. Costs that will be reimbursed to the vendors include: gas mileage (at the State of Maine's reimbursement rate), gas cards, bus passes, rideshare or taxi services, car services, and any other transportation method available in the area.

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?

☐ 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.

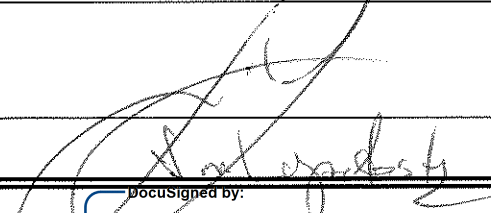
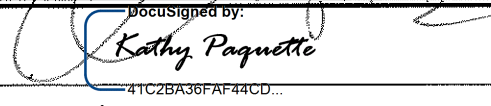
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	20-Dec-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	1/23/2025

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	<u>B</u>	20230426000000002930	7/1/2023	6/30/2025	<u>\$15,000.00</u>	<u>\$554,144.00</u>
Maine Access Points	CD4-24-5109	<u>B</u>	20230510000000003133	7/1/2023	6/30/2025	<u>\$15,000.00</u>	<u>\$536,122.00</u>
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
Total Items	7				Totals	<u>\$30,000.00</u>	<u>\$4,050,418.00</u>