

**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/Robert Porter/Kristen King	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		Multiple: See attached list	
Amount: (Contract/Amendment/Grant)	Original: \$2,370,196.00 Amend: \$470,400.00 Revised: \$2,840,596.00	Advantage CT / RQS #:	Multiple: See attached list
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	2/1/2024
	Previous End Date:	New End Date:	No Change
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple: See attached list	
Brief Description of Goods/Services/Grant:		OPTIONS Liaisons/Co-Responders	

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 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.

The purpose of this Agreement is to create and deploy OPTIONS Liaison(s) that are Substance Use Disorder (SUD)/Dual Diagnosis capable Licensed or Certified SUD clinicians. These OPTIONS Liaison (s) will be 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.

This amendment increases funding to allow for the hiring of Recovery Coach(es) as designated by specific provider contracts.

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

These vendors have agreed to continue 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 service is willing and qualified. The Department does not intend to RFP in the future.

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

Does this request utilize ARPA/MJRP funds?

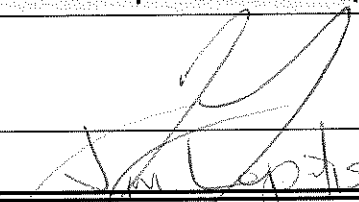

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ 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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	7-01-24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	10/21/2024

Procurement Justification Form (PJF)

Office of Behavioral Health

Co-Responder Template Amendment 1

Agreement		Amendment				
Number	Vendor Name	Start	End	Amount	Revised Total	
OSA-24-6002	A SWEETSER	9/30/2023	9/29/2024	\$ 411,600.00	\$ 2,278,474.00	
OSA-24-6004	A AROOSTOOK MENTAL HLTH SERV INC	9/30/2023	9/29/2024	\$ 58,800.00	\$ 562,122.00	
				\$ 470,400.00	\$ 2,840,596.00	

