



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: | | DHHS/OBH/Maddison Bourassa/Stephanie Kadnar | | |
| Department Contract Administrator or Grant Coordinator: | | Jennifer Levesque / Melinda Farrell | | |
| (If applicable) Department Reference #: | | Multiple: See Attached | | |
| Amount: (Contract/Amendment/Grant) | | Multiple, see attached | Advantage CT / RQS #: | Multiple, see attached |
| CONTRACT | Proposed Start Date: | 7/1/2023 | Proposed End Date: | 6/30/2025 |
| 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.) | | | |
| <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 type="checkbox"/> | C. Single Source/Unique Vendor | <input type="checkbox"/> | I. Federal Agency Directed |
| <input type="checkbox"/> | D. Proprietary/Copyright/Patents | <input checked="" 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.

Overdose Prevention: The purpose of this Agreement is to provide overdose prevention education and outreach to as many individuals, who are part of the high-risk populations and groups, to combat opiate and heroin use and to address the growing epidemic throughout Maine.

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 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. Reference the RFP number, if applicable.

DHHS, The Office of Behavioral Health Services have determined that these providers are willing and qualified providers who are municipal public health agencies.

Overdose Prevention: These Providers have specially trained staff with the ability to provide overdose prevention services for at risk individuals. These Providers have the available resources to provide overdose prevention services and outreach to high-risk populations and groups identified in the Provider's community. The groups shall include those in treatment (Medication Assisted Treatment -MAT) programs, recovery support services, and harm reduction programs.

Naloxone Distribution: These Providers are considered Tier 1 Providers with the ability to purchase large amounts of naloxone kits as needed throughout the contract period to distribute to Tier 2 Providers who provide service to those within the community. These Providers distribute naloxone rescue kits and provide education related to opioid overdose and life-saving rescue measures to reverse the effects of an opioid overdose and provide the salary of staff for the distribution of the naloxone kits.

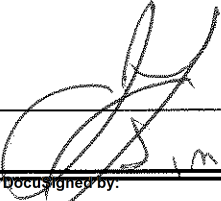
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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 does not intend to RFP these willing and qualified services.

| 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: | David Morris | Date: | 19-Jul-23 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>David Morris</i> | | |
| Typed Name: | <small>2A644AF5681F482...</small> David Morris | Date: | 9/7/2023 |

DHHS Office:
OBH
Service: Overdose
Prevention-SFY24

| Vendor Name | Agreement Number | CT 10A | Start Date | End Date | Amendment Amount | Revised Amount |
|--------------------------|------------------|----------------------|------------|---------------|------------------|----------------|
| MaineGeneral Medical Ctr | OSA-24-367 | 20230412000000002675 | 7/1/2023 | 6/30/2025 | | \$1,679,388.23 |
| Portland City of | OSA-24-372 | 20230412000000002674 | 7/1/2023 | 6/30/2025 | | \$1,920,747.08 |
| Bangor City of | OSA-24-373 | 20230412000000002673 | 7/1/2023 | 6/30/2025 | | \$2,083,130.43 |
| Maine Access Points | OSA-24-376 | 20230412000000002672 | 7/1/2023 | 6/30/2025 | | \$1,591,556.76 |
| Total Items | 4 | | | Totals | | \$7,274,822.50 |