



**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/SAMHS/ODMAP/Robert Porter/Kristen King		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero		
(If applicable) Department Reference #:		OSA-23-422		
Amount: (Contract/Amendment/Grant)		\$ 170,595.00	Advantage CT / RQS #:	CT 10A 20221005000000001033
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	9/30/2023
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:		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. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input 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 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 overdose spike occurs.

These services will be funded through a grant from the federal CDC to support several activities to address the 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. Reference the RFP number, if applicable.

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.

The Department does not intend to competitively procure these services 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:	25 Jan 22
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	2/2/2023