



## 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/Kristen King		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melanie Boucher		
(If applicable) Department Reference #:		SFS-24-066		
Amount: (Contract/Amendment/Grant)	\$ 388,840.00	Advantage CT / RQS #:	CT 10A 20230830000000000565	
CONTRACT	Proposed Start Date:	9/1/2023	Proposed End Date:	8/31/2025
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:		University of Maine System acting through University of Maine Orono, Maine		
Brief Description of Goods/Services/Grant:		Postdoctoral Fellowship in Forensic Psychology		

## 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 continue a collaboration with the State Forensic Service (SFS) to administer a postdoctoral fellowship program in forensic mental health assessment. 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.

The Provider shall collaborate with SFS in five primary ways:

1. Provide senior level personnel who will:
  - a. Provide expertise regarding maintenance of a postdoctoral level program (the "Program") in clinical psychology, as well as content area expertise;
  - b. Oversee and manage Program resources;
2. Administer stipends for postdoctoral Fellows, along with associated benefits;
3. Administer compensation for external members of the Program Training Committee;
4. Provide administrative support for the Program; and
5. Provide clinical supervision of Fellows and teach didactic seminars.

The twelve (12) month Program training year shall commence on September 1st annually, except as agreed upon between SFS and the Provider (e.g., to accommodate for weekends).

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

The University of Maine is the only university or college in the state of Maine that offers a doctoral degree program in clinical or counseling psychology. The Program is the foundational training required for postdoctoral fellows, UMaine is therefore the only setting that has staff/faculty with the requisite expertise regarding both clinical knowledge and program, accreditation, and training standards.

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

The University of Maine offers discounted rates to state government entities compared to their contracts with other types of agencies. There is no other university or college with the requisite knowledge base for this contract.

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

This program will be reviewed and renewed every two years, pending continued agreement by both parties. If another university or college in Maine develops a doctoral program in clinical or counseling psychology and becomes accredited by the American Psychological Association, the Department would then consider an RFP.

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

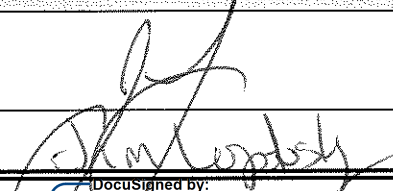

Does this request utilize ARPA/MJRP funds?

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):			Date:	5-Sep-23
Typed Name:				
Signature of DAFS Procurement Official:			Date:	12/5/2023
Typed Name:	Kathy Paquette			