



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza/Nicole Mitchell		
(If applicable) Department Reference #:		CBH-26-2415		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 10A 20250801000CBH262415	
Amount: (Contract/Amendment/Grant		\$397,560.00		
CONTRACT	Proposed/Original Start Date:	9/1/2025	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Christopher S McLaughlin dba Inspired Consulting Hermon, Maine		
Brief Description of Goods/Services/Grant:		Consulting		

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. Higher Education 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 the contract is to provide consultation and technical assistance to the Department's Office of Behavioral Health (OBH) as part of the Children's Behavioral Health Services Settlement Agreement (Agreement) between the State of Maine and the U.S. Department of Justice (DOJ).

The Department is in need of support of fulfilling certain requirements under the Agreement, including workforce strategic planning, outreach and engagement with partners under the Agreement (including behavioral health and healthcare providers, advocates and other community partners, and children and families), and development and review of certain public-facing documents in the Agreement, including the Data and Analysis Plan, Implementation Plan, and associated reports.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

The vendor has a deep expertise and experience in the areas needed for providing these services and assisting the Department in compliance with the Agreement. The vendor has more than 25 years of direct service, leadership, and systems level expertise across clinical, education, and community-based behavioral health settings. The vendor has significant experience in supporting youth and families with multi-system involvement, with oversight of service delivery and system reform, compliance monitoring, and partner engagement – all functions that OBH is in need of from a technical assistance and facilitation standpoint specific to the implementation of the Agreement. The vendor has deep, meaningful connections with providers, families, and community partners across the state, and is deeply respected and has a demonstrated reputation as a leader in system change and advocacy for children in need of behavioral health services.

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

The Department considers these costs to be fair and reasonable based on current rates for similar type services.

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

The Department will determine whether services are still needed to uphold requirements of the Agreement and whether further procurement is necessary.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.


PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

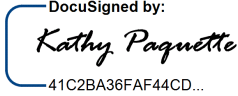
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	10-Sep-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	9/29/2025