

**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 (Form's Page) for additional instructions.

| PART I: OVERVIEW | | | |
|---|--|---|----------------------------------|
| Department Office/Division/Program: | | DHHS/SAMHS/ODMAP/Katherine Coutu/Kristen King | |
| Department Contract Administrator or Grant Coordinator: | | Nancy Tan / Patricia Wall | |
| (If applicable) Department Reference #: | | OSA-22-422A | |
| Amount: (Contract/Amendment/Grant) | Amend A: \$160,000.00 Revised: \$330,595.00 | Advantage CT / RQS #: | CT 10A 20220105**1628 |
| CONTRACT | Proposed Start Date: | Proposed End Date: | |
| AMENDMENT | Original Start Date: | Effective Date: | 10/1/2021 |
| | Previous End Date: | New End Date: | N/A |
| GRANT | Project Start Date: | Grant Start Date: | |
| | Project End Date: | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | | Maine Medical Association, Manchester, ME | |
| Brief Description of Goods/Services/Grant: | | ODMAP Promotion | |
| 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 Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) Liaison Initiative deliverables and funding to support additional OPTIONS work. OPTIONS Liaison support is part of the Governor's initiative to address the increased overdose deaths throughout the State of Maine. Due to several Law Enforcement Agencies (LEA) not engaging in the OPTIONS initiative, the viability of the entire Statewide initiative is reduced. This funding will increase law enforcement awareness and engagement in the OPTIONS initiative.

This amendment also moves funding from ODMAP to OPTIONS to cover current invoices.

The purpose of this agreement is to provide assistance and promote educational uptake of the ODMAP tool by police and first responders in Maine Communities. This protocol will help systematize and automate a cascade of communication activities and resource mobilization to reach elected officials and other public officials law enforcement officers, EMS providers, community members, health care providers, harm reduction partners, and others when an overdose spike occurs.

These services will be funded through a grant from the federal CDC to support several activities to address the opioid epidemic in Maine (i.e., Overdose Data to Action; Program Code OD2A). This service is integral to achieving many of goals outlined in the grant project narrative.

The Provider will also be providing Technical Assistance for the Law Enforcement Co-Responder providers. Assisting the agencies with training clinical staff on how to provide OUD/SUD overdose response, assessment, behavioral health crisis de-escalation, referral to community treatment modules, system navigation, short-term counseling interventions and aid in completion of the State's Medicaid program application for uninsured population. Co-Responder staff will also be trained by the provider on how to further promote the ODMAP within law enforcement agencies across the state.

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

This service was previously provided by Qualidigm dba Connecticut Peer Organization. Qualidigm was recently dissolved, and Maine Medical Association hired the project team from Qualidigm, who had unique knowledge of the ODMAP system. This service/project is essential to assisting law enforcement and the community in fighting the opioid epidemic.

The Provider has experience in providing a broad range of technical assistance to the medical community.

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

\$70,237 is being added for additional hours to support a subcontractor in providing the services. MMA had \$131,581 allotted for OPTIONS. The funds were distributed equally between the LEAs to support the OPTIONS program. This funding will increase law enforcement awareness and engagement in the OPTIONS initiative. The Department determined the costs to be fair and reasonable as they fall in line with comparable past wages for services similar in nature.

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

The Department does not intend to competitively procure this service at this time.

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 III: SUPPLEMENTAL INFORMATION

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

| | | | |
|--|--|-------|-----------|
| Signature of requesting Department's Commissioner (or designee): |  | | |
| Typed Name: | | Date: | 29-JUL-22 |
| Signature of DAFS Procurement Official: |  | | |
| Typed Name: | Kathy Paquette | Date: | 8/18/2022 |