



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

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:		Corrections		
Department Contract Administrator or Grant Coordinator:		Roberta Whitney 207-816-1997 roberta.whitney@maine.gov		
(If applicable) Department Reference #:				
Agency Department Code:	03A	Advantage CTMV#:	20251015000000000004	
Amount: (Contract/Amendment/Grant)		\$22,000 (FY26)		
CONTRACT	Proposed/Original Start Date:	11/1/2025	Proposed/Most Recent End Date:	6/30/2026
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:		Multiple Vendors		
Brief Description of Goods/Services/Grant:		Counseling Services for Wellness Workforce Teams		

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. 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 Maine Department of Corrections is seeking licensed mental health professionals—psychologists, clinical social workers, or professional counselors—to provide short-term and/or quick-response counseling and support services for the Department’s Wellness Workforce Teams. These services are intended to enhance the Department’s wellness infrastructure by supplementing the efforts of the Department’s Wellness Specialists and ensuring that staff receive timely, trauma-informed mental health support in high-stress, safety-critical environments. These services will support specialized teams across all the Department’s correctional facilities and probation offices in the State. A full list of locations can be found on the DOC website here:

<https://www.maine.gov/corrections/communitycorrections> and
<https://www.maine.gov/corrections/facilities>.

Vendors may specify locations for which they are willing to provide on-site Critical-Incident Response services. Also, a vendor might indicate interest in on-site meetings and call-ins but not critical incident response

Specific services to be provided include:

- a. Call-ins (situational): Remote clinical support provided to individual Wellness Specialists or Coordinator (currently five individuals) seeking professional guidance regarding a specific situation. (e.g., general insight to a situation, professional assessment/evaluation, referral)
- b. On-site meeting (with potential for on-line meeting as needed): Providers will work bi-monthly with Department Wellness Workforce Coordinator and Teams to review cases/situations and provide insight to topics that add to effective peer support.

These services are a critical component of the Department’s broader effort to build a sustainable, culturally competent, and trauma-informed wellness program that meets the complex needs of correctional staff. The Department is seeking providers who can offer flexibility, responsiveness, and clinical excellence while collaborating effectively with internal teams across a statewide system.

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

All Providers must hold an active and unrestricted license to practice in the State of Maine as one of the following: a Licensed Psychologist, a Licensed Clinical Social Worker (LCSW), a Licensed Clinical Professional Counselor (LCPC), or other similarly licensed clinical professional. Providers must be in good standing with their respective licensing boards and possess the clinical expertise to deliver trauma-informed, short-term counseling and crisis response services. Providers must provide the Department with evidence of their insurance coverage, generally on an ACORD form, to include any general and professional liability coverage.

PART III: SUPPLEMENTAL INFORMATION

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

The rate charged by the Providers are considered fair and reasonable based on comparison with the rates commonly charged by qualified Providers for similar services. The rates are based on region and compared to other Psychologists providing these services in their area.

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

The Department will continue to accept all vendors who meet the stated requirements above.

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’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):

DocuSigned by:
Chad Lewis
7F4B643D13E64CC...

Typed Name:

Chad Lewis

Date:

11/13/2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department’s Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:		Date:	