

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:		Jeanne Garza / Shawn Belanger		
(If applicable) Department Reference #:		Multiple: see attached list		
Amount: (Contract/Amendment/Grant)	Original Amt: \$1,586,177 Amend Amt: \$216,732 Revised Amt: \$1,802,909.00	Advantage CT / RQS #:	Multiple: see attached list	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2020	Effective Date:	7/1/2021
	Previous End Date:	6/30/2021	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:		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		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.

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.

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.

The purpose of this amendment is to extend the end date of the contracts to align with the CCP-RSP grant extension recently awarded. This amendment increases the total allocation to three (3) service contracts with

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PART III: SUPPLEMENTAL INFORMATION

unobligated CCP-RSP funds.

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.

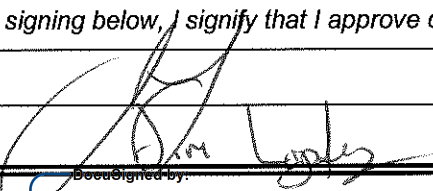
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department 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.

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

This is a one-time disaster relief grant/program, this contract has been extended to align with the CCP-RSP grant extension. The Department does not intend to RFP these services.

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:	23-Aug-21
Signature of DAFS Procurement Official:	<i>Signed by: Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	9/22/2021

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Office: **Behavioral Health Services**
 Service Group: **Community Health Outreach Workers**
 No. Vendors: **9**

Vendor Name	Agreement Number	CT 10A:	Start Date	Revised End Date	Amendment Amount	Revised Contract Total
CENTRAL MAINE AREA AGENCY ON AGING	MH4-21-107B	20200820000000000607	7/1/2020	12/31/2021	\$ 105,727.50	\$ 337,538.50
CROSS CULTURAL COMMUNITY SERVICES	MH4-21-108B	20200802000000000608	7/1/2020	12/31/2021	\$ 0.00	\$ 32,852.00
GATEWAY COMMUNITY SERVICES MAINE	MH4-21-106B	20200802000000000606	7/1/2020	12/31/2021	\$ 73,689.00	\$ 422,059.00
HAND IN HAND / MANO EN MANO	MH4-21-102B	20200802000000000602	7/1/2020	12/31/2021	\$ 37,316.39	\$ 278,356.39
MAINE ACCESS IMMIGRANT NETWORK	MH4-21-101B	20200820000000000601	7/1/2020	12/31/2021	\$ 0.00	\$ 200,868.00
MAINE ASSOCIATION FOR NEW AMERICANS	MH4-21-109A	20201130000000001650	11/19/2020	12/31/2021	\$ 0.00	\$ 110,288.00
NEW MAINERS PUBLIC HEALTH INITIATIVE	MH4-21-103B	20200820000000000603	7/1/2020	12/31/2021	\$ 0.00	\$ 216,135.00
PORTLAND CITY OF	MH4-21-105B	20200820000000000605	7/1/2020	12/31/2021	\$ 0.00	\$ 92,547.00
WABANAKI HEALTH & WELLNESS INC	MH4-21-104B	20200820000000000604	7/1/2020	12/31/2021	\$ 0.00	\$112,266.00
Grand Total					\$ 216,732.00	\$ 1,802,909.00