



Resultant

| PROPOSAL |

County of Humboldt, CA | Community Health Dashboard

RFP No. DHHS2022-04

AUGUST 12, 2022



1.0 INTRODUCTORY LETTER

Humboldt County DHHS – Public Health
Attention: Rachel Patterson, Administrative Analyst II
507 F Street
Eureka, California 95501
Email: rpatterson@co.humboldt.ca.us

August 12, 2022

Dear Rachel Patterson,

It is our pleasure to submit a response to the County of Humboldt Department of Health and Human Services – Public Health Branch (“DHHS – Public Health”) for Community Health Data Dashboard services. At Resultant, we are passionate about helping public health agencies use data effectively to improve the health of their community. We understand that data is the backbone for public health work and that public health agencies need timely, high-quality population health data to identify health priorities, detect health threats, monitor health conditions, target areas for public health interventions, and evaluate interventions.

Our public health and dashboard development experts have reviewed your requirements and thoughtfully proposed a community health dashboard solution that utilizes the Tableau Public infrastructure and will hopefully resonate with your residents. We bring experience and lessons learned from dashboards developed for public and private sector clients across the country. Below, we specifically describe improved outcomes for our COVID-19 and Behavioral Health Dashboards in the State of Indiana, as well as other projects in multiple local and state agencies. Not only do we bring health data technology experts, but former practitioners with expertise in community health programs, epidemiology, and health agency decision making. Together, we believe DHHS – Public Health and Resultant can help your community thrive.

Resultant is deeply committed to partnering with our clients to help them accomplish their goals and achieve their missions. We have purposefully designed our organization with this intent in mind. We look forward to building a partnership with the County of Humboldt and believe you will benefit from the following attributes of Resultant:

- Deeply skilled resources in public health subject matter and technical data development.
- Breadth of federal, state, local, and private sector experience from which we bring best practices and lessons learned.
- A long history of helping our clients achieve successful project outcomes.

Thank you again for your consideration. We look forward to the opportunity to tell you more about our solution and experience. Should you have any questions, please do not hesitate to contact me at jhilbrich@resultant.com or 317-349-1081. I operate out of our HQ office, 111 Monument Circle, Suite 202, Indianapolis, IN 46204.

Sincerely,

Jessica Hilbrich
Solution Executive
Resultant



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3.0 SIGNATURE AFFIDAVIT

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REQUEST FOR PROPOSALS NO. DHHS2022-04
Community Health Data Dashboard
ATTACHMENT A – SIGNATURE AFFIDAVIT
(Submit with Proposal)

REQUEST FOR PROPOSALS – NO. DHHS[]-[] SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	Resultant
STREET ADDRESS:	111 Monument Circle, Suite 202
CITY, STATE, ZIP	Indianapolis, IN 46204
CONTACT PERSON:	Jessica Hilbrich
PHONE #:	317-349-1081
FAX #:	N/A
EMAIL:	jhilbrich@resultant.com

Government Code Sections 6250, *et seq.*, the “Public Records Act,” define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this firm has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2021-04 and declares that the attached Proposal and pricing are in conformity therewith.

DocuSigned by:

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 Signature

 John Roach

 Name

President

 Title

 12 August 2022

 Date

This agency hereby acknowledges receipt / review of the following Addendum(s), if any
 Addendum # [] Addendum # [] Addendum # [] Addendum # []



4.0 PROFESSIONAL PROFILE

A. Organization Overview

RESULTANT ORGANIZATION (A1)

Name: Resultant, LLC

Physical Location: Resultant headquarters is located at:

111 Monument Circle, Suite 202
Indianapolis, IN 46204

Key personnel are located in Seattle, WA and Indianapolis, IN.

Mission Statement: Resultant's mission is to help our clients, colleagues, and communities thrive.

Resultant is a mission-first organization. Our staff are uniquely aligned to understand how our services support the overarching values of the organization. As a consulting firm, we constantly strive to demonstrate empathy as a core value. It ensures that we always listen first, seeking to truly understand a situation before we problem solve. We are confident that Resultant's radically different approach to consulting will enable our team to meet the County's needs today and in the future.

Accreditation: Resultant does not believe any accreditations are necessary to successfully perform this work. If the County has questions about any relevant accreditations, we are happy to provide answers to any questions.

Certification and/or licensure status: Resultant meets the County's requirements to become a vendor and will obtain a valid Humboldt County Business License prior to execution of any contract.

Legal Organization Status: Resultant is an LLC established in Indiana.

Current Staffing Levels: Resultant has more than 450 employees across the United States.

Budget: Because Resultant, LLC is a privately held organization, it does not disclose much of its financial data.

RESULTANT BUSINESS ACTIVITIES (A2)

Resultant is a data and technology consulting firm with deep expertise in public sector data driven decision making. Our story began in 2008 as KSM Consulting (KSMC). Though we shared the KSM name from a former partnership, our team quickly forged an identity of our own. So, in 2021, after a collaborative and thorough process, we finally arrived at our new name: Resultant. We have been providing innovative data services to public and private sector clients for more than a decade. We help our clients understand their people, processes, and technology to achieve their business outcomes. Often, these outcomes are best supported by the development of dashboards that communicate information to the public. Our team has developed



hundreds of dashboards, large and small, to support outcomes that affect residents of states across the country. We provide dashboard services to government clients in more than six states including Indiana, Colorado, Georgia, Ohio, Texas, and Vermont. Some of our clients include Indiana Department of Health (IDOH), Indiana Family and Social Services Administration (FSSA), Indiana Management Performance Hub (MPH), City of Carmel (IN) Police Department, Georgia Department of Early Care and Learning (DECAL), Ohio Department of Taxation, and the Vermont Agency of Education (AOE). Health, human services, and education have been anchors of our public sector work.



Figure 1: Representative Resultant Public Sector Clients

Resultant has grown to more than 450 talented full-time consultants—of which approximately 50% are dedicated to delivering the technical data services and the remainder are subject matter experts, many with prior public sector and public health experience. We are a technology-agnostic firm that develops the right solutions for our clients' needs based on their business objectives and tools they prefer; based on our understanding of current tools used by the County of Humboldt Department of Health and Human Services – Public Health Branch (“DHHS – Public Health”), we are recommending a Tableau Public Infrastructure solution.

The quality and thoughtfulness of technical work is important. However, we have found that the sustained success or failure of projects is seldom a result of the technical work performed. Thus, we supplement our technical talent with a deep bench of subject matter experts (SMEs) with decades of experience in public health and health and human services. With our SME's support, we strive to develop well-rounded technical resources that understand the problems that they are solving holistically so our solutions are durable and impactful. Our public health team has more than 25 years of experience working in the field at some of the most innovative health departments in the country.

This project exemplifies our mission at Resultant to help our clients, coworkers, and communities thrive. Building a community health dashboard for Humboldt County will help county governmental official and residents understand the pressing health issues facing their community, connect the health department to the people they serve, and hopefully inspire the community to work together to improve their health and well-being.



LITIGATION (A3)

There is no litigation that has been brought by or against Resultant.

FRAUD (A4)

Resultant has no fraud convictions of any kind.

DEBARMENTS, SUSPENSIONS, OR OTHER INELIGIBILITY (A5)

Resultant has no current or prior debarments, suspensions, or other ineligibility to participate in public contracts.

VIOLATIONS (A6)

Resultant has no violations of local, state and/or federal regulatory requirements of any kind.

CONTROLLING OR FINANCIAL INTEREST (A7)

Resultant is a privately held limited liability corporation, wholly owned by RCKC Acquisitions, LLC. Resultant does not hold a controlling or financial interest in any other organizations.

B. Overview of Qualifications and Experience

IDENTIFICATION OF MANAGEMENT TEAM, KEY PERSONNEL, AND SUBCONTRACTORS (B1)

The two key personnel for this project will be the Engagement Manager / Senior Public Health Consultant and the Business Intelligence (BI) Consultant. To maximize outcomes, we staff every project with an Engagement Manager. Engagement Managers have the primary and unique obligation to ensure client success at an account level by providing an outstanding and consistent experience with our products, services, and people. Engagement managers make sure our work meets and exceeds client expectations. For this project, we intend to assign a Senior Public Health Consultant as the Engagement Manager. This consultant is uniquely qualified to ensure our proposed dashboards exceed Humboldt County's expectations; she brings years of experience measuring, tracking, and reporting on public health outcomes.

Our BI consultants work directly with our clients to turn their data into actionable insights. The BI consultant for this project is public health focused and has developed similar public-facing dashboards for other government entities. This consultant will likely also serve as the data analyst.

In addition to Resultant's Engagement Manager and BI consultant, the client has access to our Director of Health and Human Services (who will serve as the executive sponsor) to escalate any project or account concerns. We also bring strong corporate reach back and support from hundreds of data delivery professionals with experience in health data projects – including BI developers, data analysts, data scientists, data architects, and



data governance consultants – that can advise on challenges or obstacles that may be encountered. Some experience of our health data advisory and support professionals are discussed below.

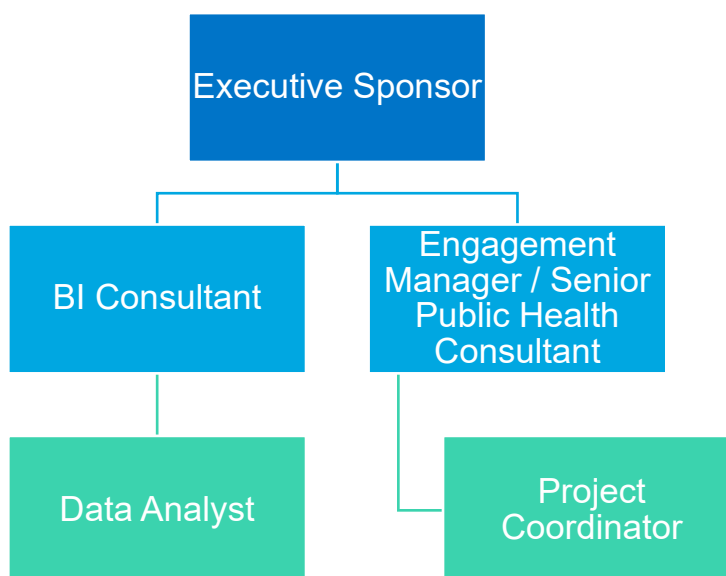


Figure 2: Resultant Project Organizational Chart

To support the delivery of the Community Health Dashboard, Resultant will engage additional expertise for dashboard development, data analysis, business requirements analysis, data governance, and web hosting. We also use our on-staff technical writers to ensure our deliverables are polished, easy to understand, and visually appealing.

SUBCONTRACTORS

Resultant does not propose the use of subcontractors for this engagement.

QUALIFICATIONS AND EXPERIENCE OF KEY PERSONNEL (B2)

Of the proposed team above, Resultant believes that Kathy Lofy, Senior Public Health Consultant, and Megan Floyd, Health BI Consultant are key personnel for this project. Their relevant experience, qualifications, and certifications are highlighted below.

DR. KATHY LOFY, SENIOR PUBLIC HEALTH CONSULTANT

Dr. Kathy Lofy is a physician and public health professional with almost 20 years of experience working in the governmental public health system initially as a communicable disease epidemiologist and then as an executive leader. Her areas of expertise include public health practice, surveillance, epidemiology, public health informatics, health policy, and leadership. She is passionate about helping clients establish real-time, integrated data systems so that data can be used to monitor and understand public health issues, target areas for intervention, evaluate public health programs and policies, and monitor performance.



Relevant Experience

COVID-19 Data Support | Indiana Department of Health | 2022

- Perform strategic planning for the future of COVID-19 surveillance.
- Review and recommend changes to the COVID-19 dashboards.

State Health Officer / Chief Science Officer *Washington State Department of Health | 2014 – 2020*

- Led statewide public health initiatives, including the response to the COVID-19 pandemic and opioid crisis.
- Performed an assessment of the agency's informatics capabilities and led an initiative to modernize data systems.
- Provided clinical and scientific guidance to staff throughout the department on a variety of health issues including communicable disease control, injury prevention, chronic disease prevention and promotion, maternal and child health, environmental health issues, and emergency preparedness.

Communicable Disease Epidemiologist *Washington State Department of Health | 2007 – 2013*

- Collected, analyzed, interpreted, and disseminated surveillance data for a variety of communicable diseases.
- Designed and developed new surveillance systems for multiple communicable diseases including influenza.
- Assisted with the implementation of a new notifiable conditions database.

Education and Certifications

M.D.

UCLA School of Medicine

B.A., Human Biology

Stanford University

Kathy holds an active Physician and Surgeon License in Washington State and completed the CDC's Epidemic Intelligence Service Program in 2004.

MEGAN FLOYD, HEALTH BI CONSULTANT

By combining her master's concentration in Business Intelligence and Analytics and undergraduate degree in Public Health, Megan has been able to support clients in decision-making and in providing valuable information to the communities they serve.

Relevant Experience

COVID-19 RESPONSE | *Indiana Department of Health*

- Gathered and consolidated information to provide insights into Indiana's COVID-19 data.
- Designed, developed, and maintained data visualizations that educated, informed, and engaged executive leadership partners on key COVID-19 metrics.



- Designed and developed widely used public COVID-19 dashboards.

INDIANA 211 | *Indiana Family and Social Services Administration*

- Conducted requirements gathering sessions to understand business and public needs for data transparency and visualizations.
- Identified and cleansed appropriate data to be used in the IN211 public dashboard.
- Developed public Tableau dashboard to display FSSA’s Indiana 211 Data.

FSSA DATA LITERACY | *Indiana Family and Social Services Administration*

- Prepared and conducted large data literacy training as well as individual training sessions for FSSA’s Introduction to Data Literacy Program.

DATA-DRIVEN ADDICTION PREVENTION & RECOVERY | *Indiana Management Performance Hub*

- Facilitated and documented requirements gathering sessions to understand project needs and key outcomes.
- Identified and organized requirements into meaningful information to be presented to stakeholders.
- Designed and developed an internal Tableau dashboard to help track tasks and a manage information being gathered for the DDAPR Project.

Education and Certifications

M.S. Information Systems

Indiana University, Kelley School of Business

B.S. Healthcare Management & Policy

Indiana University, School of Public and Environmental Affairs

Tableau Certified Data Analyst

ADDITIONAL RESULTANT SUPPORT

In additional to the key personnel listed above, Resultant staff are supported by knowledgeable practice teams that may formally or informally serve as advisors to ensure the best outcomes for our clients. We have included some additional staff qualifications whose experience may be drawn on to inform this project in Section 7.0 Supplemental Documentation.

RESULTANT’S OVERALL EXPERIENCE (B3)

Resultant has more than a decade of experience providing hundreds of dashboards for public and private sector clients in more than six states including Indiana, Colorado, Georgia, Ohio, Texas, and Vermont. We have included some relevant corporate projects below related to health outcomes dashboards. We also included a public safety dashboard for a local government that had a significant impact on community transparency and allowed public officials to make program and policy decisions.



Upon request, Resultant can also provide numerous examples of projects related to health data science and health data analytics.

INDIANA DEPARTMENT OF HEALTH – DATA VISUALIZATIONS AND DASHBOARDS (2020 – PRESENT)

The Indiana Department of Health needed data to respond to the COVID-19 pandemic. They lacked transparent reporting for both directly affected state residents and state officials required reliable information to make decisions.

Resultant developed a set of Tableau-based Data Visualizations and Dashboards to accurately collect and track COVID-19 data including COVID-19 case, contact tracing, and vaccine data. This included internal and public-facing data dashboards which served the needs of the public, hospitals, first responders, and state decision-makers. As of May 2022, these dashboards had been accessed more than 10.6 million times. Since initial publication, Resultant has managed the maintenance and enhancements of the dashboards.

To support this level of utilization, Resultant established a COVID-19 BI team and governance process to respond to questions, concerns, and requests. As new requests are received, they are prioritized as low, medium, or high priority within a backlog. Any request that requires a business logic change or new dashboard development is presented at a weekly meeting with the client for approval. Additionally, Resultant works closely with the State of Indiana’s Tableau Server administrators and web team to prepare for interruptions due to holidays, planned server maintenance, and/or delays in data.

Publicly available dashboards (5) linked here: [Novel Coronavirus \(COVID-19\): COVID-19 Data Dashboards \(in.gov\)](#)

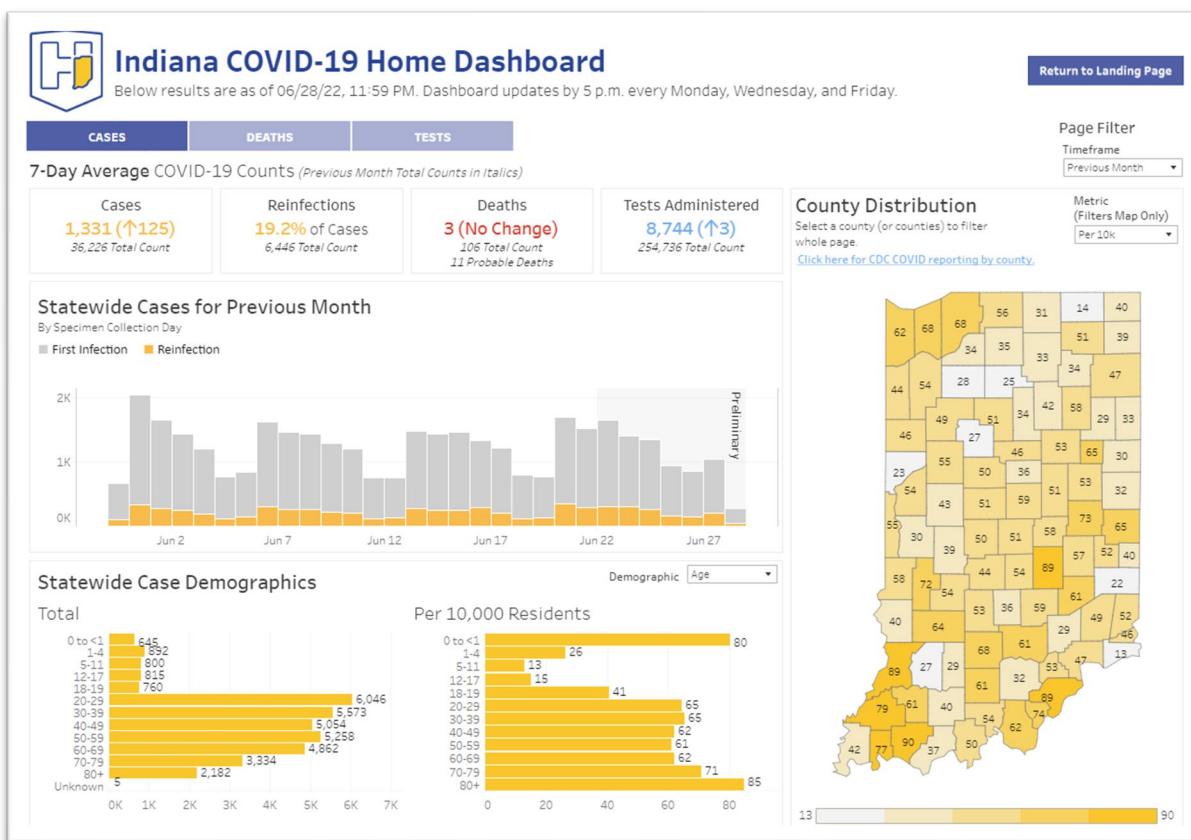


Figure 3: Screenshot of IN COVID Dashboard

INDIANA FAMILY OF SOCIAL SERVICES ADMINISTRATION (FSSA) – INDIANA 211 DATA DASHBOARD (2020-2021)

Indiana 211 is a free, confidential service that connects people in Indiana to local health and human services they may need such as food pantries, homeless shelters, and utility payment assistance. Formerly, Indiana 211 operated independently as a non-profit. In 2020, Indiana 211 was adopted by the Family of Social Services Administration (FSSA).

During FSSA's adoption of Indiana 211, they received more ad hoc reporting requests from the public than they could not handle. FSSA hired Resultant to make the Indiana 211 data accessible to the public and meet these requests. To do this, Resultant created a data pipeline and developed a publicly available Tableau dashboard to analyze and expose the data on 211's website for public use. The Indiana 211 dashboard not only reduced ad hoc reporting requests, but also allows FSSA to better understand the unmet needs of their callers and inform funding decisions.



Publicly available dashboard linked here: <https://in211.communityos.org/datadashboard>

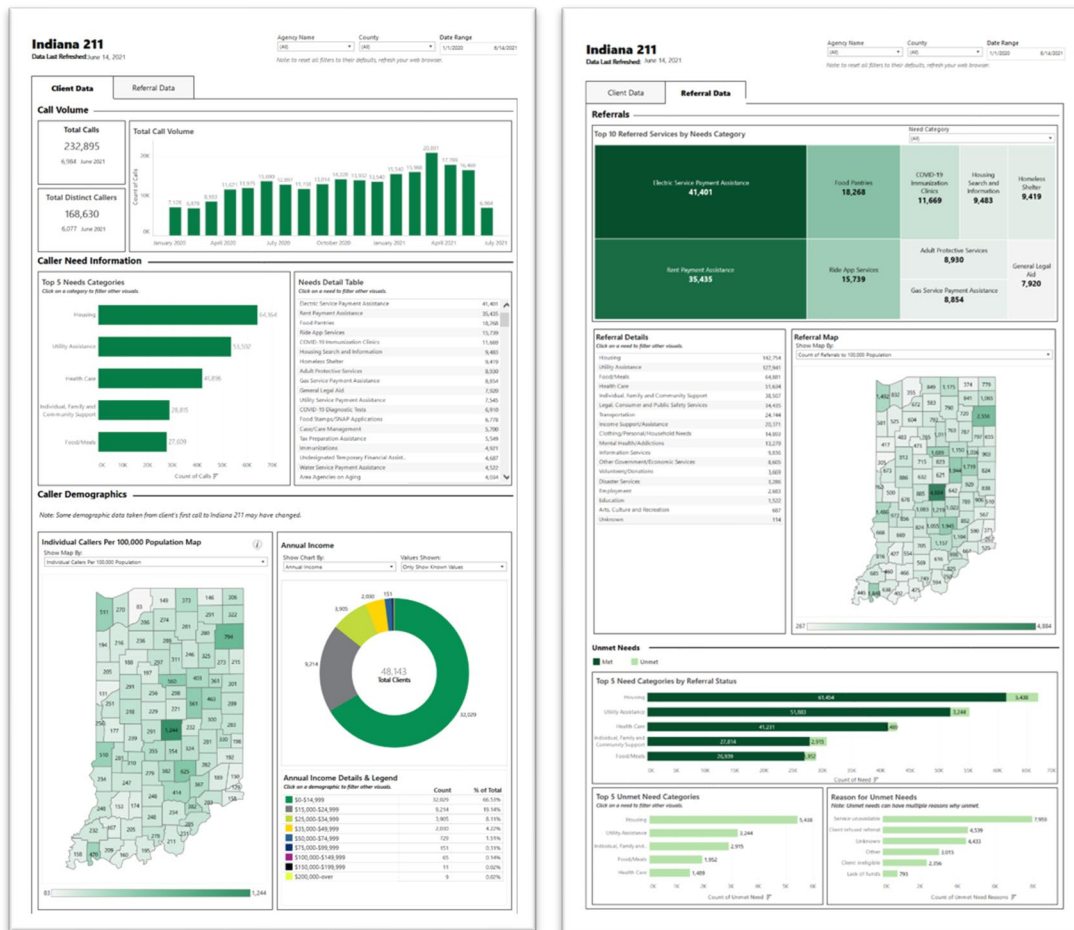


Figure 4: Screenshot of IN 211 Dashboard

INDIANA FAMILY OF SOCIAL SERVICES ADMINISTRATION (FSSA) – BEHAVIORAL HEALTH GAP ANALYSIS DASHBOARD (2021)

Resultant worked with the FSSA’s Division of Mental Health and Addiction (DMHA) on a Behavioral Health Gap Analysis to provide a statewide view of unmet service needs and gaps in behavioral health treatment. Alongside an extensive written report, the dashboard was developed to provide an interactive and ongoing way to identify gaps in prevention and early intervention, treatment, and recovery services.

Our team helped develop a solution that included data and information that are available through the Indiana’s Management Performance Hub (MPH), Professional Licensing Agency (PLA), Indiana Department of Health and other agencies including State Epidemiological work, as well as SAMHSA’s data sets. These data sets include but are not limited to, the National Survey on Drug Use and Health, the Treatment Episode Data Set (TEDS), the National Facilities Survey on Drug Abuse and Mental Health Services, the annual State and National Behavioral Health Barometers, and the Uniform Reporting System (URS). In addition to in-state data, SAMHSA has identified



several other data sets that are available through various federal agencies, CMS, the Agency of Healthcare Research and Quality (AHRQ), and others. Our team's experience with surveying target populations and utilizing less mature data sets like electronic health record systems added additional value for meeting DMHA needs.

The dashboard utilized both publicly available census data and internal state data. The dashboard was created using Tableau and is hosted in a secure Tableau server.

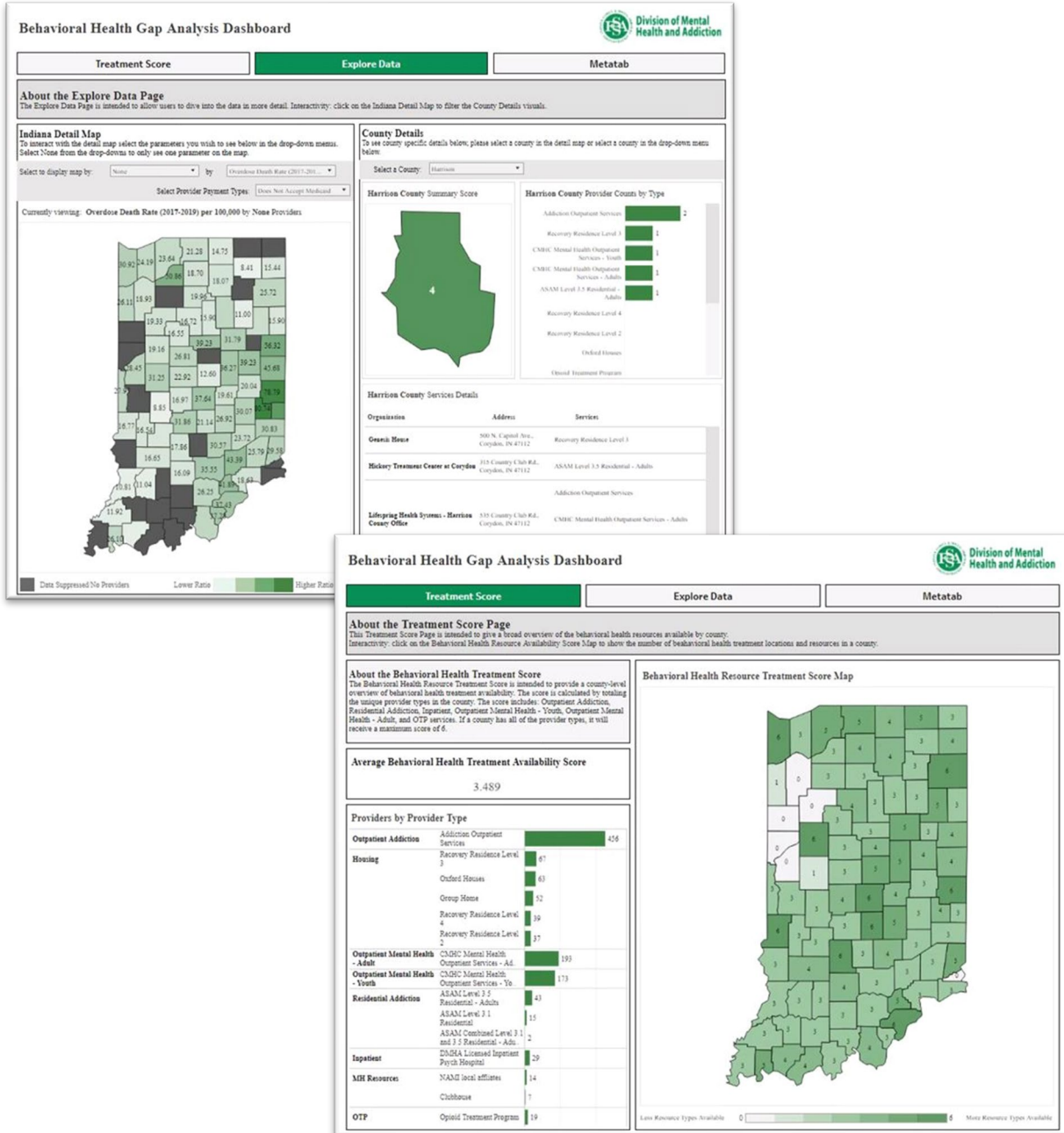


Figure 5: Screenshots of DMHA Gap Analysis Dashboard



CARMEL POLICE DEPARTMENT – TRAFFIC STOP DASHBOARD AND DATA TRANSPARENCY PROJECT

Our work has also focused on the municipal level. Resultant partnered with the Carmel Police Department (PD) to support the city’s on-going effort to ensure data transparency and accessibility to the public. Like public health, our client felt that today, more than ever, police departments need to be more transparent and open to the communities they serve.

The Traffic Stop Dashboard was created to allow citizens to view statistics on traffic stops made by Carmel PD officers, as well as the number of warnings and citations written. Additionally, the dashboard enables the user to filter the traffic stop information using any combination of several categories, such as Type of Stop, Driver Race, Driver Gender, Driver Age Range, and Violation Type. To drive to the solution, Resultant initiated listening sessions with diverse stakeholders and developed an internal and external data dashboard. Internally, it was important to understand how data drives decisions of the staff, therefore workshops were conducted with patrol officers, mid-level supervisors, and command level supervisors. Externally, Resultant conducted workshops with diverse members of the community to understand what public facing data was important to them. In addition, the dashboard was developed iteratively with the community that provided valuable feedback to fine tune the finished product.

We imagine that this is in some ways analogous to the need to display CHA and CHIP information so the public can understand health trends and efforts being taken to address those trends.

<https://carmel.in.gov/government/departments-services/police/research-reports-demographics/>

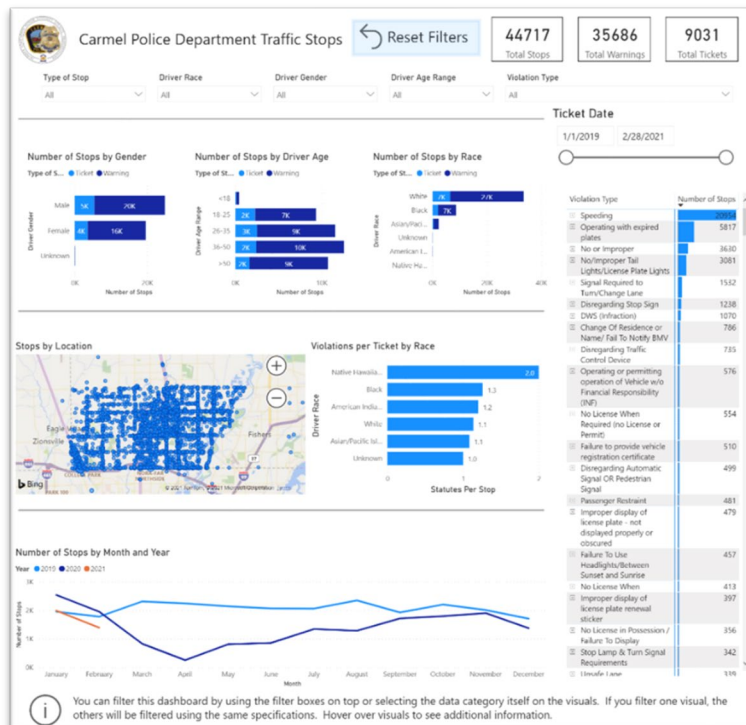


Figure 6: Screenshot of Carmel Police Department Dashboard



HOW RESULTANT WILL HELP MEET THE COUNTY'S OBJECTIVE (B4)

Resultant will collaborate with DHHS – Public Health to develop a list of core community health and quality of life indicators and establish a web-hosted data dashboard that houses all chosen community health indicators on one website with the ability to search and filter by geography, topic, and subpopulation groups (race/ethnicity, age, and gender) when data are available.

The dashboard can also contain a high-level summary of the community health assessment (CHA) and community health improvement plan (CHIP) with links to a document with the full CHA and CHIP. This summary will be designed with the user experience in mind. It will contain narrative to provide the public user with context to the data. In addition, the dashboard will be designed so the public can interact with the data through filters, data drill-down, and cross highlighting capabilities. Throughout the project, Resultant will provide training to DHHS – Public Health staff so that the county will be able to update and support the web-based platform in the future.

Once the indicators are chosen and the dashboard is implemented, DHHS – Public Health, other county agencies, and the public will be able to better understand the current health status and behaviors of their community, understand differences in health among various groups of people within the community, set strategic priorities, develop appropriate public health policies and programs, evaluate these programs and policies, and allocate resources most effectively to improve the health of their residents.

The following section provides more details around how these objectives will be achieved.

5.0 PROJECT DESCRIPTION

A. Description of Services

PROVISION OF COMMUNITY HEALTH DASHBOARD HOSTING AND MAINTENANCE SERVICES

RESULTANT METHOD OVERVIEW

Resultant believes that technology solutions must complement the business objectives and processes of the individuals we serve. Resultant distinguishes our dashboard and development approach from most other technology providers by our focus on client outcomes and use of human-centered design. As many of our clients are public sector agencies, a project’s ultimate outcome often directly impacts the lives of citizens.

Elements of human-centered design can and should be considered for projects large and small, complex and simple, profoundly human or deeply technical. Whether working closely with the families navigating the complexities of early childcare education benefits or working with the technologists behind the scenes to connect disparate data systems across state agencies—involving human-centered design is critical.

This outcomes-centered approach recognizes that moving the needle on government initiatives for public benefit cannot be a siloed endeavor but must involve a rich ecosystem of public and private partners, stakeholders, program beneficiaries, and the public.



Figure 7: Design Thinking Methodology

The process for designing an effective dashboard or data visualization starts with thoughtful planning. At Resultant, this most often begins with requirements gathering discovery. Requirements gathering is a process of dissection and refinement of large goals into small individually verifiable elements. “Requirements” refers to written documentation describing what the new system needs to do so developers understand your needs. The goal of requirements documentation is to create shared understanding that is both documented and verifiable. The requirements should only be as specific as necessary to define the boundaries of the solution. Requirements that are overly vague will lead to ineffective solutions that fail to achieve the project goals and objectives.



Resultant’s approach to gathering requirements is deeply rooted in one of our core values: empathy. We want to deeply understand the needs and context of your business both wide across your business lines, and deep to end uses. All requirements gathered should have a corresponding business case documented.

Project Timeline

Resultant proposes a three-phase project to go live that consists of 1) Discovery, 2) Dashboard Development, and 3) UAT, Deployment, and Training. These phases should take about 10 weeks to complete, and the dashboard will then be live. Following go-live, Resultant will continue to be a partner to DHHS – Public Health and provide a bucket of maintenance and support hours through the end of the year (phase 4).

	WEEKS 1–2	WEEKS 3–4	WEEKS 5–6	WEEKS 7–8	WEEKS 9–10	WEEKS 11–52
PHASE 1	Discovery					
PHASE 2		Dashboard Development				
PHASE 3				UAT, Deployment, Training		
PHASE 4						Support & Maintenance

COMMUNITY HEALTH DASHBOARD PLATFORM

Dashboard Development Process

- 1. Requirement Gathering/Discovery** – Resultant will initially perform in-depth information gathering with our client to understand the county’s needs and define requirements. This phase may take many forms including interviews and focus groups and process and document review. We will talk with you about the current data sources you use for your community health assessment, the health priorities of your community, and your needs as a community. We will also review your current CHA and CHIP, the California State Health Assessment, and Improvement Plan along with dashboards from other public health agencies around the county and data sources not currently in use by DHHS – Public Health.
- 2. Identify Metrics and Indicators** – The ability to assess the health of your community and identify trends in and risk factors for disease is key to identifying



strategic priorities and developing a plan to improve the health of your community. Publicly displaying these data will help your residents better understand the health challenges in the community and engage them in health initiatives. Based on information gathered during the discovery phase, Resultant will compile a draft list of community health indicators with a description of the data (metadata) and its source. Indicators will generally fall into five categories. These five categories with examples of indicators are listed in the following table.

CATEGORY	EXAMPLE
Social Determinants of Health	% Residents by highest level of education received % Residents living at or below the federal poverty level
Health Outcomes	Life expectancy Rate of deaths due to heart disease % 10th graders reporting depressive feelings
Health Behaviors	% Residents using tobacco or vapor products % 10th graders meeting physical activity recommendations
Healthcare Access and Preventive Care	% Residents with health insurance coverage % Adults with a healthcare provider
Physical and Built Environment	Average PM2.5 concentrations

When possible, indicators will be displayed using maps to understand the geographic differences for the indicator and time series graphs to understand changes in the indicator over time. Indicators will also be stratified by age, gender, race/ethnicity, income, and education, if possible, to understand the impact of the social determinants of health on the indicators. Humboldt County indicators will be compared to state and national values to understand how the health issues in the county compare to the state and nation averages.

After the draft list of indicators is compiled, Resultant will work collaboratively with the DHHS – Public Health to select metrics and indicators for the dashboard based on their requirements and the information gathered during the discovery phase. To keep the project within budget, the number of data sources selected for metrics will be limited to approximately 5-10.

- 3. Wireframe the dashboard** – Resultant will develop a draft design of the dashboard and its visualizations (for example, maps, graphs, and charts) to understand the look and feel of the solution. The wireframes will be presented to stakeholders for feedback to incorporate into the dashboard.



4. **Develop a Minimum Viable Product (MVP)** – The MVP provides greater functionality than the wireframe design to present enough features for feedback and iteration by the stakeholder. Branding and design will be more finalized at this step. Resultant will present the MVP to stakeholders for feedback to incorporate into the dashboard.
5. **Transition MVP into a Fully Functional Dashboard** – Once all feedback is incorporated into the dashboard, the dashboard will move from MVP to a fully functional dashboard.
6. **User Acceptance Testing** – Resultant will guide user acceptance testing (UAT) with DHHS – Public Health staff to determine if all requirements are met by the solution. If unfulfilled requirements or issues are discovered during UAT, these will be addressed, and the dashboard will be re-tested by users.
7. **Deployment to Production Website** – Once the dashboard passes UAT and is approved, the finalized version of the dashboard will be published to Tableau Public and an embed code will be provided to DHHS – Public Health staff to embed on their existing website. Resultant will provide embedding support.
8. **Official Handoff and User Training** – Resultant will provide documentation and hands-on training for DHHS Staff on how to use, update, and maintain the dashboard through dashboard refreshes and minor visual level update abilities.

GOAL ALIGNMENT AND TRACKING CAPABILITIES

The most current CHA and CHIP documents will be incorporated into the website with the dashboard so that Humboldt County residents who wish to explore the data on the dashboard will also have easy access to the full CHA and CHIP and will be able to see how the priority health problems in the community are being addressed. The dashboard can also house indicators that measure progress in the community health improvement plan. The availability of community health data, the community health improvement plan, and indicators showing progress on the improvement plan will hopefully inspire members of the community to participate in health-related initiatives.

DATA MANAGEMENT

As mentioned above, Resultant will initially create a draft list of potential community health indicators then work with DHHS - Public Health staff to select a final list of indicators for the dashboard. The final list of indicators for the dashboard will include a description of each indicator, its data source information including date of collection, state or national data comparisons, and any data transformations, aggregations, or calculations performed on the data source. Dashboard refreshes will be a manual process that Resultant will document and train DHHS – Public Health staff to perform. If desired, data refreshes may be performed by Resultant for the remainder of the contract by using budgeted support hours. All data management documentation will be included in the dashboard handoff documentation provided to DHHS - Public Health staff.



WEB-HOSTING CAPABILITY

The dashboard is to be hosted using the current Tableau Public infrastructure observed on the county's website. The dashboard will be hosted for no additional cost on the Tableau Public website and an embed code will be provided to the county to embed directly on the county's website. This embed code will be configured to allow the public to download the underlying data in CSV format. Utilizing Tableau Public will be a cost-saving measure by not requiring the purchase nor maintenance of Tableau licenses or servers.

Below is an example of Tableau Public dashboard developed by Resultant and embedded onto existing client website: <https://www.in.gov/fssa/carefinder/on-my-way-pre-k/on-my-way-pre-k-county-grant-enrollment/>

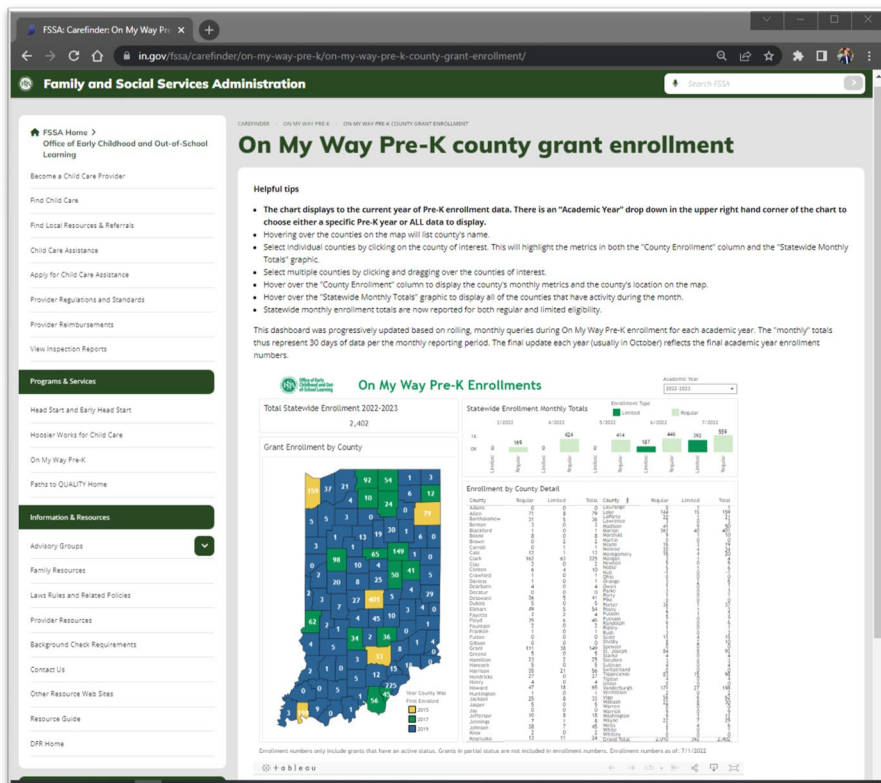


Figure 8: Example of Embedded Dashboard



WEB DESIGN AND CUSTOM BRANDING SUPPORT

Resultant will work with the county to follow its branding guidelines and ensure the dashboard matches the website it will be embedded in. The dashboard will contain data visuals, narratives, logos, pictures, and interactive capabilities as the county sees fit.

If DHHS – Public Health is seeking a more “creative” web design solution, Resultant has more than five years of experience creating custom landing sites for public and private sector clients using WordPress. We believe the best value for DHHS – Public Health is to embed the dashboard on the county website as described in the previous section; however, a landing page could be scoped separately at an additional cost not reflected in this proposal.

SITE ADMINISTRATOR TRAINING AND CUSTOMER SUPPORT SERVICES

Once dashboard development is completed, Resultant will provide training for DHHS—Public Health Staff to upload local data and maintain/administer the dashboard. This training will be provided through 1-2 training sessions, a video walkthrough of dashboard refresh and update steps, and handoff documentation.

In addition, Resultant will allocate 16 hours of Business Intelligence work for continued support and maintenance services as requested by the client after dashboard handoff has been completed. These hours may be used for items such as additional training, data refresh tasks, or small changes to the dashboard.

PROGRAM DEVELOPMENT AND COORDINATION

Due to the complexity of many technology projects, excellent communication, collaboration, and planning across all parties on the project, including Resultant, the client, and other stakeholders, are critical to the project’s success. The primary goals of communication and collaboration are to obtain regular input from the client throughout the project and ensure all stakeholders have a clear understanding of project health. Transparent, regular communication and collaboration are the foundation for realization of the strategic objectives of a project.

As stated above, Resultant will work closely with DHHS – Public Health to plan, develop, and finalize the dashboards. We anticipate that meetings will initially occur on a weekly basis at a minimum until the dashboards are launched. In between these scheduled meetings, Resultant will be available to respond to ad hoc questions and concerns. After launch, Resultant will continue to be available to support DHHS - Public Health.

B. Quality Assurance Capabilities

RESULTANT’S UNDERSTANDING OF REQUIREMENTS, CHALLENGES, AND POTENTIAL HURDLES (B1)

Resultant will collaborate with DHHS – Public Health to develop a list of core community health indicators and create a data dashboard that houses all chosen community health



indicators on the county website with the ability to search and filter by geography, topic, and subpopulation groups (race/ethnicity, age, and gender) when data are available. The public will be able to export the data from the dashboards into a .csv file. We will train the staff at DHHS – Public Health to upload the data and make changes to the dashboards so they will be able to sustain the dashboards beyond the life of the project. DHHS—Public Health will also be able to provide a high-level summary of the community health assessment (CHA) and community health improvement plan (CHIP) and/or links to the full CHA and CHIP documents on the website with the dashboard.

One challenge we may encounter with the Humboldt County project is finding appropriate data sources given the small population of Humboldt County. Data from state and national surveys may have small sample sizes from Humboldt County and, therefore, large confidence intervals. Since the population of Humboldt County is relatively small, we will also need to be careful about maintaining confidentiality of residents.

RESULTANT SPECIFIC MANAGEMENT STRATEGIES (B2)

Every Resultant project has a Project Management Plan. Our Project Management Plan builds on the Project Management Body of Knowledge (PMBOK) from the Project Management Institute (PMI). This framework serves organizations as diverse as Fortune 500 companies to small start-ups by focusing on integration, scope management, time management, cost management, resource management, communications planning, and risk management. We make sure that the key principles are right-sized based on the needs of the organization, and type, size, and lifecycle of the project.

Utilizing these methodologies and toolsets as a foundation, Resultant's overall project management approach is designed to complete projects in a collaborative, comprehensive, transparent, and agency-supportive manner. Every engagement begins with a kickoff meeting and alignment on communications and workplans. Resultant employs a variety of techniques to ensure we are constantly driving projects to successful completion in a manner aligned with agency objectives. Emphasis is put on open communication, including team collaboration combined with expert project management techniques and execution.

For Humboldt County, we recognize that all participants in a project need to know what they are trying to achieve, how they make decisions, and when to communicate key project information. We accomplish this by clearly identifying participants (vendors, internal staff, the public), setting goals together, and then providing participants with enough detail to help them understand the status of the project and complete their components of the work. We will support this effort by synthesizing participant needs to prepare dashboard mock-ups that can be the basis of joint decision making. When changes need to be made, we will use a process to manage changes so all participants are involved and have a say and so changes are impactful and not duplicative.



With COVID-19 and its impact on face-to-face collaboration, our project management teams have gained experience successfully managing projects remotely. We have had considerable experience since the start of the pandemic in facilitating many types of collaboration and information gathering sessions, and leverage technologies such as miro.com to provide (virtual) hand-on experiences, to efficiently manage everyone's time.

RESULTANT AVAILABILITY AND COMMUNICATION (B3)

One of Resultant's core values is thoughtful collaboration. Rather than collecting information and independently working on the problem, we strongly prefer to work in close collaboration with our clients throughout the project. We fundamentally believe that better ideas, better solutions, and better outcomes arise from collaboration and that diversity of thought, background, and expertise will always drive better results. Working closely with clients on public health projects is particularly important because our clients know their community best.

At the start of the project, Resultant will propose a work plan that includes regular planning and coordination meetings at a frequency agreed upon by Resultant and DHHS – Public Health. We anticipate that meetings will initially occur on a weekly basis at a minimum until the dashboards are launched. In between these scheduled meetings, Resultant will be available to respond to ad hoc questions and concerns. After launch, Resultant will continue to be available to support DHHS—Public Health.



6.0 COST PROPOSAL

ATTACHMENT B – COST PROPOSAL FORM

A. Personnel Costs

<p>Title: Senior Public Health Consultant Salary Calculation: \$227.50/hour Duties Description: Provides engagement management and acts as liaison between the client and Resultant; advises on community health indicators; ensures the technical solution is meeting the public health needs and requirements of the client; advises on the design and functionality of dashboards from a user perspective</p>	\$9,100.00
<p>Title: BI Developer Salary Calculation: \$180/hour Duties Description: Develops draft visualizations in the form of wireframes to receive design and functionality feedback; Metric calculation development; Iterative dashboard development; Dashboard testing to ensure requirements are met; Deployment of the dashboard on the public website; Training and handoff to client staff, and follow up maintenance and support</p>	\$17,6400.00
<p>Title: Data Analyst Salary Calculation: \$190/hour Duties Description: Facilitates requirements gathering meetings; supports analysis by Health SME; Defines dashboard requirements; Gathers data sources; Prepares solution documentation; Creates and submits deliverables</p>	\$9,500.00
<p>Title: Project Coordinator Salary Calculation: \$145/hour Duties Description: Prioritizes and schedules the team activities; coordinates efforts between Resultant, the client, and any stakeholders</p>	\$2,900.00
<p>Title: Technical Writer Salary Calculation: \$185/hour Duties Description: Creates, edits, and formats deliverables to ensure accuracy, consistency, and clarity; supports the creation of training materials</p>	\$3,700.00
Total Personnel Costs:	\$44,002.50



B. Operational Costs	
Item: N/A Description: N/A	\$0.00
Total Operational Costs:	\$0.00
C. Consumables/Supplies	
Item: N/A Description: N/A	\$0.00
Total Consumables/Supplies:	\$0.00
D. Transportation/Travel	
Item: N/A Description: N/A	\$0.00
Total Transportation/Travel:	\$0.00
E. Other Costs	
Item: N/A Description: N/A	\$0.00
Total Other Costs:	\$0.00
TOTAL:	\$44,002.50

We developed these cost and time estimates based on Resultant’s experience with projects of similar size and scope. Our recommendations for tools and estimated level of effort represent what we believe is the best value for the County’s budget. We are flexible in our approach, and willing to adjust our scope and cost estimations collaboratively with the DHHS – Public Health.

The cost for the project does not require any material costs, like software or hardware. Development will be completed on Resultant hardware using data extracts provided by the county, as well as publicly available data sources gathered by Resultant. The dashboard will utilize free tools like Tableau Public for development and hosting. Due to these factors, costs are based solely on estimated time required by project personnel. The phase breakdown of cost considerations is below.



The initial discovery phase (2 weeks) cost considerations include time for requirements gathering, public data source research and gathering, and metric definition development. The estimate includes time for discovery sessions between Resultant and DHHS – Public Health staff.

The dashboard development phase (5 weeks) is typically very iterative and collaborative. As a result, this phase is the longest and most costly of the project. Cost considerations include time for design and wireframe development, metrics calculations development, data cleansing, interactive visualization development, data validation, and analysis narrative creation. This phase has budgeted for regular feedback sessions with DHHS – Public Health staff to reduce the number of changes required in the final project phase.

The third phase (3 weeks) allows time for Resultant to conduct user acceptance testing, facilitate deployment to the website, develop hand-off documentation, and provide user training sessions and materials. This phase budgets time for feedback from user acceptance testing to be implemented into the dashboard and re-tested prior to production deployment.

The support phase (2 hours/month) provides on-going Resultant support after the dashboard is deployed. Hours were budgeted to allow time for minor developments and maintenance. Examples of this include dashboard refreshes, small dashboard updates, or technical troubleshooting for the dashboard. These support hours are designed to be flexible to address needs as they arise.



7.0 SUPPLEMENTAL DOCUMENTATION

Resultant Deliverable Approval Protocol

Resultant will provide deliverables in electronic form using appropriate tools as mutually agreed upon with DHHS – Public Health such as email, Microsoft Teams, or SharePoint. Deliverables will require formal review and approval from DHHS – Public Health. When Resultant formally provides a draft of a deliverable, DHHS – Public Health will have seven (7) days to review and provide feedback. Resultant will incorporate DHHS – Public Health feedback into a final deliverable within seven (7) days of receiving feedback. Resultant will provide up to two rounds of review and feedback. DHHS – Public Health will provide written approval no later than seven (7) days after receipt of final deliverable. This effort will require iterative approvals, primarily from assigned DHHS – Public Health Product Owners or Executive Sponsors. If these are delayed or declined, the effort and timeline will be affected.

Resultant Project Assumptions

- The priorities and schedules of DHHS – Public Health and other State agencies with associated resources are aligned with this effort. Iterative and collaborative projects by nature are immediately at risk to resource constraints. Appropriate resource availability is a known project risk.
- This project will depend significantly upon the stakeholders and subject matter experts within DHHS – Public Health, and the ability for team members to have reasonable and prompt access to stakeholders, data resources, DHHS – Public Health staff, and third-party vendor staff as applicable.
- DHHS – Public Health will make one Executive Sponsor available for this Statement of Work. The Executive Sponsor will have the authority to make and approve final decisions as they pertain to the data sharing platform.
- The priorities and schedules of DHHS – Public Health and other project-based third-party resources are aligned with this effort. Delays in resources from the client, or from other third-party vendors associated with this work, will delay project efforts.
- All Data Sharing Agreements (DSAs) required to exchange data between and amongst government agencies, Resultant, and any necessary third parties will be executed by the start of the project without impact to timeline.
- Resultant team members and DHHS – Public Health team members are not required to be onsite at DHHS – Public Health locations for any meetings or work performed.
- DHHS – Public Health will provide working papers and project documentation requested by Resultant within a timely manner (typically 2-3 business days) to support the project.
- This engagement will not lead to Resultant providing legal advice, legal opinion, or attestation of the state of security within the environment.



- Budget and new agency legislative and/or policy decisions may affect this plan. If significant changes occur, the timeline and effort could be affected.

Additional Staff Qualifications

Clair Knable, BI Consultant

A passionate problem-solver, Clair strives to understand every facet of a client to build a customized and valuable solution. Clair firmly believes in the value of data-driven decision-making and is committed to making complex concepts and robust analysis accessible to all.

Relevant Experience

COVID Support & Transformation | Indiana State Department of Health

- Provides on-going support with the state to assist with ad hoc internal requests for state decision-making.
- Develops informative Tableau dashboards for public consumption.

DMHA Gap Analysis | Indiana FSSA Division of Health and Addiction

- Discovery and analysis of existing gaps between state services and needs regarding mental health and addiction.
- Sourcing and aggregation of robust datasets.

Education and Certifications

- Tableau Desktop Associate Certification
- B.S. Applied Statistics, Purdue University
- B.S. Mathematics, Purdue University

Amrutha Pulikottil, Data Science Manager

With 7 years of experience, Amrutha works with clients to transform data into insight. She has experience working in multiple industries including Technology, Healthcare, and Education. Her recent work focuses on public health; notably melding clinical and socioeconomic data together to paint a holistic picture of patient and population health. In 2021, she was recognized by TechPoint for her contributions to research and development in Indiana. Experienced in a wide range of statistical software including SPSS, Knime, Pentaho, Python, SQL and Pyspark.

Relevant Experience

COVID Emergency Response Team *State Department of Health*

- Developed a geospatial model to forecast COVID-19 cases and hospitalizations in each public health region.
- Forecasted vaccination demand and supply for counties for resource allocation and planning.
- Analyzed socioeconomic data sources to profile public health regions, and their vaccination and COVID-19 case rates.



- Assessed data quality of vaccination records and vaccine usage at the facility level.
- Visualized case and vaccination data to assess health inequities by race, gender, and region.

Social Determinants of Health *Commercial Healthcare Provider Network*

- Curated data sources within the agency and through partnerships on social determinants of health.
- Built predictive models that combined socioeconomic and clinical data to (A) identify patients at risk of developing congestive heart failure (B) identify patients at risk of readmission after an initial diagnosis of congestive heart failure.
- Analyzed the social and clinical factors of infant mortality using 5+ years of patient records to identify key determinants of an adverse event in a year, and produce a survival score at the patient level to help practitioners prioritize patient care.

Survey and Experiment Design *Walker Information*

- Designed surveys to collect data on customer loyalty and employee satisfaction.
- Analyzed survey and financial data for enterprise level clients including Dell-EMC, Sysco Foods, and TSMC.
- Modernized the analysis of unstructured data for the company by creating a rule-based training data set using historical data to feed an ML algorithm, reducing classification time and improving accuracy.

Data Integration *Springbuk*

- Created ETL migration plans for all clients, developing subject matter expertise of medical claims data.
- Managed data ingestion during software releases resolving incidents as needed.
- Wrote Python and SQL scripts to automate quality checks and transformations.

Education and Certifications

- M.A. Public Administration, Ball State University
- B.A. Political Science- Economics, Minor: Peace and Conflict Transformation, Anderson University



8.0 REFERENCES

Resultant has provided two clients references from government agencies on **Attachment C – Reference Data Sheet.**

Intentionally left blank

REQUEST FOR PROPOSALS NO. DHHS2022-04
Community Health Data Dashboard
ATTACHMENT C – REFERENCE DATA SHEET
(Submit with Proposal)

REFERENCE DATA SHEET	
Provide a minimum of two (2) references with name, address, contact person and telephone number whose scope of business or services is similar to those of Humboldt County (preferably in California). Previous business with the Humboldt County does not qualify.	
NAME OF AGENCY:	Indiana Department of Health
STREET ADDRESS:	2 N. Meridian St
CITY, STATE, ZIP:	Indianapolis, IN, 46204
CONTACT PERSON:	Robert (Bob) Davis, Chief Data Officer
	EMAIL: RoDavis@isdh.IN.gov
PHONE #:	317-233-8378
	FAX #: N/A
Department Name:	Office of Data and Analytics
Approximate County (Agency) Population:	~820
Number of Departments:	48
General Description of Scope of Work:	Tableau-based Data Visualizations and Dashboards to collect and track COVID-19 data including cases, contact tracing, and vaccines. This included internal and public-facing data dashboards which served the needs of the public, hospitals, first responders, and state decision-makers.
NAME OF AGENCY:	Indiana Family and Social Services Administration
STREET ADDRESS:	402 West Washington Street MS 25 W461 IGCS
CITY, STATE, ZIP:	Indianapolis, IN 46207
CONTACT PERSON:	Tim McFarlane, Chief Data Officer
	EMAIL: Timothy.McFarlane@fssa.in.gov
PHONE #:	317-416-8390
	FAX #: N/A
Department Name:	Office of Data and Analytics
Approximate County (Agency) Population:	~4000
Number of Departments:	12
General Description of Scope of Work:	Resultant includes two similar projects from FSSA in the proposal: DMHA Gap Analysis and Indiana 211. Resultant provided dashboard visualizations in order to understand department resources, outcomes, and other health data.
Applicant Tracking System Implementation Date:	Resultant Note: This field looks to be a typo based on the other two templates

NAME OF AGENCY:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
CONTACT PERSON:		EMAIL:
PHONE #:		FAX #:
Department Name:		
Approximate County (Agency) Population:		
Number of Departments:		
General Description of Scope of Work:		



9.0 EVIDENCE OF INSURABILITY AND BUSINESS LICENSURE

Resultant understands we must have the required insurance, licenses, and certifications for this project. As evidence of eligibility, we have included our Certificate of Insurance.

		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 6/7/2022		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER Vanbridge, an EPIC company 1140 Avenue of Americas, 8th Floor New York, NY 10036			CONTACT NAME: Jennifer Gossweiler PHONE (A/C, No, Ext): E-MAIL ADDRESS: jgossweiler@vanbridge.com INSURER(S) AFFORDING COVERAGE NAIC #			
INSURED Resultant, LLC, RCKC Acquisitions, LLC, Tempus Nova, LLC, Teknion Data Solutions, LTD 111 Monument Circle STE 202 Indianapolis IN 46204			INSURER A: Twin City Fire Insurance Company 29459 INSURER B: Trumbull Insurance Company 27120 INSURER C: The Hanover Insurance Company 22292 INSURER D: INSURER E: INSURER F:			
COVERAGES		CERTIFICATE NUMBER: 68642048		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		02 SBA AC9624	3/29/2022	3/29/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY		02 SBA AC9624	3/29/2022	3/29/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		02 SBA AC9624	3/29/2022	3/29/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	02 WEC AK5TEH	3/29/2022	3/29/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
CERTIFICATE HOLDER			CANCELLATION			
For Informational Purposes Only			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
			AUTHORIZED REPRESENTATIVE Philip Moyles			
© 1988-2015 ACORD CORPORATION. All rights reserved.						
ACORD 25 (2016/03)		The ACORD name and logo are registered marks of ACORD				
68642048 22/23 P&C Master Certificate Jennifer Gossweiler 6/7/2022 7:08:27 PM (EDT) Page 1 of 1						



10.0 EXCEPTIONS, OBJECTIONS AND REQUESTED CHANGES

Assumptions

Resultant assumes that County will only give Resultant access to PII and other protected data as necessary to fulfill the obligations under the contract. Resultant assumes that all County data will remain in the possession of the County and be stored, hosted, and maintained in the County's systems. If the parties agree that it becomes necessary for Resultant to store, host, maintain, or otherwise possess County data for completion of the scope, then the parties will negotiate and agree to applicable data protection measures.

Resultant would like to negotiate full contract terms including intellectual property, indemnification and liability, insurance, deliverable acceptance, termination, breach and dispute resolution, IT and data protection and security terms, and warranties appropriate for the nature of this work.

Resultant is a registered trademark. Resultant shall retain all right, title, and interest in its marks and intellectual property.

Resultant would like to discuss terms surrounding intellectual property that will provide full protection to Resultant's marks and trade secrets and that will allow Resultant to incorporate its pre-existing materials and derivatives of such materials into services and deliverables under the contract so that it can provide the most value to the County.

Resultant would like to negotiate and discuss the need for a Business Associate Agreement (BAA).

Exceptions

PROFESSIONAL SERVICES AGREEMENT

Page 22, Section 3.A: Resultant would like to discuss the addition of terms defining a process for providing notice of default/breach followed by an opportunity to cure prior to a termination for default.

Page 25, Section 8.A: Resultant requests the addition of the following language: "County shall provide reasonable advance notice of its request to inspect records, and Contractor shall work with the County to coordinate a mutually agreeable time for the inspection."

Page 25, Section 10.A. Resultant requests the addition of the following language: "Resultant assumes it will only be given minimal access to or otherwise receive from the County legally protected information, including PII, where it is necessary for the completion of the engagement. The Parties agree that no protected or individually-identifiable data shall be provided to Resultant unless the parties first agree in writing." Resultant requests removal of the HIPAA compliance provision with the



expectation that the parties will enter into a BAA to govern appropriate use of PHI if use of and access to PHI is necessary for the scope of the engagement.

Page 27, Section 14. Resultant would like to negotiate industry-standard indemnification provisions reflective of the nature of the work set forth in the RFP.

Page 27, Section 15. Resultant would like to discuss insurance requirements.

Page 31, Section 20. Resultant would like to work with the County to define processes and general timelines for the County's approval and acceptance of services.