



Sole Source Request Form

Sole Source Bidsync #042-C032725-BD-SS

SECTION II – DEPARTMENT INFORMATION (Complete in its entirety)

| | | | |
|--|---------------------------------|--|--|
| Department: Health Care Agency | | Date: August 11, 2021 | |
| Vendor Name: Institute for Healthcare Improvement | | Sole Source BidSync Number: 042-C032725-BD-SS | |
| Is the above named vendor a retired employee of the County of Orange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", review and Approval is required from CEO Human Resource Services prior to contract execution. | | | |
| Contract Term (Dates): September 28, 2021 – August 31, 2023 | | Is Agreement Grant Funded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Percent Funded:100% Funding Source: FED: (CDC-RFA-OT21-2013 National Initiative to Address COVID-19 Health Disparities) | |
| Contract Amount? \$1,761,531 | | Proprietary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this renewable? If yes, how many years? Yes – 3 additional one year terms (subject to availability of funding) | |
| Type of Request: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Multi-Year <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Increase | | | |
| Renewal Year: September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 September 1, 2025 – August 31, 2026 | | Did vendor provide a sole source affidavit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach | |
| Board Date: September 28, 2021 | ASR Number: Supplemental ASR | If not scheduled to go to the Board explain why? N/A | |
| Does Contract include Non-Standard Language? If yes, explain in detail. Yes, language is pending review by County Counsel and Risk Management. | | | |
| Was Contract Approved by Risk Mgmt.? Risk Management review is pending | | Was Contract Approved by County Counsel? County Counsel review is pending. | |
| Were any exceptions taken? If yes, explain in detail. There were minor revisions to the Terms and Conditions, based on County Counsel and Risk Management's review and recommendations. | | | |
| <input checked="" type="checkbox"/> DPA certifies that they have read and verified that the information is true and satisfies the sole source requirements listed in the County Contract Policy Manual. | | | |
| <input type="checkbox"/> Solicitation Exemption (For purchases with special circumstances, and/or when it is determined to be in the best interest of the County.) | | | |



Sole Source Bidsync #042-C032725-BD-SS

SECTION III – SOLE SOURCE JUSTIFICATION

1. **Provide a description of the type of contract to be established.** *(For example: is the contract a commodity, service, human service, public works, or other – please explain.) Attach additional sheet if necessary.*

This is a professional services contract for specialized technical assistance for system change that promotes population health management and equity both county-wide and within the Health Care Agency service areas.

2. **Provide a detailed description of services/commodities and how they will be used within the department. If this is an existing sole source, please provide some history of its origination, Board approvals, etc.** *(This information may be obtained from the scope of work prepared by the County and the vendor's proposal that provides a detailed description of the services/supplies.) Attach additional sheet if necessary.*

Through this 24-month engagement, IHI will work in partnership with HCA and its partners to measurably expand Orange County's ability to address the gaps in the health care system that are driving inequities in health and wellbeing in the county.

This partnering will include:

- Identifying and tapping into existing agency and community governance structures to drive efforts and venues for meeting and collaboration which draw upon existing strengths within agencies, organizations, and associations;
- Supporting execution using an assets-based approach that seeks to uncover and use the strengths within communities as a means for sustainable change;
- Understanding imbedded power structures within the community, including discussing and assessing the constraints to building equity and engaging traditionally marginalized voices in the community (e.g., racial/ethnic/income inequities);
- Prioritizing a focus on population-level outcomes that matter to the community at multiple levels (individual, group, community), including building a system of data for ongoing learning and improvement, not judgement and accountability; and
- Building capacity and capability for quality improvement at the community-level, where traditional improvement science is married with community development and organizing methods with an emphasis on building skills among community-based leaders, front-line service providers, and community residents.

With a commitment to partnering with communities and in alignment with the stated priorities of HCA, the HCA/IHI Partnership (Partnership) will draw on the IHI Pathways to Population Health Framework and the Community of Solutions Framework to support HCA and their multi-sector partners.

Pathways to Population Health: The Pathways to Population Health Framework presents four portfolios of population health that offer organizations a simple way to organize their work in service of achieving a balance over time for greatest impact: Physical and mental health; Social and Spiritual Well- being; Community Health and Well- being; and Communities of Solutions. The framework offers foundational concepts and a common language to help different organizations and stakeholders collaborate and presents the interconnected portfolios of population health with specific levers for implementation to accelerate progress within and across the portfolios.

Community of Solutions Framework: The Community of Solutions Framework extends Pathways to Population Health (Portfolio 4) and is designed to accelerate community transformation through a wide array of skills, tools, and behaviors divided into five domains: Leading from Within, Leading Together, Leading for Outcomes, Leading for Equity, and Leading for Sustainability. The framework supports organizations and communities at all stages of readiness and reframes challenges by shifting mindsets, putting the emphasis on identifying and leveraging the resources that exist in communities, rather than focusing on deficits. Taken together, the Community of Solutions framework helps people and organizations find new ways of working that encourage peer-to-peer learning, engender trust through relationship building, and foster creativity in problem solving, partly by recognizing the untapped talents of those who have been marginalized.

When used in concert, these two frameworks support population and community transformation in ways that improve health and build more equitable systems. Improvements tested at the local level can be spread and scaled because there is growing trust and an atmosphere of teamwork. The community can use its assets in traditional and nontraditional ways to effect transformation in policy, systems, and environmental changes over time to address the root causes of poor health and inequity.

Services - Phases

IHI will support the Partnership through three phases described briefly below:

- PHASE I: Planning and Foundation (5 months): A diagnostic and planning period to set clear expectations for the Partnership, assist IHI to understand key population segments and their needs, establish appropriate governance structures for the Orange County Equity Coalition to drive the work within HCA and the Orange County community, and to assess current capabilities and lay a strong foundation for population health and equity work.
- PHASE II: Learning and Action (16 months): The Learning and Action phase with three mutually reinforcing components:
 - Deep engagement with HCA with ongoing strategic guidance, coaching, and training, move to action on the HCA strategic plan, improve internal systems, build deeper relationships with community providers, and enhance their overall capacity to eliminate health inequities.
 - Launch of a coordinated Learning and Action Community to test and refine ideas that lead to improvement in population health focus areas and within specific social determinants workstreams; and
 - Building quality improvement and population health capabilities at multiple levels for the stakeholder organizations and building internal capability at HCA and other key partners in Orange

County to lead future improvement initiatives.

- PHASE III: Harvesting, Future Action Planning, and Dissemination (3 months): The final phase harvests critical learnings from the Learning and Action phase, telling the story through case studies and other compelling dissemination tools. This phase focuses on sustaining and growing the work through action-oriented planning, supporting key workstreams to continue beyond the engagement with IHI, and supporting HCA and other stakeholders to deepen their capability to advance population health initiatives.

All three phases will contain both internal and external work:

Internal: Developing HCA ability within public health to improve the overall health of those they directly serve – both through improvement of their internal systems as well as through more effective partnerships with both contracted and independent community providers. This can include:

- Developing a common understanding of - and a shared vision for - population health and health equity in Orange County;
- Deepening HCA ability to use population health management strategies¹;
- Increasing longitudinal, coordinated supports for individuals with complex needs;
- Expanding capability to support an individual's whole health including addressing relevant social determinants and structural inequities;
- Moving to action on key components of the HCA strategic plan;
- Building and/or deepening effective relationships among community providers and helping each of them understand their individual and combined contributions to health and health equity; and
- Shifting from a programs and projects orientation to a focus on the health of populations and health equity.

External: Improving HCA ability to serve as leader and convener to address gaps in health and health care through:

- Increased support for the identification, communication, and prioritization of needs based on data driven information down to the census level;
- Convening cross-sector public and private partners around these needs;
- Creating greater alignment in efforts among organizations to generate a greater impact as individually and collectively; and
- Fostering of increased readiness of the private sector to fund and support system improvements.

In practice, the internal and external work will not be fully distinct and separate areas of work; both will inform the other and the different workstreams may be aligned to create synergies and efficiencies.

- 3. Explain why the recommended vendor is the only one capable of providing the required services and/or commodities. How did you determine this to be a sole source and what specific steps did you take? Please list all sources that have been contacted and explain in detail why they cannot fulfill the County's requirements. Include vendor affidavit and/or other documentation which supports your sole source. *(Responses will include strong programmatic and technological information that supports the claim that there is only one vendor that can provide the services and/or commodities. Your response will include information pertaining to any research that was conducted to establish that the vendor is a sole source, include information pertaining to discussions with other potential suppliers and why they were no longer being considered by the County.) Attach additional sheet if necessary.***

The Institute for Healthcare Improvement has provided technical assistance for 30 years to health care providers

across the United States and around the world to realize its vision of redesigning health care into a system without errors, waste, delay, and unsustainable costs. Today, IHI is an influential force in health and health care improvement in the US and has a rapidly growing footprint in dozens of other nations, including Canada, England, Scotland, Denmark, Sweden, Singapore, Latin America, New Zealand, Ghana, Malawi, South Africa, the Middle East, and elsewhere.

IHI's deep experience across the health care field and with population health and equity in particular positions IHI to rapidly support HCA both internally and with our partners to achieve our new Vision, Mission and Goals and Objectives. Given the 24-month duration of this federal grant (*CDC-RFA-OT21-2103 National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*) and associated need to facilitate system improvement that reduces health inequities, HCA needs an implementation partner with existing models and approaches to population health and equity that can be adopted by HCA and across the Orange County landscape. Delay in developing this depth of capability will delay the overall project, if not make it impossible.

IHI is nationally and internationally recognized as a health improvement leader and population health and equity subject matter expert, as evidenced by their frameworks *Pathways to Population Health* and *Community of Solutions*, which were developed with the Robert Wood Johnson Foundation (see summaries of the frameworks attached). IHI has worked with multiple communities to work collaboratively to reduce local health disparities. See attached list of examples. Other agencies with the population health and equity experience needed for this work do not have the ability to provide the range of technical assistance required – at the scale and scope required for our plan. Other agencies focus on assessing needs and providing curriculum and/or training, but lack an implementation model and support structure for the scope and complexity of our need.



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4. How does recommended vendor's prices or fees compare to the general market?

Attach quotes for comparable services or supplies. Attach additional sheet if necessary.

IHI has provided a deliverable-based fee schedule that is focused on the required deliverables to support the County's needs. IHI is able to provide the needed services quickly and within the budget issued by the County of Orange. The contract will be funded by the federal Equity grant issued by the U.S. Center for Disease Control and will not impact Net County Costs. The fees and services are not commensurate with any other health equity contractors/organizations so a cost analysis is not comparable.

5. If the recommended vendor was not available, how would the County accomplish this particular task?

Attach additional sheet if necessary.

The County would have to go through the lengthy process and time consuming of hiring new technical staff to conduct these activities, which would not be sustainable once the project is complete. This would also negatively impact the County's receipt of federal grant funds due to lack of spending within the required time frame. Any funds that are unspent during the Grant period will have to be returned to the funding source, and the County risks losing these funds if we are not able to execute a contract expeditiously.

6. Please provide vendor history – name change, litigation, judgments, aka, etc. for the last 7 years.

The Institute for Healthcare Improvement has not had any name changes, litigation, judgments for the last 7 years.

7. If vendor is a retired, former employee, has the vendor previously been rehired as a contractor within the last three years? Yes No

If yes, provide explanation/support for hiring the retired, former employee as a vendor and provide contract dates, scope of work, and total amounts paid under each contract.

Not applicable

8. Explain (in detail) why a request for Solicitation Exemption is needed. *(Only applicable for Solicitation Exemption)*

Attach additional sheet if necessary.

Not applicable



Sole Source Request Form

Sole Source Bidsync #042-C032725-BD-SS

SECTION IV – AUTHOR/REQUESTOR

| | | |
|--|----------------------------|--------------------|
| Signature: DocuSigned by: <i>Hieu Nguyen</i> 63FDEF49A8454BA... | Print Name: Hieu Nguyen | Date: 8/12/2021 |
|--|----------------------------|--------------------|

SECTION V – CEO Human Resource Services APPROVAL (Review and approval is required when vendor is a Retired, Former Employee.)

| | | |
|------------|-------------|-------|
| Signature: | Print Name: | Date: |
|------------|-------------|-------|

SECTION VI – DEPUTY PURCHASING AGENT CONCURRENCE

| | | |
|---|-------------------------------|--------------------|
| Signature: DocuSigned by: <i>Brittany Davis</i> CBA8D85B77D2461... | Print Name: Brittany Davis | Date: 8/12/2021 |
|---|-------------------------------|--------------------|

SECTION VII – DEPARTMENT HEAD APPROVAL

| | | |
|---|---------------------------------------|--------------------|
| Signature: DocuSigned by: <i>Clayton Chau M.D., PhD</i> AFEE619990EB464... | Print Name: Clayton Chau M.D., PhD | Date: 8/12/2021 |
|---|---------------------------------------|--------------------|

SECTION VIII – COUNTY PROCUREMENT OFFICE

Prior to execution of a contract, the County Procurement Officer or designee shall approve All Sole Source requests for Commodities that exceed \$250,000, Capitol Assets and services exceeding \$75,000, and All other Sole Source requests that require Board approval despite the amount. Approvals are obtained electronically through the County’s online bidding system.

SOLICITATION EXEMPTION – CEO USE ONLY:

| | | | |
|--|--------------|--|--------------|
| Board of Supervisor Notification Date: | | | |
| Comments: | | | |
| CPO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | CFO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| | | | |
| CPO Authorized Signature: | Date: | CFO Authorized Signature: | Date: |



Sole Source Request Form

Sole Source BidSync # 042-C032776-SS-JB

SECTION II – DEPARTMENT INFORMATION (Complete in its entirety)

| | | | |
|--|---------------------------------|---|--|
| Department: Health Care Agency | | Date: August 11, 2021 | |
| Vendor Name: Multi-Ethnic Collaborative of Community Agencies | | Sole Source BidSync Number: 042-C032776-SS-JB | |
| Is the above named vendor a retired employee of the County of Orange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", review and Approval is required from CEO Human Resource Services prior to contract execution. | | | |
| Contract Term (Dates): September 28, 2021 – August 31, 2023 | | Is Agreement Grant Funded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Percent Funded: 100% Funding Source: FED: (CDC-RFA-OT21-2013 National Initiative to Address COVID-19 Health Disparities) | |
| Contract Amount? \$15,300,000 | | Proprietary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Contract Amount? \$15,300,000 | | Is this renewable? If yes, how many years? Yes – 3 additional one-year term (subject to availability of funding) | |
| Type of Request: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Multi-Year <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Increase | | | |
| Renewal Year: September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 September 1, 2025 – August 31, 2026 | | Did vendor provide a sole source affidavit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach | |
| Board Date: September 28, 2021 | ASR Number: Supplemental ASR | If not scheduled to go to the Board explain why? N/A | |
| Does Contract include Non-Standard Language? If yes, explain in detail. No, this Contract does not include Non-Standard Language | | | |
| Was Contract Approved by Risk Mgmt.? Risk review not required, Contract has standard terms and conditions | | Was Contract Approved by County Counsel? County Counsel review is pending | |
| Were any exceptions taken? If yes, explain in detail. No | | | |
| <input checked="" type="checkbox"/> DPA certifies that they have read and verified that the information is true and satisfies the sole source requirements listed in the County Contract Policy Manual. | | | |
| <input type="checkbox"/> Solicitation Exemption (For purchases with special circumstances, and/or when it is determined to be in the best interest of the County.) | | | |



Sole Source Bidsync # 042-C032776-SS-JB

SECTION III – SOLE SOURCE JUSTIFICATION

- 1. Provide a description of the type of contract to be established.** *(For example: is the contract a commodity, service, human service, public works, or other – please explain.) Attach additional sheet if necessary.*

This is a professional service contract for cross-sector community outreach, engagement, and mobilization of public private partners, community members, and other key stakeholders to support HCA's planned activities and strategies that promotes population health management and equity both county-wide and within the Health Care Agency service areas. Additionally, MECCA is to support the deployment of participation and implementation grants/funds to support community partners and activation of the initiative's activities.

- 2. Provide a detailed description of services/commodities and how they will be used within the department. If this is an existing sole source, please provide some history of its origination, Board approvals, etc.** *(This information may be obtained from the scope of work prepared by the County and the vendor's proposal that provides a detailed description of the services/supplies.) Attach additional sheet if necessary.*

MECCA will provide support for program coordination activities including: 1) Strategic Planning and Development, 2) Marketing and Communications, 3) Training and Capacity Development, and 4) Program Management. In conjunction with these activities and to ensure equitable participation from community partners and stakeholders, MECCA will support in the deployment of community participation, engagement, and mobilization grants in direct coordination with HCA. This includes development and implementation of subrecipient agreements as well as performance and compliance monitoring. MECCA's goal is to support the initiative in identifying measurable outcomes and create the conditions necessary to ensure the success of the initiative by being proactive and catalytic partner to ensure equitable participation.

In partnership with HCA in the development of the initiative, MECCA proposes the following approach:

- Contribute as a meaningful partner to carry out project outcomes, ensure data driven, community driven solutions, provide technical assistance and support community strategic planning
- Foster cross sector collaboration, thought leadership on intersectional aspects of the work and coordinate alignment and integration with public and private partners and initiatives
- Provide foundational education on health equity, determinants of health, addressing racism as a public health crisis, and other topics to ensure shared understanding of vision of the initiative
- Provide monitoring and reporting mechanisms and advance equitable policies and practices
- Provide outreach and engagement to priority populations, support equitable participation, and support the Orange County Health Equity Coalition to convene both traditional and non-traditional stakeholders
- Outreach, engage, and distribution and administer of Participation and Implementation Grants/Funds to partners and stakeholders to support the OC Health Equity Coalition and Determinants of Health Workstreams
- Distribute and administer funds to historically underserved and/or unserved communities most impacted by COVID-19, including the Native Hawaiians and Pacific Islanders, American Indians and Native Alaskans, and transgender communities to mitigate the impact of COVID-19

- Distribute and administer funds to the identified six (6) Population Specific Priority Collectives, including the API, Black community, Individuals with Disabilities, Latinx, LGBTQ, and Older Adults collectives

3. **Explain why the recommended vendor is the only one capable of providing the required services and/or commodities. How did you determine this to be a sole source and what specific steps did you take? Please list all sources that have been contacted and explain in detail why they cannot fulfill the County's requirements. Include vendor affidavit and/or other documentation which supports your sole source.** *(Responses will include strong programmatic and technological information that supports the claim that there is only one vendor that can provide the services and/or commodities. Your response will include information pertaining to any research that was conducted to establish that the vendor is a sole source, include information pertaining to discussions with other potential suppliers and why they were no longer being considered by the County.)*
Attach additional sheet if necessary.

MECCA remains to be the only multi-ethnic organization in the County working to eliminate racial and ethnic disparities to improve the lives of underserved multicultural communities. With the established trust and relationship with diverse populations and organizations in Orange County, MECCA is uniquely positioned to convene and engage a cross-sector public private coalition that is representative of the larger community. MECCA advances health equity, access, and wellness by being a collective, responsive, and unified voice for diverse communities. MECCA envisions a future where the systems that impact our lives are responsive to all communities and that communities have a voice in those processes. MECCA works to eliminate racial and ethnic disparities to improve the lives of underserved multicultural communities through a unique collaborative approach, which is evidenced by its capacity to strategically reach diverse populations on a scale that maximizes impact with programmatic, policy and systems change. The following describes MECCA's approach to community engagement to achieve collective impact and health equity.

Collective Impact Experience and Qualifications

MECCA provides a centralized backbone model of program management and is led by skilled professional staff and a team of consultants that provide a catalytic support system in program management, strategic planning, training, finance, and community-based research management. MECCA functions as a collective impact organization which is an evidence-based process documented by the Stanford Social Innovation Review and leads, communicates, and coordinates activities through a mutually reinforcing plan of action towards a shared vision. MECCA's infrastructure is designed to be a facilitating mechanism for programs and processes that are delivered across a multi-agency network of providers. Years of developing the systems and collective impact required for successful cross-platform implementation has positioned MECCA to continue to grow with programs of increasing complexity and scale. The program's implementation will align with this unique capacity for program start-up, delivery, and reporting. MECCA centers its work on the shared values of equity, social justice, inclusiveness, accountability, innovation and having a community driven approach. MECCA's strengths are in building the capacity of communities to have a voice in creating policy and systems change, community strategic planning, community assessments, community power building and developing collaborative initiatives.

The program will be fully integrated into the organization's existing workflow and through the addition of a Health Equity Director with support staff, Programs Team, Communications Team, Finance Team and Consultant Team. MECCA has extensive experience in quickly mobilizing organizations, initiative implementation, data collection and synthesis across large multi-agency collaboratives. MECCA will support HCA to advance the work of the project consultants, HCA staff, and stakeholders. MECCA maintains a financial management system designed for fund-based accounting of government contracts at the county, state, and federal levels and organizational capital structure sufficient for managing multiple contracts.

Policy and Systems Change Leader

Key factors in being prepared for the implementation include:

- MECCA's existence is predicated on a commitment to cross-sector systems and policy change work.
- MECCA is a leader in providing behavioral health, public health, and multi-media communications to reach out to diverse communities through culturally responsive and affirming approaches.
- MECCA is a key policy stakeholder at the state level and locally including being part of statewide and regional efforts including the California Covid Justice steering committee with Public Health Advocates and health equity initiatives with the California Pan Ethnic Health Network among others.
- MECCA works at the county level to advance behavioral health access and promote wellness through its extensive participation in community collaboratives, committees and intersectional initiatives.
- MECCA is continuously at the forefront of current discussions and determinations on developing innovative strategies, community defined practices and equity frameworks informed by community.
- MECCA is committed to finding solutions for meeting the needs of communities by using community-based research strategies to improve health outcomes.
- MECCA's is a unified voice advocating for systems change and has presented at county and statewide conference, committees and other platforms on equity, antiracism, ACE's, substance use, suicide, stigma and on community change strategies to engage in discussions on health equity.

Community Capacity Building of Public Health Infrastructure

MECCA launched the Orange County Covid Equity Community Response and quickly mobilized to address vaccination, transportation and communication access for communities that are most vulnerable through a collective, inclusive and county wide approach helping to implement continuous process improvements in partnership with the County. MECCA also helped build the capacity of the Latinx organizations to be able to outreach to their communities. MECCA's approach is to build on the assets and strengths of communities, leverage resources, build relationships and develop collective solutions that build the trust and reciprocity needed for longer term strategies. MECCA provides a process for community ownership that guides organizations to develop agency while navigating a community change process that builds on existing community relationships, networks, and power building activities. By building on existing infrastructures the new response capacity can be more quickly launched and provide a better starting point to work from in contributing to and refining root cause analyses and community identification of change areas. MECCA will be proactive about designing processes to help organizations collectively achieve sufficient power to move structures and systems associated with priority areas identified.

Through its collective impact approach, MECCA is position to play a key role in the implementation of HCA's CDC grant planned activities and initiatives, including but not limited to the formation of the OC Health Equity Coalition, Determinant of Health Workstreams, and population-specific collectives.

OC Procurement

Sole Source Request Form

Sole Source Bidsync # 042-C032776-SS-JB

4. How does recommended vendor's prices or fees compare to the general market? Attach quotes for comparable services or supplies. Attach additional sheet if necessary.

HCA cannot assess the fees in relation to the general market because the services/experience are not commensurate with the market. MECCA has provided a fixed-fee budget that is cost-effective and focused on the required deliverables to support the County's needs in addressing health inequities and supporting the Office of Population Health and Equity as it implements activities and initiatives. The contract will be funded by the federal CDC-RFA-OT21-2103 grant will not impact Net County Costs.

5. If the recommended vendor was not available, how would the County accomplish this particular task?
Attach additional sheet if necessary.

The County would have to go through the lengthy process of hiring new technical staff to conduct these activities, which would not be timely and severely limits HCA's ability to meet the grant's deliverables and performance outcomes by May 31, 2023, and grant funds spent by September 31, 2023. Additionally, hiring new technical staff is not sustainable once the project is complete. This would also negatively impact the County's receipt of federal grant funds due to lack of spending within the required time frame and risk losing the federal funds if we do not execute this contract expeditiously.

6. Please provide vendor history – name change, litigation, judgments, aka, etc. for the last 7 years.

MECCA has had no name changes, litigation, judgments for the last 7 years.

7. If vendor is a retired, former employee, has the vendor previously been rehired as a contractor within the last three years? Yes No

If yes, provide explanation/support for hiring the retired, former employee as a vendor and provide contract dates, scope of work, and total amounts paid under each contract.

Not applicable

8. Explain (in detail) why a request for Solicitation Exemption is needed. (Only applicable for Solicitation Exemption)
Attach additional sheet if necessary.

Not applicable



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SECTION IV – AUTHOR/REQUESTOR

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|--|--------------------------------|------------------------|
| Signature: DocuSigned by: <i>Hieu Nguyen</i> 63FDEF49A8454BA... | Print Name: Hieu Nguyen | Date: 8/12/2021 |
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SECTION V – CEO Human Resource Services APPROVAL (Review and approval is required when vendor is a Retired, Former Employee.)

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|------------|-------------|-------|
| Signature: | Print Name: | Date: |
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SECTION VI – DEPUTY PURCHASING AGENT CONCURRENCE

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| Signature: DocuSigned by: <i>Brittany Davis</i> CBA8D85B77D2461... | Print Name: Brittany Davis | Date: 8/12/2021 |
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SECTION VII – DEPARTMENT HEAD APPROVAL

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| Signature: DocuSigned by: <i>Clayton Chau M.D., PhD</i> AFEE619990EB464... | Print Name: Clayton Chau M.D., PhD | Date: 8/12/2021 |
|---|---|------------------------|

SECTION VIII – COUNTY PROCUREMENT OFFICE

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SOLICITATION EXEMPTION – CEO USE ONLY:

| | | | |
|--|--------------|--|--------------|
| Board of Supervisor Notification Date: | | | |
| Comments: | | | |
| CPO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | CFO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| | | | |
| CPO Authorized Signature: | Date: | CFO Authorized Signature: | Date: |



Sole Source Request Form

Sole Source BidSync # 042-C032774-SS-JB

SECTION II – DEPARTMENT INFORMATION (Complete in its entirety)

| | | | |
|--|---------------------------------|---|--|
| Department: Health Care Agency | | Date: August 11, 2021 | |
| Vendor Name: Wilson and Associates Coaching and Consulting LLC | | Sole Source BidSync Number: 042-C032774-SS-JB | |
| Is the above named vendor a retired employee of the County of Orange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", review and Approval is required from CEO Human Resource Services prior to contract execution. | | | |
| Contract Term (Dates): September 28, 2021–August 31, 2023 | | Is Agreement Grant Funded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Percent Funded:100% Funding Source: CDC Health Disparities Grant | |
| Contract Amount? \$240,000 | | Proprietary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Contract Amount? \$240,000 | | Is this renewable? If yes, how many years? Yes, – 3 additional one-year term (subject to availability of funding) | |
| Type of Request: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Multi-Year <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Increase | | | |
| Renewal Year: September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 September 1, 2025 – August 31, 2026 | | Did vendor provide a sole source affidavit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach | |
| Board Date: September 28, 2021 | ASR Number: Supplemental ASR | If not scheduled to go to the Board explain why? N/A | |
| Does Contract include Non-Standard Language? If yes, explain in detail. No, this Contract does not include Non-Standard Language | | | |
| Was Contract Approved by Risk Mgmt.? Risk review not required, Contract has standard terms and conditions | | Was Contract Approved by County Counsel? County Counsel review is pending | |
| Were any exceptions taken? If yes, explain in detail. No | | | |
| <input checked="" type="checkbox"/> DPA certifies that they have read and verified that the information is true and satisfies the sole source requirements listed in the County Contract Policy Manual. | | | |
| <input type="checkbox"/> Solicitation Exemption (For purchases with special circumstances, and/or when it is determined to be in the best interest of the County.) | | | |



Sole Source Request Form

Sole Source Bidsync # 042-C032774-SS-JB

SECTION III – SOLE SOURCE JUSTIFICATION

- 1. Provide a description of the type of contract to be established.** *(For example: is the contract a commodity, service, human service, public works, or other – please explain.) Attach additional sheet if necessary.*

This is a professional service contract for consultative and facilitation support of the six (6) Priority Population Health Equity Collectives in alignment with the Orange County Health Equity Coalition and three (3) Determinants of Health Workstreams to support HCA's planned activities and strategies that promote population health management and equity both county-wide and within the HCA service areas.

- 2. Provide a detailed description of services/commodities and how they will be used within the department. If this is an existing sole source, please provide some history of its origination, Board approvals, etc.** *(This information may be obtained from the scope of work prepared by the County and the vendor's proposal that provides a detailed description of the services/supplies.) Attach additional sheet if necessary.*

Through this 24-month contract, Wilson and Associates Coaching and Consulting, LLC. (Wilson and Associates) will work in partnership with HCA and its partners to engage, convene, and build capacity of the six (6) identified priority populations (i.e. API, Black community, Individuals with Disabilities, Latinx, LGBTQ, and Older Adults) to address the gaps in the health care system that are driving inequities in health and wellbeing in the county.

The core consultant team for this proposal from Wilson and Associates Coaching and Consulting, LLC are four BIPOC (Black, Indigenous and People of Color) women: Elizabeth (Liz) Sunwoo, Chrysta Wilson, Mariko (Mari) Ryono, and Monique Castro. Collectively, the consultant team has over 80 years of experience in community organizing, worker's rights, civic engagement, racial equity practice, health and healing, and systems transformation and co-governance models. Wilson and Associates, LLC has committed deeply to supporting efforts that are making big leaps toward racial justice, abolition, global solidarity, and the importance of treating each other with dignity along the way. They see their role as consultants, facilitators, and capacity builders to support real systemic transformation driven by community members so that our communities can govern our institutions and ourselves with our wholeness intact.

Consulting Approach

Wilson and Associates LLC's consultative approach align with the type of engagement and capacity building HCA needs with the six (6) identified priory populations most impacted by COVID-19 health disparities. These populations were also identified by the grantor, CDC, as priority populations of focus for the grant. Wilson and Associates' deep practice and mastery of the following pillars that will be critical in supporting the grant's goal of building capacities in these populations to form six (6) Population-Specific Health Equity Collectives. These pillars are include:

Focus on Right Relationships: Respectful, interdependent relationships rooted in our values of racial justice and equity and the knowledge and wisdom of our communities over many generations of how to be together is the foundation of a fruitful partnership. It also models how to govern. Being in right relationship is often supported by a set of conscious relationship agreements that provide a shared and transparent reference to all.

Co-Governance: working the six (6) Priority Population Health Equity Collectives involves engaging with each other, take care of each other, and make decisions together in a way that is collaborative and does not rest on one leader or a small group of leaders.

Power Building: This could be compared to a traditional model of community engagement in which community members are invited to share their ideas, but there is no aspiration that power relationships would change or that the community would have more power to make or influence the decisions at hand. In contrast, in a power building model those communities most impacted are building power through increasing resources, infrastructure, organizing people to create accountability, taking on systemic leadership positions, etc. to create real systemic transformation. It is community engagement that goes beyond “feedback” into creating community spaces for organizing, learning and strategizing.

Systems Transformation: HCA looks to transform systems and institutions with this project so that people who face the most disparity do not continue to be harmed. For Black, Indigenous, and other communities of color, LGBTQ+, immigrant and undocumented communities, systems transformation is an opportunity to mitigate gaps in the health care system that are driving inequities in health and wellbeing in the county. Systems transformation begins with respecting and centering community wisdom and fostering leadership in the community as well as doing internal work in an institution to create less bureaucracy, create imagination in all aspects of the work and have a relationship with the communities it serves. This transformative process can promote healing, shared public/private ownership in advancing health equity in Orange County, and as an opportunity to help the most disenfranchised communities in Orange County thrive.

Wilson and Associates LLC key performance outcomes for consultative and facilitation support of the six (6) population specific collectives to advance health equity include:

- Develop and finalize the design of capacity building program in collaboration with the Office of Population Health and Equity, representatives from the priority population health equity collectives, and other relevant partners
- Conduct and provide findings of capacity assessment of the six (6) priority population health equity collectives to determine areas of capacity building needs, including assisting in the development of population specific collective profiles/reports
- Provide a menu of coaching options made available for the six (6) priority population health equity collectives, which will be tailored based on the capacity assessment results and where each collective needs the most support and coaching. This provides support needed for the development and maturation of the collectives, while helping them develop a shared agenda, vision, mission and health equity goals for the specific

populations

- Provide collective training and capacity building support and consultative services based on individual needs of each collective as well as the collective learning for all the collectives. Goal is to develop shared understanding and increase shared learning of equity, health equity, social determinants of health, and other related topics
- Support in the engagement and alignment of the six (6) collectives with the Orange County Health Equity Coalition and Determinant of Health Workstreams
- Identify solutions and actions plans, including conversations about strategic and sustainability development and planning.

3. **Explain why the recommended vendor is the only one capable of providing the required services and/or commodities. How did you determine this to be a sole source and what specific steps did you take? Please list all sources that have been contacted and explain in detail why they cannot fulfill the County's requirements. Include vendor affidavit and/or other documentation which supports your sole source. (Responses will include strong programmatic and technological information that supports the claim that there is only one vendor that can provide the services and/or commodities. Your response will include information pertaining to any research that was conducted to establish that the vendor is a sole source, include information pertaining to discussions with other potential suppliers and why they were no longer being considered by the County.)**

Attach additional sheet if necessary.

HCA has grant funding that will expire on September 30, 2023, so if this contract is not executed and implemented in a timely and expeditious manner, HCA may lose substantial grant funding due to not meeting the grant's objectives and deliverables. HCA is committed to using a community-driven approach that involves cross-sector public private partners, traditional and non-traditional providers, community nonprofits and large systems, and other key community stakeholders. To do this, HCA needs a seasoned consultant and facilitator that embodies an approach that values co-governance, capacity and power building, and transforming systems. Wilson and Associates LLC is well verse with this approach and applying it and building capacity of the identified six (6) priority population specific health equity collectives in support of the grant's outcomes and deliverables to the CDC. HCA explored and spoke to numerous vendors but were not able to find a consultant group that demonstrate the approach HCA needs in order to carry out the type of consultative services and supports needed to facilitate change around health equity and determinants that impact health within the identified priority populations.



Sole Source Request Form

Sole Source Bidsync # 042-C032774-SS-JB

4. How does recommended vendor's prices or fees compare to the general market? Attach quotes for comparable services or supplies. Attach additional sheet if necessary.

Wilson and Associates has provided a fixed-fee budget that is cost-effective and focused on the required deliverables to support the County's needs in addressing health inequities and supporting the Office of Population Health and Equity as it implements activities and initiatives. The contract will be funded by the federal Equity grant issued by the U.S. Center for Disease Control and will not impact Net County Costs.

5. If the recommended vendor was not available, how would the County accomplish this particular task?

Attach additional sheet if necessary.

The County would have to go through the lengthy process of hiring new technical staff to conduct these activities, which would not be timely and severely limits HCA's ability to meet the grant's deliverables and performance outcomes by May 31, 2023, and grant funds spent by September 31, 2023. Additionally, hiring new technical staff is not sustainable once the project is complete. This would also negatively impact the County's receipt of federal grant funds due to lack of spending within the required time frame and risk losing the federal funds if we do not execute this contract expeditiously.

6. Please provide vendor history – name change, litigation, judgments, aka, etc. for the last 7 years.

Wilson and Associates has had no name changes, litigation, judgments for the last 7 years.

7. If vendor is a retired, former employee, has the vendor previously been rehired as a contractor within the last three years? Yes No

If yes, provide explanation/support for hiring the retired, former employee as a vendor and provide contract dates, scope of work, and total amounts paid under each contract.

Not applicable

8. Explain (in detail) why a request for Solicitation Exemption is needed. (Only applicable for Solicitation Exemption)

Attach additional sheet if necessary.

Not applicable



Sole Source Request Form

Sole Source Bidsync # 042-C032774-SS-JB

SECTION IV – AUTHOR/REQUESTOR

| | | |
|--|--------------------------------|------------------------|
| Signature: DocuSigned by: <i>Hieu Nguyen</i> 63FDEF49A8454BA... | Print Name: Hieu Nguyen | Date: 8/12/2021 |
|--|--------------------------------|------------------------|

SECTION V – CEO Human Resource Services APPROVAL (Review and approval is required when vendor is a Retired, Former Employee.)

| | | |
|------------|-------------|-------|
| Signature: | Print Name: | Date: |
|------------|-------------|-------|

SECTION VI – DEPUTY PURCHASING AGENT CONCURRENCE

| | | |
|---|-----------------------------------|------------------------|
| Signature: DocuSigned by: <i>Brittany Davis</i> CBA8D85B77D2461... | Print Name: Brittany Davis | Date: 8/12/2021 |
|---|-----------------------------------|------------------------|

SECTION VII – DEPARTMENT HEAD APPROVAL

| | | |
|---|---|------------------------|
| Signature: DocuSigned by: <i>Clayton Chau M.D., PhD</i> AFEE619990EB464... | Print Name: Clayton Chau M.D., PhD | Date: 8/12/2021 |
|---|---|------------------------|

SECTION VIII – COUNTY PROCUREMENT OFFICE

Prior to execution of a contract, the County Procurement Officer or designee shall approve All Sole Source requests for Commodities that exceed \$250,000, Capitol Assets and services exceeding \$75,000, and All other Sole Source requests that require Board approval despite the amount. Approvals are obtained electronically through the County’s online bidding system.

SOLICITATION EXEMPTION – CEO USE ONLY:

| | | | |
|--|--|--|--|
| Board of Supervisor Notification Date: | | | |
| Comments: | | | |
| CPO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | CFO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| | | | |
| CPO Authorized Signature: Date: | | CFO Authorized Signature: Date: | |



Sole Source Request Form

Sole Source BidSync # 042-C032777-SS-JB

SECTION II – DEPARTMENT INFORMATION (Complete in its entirety)

| | | | |
|---|---------------------------------|--|--|
| Department: Health Care Agency | | Date: August 11, 2021 | |
| Vendor Name: Advance OC | | Sole Source BidSync Number: 042-C032777-SS-JB | |
| Is the above named vendor a retired employee of the County of Orange? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", review and Approval is required from CEO Human Resource Services prior to contract execution. | | | |
| Contract Term (Dates): September 28, 2021 – August 31, 2023 | | Is Agreement Grant Funded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Percent Funded:100% Funding Source: FED: (CDC-RFA-OT21-2013 National Initiative to Address COVID-19 Health Disparities) | |
| Contract Amount? \$600,000 | | Proprietary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Contract Amount? \$600,000 | | Is this renewable? If yes, how many years? Yes – 3 additional one-year terms (subject to availability of funding) | |
| Type of Request: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Multi-Year <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Increase | | | |
| Renewal Year: September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 September 1, 2025 – August 31, 2026 | | Did vendor provide a sole source affidavit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach | |
| Board Date: September 28, 2021 | ASR Number: Supplemental ASR | If not scheduled to go to the Board explain why? N/A | |
| Does Contract include Non-Standard Language? If yes, explain in detail. No, this Contract does not include Non-Standard Language | | | |
| Was Contract Approved by Risk Mgmt.? Risk review not required, Contract has standard terms and conditions | | Was Contract Approved by County Counsel? County Counsel review is pending | |
| Were any exceptions taken? If yes, explain in detail. No | | | |
| <input checked="" type="checkbox"/> DPA certifies that they have read and verified that the information is true and satisfies the sole source requirements listed in the County Contract Policy Manual. | | | |
| <input type="checkbox"/> Solicitation Exemption (For purchases with special circumstances, and/or when it is determined to be in the best interest of the County.) | | | |



Sole Source Bidsync # 042-C032777-SS-JB

SECTION III – SOLE SOURCE JUSTIFICATION

- 1. Provide a description of the type of contract to be established.** *(For example: is the contract a commodity, service, human service, public works, or other – please explain.) Attach additional sheet if necessary.*

This is a professional services contract for specialized technical assistance for system change through data science, data management, and dissemination of the OC Equity Map (OCEM) and its applications to promote population health management and equity both county-wide and within the Health Care Agency service areas.

- 2. Provide a detailed description of services/commodities and how they will be used within the department. If this is an existing sole source, please provide some history of its origination, Board approvals, etc.** *(This information may be obtained from the scope of work prepared by the County and the vendor's proposal that provides a detailed description of the services/supplies.) Attach additional sheet if necessary.*

Through this 24-month contract, Advance OC will work in partnership with HCA and its partners to measurably expand Orange County's utilization of the OCEM and its applications to effectively identify, prioritize and address the gaps in the health care system that are driving inequities in health and wellbeing in the county.

To improve access to relevant data and build data utilization capacity in the community, HCA seeks Advance OC's data management services and technical assistance in support of the CDC-RFA-OT21-2103 grant activities. HCA seeks to enhance and promote the OCEM platform by going through an in-depth community engagement process with decision-makers, residents, and community-based organizations to inform improvements to the platform and utilization of the map for planning and decision-making. Additionally, HCA seeks to support and build data utilization capacity among residents, county agencies, cities, and non-profit organizations through training and use-case demonstrations.

Advance OC key performance outcomes for data management services and technical assistance support include:

1. Conduct monthly community engagement sessions or presentations to deepen public awareness and support for efforts to reduce inequities.
2. Provide health data research and data collection for six (6) population-specific health equity collectives (Asian-Pacific Islanders, Black Community, Individuals with Disabilities, Latinx, LGBTQ, and Older Adults) to inform the planning, identification, and prioritization of population-specific needs and determinants of health areas.
3. Provide health data research and demographic data collection to the OC Health Equity Coalition to inform the planning, identification, and prioritization of determinants of health focus areas.
4. Produce data profiles, reports, and/or dashboards to support the planning, identification, prioritization, and implementation of the determinants of health action focus areas for the OC Health Equity Coalition.

5. Provide technical assistance through data analysis and visualization for the three (3) Determinants of Health Areas of Focus Workstreams.
 6. Enhance the Orange County Equity Map to increase usability for community and community-based organizations, including continued interface with the Healthy Places Index (HPI) and other State and Nationally recognized indexes, as appropriate. This may include regular updates to the platform, data sets, and data visualization based on the most up-to-date available published data.
 7. Provide customized data science support for HCA's efforts related to population health, equity, COVID-19, and other activities on an as-needed basis of up ten (10) hours a week.
 8. Provide a liaison to the community for ongoing technical assistance for the OC Equity Map by hosting webinars to answer FAQs about how to use and interpret the equity mapping tools.
 9. Contribute and participate in public presentations and workshops with County officials for the OC Equity Map or OC Health Equity initiatives as needed.
 10. Maintain a HIPAA compliant and secure setting for data use, analysis, and exchange.
- 3. Explain why the recommended vendor is the only one capable of providing the required services and/or commodities. How did you determine this to be a sole source and what specific steps did you take? Please list all sources that have been contacted and explain in detail why they cannot fulfill the County's requirements. Include vendor affidavit and/or other documentation which supports your sole source. *(Responses will include strong programmatic and technological information that supports the claim that there is only one vendor that can provide the services and/or commodities. Your response will include information pertaining to any research that was conducted to establish that the vendor is a sole source, include information pertaining to discussions with other potential suppliers and why they were no longer being considered by the County.) Attach additional sheet if necessary.***

HCA has grant funding that will expire on September 30, 2023, so if this contract is not executed and implemented in a timely and expeditious manner, HCA may lose substantial grant funding due to not meeting the grant's objectives and deliverables. HCA is committed to using a data-driven approach that focuses on the different determinants of health, including environmental, economic, and social factors, to meet the goals and objectives of the grant in advancing population health and equity. To do this, HCA and the community stakeholders need a common data platform to understand the baseline of Orange County's environmental, economic, and social factors that influence health. The data platform exists now because of the partnership commissioned in 2020 by HCA and the Board of Supervisors with Advance OC, a non-profit 501c3 organization, to create an Orange County Equity Map (OCEM) utilizing the Social Progress Index (SPI). Additionally, a data-driven and improvement approach aligns with the grant requirements around building data capacity and infrastructure to better understand COVID-19 health disparities and measurable improvements in determinants of health outcomes related to COVID-19. OCEM is the only platform in OC that integrates the SPI, health outcomes, and COVID-19 data, which presents a comprehensive picture of COVID-19 health disparities and the determinants of health that impact adverse COVID-19 effects for impacted communities. As such, HCA benefits significantly by utilizing the OCEM and support from Advance OC in providing technical assistance and subject matter expertise along with the community stakeholders to identify and prioritize critical determinants of health areas to focus on to achieve the grant's objectives and deliverables.

Background and Expertise

Advance OC's mission is to use innovation and strategic philanthropy to address inequities in Orange County

communities. Advance OC is the first and only organization that has brought the Social Progress Index (SPI) to Orange County, while strengthen its utility by incorporating local data and supporting its use in specific locales. Advance OC believes the first step to systemic change is to establish a common baseline. By utilizing data and measuring the real things that matter to real people, the organization brings together leaders from the public, private, and nonprofit sectors to champion equity-oriented, data-driven strategies to deploy targeted and innovative solutions to improve outcomes across all facets of life in Orange County. With the right mix of innovation, resources, and community leadership, Advance OC can help realize a better Orange County for all.

The Board of Supervisors and HCA's collaboration beginning in June 2020 with Advance OC has resulted in the development of the OCEM which provides detailed insight into which OC neighborhoods and communities are experiencing health and wellness disparity. The map comprises composite scores for each OC neighborhood called the Social Progress Index (SPI), a worldwide metric which captures population outcome data in three broad dimensions: Basic Human Needs, Foundations of Well-being, and Opportunity. The index relies on over 50 social indicators that reflect a wide range of social environment variables that contribute to a neighborhood's social progress, such as supermarket access, broadband internet subscribers, eviction rates, diabetes prevalence and voter turnout.

The OCEM platform can be used by anyone in Orange County at no cost to measure, track, and map inequities in the community with neighborhood precision, including identifying the root causes of inequities, understanding socioeconomic determinants, and informing strategies to advance the health and well-being of county residents.

To test and explore this new analytic capability, the HCA has been utilizing the OCEM platform to inform its COVID-19 responses, including testing, vaccine allocation and distribution, and other mitigation strategies. The Agency has thus been able to identify disproportionately impacted communities at the ZIP Code and census tract level and, in turn, promote COVID-19 responses at the neighborhood level, such as can be seen in the standup of mobile vaccination clinics and targeted outreach efforts throughout the county.

The OCEM platform will also provide a roadmap for private and public partnerships to fund initiatives that seek collaborative approaches to addressing complex social circumstances at the root of inequities in health and well-being. It is a tool that brings us one step closer to achieving the HCA's mission: in partnership with the community, deliver sustainable and responsive services that promote population health and equity.



Sole Source Request Form

Sole Source Bidsync # 042-C032777-SS-JB

- 4. How does recommended vendor's prices or fees compare to the general market? Attach quotes for comparable services or supplies.** Attach additional sheet if necessary.

HCA cannot assess the fees in relation to the general market because the services/experience are not commensurate with the market. The contract will be funded by the federal Equity grant issued by the U.S. Center for Disease Control and will not impact Net County Costs.

- 5. If the recommended vendor was not available, how would the County accomplish this particular task?**
Attach additional sheet if necessary.

The County would have to go through the lengthy process of hiring new technical staff to conduct these activities, which would not be timely and severely limits HCA's ability to meet the grant's deliverables and performance outcomes by May 31, 2023, and grant funds spent by September 31, 2023. Additionally, hiring new technical staff is not sustainable once the project is complete. This would also negatively impact the County's receipt of federal grant funds due to lack of spending within the required time frame and risk losing the federal funds if we do not execute this contract expeditiously.

- 6. Please provide vendor history – name change, litigation, judgments, aka, etc. for the last 7 years.**

Advance OC has had no name changes, litigation, judgments for the last 7 years.

- 7. If vendor is a retired, former employee, has the vendor previously been rehired as a contractor within the last three years?** Yes No

If yes, provide explanation/support for hiring the retired, former employee as a vendor and provide contract dates, scope of work, and total amounts paid under each contract.

Not applicable

- 8. Explain (in detail) why a request for Solicitation Exemption is needed.** *(Only applicable for Solicitation Exemption)*
Attach additional sheet if necessary.

Not applicable



Sole Source Request Form

Sole Source Bidsync # 042-C032777-SS-JB

SECTION IV – AUTHOR/REQUESTOR

| | | |
|--|--------------------------------|------------------------|
| Signature: DocuSigned by: <i>Hieu Nguyen</i> 63FDEF49A8454BA... | Print Name: Hieu Nguyen | Date: 8/12/2021 |
|--|--------------------------------|------------------------|

SECTION V – CEO Human Resource Services APPROVAL (Review and approval is required when vendor is a Retired, Former Employee.)

| | | |
|------------|-------------|-------|
| Signature: | Print Name: | Date: |
|------------|-------------|-------|

SECTION VI – DEPUTY PURCHASING AGENT CONCURRENCE

| | | |
|---|-----------------------------------|------------------------|
| Signature: DocuSigned by: <i>Brittany Davis</i> CBA8D85B77D2461... | Print Name: Brittany Davis | Date: 8/12/2021 |
|---|-----------------------------------|------------------------|

SECTION VII – DEPARTMENT HEAD APPROVAL

| | | |
|---|---|------------------------|
| Signature: DocuSigned by: <i>Clayton Chau M.D., PhD</i> AFEE619990EB464... | Print Name: Clayton Chau M.D., PhD | Date: 8/12/2021 |
|---|---|------------------------|

SECTION VIII – COUNTY PROCUREMENT OFFICE

Prior to execution of a contract, the County Procurement Officer or designee shall approve All Sole Source requests for Commodities that exceed \$250,000, Capitol Assets and services exceeding \$75,000, and All other Sole Source requests that require Board approval despite the amount. Approvals are obtained electronically through the County’s online bidding system.

SOLICITATION EXEMPTION – CEO USE ONLY:

| | | | |
|--|--------------|--|--------------|
| Board of Supervisor Notification Date: | | | |
| Comments: | | | |
| CPO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | CFO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| | | | |
| CPO Authorized Signature: | Date: | CFO Authorized Signature: | Date: |



Sole Source Request Form

Sole Source Bidsync # 042-C032778-SS-JB

SECTION II – DEPARTMENT INFORMATION (Complete in its entirety)

| | |
|---|--|
| Department: Health Care Agency | Date: August 11, 2021 |
| Vendor Name: Desert Vista Consulting, LLC | Sole Source BidSync Number: 042-C032778-SS-JB |
| Is the above named vendor a retired employee of the County of Orange? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", review and Approval is required from CEO Human Resource Services prior to contract execution. | |
| Contract Term (Dates): September 28, 2021– August 31, 2023 | Is Agreement Grant Funded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Percent Funded:100% Funding Source: FED: (CDC-RFA-OT21-2013 National Initiative to Address COVID-19 Health Disparities) |
| Contract Amount? \$450,000 | Proprietary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this renewable? If yes, how many years? Yes – 3 additional one-year terms (subject to availability of funding) |
| Type of Request: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Multi-Year <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Increase | |
| Renewal Year: September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 September 1, 2025 – August 31, 2026 | Did vendor provide a sole source affidavit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach |
| Board Date: September 28, 2021 | ASR Number: Supplemental ASR |
| If not scheduled to go to the Board explain why? N/A | |
| Does Contract include Non-Standard Language? If yes, explain in detail. No, this Contract does not include Non-Standard Language | |
| Was Contract Approved by Risk Mgmt.? Risk review not required, Contract has standard terms and conditions | Was Contract Approved by County Counsel? County Counsel review is pending |
| Were any exceptions taken? If yes, explain in detail. No. | |
| <input checked="" type="checkbox"/> DPA certifies that they have read and verified that the information is true and satisfies the sole source requirements listed in the County Contract Policy Manual. | |
| <input type="checkbox"/> Solicitation Exemption (For purchases with special circumstances, and/or when it is determined to be in the best interest of the County.) | |



Sole Source Bidsync # 042-C032778-SS-JB

SECTION III – SOLE SOURCE JUSTIFICATION

- 1. Provide a description of the type of contract to be established.** *(For example: is the contract a commodity, service, human service, public works, or other – please explain.) Attach additional sheet if necessary.*

This is a professional services contract for program evaluation of HCA's planned activities and strategies in support of the CDC-RFA-OT21-2103 grant that promotes population health management and equity both county-wide and within the Health Care Agency service areas.

- 2. Provide a detailed description of services/commodities and how they will be used within the department. If this is an existing sole source, please provide some history of its origination, Board approvals, etc.** *(This information may be obtained from the scope of work prepared by the County and the vendor's proposal that provides a detailed description of the services/supplies.) Attach additional sheet if necessary.*

As an evaluator for HCA's CDC-RFA-OT21-2103 grant activities, Desert Vista Consulting (DVC) will design and implement a formative, rapid-cycle evaluation for each of the four strategies and their associated activities. Given the initiative's focus on strengthening and expanding resources and services, data and reporting, infrastructure support, and partner mobilization, the focus of the evaluation will be to identify and track influences on the progress and effectiveness of the work, as well as the overall value of the investments. The evaluation also needs to assess the overall outcomes resulting from the strategies implemented within the HCA and the community, including assessing the extent to which impacted community voices are heard and addressed, and the strength and impact of the public-private partnerships that are developed.

This approach will produce quick feedback and insights for mid-course project/activity improvement and determine the longer-term impact of the strategies. This approach also relies on community participation to quickly develop a holistic understanding of the projects to help frame the focus and determine how to measure outcomes and impact. This will ensure that the evaluation yields information relevant to the interests of diverse users and stakeholders, which will improve the likelihood of lasting change and widespread adoption.

Desert Vista Key performance outcomes for the evaluation of grant's activities and projects include:

- 1) With input from HCA staff and the community, co-design and implement a formative, rapid-cycle evaluation for each of the four strategies and their associated activities.
- 2) Ensure the evaluation design combines both qualitative and quantitative data sources, including focus groups, interviews, observational studies, stakeholder surveys, and various community health related data sources.
- 3) Provide evaluation support and technical assistance as HCA engages with the CDC on their evaluation activities.
- 4) Produce quarterly "pulse reports" to inform stakeholders of the progress and effectiveness of the four primary workstreams associated with the grant.
- 5) Produce a formative report detailing progress, challenges, and accomplishments achieved during Year 1 of the

grant.

- 6) Produce a final summative report detailing the overall outcomes and impacts of the grant, including the overall value of the investments and implications for sustainability.

3. **Explain why the recommended vendor is the only one capable of providing the required services and/or commodities. How did you determine this to be a sole source and what specific steps did you take? Please list all sources that have been contacted and explain in detail why they cannot fulfill the County's requirements. Include vendor affidavit and/or other documentation which supports your sole source.** *(Responses will include strong programmatic and technological information that supports the claim that there is only one vendor that can provide the services and/or commodities. Your response will include information pertaining to any research that was conducted to establish that the vendor is a sole source, include information pertaining to discussions with other potential suppliers and why they were no longer being considered by the County.) Attach additional sheet if necessary.*

HCA has grant funding that will expire on September 30, 2023, so if this contract is not executed and implemented in a timely and expeditious manner, HCA may lose substantial grant funding due to not meeting the grant's objectives and deliverables. To conduct a comprehensive and holistic evaluation of the grant and its activities, an evaluator needs to be selected immediately to ensure the evaluation process starts at the very beginning. While there are evaluation vendors out there, DVC is the subject matter expert in utilizing a formative, rapid-cycle evaluation approach. DVC's evaluation approach is critical in helping HCA meet the aggressive timeline set forth by the CDC grant and is the right approach for the grant's activities and goals set forth. Additionally, DVC has a deep understanding of formative evaluation of cross-sector public-private partnerships and initiatives and has presented at national conferences, providing the technical expertise to perform the required activities within the timeline at the grant. Additionally, DVC has the local Orange County experience evaluating other cross-sector public-private partnership initiatives and the built-in local relationship with key stakeholders required to execute a rapid-cycle evaluation process that is timely and efficient to meet the aggressive timeline set forth by the CDC grant. Furthermore, HCA's experience with other evaluation vendors yields the understanding that there's an extended negotiation process and a high percentage of evaluation cost of the total budget, which presents a significant barrier to HCA in executing the grant's activities on time.

Background and Expertise

Founded in 2007, Desert Vista Consulting (DVC) is a nationally known health and human services consulting firm that provides strategic planning, program design, facilitation, evaluation design and implementation, and other consulting services aimed at achieving sustainable practice transformation and systems changes for improved population health. DVC's mission is to promote health equity and transform the service delivery ecosystem within safety-net organizations and across community partners to improve the health and well-being of communities. Their work is driven by a commitment to help health and behavioral health service systems move toward outcomes-based care and develop the capacity to demonstrate the effectiveness of the programs and services they provide to ensure long-term financial sustainability and promote replication and spread of best practices.

Along with their experiences with various Statewide and Countywide consulting projects, DVC is currently supporting Orange County in developing a public/private partnership (Be Well Orange County) to transform the behavioral health system of care through better coordination and integration of upstream and downstream services for the mild to moderate and seriously mentally ill populations. Be Well OC is establishing a communitywide approach for achieving optimal mental health care and supports, harnessing a Collective Impact approach, to implement a robust, community-based, cross-sector strategy involving the Orange County Health Services Agency, Orange County Behavioral Health, hospital systems, clinics, first responders, elected officials, NAMI, faith leaders, and others. In addition to developing the Blueprint and associated work plan to carry out the Be Well vision, we are supporting the development and implementation of an accountable governance structure and Wellness Fund to ensure long-term sustainability.



Sole Source Request Form

Sole Source Bidsync # 042-C032778-SS-JB

- 4. How does recommended vendor's prices or fees compare to the general market? Attach quotes for comparable services or supplies.** Attach additional sheet if necessary.

The industry standard for program evaluation for large scale initiatives and projects are usually 15-20% of the total budget, which indicates Desert Vista's program evaluation cost is below market price or fees. The contract will be funded by the federal CDC-RFA-OT21-2103 grant and will not impact Net County Costs.

- 5. If the recommended vendor was not available, how would the County accomplish this particular task?**

Attach additional sheet if necessary.

The County would have to go through the lengthy process of hiring new program evaluation staff to conduct these activities, which would not be timely to meet grant's deliverables and performance outcomes by May 31, 2023, and grant funds spent by September 31, 2023. Additionally, hiring new technical staff is not sustainable once the project is complete. This would also negatively impact the County's receipt of federal grant funds due to lack of spending within the required time frame and risk losing the federal funds if we do not execute this contract expeditiously.

- 6. Please provide vendor history – name change, litigation, judgments, aka, etc. for the last 7 years.**

Desert Vista Consulting has had no name changes, litigation, judgments for the last 7 years.

- 7. If vendor is a retired, former employee, has the vendor previously been rehired as a contractor within the last three years?** Yes No

If yes, provide explanation/support for hiring the retired, former employee as a vendor and provide contract dates, scope of work, and total amounts paid under each contract.

Not applicable

- 8. Explain (in detail) why a request for Solicitation Exemption is needed.** *(Only applicable for Solicitation Exemption)*

Attach additional sheet if necessary.

Not applicable



Sole Source Request Form

Sole Source Bidsync # 042-C032778-SS-JB

SECTION IV – AUTHOR/REQUESTOR

| | | |
|--|--------------------------------|------------------------|
| Signature: DocuSigned by: <i>Hieu Nguyen</i> 63FDEF49A8454BA... | Print Name: Hieu Nguyen | Date: 8/12/2021 |
|--|--------------------------------|------------------------|

SECTION V – CEO Human Resource Services APPROVAL (Review and approval is required when vendor is a Retired, Former Employee.)

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|------------|-------------|-------|
| Signature: | Print Name: | Date: |
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SECTION VI – DEPUTY PURCHASING AGENT CONCURRENCE

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|---|-----------------------------------|------------------------|
| Signature: DocuSigned by: <i>Brittany Davis</i> CBA8D85B77D2461... | Print Name: Brittany Davis | Date: 8/12/2021 |
|---|-----------------------------------|------------------------|

SECTION VII – DEPARTMENT HEAD APPROVAL

| | | |
|---|---|------------------------|
| Signature: DocuSigned by: <i>Clayton Chau M.D., PhD</i> AFEE619990EB464... | Print Name: Clayton Chau M.D., PhD | Date: 8/12/2021 |
|---|---|------------------------|

SECTION VIII – COUNTY PROCUREMENT OFFICE

Prior to execution of a contract, the County Procurement Officer or designee shall approve All Sole Source requests for Commodities that exceed \$250,000, Capitol Assets and services exceeding \$75,000, and All other Sole Source requests that require Board approval despite the amount. Approvals are obtained electronically through the County’s online bidding system.

SOLICITATION EXEMPTION – CEO USE ONLY:

| | | | |
|--|--------------|--|--------------|
| Board of Supervisor Notification Date: | | | |
| Comments: | | | |
| CPO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | CFO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| | | | |
| CPO Authorized Signature: | Date: | CFO Authorized Signature: | Date: |



Sole Source Request Form

Sole Source Bidsync # 042-C032775-SS-JB

SECTION II – DEPARTMENT INFORMATION (Complete in its entirety)

| | | | |
|--|---------------------------------|--|--|
| Department: Health Care Agency | | Date: August 11, 2021 | |
| Vendor Name: Public Health Institute | | Sole Source BidSync Number: 042-C032775-SS-JB | |
| Is the above named vendor a retired employee of the County of Orange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", review and Approval is required from CEO Human Resource Services prior to contract execution. | | | |
| Contract Term (Dates): September 28, 2021 – August 31, 2023 | | Is Agreement Grant Funded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Percent Funded: 100% Funding Source: CDC Health Disparities Grant | |
| Contract Amount? \$200,000 | | Proprietary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this renewable? If yes, how many years? Yes, – 3 additional one-year term (subject to availability of funding) | | | |
| Type of Request: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Multi-Year <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Increase | | | |
| Renewal Year: September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 September 1, 2025 – August 31, 2026 | | Did vendor provide a sole source affidavit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach | |
| Board Date: September 28, 2021 | ASR Number: Supplemental ASR | If not scheduled to go to the Board explain why? N/A | |
| Does Contract include Non-Standard Language? If yes, explain in detail. No, this Contract does not include Non-Standard Language | | | |
| Was Contract Approved by Risk Mgmt.? Risk review not required, Contract has standard terms and conditions | | Was Contract Approved by County Counsel? County Counsel review is pending | |
| Were any exceptions taken? If yes, explain in detail. No | | | |
| <input checked="" type="checkbox"/> DPA certifies that they have read and verified that the information is true and satisfies the sole source requirements listed in the County Contract Policy Manual. | | | |
| <input type="checkbox"/> Solicitation Exemption <i>(For purchases with special circumstances, and/or when it is determined to be in the best interest of the County.)</i> | | | |



Sole Source Request Form

Sole Source Bidsync # 042-C032775-SS-JB

SECTION III – SOLE SOURCE JUSTIFICATION

- 1. Provide a description of the type of contract to be established.** *(For example: is the contract a commodity, service, human service, public works, or other – please explain.) Attach additional sheet if necessary.*

This is a professional service contract for technical assistance, training support, and the Health Care Agency's (HCA) participation in a regional Local Health Departments learning collaborative to support HCA's planned activities and strategies that promote population health management and equity both county-wide and within the HCA's service areas.

- 2. Provide a detailed description of services/commodities and how they will be used within the department. If this is an existing sole source, please provide some history of its origination, Board approvals, etc.** *(This information may be obtained from the scope of work prepared by the County and the vendor's proposal that provides a detailed description of the services/supplies.) Attach additional sheet if necessary.*

The HCA seeks professional services and technical support of the Public Health Alliance of Southern California (The Alliance) to support the grant's activities and projects, including:

- A. Develop strategies to educate providers, community partners, and programs through:
 - i. Multi-Sector Race/Ethnicity Data Collection Trainings: Collection of accurate race/ethnicity data is crucial for measuring disparities in health outcomes, including COVID-19. The Alliance will develop and deliver trainings for collaborative partners on:
 - i. The importance of race and ethnicity data and their role in informing health equity work
 - ii. Best practices for the design of questions collecting race/ethnicity, and strategies to elicit these data successfully and accurately
 - iii. Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency
 - ii. Power Building and Sharing Trainings/Workshops: Develop and implement trainings/workshops for health and equity leaders in the department that elevate best practice approaches for building authentic community relationships and strategies for co-designing solutions that work to address health inequities. Workshops would be developed in collaboration with department equity leads and would provide compensation for and incorporate expertise from local community leadership/partners.

- B. Report on Race/Ethnicity Data Collection Practices: The Alliance will review LHD materials (such as survey instruments and database input forms) and assess current practices for the collection of race/ethnicity and other sensitive demographic data, such as sexual orientation and gender identity. Based on this assessment, recommendations, which may include staff training, process improvements, and instrument modifications, will be made to standardize the collection of, successfully elicit, and record accurate data on, sensitive demographic characteristics. Tasks would include:
 - i. Conducting a literature review, including outreach to community groups, on best practices for writing and collecting sensitive data
 - ii. Reviewing all LHD materials that ask a question on R/E & SOGI

- iii. Compiling specific recommendations to modify LHD materials
 - iv. Creating and conducting trainings for staff on how to appropriately elicit and record these data (focus on COVID-19 CI/CT staff)
- C. Joint Regional Equity Learning Collaborative: The Public Health Alliance will convene and facilitate a regional health and racial equity-focused learning collaborative with Public Health Alliance health department regional members that would consist of cross-departmental member teams, including leadership level and equity focused staff. This collaborative would focus on key strategies and approaches for operationalizing equity internally and in partnership with the communities they serve, in alignment with this grant's intended outcomes, strategies and activities. The collaborative will also focus on regional opportunities for alignment around strategies and community-informed approaches for advancing health and race equity during COVID-19 and beyond. The Alliance proposes the following model (building on feedback from multiple member departments):
- i. Minimum of 6 virtual convenings over two years over the grant period
Each member department/agency can identify a 5-6 person cross-departmental learning collaborative team. Each team should include: one department/agency equity lead, key partners from the equity office or aligned division/bureaus, Director commitment and/or support
 - i. Hands on skill building/training facilitated by the Alliance and other expert speakers/practitioners
 - ii. Key themes/priorities will be aligned with this grant's intended outcomes, strategies and activities, which include, but are not limited to: Racism as a Public Health Crisis Implementation Strategies), Regional Approaches for Data Standardization, Advancing Racial Equity in a Prop 209 State, Enhancing Cross-Departmental Capacity to Advance Health/Race Equity, Advancing Equity Through Departmental Plans (CHA/CHIP), Advancing Health and Race Equity in Contracting and Procurement, Community Coalition and Power building, etc.
 - iii. Identification of regional priorities/areas of alignment with this grant's intended outcomes, strategies and activities, especially Strategy #3 around building, leveraging, and expanding infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
 - iv. Build community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing and contact tracing, and quarantine, including racial and ethnic minority populations and rural communities
- D. Tailored Technical Assistance:
- A. Equity-focused technical assistance around priority and emerging equity needs for the Office of Population Health and Equity and its efforts to guide addressing COVID-19 among communities at higher risk and that are underserved. Technical assistance can include:
 - o One-on-One Director/team meeting support
 - o Support with the forming of employee affinity groups, advisory groups, and other DEI best practices
 - o Capacity building/technical assistance for Office of Population Health & Equity
 - o Resource and best/promising practice identification (based on regional, state and national best practices)
 - o Training development support
 - B. Healthy Place Index-focused technical assistance to create a data interface between HPI and the HCA's OC SPI. Support improved interoperability between Orange County data tools and the California Healthy Places Index through tailored technical assistance (up to 15 hours) focused on data structures, pipelines, and workflows, including:
 - Advisement on data sources and repositories
 - Informing development of data pipelines between Orange County data tools and the Healthy Places Index data and mapping platform
 - Standardizing file formats

- General TA on use of the California Healthy Places Index map, data, and decision support layers, including support for technical, data, and programmatic questions

Public Health Alliance key performance outcomes for equity-focused technical assistance and supports include:

1. Conduct two (2) multi-sector race/ethnicity data collection trainings for both internal and external partners
2. Conduct two (2) multi-sector power building and share trainings for cross sector community partners
3. Provide up to 10 hours a month of tailored-equity technical assistance to the Office of Population Health and Equity
4. Convene and facilitate a regional health and racial equity-focused learning collaborative with Public Health Alliance health department regional members to focus on key strategies and approaches for operationalizing equity internally and in partnership with the communities
5. Produce and report on race/ethnicity data collection practices of the HCA, including recommendations for improvement and best practices

3. **Explain why the recommended vendor is the only one capable of providing the required services and/or commodities. How did you determine this to be a sole source and what specific steps did you take? Please list all sources that have been contacted and explain in detail why they cannot fulfill the County's requirements. Include vendor affidavit and/or other documentation which supports your sole source.** *(Responses will include strong programmatic and technological information that supports the claim that there is only one vendor that can provide the services and/or commodities. Your response will include information pertaining to any research that was conducted to establish that the vendor is a sole source, include information pertaining to discussions with other potential suppliers and why they were no longer being considered by the County.) Attach additional sheet if necessary.*

HCA has grant funding that will expire on September 30, 2023, so if this contract is not executed and implemented in a timely and expeditious manner, HCA may lose substantial grant funding due to not meeting the grant's objectives and deliverables. In addition, no other vendors exist as the Public Health Alliance of Southern California is the only Alliance of its kind with involvement from all the local health departments. The Alliance was an essential convenor of all the local health departments during the pandemic as they provide crucial resources, best practices, and cross-learning and collaboration. Additionally, the Alliance is well-positioned to serve as a local and regional technical assistance resource for HCA to help achieve HCA's CDC-RFA-OT21-2103 grant activities and their intended outcomes through customized equity-focused technical assistance, staff and community partner training, and the launch of a regional equity learning collaborative that would include all Alliance members. These activities help the HCA with strategies to build upon our data plans for collecting and reporting, educate stakeholders on data collection and dissemination, and develop and implement plans to disseminate health equity-related data that are culturally and linguistically relevant.

Background and Expertise

The Alliance is a collaborative of the executive leadership of ten Local Health Departments (LHDs) in Southern California, with Orange County joining as the newest Alliance member. Collectively, the Alliance members have statutory responsibility for the health of nearly 60% of California's residents. The Alliance is widely known for its proprietary data mapping tool, the Healthy Places Index, which has been utilized to allocate nearly half-a-billion grant dollars from state agencies and philanthropy, directing resources to communities most in need. The California Department of Public Health is also utilizing the Alliance's Healthy Place Index to support the equity metric as part of the Blueprint for a Safer Economy. This type of data-driven approach, in addition to OC's own SPI platform, to identifying equity issues at the local level enables HCA and other stakeholders in Orange County engage in root cause analysis and find community-based solutions to address local social determinants of health and other factors that drive

health disparities.

Most recently, HCA has partnered with the Alliance to provide customized support and recommendations to support the expansion and integration of health and race equity across the Agency, conduct a COVID-19 Impact Analysis, and produce an Orange County Healthy Place Index profile for HCA. This support has helped HCA to address COVID-19-related health disparities and advance health equity to ensure everyone has the opportunity and resources to live a long and healthy life.



Sole Source Request Form

Sole Source Bidsync # 042-C032775-SS-JB

- 4. **How does recommended vendor’s prices or fees compare to the general market? Attach quotes for comparable services or supplies.** Attach additional sheet if necessary.

The Public Health Alliance of Southern California has provided a fixed-fee budget that is cost-effective and focused on the required deliverables to support the County’s needs in addressing health inequities and supporting the Office of Population Health and Equity as it implements activities and initiatives. The contract will be funded by the federal CDC-RFA-OT21-2103 grant and will not impact Net County Costs.

- 5. **If the recommended vendor was not available, how would the County accomplish this particular task?**
Attach additional sheet if necessary.

The County would have to go through the lengthy process of hiring new technical staff with the set of expertise and experiences to conduct these activities, which would not be timely to meet the grant’s deliverables and performance outcomes by May 31, 2023, and grant funds spent by September 31, 2023. Additionally, hiring new technical staff is not sustainable once the project is complete. This would also negatively impact the County’s receipt of federal grant funds due to lack of spending within the required time frame and risk losing the federal funds if we do not execute this contract expeditiously.

- 6. **Please provide vendor history – name change, litigation, judgments, aka, etc. for the last 7 years.**

Public Health Alliance of Southern California did not have any name changes, litigation, judgments for the last 7 years.

- 7. **If vendor is a retired, former employee, has the vendor previously been rehired as a contractor within the last three years?** Yes No

If yes, provide explanation/support for hiring the retired, former employee as a vendor and provide contract dates, scope of work, and total amounts paid under each contract.

Not applicable

- 8. **Explain (in detail) why a request for Solicitation Exemption is needed.** *(Only applicable for Solicitation Exemption)*
Attach additional sheet if necessary.

Not applicable



Sole Source Request Form

Sole Source Bidsync # 042-C032775-SS-JB

SECTION IV – AUTHOR/REQUESTOR

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|--|--------------------------------|------------------------|
| Signature: DocuSigned by: <i>Hieu Nguyen</i> 63FDEF49A8454BA... | Print Name: Hieu Nguyen | Date: 8/12/2021 |
|--|--------------------------------|------------------------|

SECTION V – CEO Human Resource Services APPROVAL (Review and approval is required when vendor is a Retired, Former Employee.)

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|------------|-------------|-------|
| Signature: | Print Name: | Date: |
|------------|-------------|-------|

SECTION VI – DEPUTY PURCHASING AGENT CONCURRENCE

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|---|-----------------------------------|------------------------|
| Signature: DocuSigned by: <i>Brittany Davis</i> CBA8D85B77D2461... | Print Name: Brittany Davis | Date: 8/12/2021 |
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SECTION VII – DEPARTMENT HEAD APPROVAL

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|---|---|------------------------|
| Signature: DocuSigned by: <i>Clayton Chau M.D., PhD</i> AFEE619990EB464... | Print Name: Clayton Chau M.D., PhD | Date: 8/12/2021 |
|---|---|------------------------|

SECTION VIII – COUNTY PROCUREMENT OFFICE

Prior to execution of a contract, the County Procurement Officer or designee shall approve All Sole Source requests for Commodities that exceed \$250,000, Capitol Assets and services exceeding \$75,000, and All other Sole Source requests that require Board approval despite the amount. Approvals are obtained electronically through the County’s online bidding system.

SOLICITATION EXEMPTION – CEO USE ONLY:

| | | | |
|--|--------------|--|--------------|
| Board of Supervisor Notification Date: | | | |
| Comments: | | | |
| CPO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | CFO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| | | | |
| CPO Authorized Signature: | Date: | CFO Authorized Signature: | Date: |



Sole Source Request Form

Sole Source Bidsync # 042-C032780-SS-JB

SECTION II – DEPARTMENT INFORMATION (Complete in its entirety)

| | | | |
|--|---------------------------------|--|--|
| Department: Health Care Agency | | Date: August 11, 2021 | |
| Vendor Name: Celery Design Collaborative, LLC | | Sole Source BidSync Number: 042-C032780-SS-JB | |
| Is the above named vendor a retired employee of the County of Orange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", review and Approval is required from CEO Human Resource Services prior to contract execution. | | | |
| Contract Term (Dates): September 28, 2021 – August 31, 2023 | | Is Agreement Grant Funded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Percent Funded:100% Funding Source: FED: (CDC-RFA-OT21-2013 National Initiative to Address COVID-19 Health Disparities) | |
| Contract Amount? \$200,000 | | Proprietary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Contract Term (Dates): September 28, 2021 – August 31, 2023 | | Is this renewable? If yes, how many years? Yes, – 3 additional one-year term (subject to availability of funding) | |
| Type of Request: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Multi-Year <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Increase | | | |
| Renewal Year: September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 September 1, 2025 – August 31, 2026 | | Did vendor provide a sole source affidavit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach | |
| Board Date: September 28, 2021 | ASR Number: Supplemental ASR | If not scheduled to go to the Board explain why? N/A | |
| Does Contract include Non-Standard Language? If yes, explain in detail. No, this Contract does not include Non-Standard Language | | | |
| Was Contract Approved by Risk Mgmt.? Risk review not required, Contract has standard terms and conditions | | Was Contract Approved by County Counsel? County Counsel review is pending | |
| Were any exceptions taken? If yes, explain in detail. No | | | |
| <input checked="" type="checkbox"/> DPA certifies that they have read and verified that the information is true and satisfies the sole source requirements listed in the County Contract Policy Manual. | | | |
| <input type="checkbox"/> Solicitation Exemption (For purchases with special circumstances, and/or when it is determined to be in the best interest of the County.) | | | |



Sole Source Bidsync # 042-C032780-SS-JB

SECTION III – SOLE SOURCE JUSTIFICATION

1. **Provide a description of the type of contract to be established.** *(For example: is the contract a commodity, service, human service, public works, or other – please explain.) Attach additional sheet if necessary.*

This is a professional services contract for specialized technical assistance for communications planning and campaign development related to population health management and equity.

2. **Provide a detailed description of services/commodities and how they will be used within the department. If this is an existing sole source, please provide some history of its origination, Board approvals, etc.** *(This information may be obtained from the scope of work prepared by the County and the vendor's proposal that provides a detailed description of the services/supplies.) Attach additional sheet if necessary.*

Background: Contractor shall implement Phase 2 and 3 of a multi-phased communications campaign to support HCA's efforts to advance population health and equity in Orange County through its OC Equity Initiative. Contractor is currently completing Phase 1 of this campaign. The multi-phased campaign is intended to generate a shared understanding among key stakeholders and potential participants of the various efforts to be funded by HCA's CDC Health Equity grant and the benefits of using the new OC Equity Map. Through the OC Equity Initiative, the COUNTY is seeking to promote the systems change and community transformation that is necessary to reduce and eventually eliminate health disparities and other causes of vulnerability to health disorders, including COVID-19.

Phase 2 services to be provided: Phase 2 work products to be developed per the requirements of the COUNTY will include:

- Ongoing Social Media Campaign: Design and develop social media messaging, graphics, imagery and videos to promote the availability of the OC Equity Map, the OC Equity Coalition, Action Areas, and the overall Equity in OC initiative for both specific target audiences and the community at large
- Website content: Design of the "Equity in OC" website and development of content, including a comprehensive e-book, frequently asked questions, initiative activities and progress, and guidance for how to be a part of the initiative.
- Advancing the campaign: Additional content for descriptive brochures and other collateral materials to engage and recruit participants into action areas targeted at specific determinants of health, inform potential funders of action areas efforts, and generally promote alignment among community organizations around the aims of the action areas.

Performance outcomes of Phase 2: The Contractor’s campaign will create a clear understanding of the roles individuals and organizations can play in creating a healthier and more equitable community. The campaign will focus on a primary call to action: a clearly articulated ask to join the effort and ‘do your part’. The communications campaign will be conducted in phases, with each phase informing the next. Through the development of the work products listed above, the Contractor will support achievement of the following outcomes associated with Phase 2 of the campaign:

- A shared understanding among stakeholders and potential/active participants of the objectives of the campaign, how to get involved, current initiative activities underway, planned activities upcoming, etc.
- Advancement of the core campaign messaging, look and feel, and graphics/imagery that are be used throughout the phases to support the campaign’s call to action and ongoing engagement and communication need
- Content and design that is informative, engaging, impressionable and motivating
- Continued deployment of a social media strategy that will further the reach of the campaign with a collection of key messages, provide new and updated messaging about initiative opportunities and activities and supporting visuals as required in collaboration with County program manager
- Expanded community awareness of population health and equity needs in Orange County and activities and efforts underway, planned or proposed to help address these needs.

Phase 3 services to be provided: Phase 3 of the Contractor’s campaign will focus on messaging of the Initiative’s progress, results and learning from Phases 1 and 2 (to support adoption of similar efforts in new areas as well as sustainability of progress achieved) and to transition communication activities to permanent managers. Phase 3 work products to be developed per the requirements of the COUNTY will include:

- Ongoing Social Media Campaign: Advance the social media messaging, graphics, imagery and videos to shift the Equity in OC initiative into a permanent endeavor – and transition maintenance to HCA and/or other entities with permanent responsibility to support the equity efforts. Website content: Advance the design of the “Equity in OC” website and development of content, including a comprehensive e-book, frequently asked questions, initiative activities and progress, and guidance to shift the Equity in OC initiative into a permanent endeavor – and transition website content and design efforts to HCA and/or other entities with permanent responsibility to support the equity efforts.
- Transitioning the campaign: Design or redesign content for descriptive brochures and other collateral materials to shift the Equity in OC initiative into a permanent endeavor – and transition management of collateral and other campaign communications supports to HCA and/or other entities with permanent responsibility to support the equity efforts.

Performance outcomes of Phase 3: The final phase of the Contractor’s campaign will create a clear understanding of how HCA and its partners will continue to address population health and equity needs in Orange County. Through the Phase 3 activities listed above, the Contractor will support achievement of the following outcomes associated with Phase 3 of the campaign:

- A shared understanding among stakeholders, participants and the community at large of the impact of the campaign on inequities in the county, specific changes that were successful and that need to be sustained, lessons learned that will inform future endeavors, and plans to maintain the focus on collaborative population health and equity.
- Transition (to permanent staff at HCA or other entities) of the management of the campaign messaging, content, look and feel, and graphics/imagery so they may be used on an ongoing basis to maintain interest and commitment to reducing inequities in the county.
- Transition of the design of the social media strategy to permanent staff (at HCA or other partners) to maintain the reach of the campaign with a collection of key messages, information about initiative progress, opportunities and activities and supporting visuals as required in collaboration with County program manager
- Expanded and continued community awareness of population health and equity needs in Orange County and activities and efforts underway, planned or proposed to help address these needs.

- 3. Explain why the recommended vendor is the only one capable of providing the required services and/or commodities. How did you determine this to be a sole source and what specific steps did you take? Please list all sources that have been contacted and explain in detail why they cannot fulfill the County's requirements. Include vendor affidavit and/or other documentation which supports your sole source. *(Responses will include strong programmatic and technological information that supports the claim that there is only one vendor that can provide the services and/or commodities. Your response will include information pertaining to any research that was conducted to establish that the vendor is a sole source, include information pertaining to discussions with other potential suppliers and why they were no longer being considered by the County.)***

Attach additional sheet if necessary.

Celery Design is currently conducting Phase 1 of this communication campaign and therefore is well-suited to carry out Phase 2 and 3. The rationale for initial selection of Celery Design is provided below. Their experience remains uniquely in line with our needs; further, the limited timeframe of the funding for this initiative underscore the basis for continuing to use this vendor.

Celery Design Collaborative has created communication design for social movements for over 20 years, including a recent project for the Prevention Institute (PI) that is related to HCA's new population health and equity efforts. This specific design effort positions Celery Design to support rapidly with HCA as our work builds on that of PI in terms of addressing social determinants of health through system change. Given the 24-month duration of this federal grant (*CDC-RFA-OT21-2103 National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*) and associated need to communicate our strategies to the community immediately, HCA needs a design partner who already understands the nature of the population health and equity content and the audiences to be reached. Delay in developing communication capability will delay the overall project.



Sole Source Request Form

Sole Source Bidsync # 042-C032780-SS-JB

- 4. How does recommended vendor's prices or fees compare to the general market? Attach quotes for comparable services or supplies.** Attach additional sheet if necessary.

Celery Design has provided a deliverable-based fee schedule that is cost-effective and focused on the required deliverables to support the County's needs. None of the existing communication design companies currently engaged with the County have the unique experience based that Celery Design has. Celery Design is able to provide the needed services quickly and within the budget issued by the County of Orange. Additionally, hiring new technical staff is not sustainable once the project is complete. This would also negatively impact the County's receipt of federal grant funds due to lack of spending within the required time frame and risk losing the federal funds if we do not execute this contract expeditiously.

- 5. If the recommended vendor was not available, how would the County accomplish this particular task?**

Attach additional sheet if necessary.

The County would have to go through the lengthy process of identifying other vendors with this capability and take the additional time to orient them to the content and approaches. This would delay the progress of this two-year project, which requires initial and ongoing communication to the community and key stakeholders about the opportunities and strategies ahead, current activities and progress to date. The time to find and prepare a new vendor would also negatively impact the County's use of federal grant funds due to lack of spending within the required time frame.

- 6. Please provide vendor history – name change, litigation, judgments, aka, etc. for the last 7 years.**

Celery Design has not had any name changes, litigation, judgments for the last 7 years.

- 7. If vendor is a retired, former employee, has the vendor previously been rehired as a contractor within the last three years?** Yes No

If yes, provide explanation/support for hiring the retired, former employee as a vendor and provide contract dates, scope of work, and total amounts paid under each contract.

Not applicable

- 8. Explain (in detail) why a request for Solicitation Exemption is needed.** *(Only applicable for Solicitation Exemption)*

Attach additional sheet if necessary.

Not applicable



Sole Source Request Form

Sole Source Bidsync # 042-C032773-BD-SS

SECTION IV – AUTHOR/REQUESTOR

| | | |
|--|--------------------------------|------------------------|
| Signature: DocuSigned by: <i>Hieu Nguyen</i> 63FDEF49A8454BA... | Print Name: Hieu Nguyen | Date: 8/12/2021 |
|--|--------------------------------|------------------------|

SECTION V – CEO Human Resource Services APPROVAL (Review and approval is required when vendor is a Retired, Former Employee.)

| | | |
|------------|-------------|-------|
| Signature: | Print Name: | Date: |
|------------|-------------|-------|

SECTION VI – DEPUTY PURCHASING AGENT CONCURRENCE

| | | |
|---|-----------------------------------|------------------------|
| Signature: DocuSigned by: <i>Brittany Davis</i> CBA8D85B77D2461... | Print Name: Brittany Davis | Date: 8/12/2021 |
|---|-----------------------------------|------------------------|

SECTION VII – DEPARTMENT HEAD APPROVAL

| | | |
|---|---|------------------------|
| Signature: DocuSigned by: <i>Clayton Chau M.D., PhD</i> AFEE619990EB464... | Print Name: Clayton Chau M.D., PhD | Date: 8/12/2021 |
|---|---|------------------------|

SECTION VIII – COUNTY PROCUREMENT OFFICE

Prior to execution of a contract, the County Procurement Officer or designee shall approve All Sole Source requests for Commodities that exceed \$250,000, Capitol Assets and services exceeding \$75,000, and All other Sole Source requests that require Board approval despite the amount. Approvals are obtained electronically through the County’s online bidding system.

SOLICITATION EXEMPTION – CEO USE ONLY:

| | | | |
|--|--------------|--|--------------|
| Board of Supervisor Notification Date: | | | |
| Comments: | | | |
| CPO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | CFO: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| | | | |
| CPO Authorized Signature: | Date: | CFO Authorized Signature: | Date: |



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Name: Janinne Boutte
Phone: 714-834-5850
Email: jboutte@ochca.com
Status: Submitter Sep 14, 2021 2:35:03 PM PDT

```

graph LR
    A[Janinne Boutte  
Submitter] --> B[Jeff M Miller  
(for CPO SS Routing (Group))  
Approved]
          
```

Bid Information

Bid Number:
[042-C032725-BD-SS](#)

Bid Title:
Population Health And Equity Partnership Services

Status:
Approved

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Release Bid Workflow

Name: Janinne Boutte
Phone: 714-834-5850
Email: jboutte@ochca.com
Status: Submitter Sep 14, 2021 2:35:03 PM PDT

```

graph LR
    A[Janinne Boutte  
Submitter] --> B[Jeff M Miller  
(for CPO SS Routing (Group))  
Approved]
  
```

Bid Information

Bid Number:
[042-C032776-SS-B](#)

Bid Title:
Partner Outreach, Engagement, And Grants Support Services

Status:
Approved

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Name: Janinne Boutte
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Email: jboutte@ochca.com
Status: Submitter Sep 14, 2021 2:35:03 PM PDT

```

graph LR
    A[Janinne Boutte  
Submitter] --> B[Jeff M Miller  
(for CPO SS Routing (Group))  
Approved]
  
```

Bid Information

Bid Number:
[042-C032774-SS-B](#)

Bid Title:
Consultative Services For Community Planning

Status:
Approved

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Name: Janinne Boutte
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Email: jboutte@ochca.com
Status: Submitter Sep 14, 2021 2:35:03 PM PDT

```

graph LR
    A[Janinne Boutte Submitter] --> B[Jeff M Miller (for CPO SS Routing (Group)) Approved]
          
```

Bid Information

Bid Number:
[042-C032777-SS-B](#)

Bid Title:
OC Health Equity Map Community Engagement And Platform Enhancements Services

Status:
Status: Approved

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Name: Janinne Boutte
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Email: jboutte@ochca.com
Status: Submitter Sep 14, 2021 2:35:03 PM PDT

```

graph LR
    A[Janinne Boutte  
Submitter] --> B[Jeff M Miller  
(for CPO SS Routing (Group))  
Approved]
          
```

Bid Information

Bid Number:
[042-C032778-SS-JB](#)

Bid Title:
Grant Activities Evaluation Services

Status:
Approved

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Name: Janinne Boutte
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Email: jboutte@ochca.com
Status: Submitter Sep 14, 2021 2:35:03 PM PDT

Bid Information
Bid Number: [042-C032775-SS-JB](#)
Bid Title:
 Health Equity Technical Assistance Services

```

graph LR
    A[Janinne Boutte Submitter] --> B[Jeff M Miller (for CPO SS Routing (Group)) Approved]
          
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Status:
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Name: Janinne Boutte
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Email: jboutte@ochca.com
Status: Submitter Sep 14, 2021 2:35:03 PM PDT

Bid Information
Bid Number:
[042-C032780-SS-B](#)
Bid Title:
 OC Health Equity Coalition Media And Communication Campaign Services

```

graph LR
    A[Janinne Boutte Submitter] --> B[Jeff M Miller (for CPO SS Routing (Group)) Approved]
          
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Status:
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