



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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/SFS/Sarah Miller/Kristen King		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Melinda Farrell		
(If applicable) Department Reference #:		SFS-23-080		
Amount: (Contract/Amendment/Grant)		\$9800.00	Advantage CT / RQS #:	CT-10A- 20221003000000000988
CONTRACT	Proposed Start Date:	9/1/22	Proposed End Date:	8/31/23
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:		Andrew Wisch, PhD, ABPP; Rockport, ME		
Brief Description of Goods/Services/Grant:		Postdoctoral supervision of forensic psychology Fellows		

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 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 type="checkbox"/>	L. Other Authorization

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.

The purpose of this Agreement is to establish clinical forensic supervision for the University of Maine Postdoctoral Fellowship in Forensic Psychology program. The program is a collaboration between the University of Maine Doctoral Training Program in Clinical Psychology and the State Forensic Service (SFS). SFS is required by statute (15 M.R.S. §§ 101-D, 3309-A, 3318-A, 3318-B) to conduct court ordered evaluations in criminal cases. SFS is further responsible for ensuring that examiners conducting such evaluations are qualified to do so and is authorized to "establish and maintain a professional education program designed to assist licensed psychologists and psychiatrists in developing expertise in the forensic aspects of each profession, with emphasis on the assessment of competency, criminal responsibility and abnormal condition of mind under the laws of the State." See 34-B M.R.S. § 1212 (3). This Agreement will further the efforts of SFS to recruit and train a highly qualified workforce to conduct forensic mental health assessments.

Supervisors will have full access to State Forensic Service resources and will receive a graduate faculty appointment at the University of Maine. The Supervisor shall provide the following services:

1. Supervise postdoctoral fellows conducting forensic mental health assessments assigned as part of their training program, and
2. Participate in the program's Training Committee.

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

Evaluators who conduct these types of forensic mental health evaluations must have a doctoral degree (M.D., D.O., Ph.D., or Psy.D), followed by years of specialty training and experience in the forensic arena. To provide postdoctoral level supervision of this work, evaluators need to not only have competencies in conducting a wide variety of forensic mental health assessments, but further must have competencies in providing clinical supervision. The number of individuals qualified to do this work in the State of Maine is exceedingly rare.

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

Conducting such work in the private sector would typically be billed at a rate of at least \$250/hour. By contrast, providing supervision at the postdoctoral level for forensic mental health evaluations is expected to take a minimum of 10 hours per month, and likely closer to 20 hours per month or more, resulting in hourly rates far below fair market price.

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

The Department does not intend to RFP this service, because there is a limited number of qualified practitioners in Maine.

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

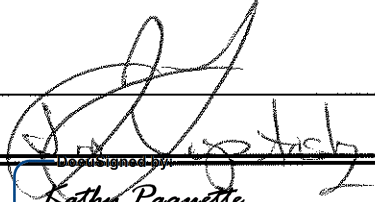

Does this request utilize ARPA/MJRP funds?

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.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	21-Nov-22
Signature of DAFS Procurement Official:	 Kathy Paquette		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	1/3/2023