

## 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/SAMHS/ODMAP/Sybil Mazerolle			
Department Contract Administrator or Grant Coordinator:	Arlene Jones (DCM)			
(If applicable) Department Reference #:	OSA-21-422			
Estimated Contract or Grant Amount:	\$ 269,949.00	Advantage CT / RQS #:	10A 20201022*1290	
CONTRACT	Proposed Start Date:	10/5/2020	Proposed End Date:	9/30/2021
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:	Maine Medical Association, Manchester, ME			
Brief Description of Goods/Services/Grant:	ODMAP Promotion			

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
<b>X</b>	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.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
<p>The purpose of this agreement is to provide assistance and promote educational uptake of the ODMAP tool by police and first responders in Maine Communities. This protocol will help systematize and automate a cascade of communication activities and resource mobilization to reach elected officials and other public officials law enforcement officers, EMS providers, community members, health care providers, harm reduction partners, and others when an overdoes spike occurs.</p> <p>These services will be funded through a grant from the federal CDC to support several activities to address the</p>

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### PART III: SUPPLEMENTAL QUESTIONS

opioid epidemic in Maine (i.e. Overdose Data to Action; Program Code OD2A). This service is integral to achieving many of goals outlined in the grant project narrative.

The Provider will also be providing Technical Assistance for the Law Enforcement Co-Responder providers. Assisting the agencies with training clinical staff on how to provide OUD/SUD overdose response, assessment, behavioral health crisis de-escalation, referral to community treatment modules, system navigation, short-term counseling interventions and aid in completion of the State's Medicaid program application for uninsured population. Co-Responder staff will also be trained by the provider on how to further promote the ODMAP within law enforcement agencies across the state.

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

This service was previously provided by Qualidigm dba Connecticut Peer Organization. Qualidigm was recently dissolved and Maine Medical Association hired the project team from Qualidigm, who had unique knowledge of the ODMAP system. This service/project is essential to assisting law enforcement and the community in fighting the opioid epidemic.

The Provider has experience in providing a broad range of technical assistance to the medical community.

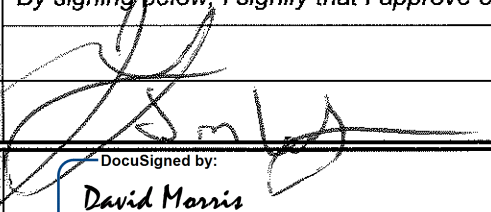
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The department had determined the cost to be fair and reasonable because it falls in line with similar past budget wages for services similar in nature.

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

If the Department determines this service will continue, a RFP will be done with a 10/1/2021 contract start date.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	2-Dec-20
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>David Morris</i>		
<b>Printed Name:</b>	David Morris	<b>Date:</b>	1/27/2021