



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/SFS/Chrissy Young/Elizabeth Heath		
Department Contract Administrator or Grant Coordinator:	Brienne Carrero / Melinda Farrell		
(If applicable) Department Reference #:	Multiple, see attached list		
Amount: (Contract/Amendment/Grant)	Multiple, see attached list	Advantage CT / RQS #:	Multiple, see attached list
CONTRACT	Proposed Start Date:	8/1/2025	Proposed End Date: 7/31/2026
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:	Multiple, see attached list		
Brief Description of Goods/Services/Grant:	Court Ordered Parental Assessments		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 State Forensic Service is authorized by statute to conduct court ordered evaluations. The legislature approved funds for assessments of parenting capacity in child maltreatment cases to be moved to the oversight of State Forensic Service. These evaluations must be conducted by licensed psychologists and/or psychiatrists. The State Forensic Service is responsible for ensuring that examiners conducting such evaluations are qualified to do so.

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

The State Forensic Service determined that these Contractors who are willing and qualified to conduct forensic mental health evaluations have a doctoral degree (typically Ph.D. or Psy.D), followed by years of specialty training and experience in forensic mental health assessment. Currently these 5 providers possess these qualifications and expertise in conducting forensic evaluations pertaining to parenting capacity.

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

Costs are based on a rate that is far below the established market rates for forensic mental health experts. Forensic psychologists in Maine currently charge a minimum of \$250 per hour. Many have no interest contracting with the State because of the lower rate.

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

The Department does not intend to competitively procure this service because any willing and qualified provider that is approved by the State Forensic Service and accepted as experts by the courts can provide these services.

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.

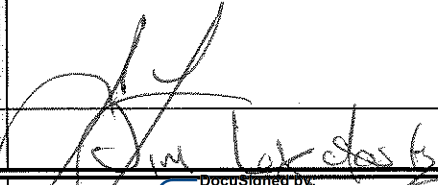

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lakeland	Date:	16 Jun -25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	6/20/2025

Procurement Justification Form (PJF)

DHHS Office:

OBH

Service:

SFS PARENTING ASSESSMENT-SFY26

CTMV

20250530SFS PARENTING

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
WILLIAM M BARTER	SFS-26-404	202505300000SFS26404	8/1/2025	7/31/2026	\$54,000.00
ELISE MAGNUSON	SFS-26-405	202505300000SFS26405	8/1/2025	7/31/2026	\$54,000.00
TAYLOR YORK	SFS-26-406	202505300000SFS26406	8/1/2025	7/31/2026	\$54,000.00
DANIELLE RYNCZAK	SFS-26-407	202505300000SFS26407	8/1/2025	7/31/2026	\$54,000.00
NORTH FORENSIC & PSYCHOLOGICAL SERVICES	SFS-26-408	202506060000SFS26408	8/1/2025	7/31/2026	\$54,000.00
Total Items	5				