

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/Arlene Jones			
(If applicable) Department Reference #:		Multiple: See Attached			
Amount: (Contract/Amendment/Grant)	Service Group: \$1,850,600.00	Advantage CT / RQS #:	Multiple: See Attached		
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2022	
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:		Multiple: 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
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 Provider 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 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

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PART III: SUPPLEMENTAL INFORMATION

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: 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.

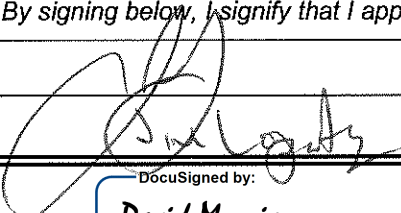
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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.

This is a tiered naloxone distribution system set up for OP/Naloxone. The Providers are municipal public health agencies, to RFP at this point would require systematic changes that cannot be afforded at this time for efficiency/efficacy purposes. The Department intends to competitively procure these services for 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>		
Printed Name:		Date:	16-Aug-21
Signature of DAFS Procurement Official:	DocuSigned by: David Morris		
Printed Name:	2A944AF5681F482 DaVID MORRIS	Date:	9/13/2021

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DHHS Office: OBH
Service: Overdose Prevention SFY22
Service Group Total \$1,850,600

Vendor	CT 10A	DHHS Agreement	Start	End	Total Contract Amount
MAINEGENERAL MEDICAL CTR	20210430000000003003	OSA-22-367	7/1/2021	6/30/2022	\$ 283,186.00
PORTLAND CITY OF	20210430000000003006	OSA-22-372	7/1/2021	6/30/2022	\$472,750.00
BANGOR CITY OF	20210430000000003007	OSA-22-373	7/1/2021	6/30/2022	\$776,164.00
MAINE ACCESS POINTS	20210430000000003011	OSA-22-376	7/1/2021	6/30/2022	\$318,500.00