

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Child and Family Services Agency



CONTRACTS AND PROCUREMENT ADMINISTRATION

**DETERMINATION AND FINDINGS FOR
A SOLE SOURCE CONTRACT**

CONTRACT NO.: DCRL-2014-R-0024
CAPTION: Child and Adolescent Functional Assessment Scale
PROPOSED CONTRACTOR: Multi-Health Systems, Inc. (MHS)
PROGRAM AGENCY: Child and Family Services Agency

FINDINGS

1. AUTHORIZATION:

D.C. Official Code § 2-354.04, 27 DCMR 1304 and 1702

2. MINIMUM NEED:

The Government of the District of Columbia, Child and Family Services Agency (CFSA), has an immediate need to integrate the Child and Adolescent Functional Assessment Scale (CAFAS) and the Pre-school and Early Childhood Functional Assessment Scale (PECFAS), into everyday case practice for all children in District care and custody, ages 0-21 years. The CAFAS/PECFAS are proprietary clinical web-application tools used in child welfare systems (and greater Systems of Care) throughout the country, and they have been proven valid, reliable, and effective as case management tools, measures of child function, and system evaluation tools.

3. ESTIMATED REASONABLE PRICE:

\$48,000

4. FACTORS WHICH JUSTIFY SOLE SOURCE PROCUREMENT:

A. Many children being served by both CFSA and the DC Department of Mental Health (DMH) have experienced trauma in some form. The “Functional Assessment” is an integral part of building a trauma-informed practice model across the District’s child welfare and mental health systems. It addresses not only child and caretaker issues/strengths/needs, but also the *impact* that these issues/strengths/needs have on their lives.

- B. With a robust functional assessment in place, CFSA and DMH will have the ability to strongly connect needs to services, evaluate either a child's well-being over time, and to inform broader outcomes related to monitoring and system level decisions about service array planning and contracts.
- C. CFSA and DMH are implementing two discrete but coordinated federal grant projects. CFSA administers the Administration for Children and Families (ACF) Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare grant, and DMH administers the Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care (SOC) grant. As part of their respective federal grants to improve the well-being of the children they serve, CFSA and DMH are implementing a *joint* functional assessment tool that would achieve three primary purposes:
1. Allow child-serving social workers and clinicians to uniformly gauge functioning and inform case planning for every child receiving services through CFSA and/or the DC Gateway (which is the System of Care in the District);
 2. Measure each child's progress over time with respect to overall functioning; and,
 3. Inform system-level evaluation of services and interventions being provided to these children for the purposes of scaling services and increasing access to effective services and interventions.
- D. CFSA and DMH formed a joint working group to combine resources and share information while each agency diligently researched and vetted numerous functional assessment tools with an eye toward the three aforementioned objectives. Among the assessment tools that the working group researched and considered were the following:
- Child & Adolescent Needs and Strengths (CANS)
 - Ages and Stages Questionnaire (ASQ)
 - Behavior Assessment System for Children (BASC)
 - Adolescent Coping Orientation for Problem Experiences
 - Behavioral and Emotional Rating Scale – Youth Rating Scale (BERS-2)
 - Child Behavior Check List, ages 6 – 18 (CBCL 6-18)
 - Child PTSD Symptom Scale (CPSS)
 - Family Assessment Measure III (FAM III)
 - Protective Factors Survey (PFS)
 - Strengths and Difficulties Questionnaire (SDQ)
 - CAFAS/PECFAS
- E. The joint working group narrowed its choices from the above list to the CANS and the CAFAS/PECFAS, which were the two tools that provided the greatest level of clinical and functional support to a wide-ranging target population with varied needs.

The other tools in the above listing were too narrow in comparison in terms of the audiences to which they were targeted.

- F. The working group performed further comparative research on the CAFAS/PECFAS and the CANS, including:
- Online research on each tool, its developer, and users of the tool;
 - Participation in the CANS online video overview and tool introduction;
 - Development of a comprehensive comparative matrix to inform decision-making;
 - Presentations from the developer and CAFAS users in other states, and,
 - Research and follow-up with the developers and users of the tool.
- G. The working group then determined that the CAFAS/PECFAS is uniquely equipped and best suited to meet the aforementioned functional assessment purposes. The CANS is effective and is being utilized in various settings throughout the country, but its 30-day re-assessment requirement is shorter than the group desired for the purpose of measuring progress over time. The CAFAS/PECFAS' 90-day re-assessment requirement is better aligned with CFSA and DMH vision for its utilization to assess functioning over a longer retrospective period of time.
- H. The CAFAS/PECFAS tools have been implemented with success in other child welfare jurisdictions and Systems of Care throughout the country. Various clinical studies have proven them to be valid and reliable for the CFSA and SOC target populations.
- I. The CAFAS/PECFAS tools are part of a robust online web application which is the intellectual property of Multi-Health Systems, Inc. (MHS). [MHS is the one and only vendor of the tool](#) and the organization is capable of performing the services required.

5. CERTIFICATION BY AGENCY HEAD:

I hereby certify that the above findings are true, correct and complete.

Date

Director
Brenda Donald

6. CERTIFICATION BY CONTRACTING OFFICER:

I have reviewed the above findings and certify that they are sufficient to justify the use of the sole source method of procurement under the cited authority. I certify that the notice of intent to award a sole source contract was published in accordance with 27 DCMR

1304 and that no response was received. I recommend that the Chief Procurement Officer approve the use of the sole source procurement method for this proposed contract.

Date

Tara Sigamoni
Chief Contracting Officer

DETERMINATION

Based on the above findings and in accordance with the cited authority, I hereby determine that it is not feasible or practical to invoke the competitive bidding process under either

Section 402 or 403 of the District of Columbia Procurement Practice Reform Act of 2010 (D.C. Law 18-371; D.C. Official Code §2-354.02 or 2-354.03). Accordingly, I determine that the District is justified in using the sole source method of procurement.

Date

Tara Sigamoni
Agency Chief Procurement Officer