

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/Sybil Mazerolle/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:	Nancy Tan		
(If applicable) Department Reference #:	OSA-21-6005		
Estimated Contract or Grant Amount:	\$300,000.00	Advantage CT / RQS #:	10A 2021012600000002108
ORIGINAL	Original Start Date:	1/1/2021	New Start Date:
	Original End Date:	12/31/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:		Proposed End Date:
Vendor/Provider/Grantee Name, City, State:	City of Bangor		
Brief Description of Goods/Services/Grant:	Post Overdose Response Team		

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.
This Agreement is to establish a Post Overdose Response Team pilot project that shall provide follow up for individuals that have experienced an overdose. The response team shall provide post overdose support and resources to enter recovery, reduce risks through Harm Reduction services, and/or meet basic needs to find stability. This approach shall be modeled after Huntington, West Virginia's quick response Post Overdose Response Team that has reduced overdose rates there by forty percent (40%).

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PART III: SUPPLEMENTAL QUESTIONS

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

The vendor has agreed to pilot the Post Overdose Response Team, 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.

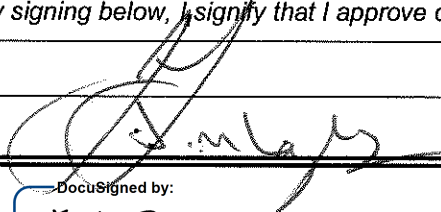
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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.

We will be looking to RFP this service in two years, dependent upon evaluated success of the pilot program.

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:	22-Feb-21
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	Kathy Paquette	Date:	3/11/2021