



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/Theresa Witham/ Michael Freysinger	
Department Contract Administrator or Grant Coordinator:		DHHS/ SCM/ Nancy Tan/ Lora Blackwell	
(If applicable) Department Reference #:		MH2-20-3009E	
Amount: (Contract/Amendment/Grant)	Original: \$1,206,233.00 Amendment: \$342,894.00 New: \$1,549,127.00	Advantage CT / RQS #:	10A 20191016*1309
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/1/2020	Effective Date:
	Previous End Date:	12/31/2021	New End Date:
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.)			
<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 checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input 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 checked="" type="checkbox"/>	L. Other Authorization: RFP Extended

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.

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.

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.

The purpose of this amendment is to extend the agreement period to allow completion of the RFP. Services will be able to continue uninterrupted during the COVID pandemic.

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

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.

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.

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

Costs for this program are based on negotiations with SAMHS and are cost settled through the DHHS audit department. Based on last years' service provision for Warmline This provider budgeted 15,262 manhours at a total cost of 435,000.00. This works out to 29.00 per hour and includes overhead.

Added funds reflect the additional costs associated with one more full-time staff for more widespread support during the Covid-19 crisis.

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

The Department intends to competitively procure this service for a contract start date of 7/1/2022.

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

Does this request utilize ARPA/MJRP funds?


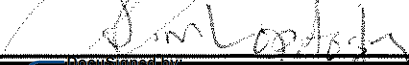

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	16 Feb 22
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px;"> <small>Deauthorized by:</small>  <i>Kathy Paquette</i> </div>		
Typed Name:	Kathy Paquette	Date:	3/23/2022