



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 \$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:		DVEM Bureau of Veterans Services		
Department Contract Administrator or Grant Coordinator:		Tracy E. Wheelden Contract/Grant Manager		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 75,000.00	Advantage CT / RQS #:	15A 20241105*1161	
CONTRACT	Proposed Start Date:	11/1/2024	Proposed End Date:	9/30/2025
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:		Covenstead, LLC, South Portland, ME		
Brief Description of Goods/Services/Grant:		Project/program management for the Establishment of Suicide Mortality Review Committee (SMRC)		

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 checked="" 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 Bureau of Veteran Services has accepted a Cooperative Agreement for the establishment of a Suicide Mortality Review Committee (SMRC). The SMRC will access multiple sources of clinical and non-clinical information that will provide a deeper understanding of the circumstances surrounding a death. The SMRCs will then develop recommendations for action to prevent similar deaths in the future.

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

The Cooperative Agreement with the VA granted funding to the Maine Bureau of Veterans' Services to specifically use the services of Certified Retrospective Fatality Analyst, Kiley Wilkens-O'Brien. This cooperative agreement award to MBVS is in part based on the inclusion of Kiley as the team leader/project manager.

Mrs. Wilkens-O'Brien is uniquely qualified to lead the development of the Suicide Mortality Review Committee due to her extensive experience in public health strategy, suicide prevention, and trauma-informed care. She has successfully led system reforms in Maine, including launching the state's first crisis-receiving center and the development of Certified Community Behavioral Health Clinics (CCBHCs). Ms. Wilkens-O'Brien is a national consultant with SAMHSA & VA's Service Members, Veterans & their Families Technical Assistance (SMVF TA) Center. She helped Pennsylvania and Massachusetts build Suicide Mortality Review Committee strategic action plans in the last year. She has over a decade of direct-care experience as a licensed social worker in the Maine child welfare, long-term care, and criminal justice systems. She serves as a member of the MaineResponds Disaster Behavioral Health non-clinical team and is currently becoming certified in retrospective fatality analysis. Ms. Wilkens-O'Brien's direct care and policy experience in Maine, coupled with her Suicide Mortality Review efforts across the nation, makes her the most suitable candidate to design and implement this critical committee.

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

The Bureau feels that the rate provided is less than traditional rates of vendors providing similar services nationwide. This vendor is unique in its qualifications and provides services for other states at a much higher rate. This vendor has provided a reduced rate for their home State of Maine.

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

This is a one-year cooperative agreement, there will be no need for future competition.

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

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

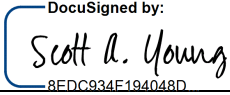
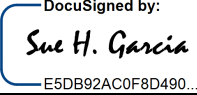
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Scott A, Young, Deputy Commissioner	Date:	12/5/2024
Signature of DAFS Procurement Official:			
Typed Name:	Sue H. Garcia	Date:	12/6/2024