



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/ Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Stacy Martin/Katie Clark	
(If applicable) Department Reference #:		OSA-22-374A	
Amount: (Contract/Amendment/Grant)	Original: \$ 669,106.00 Amend: \$ 343,000.00 Revised: \$1,012,106.00	Advantage CT / RQS #:	CT-10A- 2021082000000000416
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	1/1/2022
	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:		Univ of Maine Sys Orono, ME	
Brief Description of Goods/Services/Grant:		Naloxone Distribution	

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 checked="" 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 amendment is to add additional funding to the agreement for additional staffing.

The purpose of this Agreement is to distribute naloxone rescue kits (using state funds) and provide education related to opioid overdose and life-saving rescue measures to reverse the effects of an opioid overdose, especially to high risk populations and groups that include those in Medication Assisted Treatment (MAT) services. The provider will maintain an information system designed to monitor incoming and outgoing doses by primary and secondary distributors using data provided by the primary distributors. The tracking system must be able to be transferred to the State at any time as the program evolves or other contingencies develop. Relevant State staff shall also be allowed access to the backend of the inventory database upon request while it is administered by the University of Maine.

The agreement monitors the State's online Naloxone request page and refer requests to the appropriate Tier 1 for fulfillment.

The agreement will monitor public use of the mobile app "OD-ME" and incorporate those data into monthly report and coordinate with the Department and the Director of Opioid Response to develop ongoing communications to the public around dissemination of mobile application.

The Office of Behavioral Health (OBH) will execute a contract agreement with the University of Maine's Opioid Crisis project staff to provide administrative and logistical support for the distribution naloxone doses to law enforcement officers and/or corrections officers, other Emergency responders, and to the larger OUD treatment community (e.g. treatment providers, peer recovery coaches, needle exchanges, etc.) who are trained and certified to administer the drug.

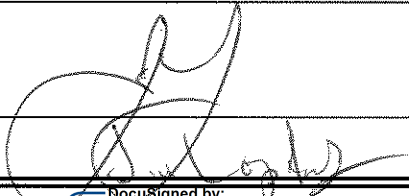
This agreement is in response to Governor Mills' executive order dated February 6, 2019; Section III. OVERDOSE AND DEATH PREVENTION; Section C. directing OBH to purchase doses of intra-nasal Naloxone and inter-muscular Naloxone for distribution.

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

Over the past year, Maine's three largest recognized "Harm Reduction" organizations, two of which are municipal public health agencies and one a hospital, have created a collaborative, organized tiered nasal Narcan distribution system to support local distribution networks, effect standard training messaging and access for Providers, Prescribers and Individuals in their regions, and an RFP would require systematic changes that cannot be afforded right now for efficiency and efficacy purposes. In this same year, this cohort has incorporated Maine's largest, statewide, recognized distributor or intramuscular naloxone, a group which is currently the only entity supported by the state to receive referrals from 211 for naloxone training and receipt. These four public health entities are the only known entities with current capacity and that have operated under the joint auspices of the State of Maine Office of Behavioral Health and the University of Maine at Orono, a bona fide agent of the state, to provide a standard level of care, data and fiscal integrity, and customer service across respective catchment areas.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The rates were negotiated, are considered cost-effective based on industry standard, and are comparable to rates offered by the Provider for similar services.
4. Describe the plan for future competition for the goods or services.
The Department does not intend to RFP this service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	29 - Nov - 22
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	6/24/2022