



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.

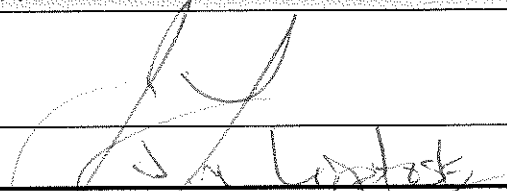
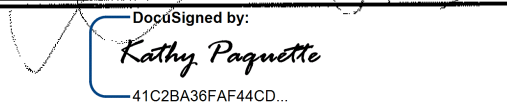
PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/SFS/Sarah Miller(PM)/Kristen King(PA)	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		SFS-24-090	
Amount: (Contract/Amendment/Grant)		\$71,000.00	Advantage CT / RQS #: CT 10A 20240315000000002496
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 9/30/2024
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:		Krissie Fernandez Smith, Elmhurst, IL	
Brief Description of Goods/Services/Grant:		Consultant – Parental Capacity	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 for the State Forensic Service (SFS) to contract with a content area expert to develop an evaluation Program for forensic mental health assessments of parental capacity in the State of Maine courts. The Office of Child and Family Services (OCFS) currently operates the Court Ordered Diagnostic Evaluation (CODE) program and has identified that CODE, as currently run, does not meet the needs of the Court, parent attorneys, the Department, and the Office of the Attorney General. In 2023, the Legislature funded a budget initiative to improve the CODE program, and OCFS asked SFS to develop and implement the revised evaluation program. Currently, SFS has a structure to support an improved evaluation program. However, SFS psychologists are experts in forensic mental health assessment in criminal matters, which is the SFS primary mission as outlined in statute enacted in 1986 (34-B MRS § 1212). This Agreement will provide the necessary content area expertise in order to build a new evaluation program.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Expertise in forensic mental health assessment of parental capacity in the context of child protective matters is a unique subspecialty. Limited providers around the country have this expertise. The selected provider is board certified in forensic psychology by the American Board of Professional Psychology and is the current President of the American Board of Forensic Psychology. Her expertise includes both practical clinical experience as well as academic research.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The hourly rate is below market rate for psychologists consulting in forensic mental health assessment, which is acceptable to the provider due to the volume of hours anticipated to complete the scope of work.
4. Describe the plan for future competition for the goods or services.	This is a one time contract to develop a new program. Future services in this area will be provided by hiring a full time psychologist to work at State Forensic Service once the initial program is developed.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<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:	21-Aug-24
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	5/30/2024