

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:	Patti Wall & Nancy Tan		
(If applicable) Department Reference #:	Multiple, please see attached list		
Amount: (Contract/Amendment/Grant)	\$315,036.00	Advantage CT / RQS #:	Multiple, please see attached
CONTRACT	Proposed Start Date:	7/1/20	Proposed End Date: 6/30/21
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, please 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	
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:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
<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>

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PART III: SUPPLEMENTAL INFORMATION

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

DHHS, Office of Behavioral Health Services has determined that these providers are willing and 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

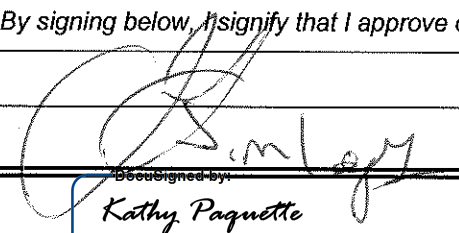
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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 CHOWs across all Provider agencies.

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

This is a one-time disaster relief grant/program, there is no future plan for this service.

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:	6-Sep-20
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	10/2/2020

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DHHS: Office of Behavioral Health

SERVICE GROUP: Community Health Outreach Workers (CHOW)

SERVICE GROUP TOTAL: \$315,036

NO. OF VENDOR: 8

Vendor Name	Agreement Number	Contract Start Date	Contract End Date	Agreement Amount
MAINE ACCESS IMMIGRANT NETWORK	MH4-21-101	7/1/2020	10/8/2020	\$35,293.00
HAND IN HAND / MANO EN MANO	MH4-21-102	7/1/2020	10/8/2020	\$59,963.00
NEW MAINERS PUBLIC HEALTH INITIATIVE	MH4-21-103	7/1/2020	10/8/2020	\$53,295.00
WABANAKI HEALTH & WELLNESS INC	MH4-21-104	7/1/2020	10/8/2020	\$22,287.00
PORTLAND CITY OF	MH4-21-105	7/1/2020	10/8/2020	\$16,561.00
GATEWAY COMMUNITY SERVICES LLC	MH4-21-106	7/1/2020	10/8/2020	\$83,226.00
SPECTRUM HEALTH SYST INC	MH4-21-107	7/1/2020	10/8/2020	\$37,339.00
CROSS CULTURAL CONSULTING GROUP LLC	MH4-21-108	7/1/2020	10/8/2020	\$7,072.00