

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/SAMHS/Theresa Witham / Michael Freysinger	
Department Contract Administrator or Grant Coordinator:		DHHS/ SCM/ Nancy Tan/ Lora Blackwell	
(If applicable) Department Reference #:		MH2-20-3009D	
Amount: (Contract/Amendment/Grant)	\$319,282	Advantage CT / RQS #:	10A 20191016*1309
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	8/25/20
	Previous End Date:	New End Date:	12/31/21
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		L. Other Authorization

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.

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 change the contract period as the RFP for this service will be extended. Services will be able to continue uninterrupted during the COVID pandemic. Extending this contract will also allow for completion of the RFP with an intended start date of 1/1/2022

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PART III: SUPPLEMENTAL INFORMATION

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

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.

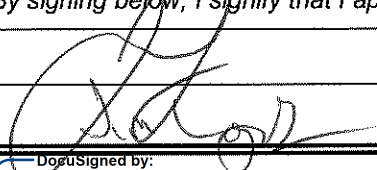
Based on last years' service provision for Warmline This provider budgeted 15,262 manhours at a total cost of 435,000.00. This works out to 29.00 per hour and includes overhead.

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.

OBH has added this service to the RFP schedule and agreement date will begin on 1/1/2022.

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:	30 - Aug - 21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Debbie Jacques</i>		
Printed Name:	<small>1DFA565D481F42E...</small> Debbie Jacques	Date:	9/14/2021