



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:		Althea Harris / 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:	Proposed End Date:		
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:	4/1/2024
	Previous End Date:	6/30/2025	New End Date:	N/A
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			
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 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 SORP funding, as Part of Governor Mills' State of the State address in January, to the overdose prevention contracts to increase access to naloxone.

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.

Overdose Prevention: These Providers have specially trained staff who 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 does not intend to competitively procure these services due to the complexity of the services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

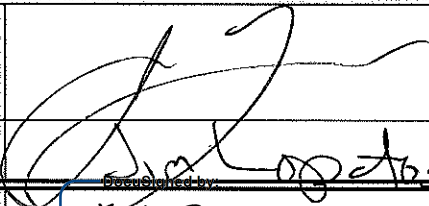
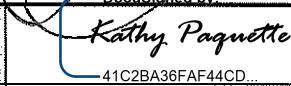
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Lopez	Date:	21-Aug-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	9/9/2024

Procurement Justification Form (PJF)

DHHS Office: OBH
Service: OVERDOSE PREVENTION-SFY24

Vendor Name	Agreement Number	Amend Number	CT 10A	Start Date	End Date	Amend Amount	Revised Amount
MAINEGENERAL MEDICAL CTR	OSA-24-367	A	20230412000000002675	7/1/2023	6/30/2025	\$281,498.00	\$1,960,886.23
PORTLAND CITY OF	OSA-24-372	A	20230412000000002674	7/1/2023	6/30/2025	\$273,516.00	\$2,194,263.08
BANGOR CITY OF	OSA-24-373	A	20230412000000002673	7/1/2023	6/30/2025	\$423,443.00	\$2,506,573.43
MAINE ACCESS POINTS	OSA-24-376	A	20230412000000002672	7/1/2023	6/30/2025	\$148,803.00	\$1,740,359.76
Total Items	4				Totals	\$1,127,260.00	\$8,402,082.50