

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OCFS			
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Ryan Roberts			
(If applicable) Department Reference #:		CBH-21-3010			
Amount: (Contract/Amendment/Grant)	\$ 98,000.00	Advantage CT / RQS #:	CT-10A-20200616*3936		
CONTRACT	Proposed Start Date:	<b>7/1/2020</b>	Proposed End Date:	06/30/2021	
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:		MaineHealth dba Maine Behavioral Healthcare Portland, Maine			
Brief Description of Goods/Services/Grant:		Services provided to individuals who are Deaf or Hard of Hearing.			

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)					
	A. Competitive Process		G. Grant		
	B. Amendment		H. State Statute/Agency Directed		
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed		
	D. Proprietary/Copyright/Patents		J. Willing and Qualified		
	E. Emergency		K. Client Choice		
	F. University Cooperative Project		L. Other Authorization		

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	
<p>The Department is required to provide accommodations and services for persons who are Deaf or Hard of Hearing in order to provide access to mental health programs funded or licensed by the State (Title 34-B section 1218). These services must include mental health assessments, interpreter services for treatment, education and training for mental health staff, telecommunication devices, and support for families with members who are hard of hearing who experience mental health problems.</p>	

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### PART III: SUPPLEMENTAL INFORMATION

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

The Provider has a unique capability to provide these services. These services require the agency to have a current mental health license to provide services to the children's Deaf community. This agency provides this mental health service directly to clients by American Sign Language (ASL)-fluent staff, rather than through use of interpreters.

The Department has not been able, through regular and routine review and tracking of Statewide resources and services, to identify other Provider agencies with the critical mass of ASL-fluent mental health clinicians who work with children. This Provider is qualified to deliver services to a children's population with social, emotional, developmental or behavioral health needs as demonstrated by the ability to acquire a Maine mental health license and adequate staffing by clinically credentialed mental health professionals.

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

By hiring ASL-fluent mental health professionals, the agency significantly cuts costs that would be incurred through use of interpreters along with the mental health professionals.

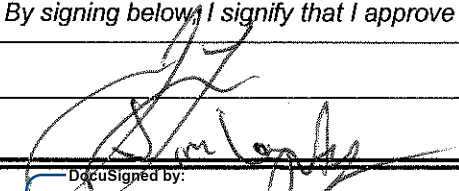
For example, one hour of interpreter service is needed for every hour of mental health service provided to children who are Deaf or Hard of Hearing, or to parents who are Deaf. The typical total hourly cost for one ASL-signing professional is \$55 per hour. Adding the cost of the mental health professional at \$85.16 per hour, the agency's total cost for an hour of service would be \$140.16 per hour-- a 61% increase.

While this example is greatly simplified on an hourly comparison alone, it is also generally accepted that without ASL-trained mental health staff, the cost for the mental health professional would double, since third party interpreting doubles the hours needed to perform the service.

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

The Department intends to competitively bid this service for a 7/1/2021 contract start date.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	17-July-20
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	8/5/2020