

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

| PART I: OVERVIEW | | | |
|---|---|-----------------------|-------------------|
| Department Office/Division/Program: | DHHS/SAMHS/Cameron Bailey/ Suzanne Boras | | |
| Department Contract Administrator or Grant Coordinator: | DHHS/ SCM/ Nancy Tan/ Lora Blackwell | | |
| (If applicable) Department Reference #: | MH2-20-3009A | | |
| Amount: (Contract/Amendment/Grant) | Current: \$217,500 Amend: \$ 139,637 Revised: \$357,137 | Advantage CT / RQS #: | 10A 20191016*1309 |
| CONTRACT | Proposed Start Date: | Proposed End Date: | |
| AMENDMENT | Original Start Date: | Effective Date: | 4/1/2020 |
| | Previous End Date: | New End Date: | 9/30/2020 |
| GRANT | Project Start Date: | Grant Start Date: | |
| | Project End Date: | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | Sweetser Saco, ME 04072 | | |
| Brief Description of Goods/Services/Grant: | Warmline | | |

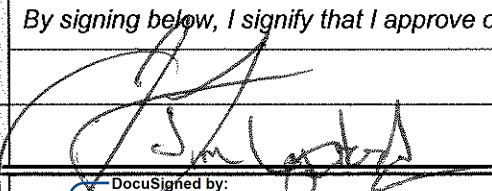
| PART II: JUSTIFICATION FOR VENDOR SELECTION | | | |
|---|-----------------------------------|---|----------------------------------|
| Mark an 'X' before the justification(s) that applies to this request. (Check all that apply.) | | | |
| | A. Competitive Process | | G. Grant |
| X | B. Amendment | | H. State Statute/Agency Directed |
| 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 | X | L. Other Authorization: COVID-19 |

| PART III: SUPPLEMENTAL INFORMATION |
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| Please respond to ALL of the following: |

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| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I. |
| <p>A peer support telephone warm line is staffed by paid peer supporters trained in Intentional Peer Support. This service is distinct from a crisis service and may be consumer or agency operated. It is designed for the purpose of engaging with adult mental health consumers and developing mutual relationships and connections that lead to growth, change and development of natural supports in one's own community.</p> <p>This is a crucial service for the clients within the community. The Warmline aims to support and navigate individuals who are experiencing issues related to mental illness or co-occurring substance use disorders, emotional distress, and trauma, who are not in Behavioral Health Crisis.</p> <p>The purpose of this amendment is to increase funding and add 2,184 hours for one additional Warm Line Specialist on the phones 24/7 to the end of the agreement period. These added funds reflect the additional costs associated with one more full-time staff for more widespread support during the COVID-19 crisis.</p> |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. |
| <p>The provider is experienced in managing the broadest array of peer services in the state with staff that understands their role in providing Warm Line services. They have the experience and support to receive calls from consumers who are all over the state to provide a venue for consumers to strengthen recovery plans, fend off isolation and develop natural supports of their own.</p> <p>The provider has an extensive history within the mental health field and community. They are uniquely equipped to handle this service not only because they are currently doing so, but also because they are designed to appropriately identify and connect individuals with much needed resources. They can perform this by using the many outreach connections they currently have or providing an umbrella of services within their own organization for an individual if the resource falls within their purview.</p> |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. |
| <p>Additional costs are consistent with the costs of the original agreement.</p> |
| 4. Describe the plan for future competition for the goods or services. |
| <p>The Department anticipate issuing an RFP for a 10/1/2020 contract start date.</p> |

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| 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: | 3-Apr-20 |
| Signature of DAFS Procurement Official: | DocuSigned by: <i>Kathy Paquette</i> | | |
| Printed Name: | 41C2BA36FAF44CD... kathy Paquette | Date: | 4/16/2020 |