

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Maddison Kadnar/Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Ryan Roberts	
(If applicable) Department Reference #:		Multiple: see attachment	
Amount: (Contract/Amendment/Grant)	Multiple: see attachment	Advantage CT / RQS #:	Multiple: see attachment
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2020	Effective Date:
	Previous End Date:	6/30/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		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.)

	A. Competitive Process		G. Grant
X	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 INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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 agency 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 office to allocate SAPT Block Grant and state dedicated and matching funds/resources to agencies who have the organizational structure and ability to implement evidenced based overdose prevention education to the clients in Maine.

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PART III: SUPPLEMENTAL INFORMATION

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 SAMHS to fund the purchase of intranasal Narcan and intramuscular naloxone for distribution. This Provider will distribute naloxone kits to individuals at risk of overdose to those within the community as needed.

The purpose of this amendment is to add funding to the Tier 1 providers to purchase additional naloxone kits due to the increase distribution of these kits.

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

Overdose Prevention: These agencies 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: This is in response to Governor Mills' executive order dated February 6, 2019; Section III. OVERDOSE AND DEATH PREVENTION; Section C. directing SAMHS to fund the purchase of intranasal Narcan and intramuscular naloxone for 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.

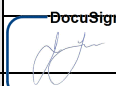
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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.

The Department will competitively procure these services with a contract start date of 7/1/2022.

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>		
	<small>DocuSigned by:</small>		
			
Printed Name:	Jim Lopatosky	Date:	May-07-2021
	<small>DocuSigned by:</small>		
	<i>Kathy Paquette</i>		
Printed Name:	Kathy Paquette	Date:	5/28/2021

Overdose Prevention Provider Listing

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OSA-21-367B	MaineGeneral Medical Center	CT 10A 20200428000000003017	\$69,000.00
OSA-21-372C	Portland CTY OF	CT 10A 20200608000000003782	\$69,000.00
OSA-21-373C	Bangor City of	CT 10A 20200608000000003785	\$69,000.00
OSA-21-376C	Maine Access Points	CT 10A 20200608000000003787	<u>\$69,000.00</u>
		TOTAL	\$276,000.00