

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH/Katherine Coutu/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger Lora Blackwell		
(If applicable) Department Reference #:	See Attached		
Amount: (Contract/Amendment/Grant)	\$837,500.00	Advantage CT / RQS #:	See Attached
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2020</b>	Proposed End Date: <b>6/30/2021</b>
<b>AMENDMENT</b>	Original Start Date:	Effective Date:	
	Previous End Date:	New End Date:	
<b>GRANT</b>	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
	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	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:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
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

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### PART III: SUPPLEMENTAL INFORMATION

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.

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: This 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 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.

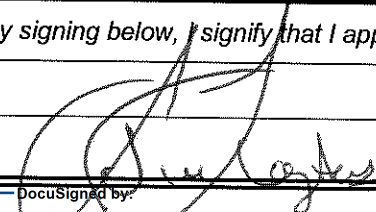
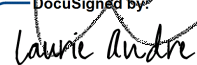
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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 7/1/2021.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	6/8 - Jan - 20
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: 		
<b>Printed Name:</b>	Laurie Andre A4D44F8018C54FFe	<b>Date:</b>	6/29/2020

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The following list identifies all providers/vendors associated with this State of Maine Procurement Justification Form along with their specific contract information.

**DHHS**

**Office:**

OBH

**Service:**

Overdose Prevention SFY21

**Start Date:**

7/1/2020

<b>Vendor/Provider Name, City &amp; State</b>	<b>Contract (CT) Number</b>	<b>DHHS Agreement #</b>	<b>Total Contract Amount</b>
MAINEGENERAL MEDICAL CTR, Augusta, ME	CT 10A 20200428000000003017	OSA-21-367	\$212,500.00
PORTLAND CITY OF, Portland, ME	CT 10A 20200608000000003782	OSA-21-372	\$212,500.00
BANGOR CITY OF, Bangor, ME	CT 10A 20200608000000003785	OSA-21-373	\$212,500.00
MAINE ACCESS POINTS Bath, ME	CT 10A 20200608000000003787	OSA-21-376	\$200,000.00
<b>Total</b>		<b>4</b>	<b>\$837,500.00</b>