

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

CONTRACT NO: DCHC-2014-R-1001
CAPTION: Department of Health Public Health Law Manual and Bench Book Development
PROPOSED CONTRACTOR: University of Pittsburgh Graduate School of Public Health (Center for Public Health Practice)
PROGRAM AGENCY: Department of Health (DOH) Health Emergency Preparedness Response Administration (HEPRA)

FINDINGS

1. AUTHORIZATION:

D.C. Official Code §2-354.04, 27 DCMR 1304, 1700 and 1701

2. MINIMUM NEED:

The D.C. Department of Health (DOH) promotes and protects the health, safety and quality of life of residents, visitors and persons doing business in the District of Columbia. In accordance with the District Response Plan, DOH is responsible for provision of health and medical services during a public health emergency, as the Primary District Agency for Emergency Support Function #8 (ESF #8) – Health and Medical Services. ESF #8 provides for a coordinated and effective District of Columbia government approach to providing health and medical assistance in the immediate aftermath of a public health emergency.

Within DOH, the Health Emergency Preparedness and Response Administration (HEPRA) is the organizational unit responsible for leading the ESF #8 response. As DOH's emergency preparedness unit, HEPRA works to ensure that DOH and its partners are prepared to respond to city-wide medical, public health and healthcare emergencies, including incidents and accidents that result in a large number of casualties. To fulfill this mission, HEPRA develops and tests emergency preparedness plans, policies, and procedures; develops and implements emergency preparedness and response training for staff of DOH and partner entities; and coordinates the health and medical response provided during emergency situations by appropriate District, regional, federal, and private partners.

The Centers for Disease Control and Prevention (CDC) has published Public Health Preparedness Capabilities which are National Standards for State and Local Planning, a guide that state and local jurisdictions can use to better organize their work, plan their priorities, and decide which capabilities they have the resources to build or sustain. The capabilities help to ensure that federal preparedness funds are directed to priority areas within individual jurisdictions. CDC's Public Health Preparedness (PHEP) Capability 11 is Non-Pharmaceutical

Interventions which stipulates Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include:

- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

HEPRA requires the services of a contractor to assist with the development and drafting of a Public Health Law Manual (Manual) that will assist public health officials and practitioners with navigating the plethora of statutes and rules governing issues of public health.

The contractor will also develop and deliver a District of Columbia Public Health Law Bench Book (Bench Book) to provide judges in the District of Columbia with the information they need in order to appropriately and effectively adjudicate public health cases. The Bench Book is a compendium of public health laws and regulations; analysis of legal issues; scientific terms and definitions; model orders; relevant case law; and other appropriate resources that will guide the judiciary and provide concise responses to key questions that may arise when certain public health issues are presented to the court. For the District of Columbia that includes:

- Pandemics
- Bioterrorism
- Nuclear and radiological legal preparedness
- Bioethics as an annex to the non-pharmaceutical interventions

HEPRA is funded by the Public Health Emergency Preparedness grant for which one of the District's deliverables is the development of a Manual and Bench Book on or before June 30, 2015.

3. ESTIMATED REASONABLE PRICE:

The cost of the development and publishing of the Public Health Law Manual and Public Health Law Bench Book for the District of Columbia shall not exceed \$100,000.00.

4. FACTS WHICH JUSTIFY SOLE SOURCE PROCUREMENT:

Under PHEP Capability 11, CDC stipulates that Public Health Departments are strongly encouraged to consult with jurisdictional legal counsel or academic centers for assistance. If applicable by jurisdictional authority, develop written memoranda of understanding or other letters of agreement with law enforcement for enforcing mandatory restrictions on movement.

In addition, CDC states that public health departments should work with subject matter experts (e.g., epidemiology, laboratory, surveillance, medical, chemical, biological, radiological, social

service, emergency management, and legal) to recommend the non-pharmaceutical intervention(s) to be implemented.

University of Pittsburgh Graduate School of Public Health, Center for Public Health Practice (CPHP), has been chosen for this sole source procurement based the following:

- Its ability to demonstrate its capability to host, upon completion of the Manual and Bench Book, a judicial seminar regarding public health law and science to provide the judiciary system with a foundation regarding infectious disease, bioterrorism and other public health emergencies. This capability has been well documented through prior seminars and successfully conducted in other similar jurisdictions.
- CPHP has been active in preparing the judiciary industry for public health emergencies since the mid-2000s, drafting a Courthouse Preparedness for Public Health Emergencies guide, a Continuity of Operations plan, and a Public Health Bench Book for the Pennsylvania judiciary.
- CPHP's team is comprised of team experts in emergency preparedness, response and recovery research, working on federally-funded projects analyzing federal, state and local laws with public health implications, including those pertaining to communicable disease, nuclear/radiologic incidents and biohazard events.
- The principal experts at CPHP are members of the faculty of the Graduate School of Public Health and the Law School at the University of Pittsburgh and have been recognized by the Public Health Law Program (PHLP) and the Association of State and Territorial Health Officials (ASTHO) as experts in the area of Public Health Preparedness Law as well as the Robert Wood Johnson Foundation.

CPHP is uniquely positioned to develop and publish the Manual and Bench Book, as well as host the judicial seminar to train judges regarding public health law and science. CPHP has been recognized by the PHLP at the CDC as an expert in the provision of judicial training specifically targeting emergency preparedness issues.

CPHP is the only qualified contractor available to begin work immediately and is fully capable of meeting the completion deadline of June 30, 2015.

5. CERTIFICATION BY AGENCY HEAD:

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

Date

Joel Garcia
Director, Department of Health

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.

Date

Allison Robertson, MBA, CFCM
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 solicitation process under either Section 402 or 403 of the District of Columbia Procurement Practices 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

James D. Staton, Jr.
Chief Procurement Officer