

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Sybil Mazerolle/Kristen King		
Department Contract Administrator or Grant Coordinator:		Matt Galletta / Patricia Wall		
(If applicable) Department Reference #:		Multiple: See Attached Listing		
Amount: (Contract/Amendment/Grant)	\$ 1,478,775.00	Advantage CT / RQS #:	Multiple: See Attached Listing	
CONTRACT	Proposed Start Date:	9/30/2021	Proposed End Date:	9/29/2022
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 Listing		
Brief Description of Goods/Services/Grant:		Co-Responder: Post Overdose Response Team		

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.

The purpose of this Agreement is to create and deploy up to sixteen (16) Co-responders that are Substance Use Disorder (SUD)/Dual Diagnosis capable Licensed or Certified SUD clinicians, one assigned to each county. The clinical staff members will be embedded within a law enforcement agency in each of those counties, The services rendered through this agreement are to provide OUD/SUD overdose response, assessment, behavioral health crisis de-escalation, referral to community treatment modules, system navigation, short-term counseling interventions, increase recovery capital, and aid in completion of the State's Medicaid program application for uninsured population. The clinicians may also accept proactive referrals from first responders and other community SUD service providers for engagement of an individual prior to an overdose.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

These vendors have agreed to pilot the embedded SUD clinician model, and due to their well-developed connections with law enforcement through their Crisis intervention service work, and their clinical oversight structures, they are uniquely positioned to provide this service.

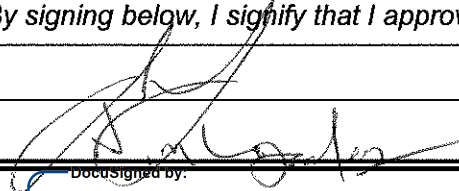
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The negotiated costs are based on Bureau of Labor statistics for salary and fringe for licensed or certified clinicians, equivalent IT-associated costs, and aligned travel reimbursement.

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

This is the 2nd year of the 2-year pilot. The Department intends to evaluate the services being provided and will issue an RFP for a 9/30/2022 contract start date if the services are to continue beyond 9/29/2022.

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:	5-04-21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	10/25/2021

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Office: OBH

Service Group: Co-Responder: Post Overdose Response Team

No. of Agreements: 5

Total Amount for Service Group: \$1,478,775.00

Agreement Number	Agreement Amount	Vendor Name	CT
OSA-22-6000	\$167,000.00	CRISIS & COUNSELING CTR INC	CT 10A 20210831000000000552
OSA-22-6001	\$100,000.00	TRI-CTY MENTAL HLTH SERV	CT 10A 20210908000000000611
OSA-22-6002	\$800,000.00	SWEETSER	CT 10A 20210908000000000612
OSA-22-6003	\$160,204.00	COMMUNITY HEALTH & COUNSELING SERVICES	CT 10A 20210908000000000613
OSA-22-6004	\$251,571.00	AROOSTOOK MENTAL HLTH SERV INC	CT 10A 20210908000000000614