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/Robert Porter/Kristen King			
Department Contract Administrator or Grant Coordinator:	Jeanne Garza / Patricia Wall			
(If applicable) Department Reference #:	Multiple: See Attached Listing			
Amount: (Contract/Amendment/Grant)	$ 1,478,775.00	Advantage CT / RQS #:	Multiple: See Attached Listing	
CONTRACT	Proposed Start Date:	9/30/2022	Proposed End Date:	9/29/2023
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:	Multiple: See Attached Listing			
Brief Description of Goods/Services/Grant:	Co-Responder: Post Overdose Response Team			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "**X**" before the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☐	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

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 Agreement is to create and deploy Co-responder(s) in 16 counties that are Substance Use Disorder (SUD)/Dual Diagnosis capable Licensed or Certified SUD clinicians. These Co-responder(s) will be assigned to each county. The clinical staff members will be embedded within a law enforcement agency in each of those counties, The services rendered through this agreement are to provide OUD/SUD overdose response, assessment, behavioral health crisis de-escalation, referral to community treatment modules, system navigation, short-term counseling interventions, increase recovery capital, and aid in completion of the State's Medicaid program application for uninsured population. The clinicians may also accept proactive referrals from first responders and other community SUD service providers for engagement of an individual prior to an overdose.

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

These vendors have agreed to continue the embedded SUD clinician model, and due to their well-developed connections with law enforcement through their Crisis Intervention service work, and their clinical oversight structures, they are uniquely positioned to provide this service.

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

The negotiated costs are based on Bureau of Labor statistics for salary and fringe for licensed or certified clinicians, equivalent IT-associated costs, and aligned travel reimbursement.

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

This service is willing and qualified. The Department does not intend to RFP in the future.

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-Jan-23
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	1/27/2023

Co-Responder: Post Overdose Response Team

	Agreement Number	Contract Start Date	Contract End Date	Agreement Amount	Vendor Name
CT 10A 20221014000000001102	OSA-23-6001	9/30/2022	9/29/2023	$100,000.00	TRI-CTY MENTAL HLTH SERV
CT 10A 20221014000000001103	OSA-23-6002	9/30/2022	9/29/2023	$967,000.00	SWEETSER
CT 10A 20221014000000001104	OSA-23-6003	9/30/2022	9/29/2023	$160,204.00	COMMUNITY HEALTH & COUNSELING SERVICES
CT 10A 20221014000000001105	OSA-23-6004	9/30/2022	9/29/2023	$251,571.00	AROOSTOOK MENTAL HLTH SERV INC