



**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 Sarah Miller    Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		MH2-24-801		
Amount: (Contract/Amendment/Grant)		\$51,175.00	Advantage CT / RQS #:	CT 10A 2023110900000001358
CONTRACT	Proposed Start Date:	11/1/23	Proposed End Date:	12/31/24
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:		Ann LeBlanc, PhD, ABPP Augusta, ME		
Brief Description of Goods/Services/Grant:		Forensic Evaluation-NCR		

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

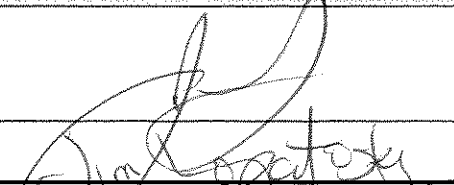

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	<p>Clients who are under the care and custody of the Commissioner pursuant to 15 MRS §104-A require forensic mental health evaluations in response to petitions for any level of release.</p> <p>The purpose of this contract is to ensure evaluations are completed in a timely manner, ahead of scheduled court hearings.</p> <p>The Department currently does not have the resources to provide these services for all petitions.</p>
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</b>	<p>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. These specific evaluations further require a greater emphasis on public safety for individuals already in custody of the Commissioner of DHHS. Dr. LeBlanc previously served as the Director of the State Forensic Service (the office that oversees these evaluations) and has more experience in this area than any other practitioner in the State of Maine.</p>
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>	<p>The cost of the evaluations for the Not Criminally Responsible clients, who are under the care and custody of the Commissioner are \$800 per evaluation. The cost of court time, due to testimony, is \$250 per hour. This cost is low, in comparison to other forensic evaluators.</p>
<b>4. Describe the plan for future competition for the goods or services.</b>	<p>The Department does not intend to RFP this service, because there is a limited number of qualified practitioners in Maine. Based on current need of evaluations for NCR clients under the care and custody of the Commissioner, Dr. LeBlanc's services will continue to fill a vital need.</p>

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
<b>Does this request utilize ARPA/MJRP funds?</b>	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	5- Dec -23
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette</small>		
Typed Name:	Kathy Paquette	Date:	1/9/2024