

## State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH/Dr. Jessica Pollard, Erik Eisele/ Sara Wade	
Department Contract Administrator or Grant Coordinator:		Eliza Fielding & Nancy Tan	
(If applicable) Department Reference #:		Multiple: see attached list	
Amount: (Contract/Amendment/Grant)	Original Amt: \$315,036.00 Amend Amt: \$1,271,141.00 Revised Amt: \$ 1,586,177.00	Advantage CT / RQS #:	Multiple: see attached list
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2020	Effective Date:
	Previous End Date:	10/8/2020	New End Date: 6/30/2021
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:		Community Health Outreach Workers (CHOW)	

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
X	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. Other Authorization: COVID 19

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
<p>The Crisis Counseling Assistance and Training Program (CCP) is a short-term disaster relief grant that provides funding for community-based outreach, counseling, and other mental health services to survivors of natural and human-caused disasters.</p> <p>The Community Health Outreach Workers (CHOW) will provide outreach, education, referrals, support and community networking to members of the Target Population groups that have been impacted significantly by COVID-19.</p> <p>The purpose of this amendment is to extend the contract end date and increase funding due to receipt of the CCP RSP grant. The purpose of the RSP is to provide funds to continue services established in the Immediate</p>

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### PART III: SUPPLEMENTAL INFORMATION

Services Period through an additional 9 months, in accordance with the FEMA/SAMHSA Crisis Counseling Program Grant model, to provide stress management and wellness supports in wake of a disaster. The RSP funding allows these services to continue to approximately one year after the initial incident that triggered a disaster declaration. A new vendor is also added to this service group of providers.

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

These providers were deemed qualified based on the following criteria:

- 1.) An established Community Health Outreach Worker workforce or similar type outreach staff
- 2.) Language and cultural brokering expertise for the following target populations: African Americans; various immigrant, refugee and asylee communities; Native communities; older people; youth from Communities of Color
- 3.) Established community connections in the target communities listed above in Maine

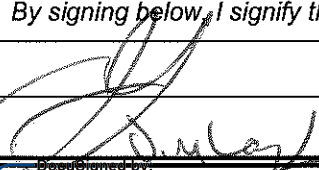
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

OBH negotiated a rate of \$240/day x thirty (30) days x forty (40) CHOWs. Or \$7,200 per CHOW. The provider agencies reported to the Department how many staff they have to support this project, not to exceed forty (40) total CHOW FTEs across all Provider agencies. This formula was utilized to calculate out the same staffing pattern for the additional time period of 9 months.

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

This is a one-time disaster relief grant/program, this contract was intended to be extended once the subsequent grant was received.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	7-Dec-20
<b>Signature of DAFS Procurement Official:</b>	<i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	12/28/2020

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Office: Behavioral Health Services

Service Group: Community Health Outreach Workers

No. Vendors: 9

Amend Reason: Adding a new vendor to the group, adding federal funds, extending end date to continue services

Vendor Name	Agreement Number	CT 10A:	Start Date	Revised End Date	Amendment Amount	Revised Contract Total
CENTRAL MAINE AREA AGENCY ON AGING	MH4-21-107A	2020082000000000607	7/1/2020	6/30/2021	\$ 194,472.00	\$ 231,811.00
CROSS CULTURAL COMMUNITY SERVICES	MH4-21-108A	2020080200000000608	7/1/2020	6/30/2021	\$ 25,780.00	\$ 32,852.00
GATEWAY COMMUNITY SERVICES MAINE	MH4-21-106A	2020080200000000606	7/1/2020	6/30/2021	\$ 265,144.00	\$ 348,370.00
HAND IN HAND / MANO EN MANO	MH4-21-102A	2020080200000000602	7/1/2020	6/30/2021	\$ 181,077.00	\$ 241,040.00
MAINE ACCESS IMMIGRANT NETWORK	MH4-21-101A	2020082000000000601	7/1/2020	6/30/2021	\$ 165,575.00	\$ 200,868.00
MAINE ASSOCIATION FOR NEW AMERICANS	MH4-21-109	2020113000000001650	11/19/2020	6/30/2021	\$ 110,288.00	\$ 110,288.00
NEW MAINERS PUBLIC HEALTH INITIATIVE	MH4-21-103A	2020082000000000603	7/1/2020	6/30/2021	\$ 162,840.00	\$ 216,135.00
PORTLAND CITY OF	MH4-21-105A	2020082000000000605	7/1/2020	6/30/2021	\$ 75,986.00	\$ 92,547.00
WABANAKI HEALTH & WELLNESS INC	MH4-21-104A	2020082000000000604	7/1/2020	6/30/2021	\$ 89,979.00	\$ 112,266.00
<b>Grand Total</b>					<b>\$ 1,271,141.00</b>	<b>\$ 1,586,177.00</b>