



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		OCFS/Child Welfare Services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melanie Boucher	
(If applicable) Department Reference #:		CFS-23-8414	
Amount: (Contract/Amendment/Grant)	\$ 47,895.64	Advantage CT / RQS #:	20230519*1445
CONTRACT	Proposed Start Date:	5/31/2023	Proposed End Date: 6/30/2023
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:		LockMed of Florida, Inc., Jacksonville, FL	
Brief Description of Goods/Services/Grant:		Locking Medication Storage	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 checked="" 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.

PART III: SUPPLEMENTAL INFORMATION

From the State of the Budget Address of Governor Janet Mills, 2/14/2023: "We must acknowledge that the drug epidemic is jeopardizing the safety, security, and welfare of our youngest children as well as our adults, our families, and our workforce. Prevention programs in our schools and communities are also key. But we must protect children at risk, first and foremost. Substance use disorder is identified as a risk factor in 53 percent of cases when a child is removed from the home." This purchase is part of the Governor's Initiatives to combat the Opioid Crisis and to keep children safe.

Given the volume of individuals that require medications, the legalization of marijuana, as well as the ever-increasing drug epidemic, there is an immediate need to ensure that Maine citizens can keep their medications and substances secure and inaccessible to children. Maine has already experienced a situation in which a three-year-old child died of overdose, due to gaining access to her mother's fentanyl. In addition, Child Welfare is increasingly responding to reports in which children have gained access to their caregiver's medications and substances. According to the National Poison Control Center, children younger than six years comprise a disproportionate percentage of cases, and between 2017 and 2021 pain medications were the most frequent cause of pediatric fatalities reported to poison control. OCFS needs to act quickly to assist in preventing further child deaths. This agreement purchases locking medication storage containers that can help safeguard medications in the home. Locking boxes and locking bags will be provided to child welfare clients to restrict access to medications/substances, to keep them out of the hands of children.

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

LockMed is the manufacturer of ASA-700 Lock bags and ASA-1400 Lock boxes which were developed by a former pain management physician who became alarmed at the problem of prescription drug abuse.

LockMed has taken the lead in educational efforts to safeguard medications in the home. LockMed has built a coalition in the form of partnerships with over 100 Drug Task Forces and Community Coalition groups on a national level to highlight this issue. In addition, LockMed has been awarded a Good Housekeeping Editor's Choice Award.

LockMed has sufficient quantities in stock and can ship within 48 business hours of receipt of formal approval. Furthermore, LockMed can ship the specific quantities needed directly to the individual OCFS district offices, allowing staff to distribute the items to clients as quickly as possible to meet the urgent need.

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

By purchasing directly from the manufacturer, OCFS avoids paying a markup and obtains the items for the lowest cost possible. In addition, OCFS researched other resellers for these items; however, could not find a reseller for the LockMed ASA-700. OCFS only found three resellers that sold the LockMed ASA-1400, and prices ranged from 35% to 77% more versus purchasing directly from LockMed.

4. Describe the plan for future competition for the goods or services.


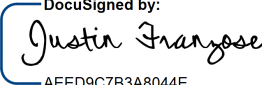
Several Department of Health and Human Services Offices, and other State entities are collaborating on a major purchase that could lead to a competitive bid (RFQ) in the future, which may result in a contract/ Master Agreement for these commodities.

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:	Ben Mann	Date:	6/5/23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>AEED9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	6/9/2023