

**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/Katherine Coutu/Stephanie Kadnar | |
| Department Contract Administrator or Grant Coordinator: | | Nancy Tan/Stacy Martin | |
| (If applicable) Department Reference #: | | Multiple: See Attached | |
| Original Amount: | Service Group Totals: | Advantage CT / RQS #: | Multiple: See Attached |
| Amendment 1 Amount: | \$ 1,850,600.00 | | |
| Total Amount: | \$ 105,825.00 | | |
| | | | \$ 1,956,425.00 |
| CONTRACT | Proposed Start Date: | | Proposed End Date: |
| AMENDMENT | Original Start Date: | 7/1/2021 | Effective Date: |
| | Previous End Date: | 6/30/2022 | 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: | | Overdose Prevention/Naloxone Distribution | |

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 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 amendment is to add funding to the naloxone portion of the agreements to provide EMS leave behind naloxone kits.

Overdose Prevention: The purpose of this Agreement is to provide overdose prevention education and outreach to high risk populations and groups as the need to combat opiate and heroin use continues to grow. Overdose prevention education and outreach will target as many high risks persons as possible to address the epidemic that Maine citizens are experiencing.

The Provider is responsible for coordination of outreach services and related overdose prevention information to communities, Providers and at-risk clients in their respective regions. As the Single State Authority (SSA), it is the responsibility of this Department to allocate SAPT Block Grant and state dedicated and matching funds/resources to Providers who have the organizational structure and ability to implement evidenced based overdose prevention education to the clients in Maine.

Naloxone Distribution: The purpose of the agreement is in response to Governor Mills' executive order dated February 6, 2019; Section III. OVERDOSE AND DEATH PREVENTION; Section C. directing the Department to fund the purchase of intranasal Narcan and intramuscular naloxone for distribution. These Providers will distribute naloxone kits to individuals at risk of overdose to those within the community as needed.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Overdose Prevention: These Providers have specially trained staff that have the ability to provide overdose prevention services for at risk individuals. These Providers have the available resources to provide overdose prevention services to the identified population.

Naloxone Distribution: These Providers are considered Tier 1 Providers and have the ability to order large amounts of naloxone kits to distribute to Tier 2 Providers who service to those within the community who are at risk of overdosing.

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

Cost of kits were based on market value of the medication per pharmacy/pharmaceuticals company. Salary was based on current rates for qualified staff providing the service. The Department considers these costs as fair and reasonable.

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

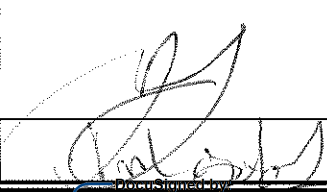

This is a tiered naloxone distribution system set up for OD/Naloxone. The Providers are municipal public health agencies, to RFP at this point would require systematic changes that cannot be afforded at this time for efficiency/efficacy purposes. The Department intends to competitively procure these services for a contract start date of 7/1/2022.

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): |  | | Date: | 13-Dec-21 |
| Typed Name: | | | Date: | 13-Dec-21 |
| Signature of DAFS Procurement Official: |  Kathy Paquette | | Date: | 1/12/2022 |
| Typed Name: | Kathy Paquette | | Date: | 1/12/2022 |

DHHS Office: OBH
Service: Overdose Prevention SFY22

| Vendor | CT 10A | DHHS Agreement | Start | End | Total Amendment Amount |
|--------------------------|--------------|----------------|----------|-----------|------------------------|
| MAINEGENERAL MEDICAL CTR | 2021043*3003 | OSA-22-367A | 7/1/2021 | 6/30/2022 | \$37,050.00 |
| PORTLAND CITY OF | 2021043*3006 | OSA-22-372A | 7/1/2021 | 6/30/2022 | \$32,925.00 |
| BANGOR CITY OF | 2021043*3007 | OSA-22-373A | 7/1/2021 | 6/30/2022 | \$35,850.00 |
| | | | | | \$105,825.00 |