

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH/ Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Ryan Roberts		
(If applicable) Department Reference #:	OSA-21-374		
Estimated Contract or Grant Amount:	\$315,000.00	Advantage CT / RQS #:	CT-10A-20200804*0372
CONTRACT	Proposed Start Date:	9/1/2020	Proposed End Date: 8/31/2021
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Univ of Maine Sys Orono, ME		
Brief Description of Goods/Services/Grant:	Naloxone Distribution		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>The purpose of this Agreement is to distribute naloxone rescue kits (using state funds) and provide education related to opioid overdose and life-saving rescue measures to reverse the effects of an opioid overdose, especially to high risk populations and groups that include those in Medication Assisted Treatment (MAT) services.</p>

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PART III: SUPPLEMENTAL QUESTIONS

The Office of Behavioral Health (OBH) will execute a contract agreement with the University of Maine's Opioid Crisis project staff to provide administrative and logistical support for the distribution naloxone doses to law enforcement officers and/or corrections officers, other Emergency responders, and to the larger OUD treatment community (e.g. treatment providers, peer recovery coaches, needle exchanges, etc.) who are trained and certified to administer the drug.

This agreement is in response to Governor Mills' executive order dated February 6, 2019; Section III. OVERDOSE AND DEATH PREVENTION; Section C. directing OBH to purchase doses of intra-nasal Naloxone and inter-muscular Naloxone for distribution.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Over the past year, Maine's three largest, recognized Harm Reduction organizations, two of which are municipal public health agencies and one a hospital, have created a collaborative, organized tiered nasal Narcan distribution system to support local distribution networks, effect standard training messaging and access for Providers, Prescribers and Individuals in their regions, and an RFP would require systematic changes that cannot be afforded right now for efficiency and efficacy purposes. In this same year, this cohort has incorporated Maine's largest, statewide, recognized distributor or intramuscular naloxone, a group which is currently the only entity supported by the state to receive referrals from 211 for naloxone training and receipt. These four public health entities are the only known entities with current capacity and that have operated under the joint auspices of the State of Maine Office of Behavioral Health and the University of Maine at Orono, a bona fide agent of the state, to provide a standard level of care, data and fiscal integrity, and customer service across respective catchment areas.

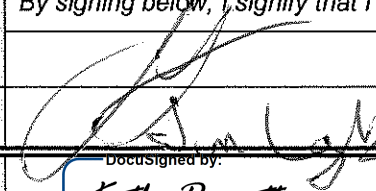
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates were negotiated, are considered cost-effective based on industry standard, and are comparable to rates offered by the Provider for similar services.

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

The Department does not intend to RFP this service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	14-Sep-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	1/22/2021