



## 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:	Department of Public Safety, Maine State Police Computer Crimes Unit		
Department Contract Administrator or Grant Coordinator:	Lt. Jason Richards Sara Thompson		
(If applicable) Department Reference #:	20221109*1334		
Amount: (Contract/Amendment/Grant)	\$ 10,000.00	Advantage CT / RQS #:	20221109*1334
CONTRACT	Proposed Start Date:	11/1/2022	Proposed End Date: 11/30/2023
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:	Crisis and Counseling Centers 10 Caldwell Rd. Augusta Me. 04330		
Brief Description of Goods/Services/Grant:	Bi-Annual and acute counseling services for the Computer Crimes Unit personnel wellness.		

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 checked="" 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 Maine State Police Computer Crimes Unit (CCU) is the sole law enforcement agency in the state responsible for screening, supervising, investigating, and analyzing child sexual abuse material (child pornography), internet child exploitation and child sexploitation cases. This work involves viewing thousands upon thousands of images and videos depicting children from infancy through late teens engaged in everything from posing for leud photographs to being vaginally and anally raped by adults. Often the sound associated with the videos is more disturbing than the images themselves. The volume of these cases has seen a more than 80% increase in the last year and 400% increase since 2016. The sheer number of the cases investigators and analysts are exposed to is itself a concern for wellness. Part of the Internet Crimes Against Children (ICAC) federal task force standards that we are required to abide by include facilitating a wellness program for our personnel, which we currently do not have.

Our employees' health and wellness is important to the Maine State Police and having access to these services is an essential part this.

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

We have contracted with Crisis and Counseling Centers in the past, but those contracts and contract extensions have expired. The state has contracts with other psychologists' services but those are geared toward fitness for duty evaluations, do not cover the services needed for the CCU Team wellness, and are located in the far southern part of the state beyond reasonable travel distance. Our Team members also have utilized the services from Crisis and Counseling for years in the past under previous contracts and are familiar with their providers and services. Their providers are likewise familiar with the needs of our unit.

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

The pricing is consistent with past contracts and consistent with the fitness for duty providers mentioned from the southern part of the state demonstrating the quoted pricing is fair market value.

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

We will continue to assess the productiveness and benefit of the services provided by this vendor and continually look to see if any similar vendors start up in the area that provide the same style of services currently offered with this vendor and we will stay familiar with fair market pricing for this service.

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

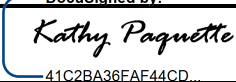
Does this request utilize ARPA/MJRP funds?

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):	<i>Derek A Gorneau</i>		
Typed Name:	Derek Gorneau	Date:	Dec 13, 2022
Signature of DAFS Procurement Official:	 <small>41C2BA36FAE44CD...</small>		
Typed Name:	kathy Paquette	Date:	12/16/2022






# Crisis and Counseling PJF November 1

Final Audit Report

2022-12-13

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