



STATE PROCUREMENT OFFICE
NOTICE & REQUEST FOR SOLE SOURCE

15 FEB 11 A8:03

ADMINISTRATION
STATE PROCUREMENT OFFICE
STATE OF HAWAII

TO: Chief Procurement Officer
FROM: DOH, Child and Adolescent Mental Health Division
Name of Requesting Department

Pursuant to HRS §103D-306 and HAR chapter 3-122, Subchapter 9, the Department requests sole source approval to purchase the following:

1. Describe the goods, services, or construction to be procured.
The Child & Adolescent Functional Assessment Scale ("CAFAS") is a rating scale, which assesses a youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems.

Table with 2 columns and 2 rows containing procurement details: Vendor/Contractor/Service Provider Name (Multi-Health Systems Inc.), Amount of Request (\$16,000.00), Term of contract (4/1/2015 to 3/31/2016), and Prior SPO-001, Sole Source (SS) No. (None).

6. Describe in detail the following:
a. The unique features, characteristics, or capabilities of the goods, service or construction.
The CAFAS is: Clinically relevant and useful, Consumer-friendly for families, Economical, Scientifically reliable and valid, includes strengths and goals.
b. How the unique features, characteristics or capabilities of the goods, service or construction are essential for the department
• CAMHD has made major investments in training staff to use the CAFAS.
• Use of the CAFAS to determine whether youth are eligible for CAMHD services is part of our ongoing agreement with MedQUEST and is written into our Policies and Procedures for determining eligibility for the SEBD program.
• CAMHD has used the CAFAS to assess clients regularly for more than a decade; continuing to use it enables CAMHD to make valid comparisons across time regarding system performance and client improvement.

7. Describe the efforts and results in determining that this is the only vendor/contractor/service provider who can provide the goods, services or construction.

See attached Letter from Multi-Health Systems Inc.

8. Alternate source. Describe the other possible sources for the goods, services, or construction that were investigated but did not meet the department's needs.

Not Applicable

9. Identify the primary responsible staff person(s) conducting and managing this procurement. (Appropriate delegated procurement authority and completion of mandatory training required.)

*Point of contact (Place asterisk after name of person to contact for additional information).

Name	Division/Agency	Phone Number	E-mail Address
John MacDonald	DOH/CAMHD	733-9338	john.macdonald@doh.hawaii.gov
Janet Ledoux	DOH/CAMHD	733-4198	janet.ledoux@doh.hawaii.gov

Department shall ensure adherence to applicable administrative and statutory requirements, including HAR chapter 3-122, Subchapter 15, Cost or Pricing Data if required.

**All requirements/approvals and internal controls for this expenditure is the responsibility of the department.
I certify that the information provided is to the best of my knowledge, true and correct.**



Department Head Signature

FEB 10 2015

Date

For Chief Procurement Officer Use Only

Date Notice Posted: 2/11/15

Submit written objection to this notice to issue a sole source contract within seven calendar days or as otherwise allowed from date notice posted to:

state.procurement.office@hawaii.gov

Chief Procurement Officer (CPO) Comments:

This request is disapproved as it does not meet the requirements of a sole source procurement pursuant to HAR section 3-122-81. There are other rating scales available to the department. Department shall utilize the appropriate method of procurement.

If there are any questions, please contact Bonnie Kahakui at 587-4702, or bonnie.a.kahakui@hawaii.gov.

- Approved Disapproved No Action Required

 3/2/15
Chief Procurement Officer Signature Date