

# A. Cover letter

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Social Entrepreneurs, Inc. (referred to throughout as SEI) appreciates the opportunity to submit a proposal to the County of El Dorado Office of Procurement and Contracts to provide consulting services to plan, develop, and conduct an Oral Health Needs Assessment, identify asset and resources that exist within the County of El Dorado, and develop an Community Health Improvement Plan and Action Plan to determine priorities for addressing oral health needs in the County of El Dorado.

This proposal describes our proposed approach, experience, our organization and staffing, project workplan and budget, and other information related to conducting the Needs Assessment (Mandatory Program Components and Additional Program Components) and developing the Improvement Plan and Action Plan in accordance with the grant agreement between the California Department of Public Health (CDPH) and the County of El Dorado Office of Procurement and Contracts, through its Health and Human Services Agency (HHSA).

According to the Request for Proposal # 18-952-040, SEI states the following:

- SEI has the ability and desire to meet the requirements of the Request for Proposal # 18-952-040:
- SEI is able and willing to comply with the insurance requirements set forth in Exhibit "A" of RFP 18-952-040; and
- 3. SEI understands that, if selected, SEI will be required to negotiate and enter into an agreement with terms and conditions substantively similar to those in Exhibit "A" the RFP.

We would be honored to serve HHSA and the Public Health Division and can assure you that you will receive responsive, high quality professional services. Please do not hesitate to contact me at (775) 324-4567 or via email at kmarschall@socialent.com if you have any questions or would like any further revisions to this proposal.

Kelly Marschall, President Social Entrepreneurs, Inc.

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# C. Proposal Narrative

- 1. Executive Summary
- a. SEI's understanding of the California Department of Public Health's Local Oral Health Program goals as they relate to the County of El Dorado

The California Department of Public Health, Oral Health Program (CDPH/OHP) is granting funds to counties in California from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56) to develop or expand upon a Local Oral Health Program (LOHP).

The goal of the LOHP is to create and expand capacity at the local level to educate, prevent, and provide linkages to treatment programs, including dental disease caused by using cigarettes and other tobacco products. California counties will establish or expand upon existing LOHPs by including the following program activities related to oral health in their communities: education, disease prevention, linkage to treatment, case management and surveillance. Funding is provided for activities that will support demonstrated oral health needs and prioritize underserved areas and populations.

One foundational document for the needs assessment is "Status of Oral Health in California; Oral Disease Burden and Prevention 2017." This report summarizes the most current information available on the burden of oral disease in California. Primary sources of state-specific data are the Behavioral Risk Factor Surveillance System (BRFSS), the California Health Interview Survey (CHIS), the California Cancer Registry (CCR), and the Office of Statewide Health Planning and Development (OSHPD). Data is also presented from the California Smile Survey, conducted in 2004–2005 among kindergarten and third-grade children in randomly selected schools throughout California. This will serve as a starting point for describing the burden of oral disease in the County of El Dorado, the accessibility of dental services and the oral health surveillance capacity.<sup>1</sup>

This data is a starting point for the data discovery needed for this project.

b. How the activities proposed would assist the County of El Dorado in contributing to the State's oral health program goals

The activities proposed include research, coupled with key informant interviews, surveys and focus groups. Together, they will assist HHSA through development of the Needs Assessment Summary Report to:

- · Identify all available data resources;
- Determine the need for additional primary data based on available data resources and analysis
  of identified gaps in data;
- · Select methods for gathering additional primary data to fill the identified gaps;
- · Conduct the needs assessment;
- · Collect data resulting from the needs assessment; and
- · Analyze the data collected and prepare a Summary Analysis.

<sup>&</sup>lt;sup>1</sup> Retrieved on February 1, 2018

 $from: https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document \%20Library/Oral \%20Health \%20Program/Status \%20of \%20Oral \%20Health \%20in \%20California\_FINAL_04:20.2017\_ADA.pdf$ 



- Take an inventory of all groups (associations, organizations, and institutions) that exist within
  the County of El Dorado and identify how they are currently serving underserved and vulnerable
  populations within the County.
- Conduct interviews and surveys to determine the level of need compared to the available resources.
- Create a map of assets and resources within the County and identify within the map where gaps
  exist.
- Publish a list of assets, resources, and gaps as identified either by way of a website, newsletter, or as a part of the Needs Assessment Summary Analysis.

The Needs Assessment Summary Analysis will also include a focus on underserved areas and vulnerable population groups.

The proposed project will leverage the 2016 Community Health Assessment, other needs assessments completed in the county, and the recommendations from the California Oral Health Plan, as well as an Oral Health Advisory Committee (OHAC) for the purpose of educating about oral health, dental disease prevention, and linkage to treatment of dental disease including dental disease caused by the use of cigarettes and other tobacco products. This will assist the County of El Dorado to achieve the following long-term objectives of Prop 56:

- Build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.
- Assess and monitor social and other determinants of health, health status, health needs, and health care services available in the County of El Dorado, with a special focus on underserved areas and vulnerable population groups.
- Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the county.
- 4. Develop a Community Health Improvement Plan (CHIP) and an action plan to address oral health needs of underserved areas and vulnerable population groups for the implementation phase to achieve local and state oral health objectives.
- Develop an Evaluation Plan that will be used to monitor and assess the progress and success of the Local Oral Health Program.

Because HHSA was the approved applicant and the Public Health Division was listed in the RFP as a key resource and contact, we have referred to them as the key contact and resource to oversee this project, as the responsible Division within the Department of Health and Human Services. If HHSA elects to designate itself as lead, the approach will be revised accordingly.

c. SEI's overall history and experience conducting community needs assessments

SEI was incorporated in 1996 and is a privately held corporation registered in Nevada, California, and Washington. The mission of SEI is to improve the lives of people by helping organizations realize their potential. We fulfill our mission by providing services that merge the best management practices from the non-profit, public, and for-profit sectors. These services include assessments of community assets and needs, strategic planning, organizational development, financial planning and management, funding

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allocation and diversification methods, program and systems-level evaluations, and program development.

We believe that our mission and expertise align well with the County of El Dorado's need for a consultant that can perform all aspects of the scope of work in a high quality, efficient, and effective manner. SEI uses several guiding principles that govern our work with each of our clients:

- 1. Maintain the highest standards of integrity and professional ethics,
- 2. Uphold every commitment made by an SEI associate, every time,
- 3. Set the standard for high quality management support, and
- 4. Ensure that clients receive significantly greater benefit than what they invest in SEI.

These values underscore our commitment to provide quality results to every client we serve. Each SEI Associate has committed to these principles.

SEI has completed over 40 needs assessment projects related to social services provision, public health, and education. We use proven practices in our approach which include gathering data, information, and suggestions from multiple sources in a community to identify the current situations and trends. We use this information to identify the gaps between current situations and desired conditions and guide the establishment of what will make a difference for the long-term community health. SEI has developed needs assessments for states and counties, aging and disability agencies, food banks, physical and behavioral health initiatives, and early care and education programs.

In 2015, SEI conducted a needs assessment for El Dorado Children and Families Commission to contribute to strategic planning for First 5 El Dorado and is currently engaged in assisting with the evaluation of programs funded by First 5 El Dorado. Utilizing information from the evaluation, SEI assisted First 5 El Dorado to plan and implement a "Community Hubs" model to leverage existing neighborhood resources.

Finally, SEI has worked with 44 First 5 Commissions in California. This has included conducting needs assessments and developing strategic plans that address children's health, including oral health in the Counties of Amador, Alameda, Butte, Colusa, El Dorado, Glenn, and Lassen. Many of our clients who are working to improve public and community health are also addressing oral health needs because they understand that oral health is part of overall health. This is evident in the projects for which we currently serve as the evaluator including First 5 El Dorado, Glenn, Lassen, Plumas and Trinity County Commissions. Each of these evaluations has a health component that includes oral health.

Every project we undertake includes project management, using a detailed work plan to manage the project and report status. In fact, SEI has developed its own project management training and uses it both in house and with clients to ensure projects are completed on time and within budget. This will be essential for the County of El Dorado given the ambitious schedule and existing time constraints for project funding.



#### 2. Detailed Discussion

El Dorado County Health and Human Services Agency (HHSA) was formed in late 2011 when two County departments were merged: Human Services (Social Services & Community Services) and Health Services (Public Health & Mental Health). The goal in creating HHSA was to more comprehensively serve members of the community, as well as improve administrative and fiscal efficiencies.<sup>2</sup>

The Public Health Division operates under HHSA and the Division includes the oral health program. In examining available public documents, the following data outlines facts to be considered in the development of the LOHP:

- The El Dorado County Community Health Improvement Plan (CHIP) 2016-2020<sup>3</sup> indicates that
  only two of ten Community Clinics in the County of El Dorado offered dental health services
  2015: El Dorado County Community Health Center at the Cameron Park Office and Shingle
  Springs Health and Wellness Center (Tribal Health).
- The 2016-2020 CHIP indicates that with approximately 159 licensed dentists, the county is
  considered to have an adéquate supply. However, very few private dental practices in the
  County of El Dorado accept Denti-Cal and of those who accept patients covered by dental
  managed care plans that contract with the state, only Access Dental is accepted.
- The 2015 Community Needs Assessment<sup>4</sup> developed by First 5 El Dorado County identified that less than half (39% or 184) of parents with a child between the ages of 1 and 5 years (eligible for services) indicated that their child had a dental exam within the past six months and that many families did not have a dentist (21) for their child.
- In 2015, the ratio of population to dentist in the County of El Dorado was 1,262:1 while California's ratio of population to dentist was 1,291:1 and South Lake Tahoe is a designated health professional shortage area for dentists.
- The Dental Fee-for-Service (FFS) Performance Measures Report published by the Department of Health Care Services (DHCS) identified that in State Fiscal Year 2015-2016<sup>5</sup> only 28.6% (16,253) of the beneficiaries have an annual dental visit, 16.8% (9,554) had used preventive services, and 8.9% (654) of sealants-eligible people (7,361) had sealants use.

Based on the Request for Proposal # 18-952-040 issued on February 13, 2018, our understanding is that there are three primary objectives for conducting the needs assessment (mandatory program

https://www.edcgov.us/government/hhsa/documents/HHSA%20Report%20to%20the%20Community,%202016%20-%20UPDATE%20(August%202016).pdf

<sup>&</sup>lt;sup>2</sup> Retrieved on February 26, 2018 from:

<sup>&</sup>lt;sup>3</sup> El Dorado County Community Health Improvement Plan (CHIP) 2016-2020

http://www.welldorado.org/content/sites/eldorado/CHIP/Community\_Health\_Improvement\_Plan\_2\_016-2020\_-\_Final.pdf

<sup>&</sup>lt;sup>4</sup> First 5 El Dorado County Community Needs Assessment 2015

http://www.welldorado.org/content/sites/eldorado/Other\_El\_Dorado\_County\_Data\_Reports/2015-El-Dorado-Databook-October-2015.pdf

<sup>&</sup>lt;sup>5</sup>The Dental Fee-for-Service (FFS) Performance Measures Report (SFY 2015-2016) published by the Department of Health Care Services (DHCS)

http://www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx



components) and action planning project (additional program components) in support of the objectives listed in the previous section and to help achieve the goal for which HHSA was created:

- 1. Plan, develop, and conduct a needs assessment of the overall oral health status in the County of El Dorado including the oral health needs and the availability of dental services and other resources capable of supporting future services aimed at meeting the oral health needs in underserved areas and vulnerable population groups. The needs assessment should be completed by June 30, 2018, but no later than September 30, 2018.
- 2. Identify assets and resources by taking an inventory of all groups (associations, organizations, and institutions) that exist within the County of El Dorado and identify how they are currently serving underserved and vulnerable populations within the County and conduct interviews and surveys to determine the level of need compared to the available resources. The identification of assets and resources should be completed by September 30, 2018, but no later than December 31, 2018.
- 3. Based on the Oral-Health Needs Assessment, develop a Community Health Improvement Plan and Action Plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives. The Community Health Improvement Plan and Action Plan should be completed by September 30, 2018, but no later than December 31, 2018.

These objectives, coupled with those listed in the Executive Summary, were paramount in developing the project scope and approach outlined in the proposal.

The primary deliverables from the project will be:

- An Oral Health Community Needs Assessment Summary that outlines the common themes, challenges, maps of assets, gaps and needs, and available local services that exist to support underserved areas and vulnerable populations in the County of El Dorado and identifies priorities for addressing oral health needs. The Needs Assessment will include the following sections:
  - o Introduction and Methodology
  - o The Burden of Oral Disease and Disparities in the County of El Dorado
  - o Risk and Protective Factors for Oral Disease
  - o Dental Services
  - o Primary Needs and Gaps (with geo maps of assets and gaps included)
- A Five-year Oral Health Improvement Plan and corresponding Action Plan that identifies
  priorities, objectives, activities, resources, and timing to meet objectives as they relate to:
  - Disease prevention
  - o Surveillance
  - o Education



- o Linkage to treatment programs, and
- o Evaluations strategies

A number of interim deliverables will be developed during the project. They include:

- · Participant lists, agendas and meeting evaluations
- An outreach and engagement plan including key informant questions, survey questions, and focus group questions
- An outreach plan and communications plan to support the needs assessment
- A logic model for the Improvement Plan

SEI proposes utilizing the Association of State and Territorial Dental Directors (ASTDD) seven-step model (Figure 1) to achieve the first two objectives of the project, which are to plan, develop, and implement a needs assessment to identify priorities for addressing oral health needs in the County of El Dorado. SEI will also rely on our lessons learned in developing community health improvement plans, community needs assessments, and conducting projects to address oral health disparities at a local, county, state, national, and international level.

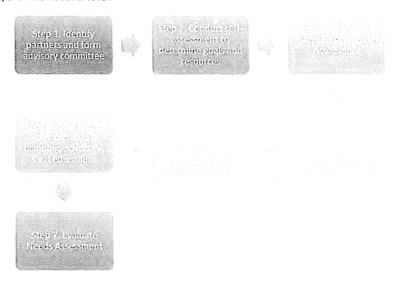


Figure 1: ASTDD 7-step Needs Assessment Process

The model to achieve the scope of work will be covered by a four-phased approach. Each component results in one or more deliverables, i.e. tangible output that is important to achieving the project objectives. The components of the project and the corresponding steps of the ASTDD seven-step model include:

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#### •Project Organization and Preparation (Steps 1-3)

 Assemble Advisory Committee (OHAC), refine research and outreach approach, conduct preliminary key informant interviews, create project tools and templates and facilitate Advisory Committee Meeting #1.
 Establish mission, vision, and values. Approve research and outreach approach and templates.

#### •Oral Health Needs Assessment (Steps 4-5)

 Conduct data collection, key informant interviews, focus groups, and surveys. Analyze data and draft Oral Health Needs Assessment Summary Report. Create map, charts and tables to depict challenges, needs, assets, and gaps. Present draft report to Advisory Committee at meeting #2. Post on website(s) for community comments,

#### •Oral Health Improvement Plan and Action Plan (Steps 6-7)

Identify priorities based on results of the needs assessment, set
objectives and conduct action planning with a work group established by
the Advisory Committee (meetings #3-7) to develop the Improvement
Plan and the Action Plan. Create evaluation plan, logic model, and
communications plan. Present results to Oral Health Advisory Commitee
for review and feedback (meeting # 8)

# Project Management and Communication

 Ongoing project communication between SEI, the County of El Dorado, and the OHAC, respond to questions and feedback from OHAC and other stakeholders, provide status reports and updates to El Dorado County Health and Human Services Agency on progress and issues identified during the project.

The purpose of the Oral Health Improvement Plan and Action Plan will be to improve the oral health of the target population in the County of El Dorado based on the Needs Assessment.

Each Phase is described in the following narrative. Activities are noted in **bold Black** font while meetings are noted in bold Black font:

- a. Plan for performing all activities identified in II. Scope of Services, A. Mandatory Program.
   Components
- b. Plan for performing all activities identified in II. Scope of Services, B. Additional Program Components, 2. Asset and Resource Identification



<u>SEI</u> is providing a response to items a and b listed above together, as we believe those activities are complementary and could/should be completed in tandem to ensure efficiency and an aligned needs assessment approach.

Given the ambitious timeline, it will be essential to collect all qualitative and quantitative data in April and May in order to complete the needs assessment by June 30, 2018. Therefore, the following description of our plan addresses both a and b in the RFP.

# Phase 1. Project Organization and Preparation (March-April 2018)

This is a short phase to obtain guidance from the El Dorado County Public Health Division (PHD) on important matters that will affect the approach of the needs assessment project. SEI proposes the following activities to ensure the project kicks off in an efficient and effective manner, with guidance from El Dorado Health and Human Services Agency (HHSA) and the Health Education Coordinator assigned to the County's Oral Health Program. The primary activities are:

A. Project kick-off meeting: An initial planning call with HHSA will be held to kick-off the project. During this meeting, SEI will review the planning process, the workplan, and timeline. SEI will solicit feedback on the scope and approach and revise the workplan based on HHSA's feedback. SEI will schedule a key informant interview with the Public Health Officer and the Health Education Coordinator and identify other sources of data that may be available through the county.

Time will also be spent identifying representatives that can participate in an Oral Health Advisory Committee (OHAC) to lead the needs assessment process, developing the systems necessary for data collection, and developing the Oral Health Improvement Plan template.

Suggested OHAC participants should represent a wide variety of programs including county public health division (PHD), county dental services, County Office of Education, First 5 El Dorado, private dental practices, the Tri-County Dental Society and community members interested in oral health or public health. Ensuring that representation of persons or organizations related to special needs, people who are homeless or underhoused, persons who are undocumented, and people with mental health and/or substance use would strengthen the assessment process. SEl has included time and activities related to identifying and onboarding new members of the OHAC as part of the first meeting that establishes mission, vision, and values.

B. Conduct Preliminary Key Informant Interviews: Key informant interviews will be conducted first with the Public Health Officer and the Health Education Coordinator.

The Public Health Officer key informant interview will seek to determine the status of oral health services and needs from the perspective of county public health. The interview will also be used to secure the potential OHAC roster and contact information of the OHAC, identify potential additional members to add, identify key informants to interview, and gather other information about current oral health efforts as they relate to overall health efforts within HHSA and the County of El Dorado.



The interview with the Health Education Coordinator will be used to identify existing data collected, data sources, databases that may be helpful in extracting data, and any current challenges with data collection as they relate to the Oral Health Needs Assessment. The California Department of Public Health, Status of Oral Health in California: Oral Disease Burden and Prevention 2017, will be used as the starting point for identifying existing data and supplemental data sources that can help drive the needs assessment data collection process. Further, the needs assessment matrix of data sources and approaches to data collection from the ASTDD Data Collection Worksheets will be used to guide the data discovery phase and ensure that data is complete, relevant, and useful for the Needs Assessment.

C. Establish Advisory Committee: Establishing an Oral Health Advisory Committee (OHAC) is a requirement of the CDPH grant and can serve as an asset that will help facilitate a successful project if the group has diverse representation and deep understanding of oral health issues in the County of El Dorado. SEI will draft outreach materials and an email for the El Dorado County Public Health Director or Health Education Coordinator to reach out to organizations and other identified individuals to solicit their participation and provide SEI with contact information for those that agree to participate. Some proposed additions may be a representative from the Homeless Continuum of Care, the Area Agency on Aging, or other providers serving people living in poverty with vulnerable circumstances or special needs.

SEI will follow up with the proposed OHAC members electronically to schedule the first meeting. Where possible, if existing meetings are already calendared, SEI will work to use that schedule to support the needs assessment activities.

D. Develop Needs Assessment Data Collection Approach: Building on the results of the key informant interviews conducted in Phase 1 Step B, SEI will establish a preliminary data collection approach using the ASTDD Worksheet #3 — Developing the Needs Assessment Plan. The matrix will be used to identify the data to be collected and the method for data collection. The Needs Assessment will identify available data regarding oral health status, needs and available local services that exist to support underserved areas and vulnerable populations in the County of El Dorado. This will be the starting point to inform the data collection approach.

SEI will also establish a template for the Needs Assessment Summary Analysis Report. SEI proposes collecting needs assessment data through four key activities: 1) data discovery, collection and analysis (this includes conducting two initial key informant interviews), 2) additional key informant interviews, 3) focus groups, and 4) surveys. An outreach plan will be drafted that outlines a proposed approach to guide the key informant interviews, focus groups and surveys.

E. Oral Health Advisory Committee Meeting #1 (March): the first Advisory Committee meeting will occur in March 2018. During this meeting, SEI will work with the OHAC to:



- Review the planning process and confirm the role and responsibilities of SEI, El Dorado County HHSA, and the OHAC.
- Develop or validate mission, vision, and values of the OHAC and ensure they align with the county vision and the Department's mission.
- Ensure there is a shared understanding of the project including the needs assessment approach, content, and format of the Needs Assessment Summary Analysis Report.
- Review and solicit feedback on the proposed outreach and data discovery plans.
- Review the data collection approach and identify any additional data/information that needs to be collected to identify oral health needs in the County of El Dorado.
- Review a preliminary list of key informants and key informant questions.
- Identify where and when to conduct focus groups to determine perceptions of consumers and oral healthcare providers with an allowance for 10 focus groups across the county.
- Identify survey approach to solicit input on the needs assessment and proposed objectives and activities in the improvement plan.
- Determine questions for focus groups.
- Identify potential outlets to publicize the project and ways to engage the public and providers.
- Schedule all future OHAC meeting dates and publicize the calendar.
- F. Establish Data Collection Tools: Following adoption of the data collection approach, SEI will establish all the internal systems necessary to collect all data associated with the needs assessment project. This includes creating a data discovery repository, finalizing the key informants to be interviewed and the list of key informant questions, creating a tool to document key informant interviews, finalizing the list of focus group targets and corresponding questions, creating a tool to document focus groups, drafting the community

#### STATE ORAL HEALTH OBJECTIVES

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survey, and creating communication collateral to provide to the OHAC to distribute and post on the PHD website and other sites publicizing ways for the community to be involved in informing the process.

#### Phase 2. Oral Health Needs Assessment (March-June 2018)

This phase will produce the comprehensive needs assessment of oral health in the County of El Dorado and the priorities that should be addressed in the Improvement Plan.

- A. Data Collection: The data collection activities that will be outlined in the research approach are:
  - Data discovery and collection of secondary and programmatic data, such as publicly available data from national or regional oral health surveys, demographics indicators, and socioeconomic determinants of health among others. This will include status on Healthy People 2020 Objectives, Oral Health Indicators for Chronic Disease Surveillance, National Oral Health Performance Measures, and other indicators noted in the State Oral Health Plan.

SEI will also request internal data that is not publicly available from EI Dorado County PHD and from other coalitions or committees as identified by the OHAC that will yield a more comprehensive picture of needs and gaps.

Note: Ideally, data will report on the status of oral health in the County of El Dorado as it relates to the state oral health objectives found in the text box labeled "State Oral Health Objectives" that aligns with the ASTDD Data Collection Matrix and Worksheet.

SEI will create the Needs Assessment Summary Analysis template document and present it to OHAC for review and feedback.

#### Data collection will include:

- Inventorying all assets, groups, and resources that serve underserved and vulnerable populations and create Geomaps to serve as asset maps for the County, which can be publicized on the county and other stakeholders' websites.
- Key informant interviews will be conducted with stakeholders approved by the OHAC as
  individuals who have specialized knowledge or insight to the oral health needs, including
  vulnerable populations, in the County of El Dorado. Key informants will also help inform
  the needs assessment on systems issues such as known health disparities, barriers to
  access, workforce challenges, partnerships, and policies.

Using an initial contact list developed with the OHAC, SEI will utilize OHAC members and agencies to provide an introduction and warm handoff to schedule and conduct key informant interviews with up to fifteen (15) stakeholders by telephone or in person.



- Focus Groups will be conducted with oral health providers and consumers to ensure that preliminary themes identified through the data collection and key informant interviews, and the mission, vision, and values of the Local Oral Health Plan (LOHP) are validated by both the community and key stakeholders. There is an allowance for up to 10 focus groups. Two focus groups, one for providers and one for consumers would be held at five (5) different locations. Potential locations could include El Dorado Hills, Placerville, South Lake Tahoe, Georgetown and Cameron Park, but will be presented to the OHAC for feedback and revision. Focus Groups will take place once data has been collected and analyzed to validate findings and provide input on prioritization as the project moves from needs assessment to improvement planning. These meetings will be publicized through OHAC member agencies and the county.
- Surveys will be developed and distributed through OHAC member agencies and through
  existing partnerships and coalitions as identified by key informants and the OHAC. They
  will also be publicized using media and social media. Surveys will assess the level of
  need for oral health services, based on the results of the needs assessment. Survey
  respondents will assist in evaluating access to existing services, barriers in accessing
  services, and gaps in services.

SEI will use focus group and surveys to document the list of assets, resources and gaps as part of the Needs Assessment Summary Analysis Report.

- B. Advisory Committee Meeting #2 (June 2018): The information collected through data discovery, surveys, key informant interviews, and focus groups will be compiled into the Needs Assessment Summary Analysis Report and analyzed to identify key gaps and needs. The results will be presented back to the OHAC for review and input. The Needs Assessment Summary Analysis Report will be submitted to El Dorado County PHD for approval and distribution.
- c Plan for performing all activities identified in II. Scope of Services, B. Additional Program Components, 3. Community Health Improvement Plan (CHIP) and Action Plan

#### Phase 3. Oral Health improvement Plan and Action Plan (July - December 2018)

Phase 3 of the project will utilize the key themes, gaps, and needs as identified in the Needs Assessment Summary Analysis Report to develop an Oral Health Improvement Plan. The CDC has outlined a chronic disease prevention system for addressing chronic disease that covers four domains that are relevant and should be addressed in the Needs Assessment and Action Plan.

To aptimize public health's efficiency and effectiveness, the Centers for Disease Control and Prevention (CDC) recommends coordinating chronic disease prevention efforts in four key domains:

- 1. Epidemiology and surveillance—to monitor trends and track progress.
- 2. Environmental approaches—to promote health and support healthy behaviors.



- 3. Health care system interventions—to improve the effective delivery and use of clinical and other high-value preventive services.
- 4. Community programs linked to clinical services—to improve and sustain management of chronic conditions.

The four domains help organize and focus the effective work the public health community has been doing for many years. At the same time, they help concentrate efforts to strengthen programs and build expertise to address gaps in services. Finally, they help government agencies, state and local grantees, and diverse public and private partners find new ways to work together and support each other's efforts.<sup>6</sup>

The OHAC will identify a work group to engage in the action planning component of the project. The work group will include some members of the OHAC but will report back to the OHAC. The work group will identify additional objectives to improve oral health status in the County of El Dorado. The activities with the OHAC work group in developing the Improvement Plan and Action Plan will be organized around the four domains. The Oral Health Improvement Plan and an Action Plan will identify the optimal strategies to address the oral health needs of underserved areas and vulnerable population groups. Specific activities include:

- A. Advisory Committee Meeting #3 (July 2018) Establish Objectives: Using the information from the Needs Assessment Summary Analysis Report, the OHAC will review evidence-based best-practices to address known gaps and needs in the County of El Dorado. SEI will use ASTDD's Proven and Promising Best Practices for State and Community Oral Health Programs to orient OHAC members to potential objectives and activities to address the priorities in the Needs Assessment.
  - The objectives of the grant agreement with the California Department of Public Health will be used as a starting point for the Improvement Plan, as informed by the Needs Assessment Summary Analysis Report. SEI will facilitate a discussion of the target populations to address in the Implementation and Action Plan.
- B. Advisory Committee Work Group Action Planning Meetings #4-6 (August October 2018) Identify Activities, Target Audience, Time Frame, and Lead Entity: Three action planning meetings will be used to identify the specific activities to achieve objectives established in Step A above and ensure they are measurable, achievable, and actionable.
  - Meetings will define by target audience what activities will take place, the time frame for the activities, and who or what organization will lead each activity. The results of each action planning meeting will be documented into the Improvement Plan and the Action Plan.
- C. Advisory Committee Work Group Action Planning Meetings #7 (November 2018) Identify Evaluation, Deliverable(s) or Performance Measure(s): Using all the information developed to date, the OHAC will identify for each objective and activity the mechanism for evaluation, or the deliverable or performance measure that will be used to report on success toward the

<sup>&</sup>lt;sup>6</sup> Retrieved on December 29, 2017 from: https://www.cdc.gov/chronicdisease/pdf/four-domains-factsheet-2015.pdf



objective. Resource needs and a communication strategy for each objective will be developed. The results of this meeting will be used to complete the Action Plan and finalize the Improvement Plan.

- D. Advisory Committee Meeting #8 (December 2018): During this meeting, SEI will present the Oral Health Improvement Plan and Action Plan to the Committee for input, revision and adoption, and will submit the plan to El Dorado County Health and Human Services Agency for approval and distribution.
- E. Coordination with PHD (July-December 2018): Throughout the Improvement Plan development and the creation of the Action Plan, SEI will share drafts of the plans with El Dorado County Public Health Division, the Public Health Officer, and the Health Education Coordinator to solicit feedback and suggestions to strengthen the infrastructure and address the priorities identified in the Needs Assessment Summary Analysis Report.
- d Plan for completing all activities related to the Mandatory Program Components as soon as possible after award, but no later than September 30, 2018.
- e. Plan for completing all activities related to the Additional Program Components as soon as possible after award, but no later than December 31, 2018

SEI has developed a detailed work plan to ensure that all activities will be completed on time and in budget. All SEI staff are trained in project management and use their training to track, manage and control the project to keep to the project schedule. SEI uses an online project management software system that identifies the status of every task of the project and every resource assigned to the project. This gives us daily updates on status and allows us to adapt to adhere to the schedule, while ensuring a high quality process and product.

The detailed work plan is based on the division of roles and responsibilities as follows:

SEI's responsibilities as the contractor include:

- Planning and overall coordination of the project.
- · Development of all tools and templates.
- Development of agendas, meeting materials and resources for planning.
- Facilitation at all meetings.
- Provide materials on Proven and Promising Best Practices.
- · Documentation of all outreach activities.
- Draft Needs Assessment Summary Analysis Report.
- Incorporate feedback into Needs Assessment Summary Analysis Report.
- · Development of Improvement Plan.
- Development of Action Plan.
- Scheduling and managing logistics for all meetings.
- Communication and coordination with the Public Health Division, the OHAC, the Health Education Coordinator and community stakeholders.



#### The County of El Dorado's responsibilities include:

- · Provide information needed to conduct the project.
- Provide access to the Public Health Office and Health Education Coordinator.
- Participate in key informant interviews.
- Provide access to county-level data.
- · Provide access to meeting space.
- · Provide access to county webpages or social media to publicize activities of the project.
- Provide contact information for members proposed for an Oral Health Advisory Committee and other potential members of the work group to engage in planning.
- Review, provide feedback, and approve the project workplan.
- Review, provide feedback, and approve the Needs Assessment Summary Analysis Report.
- Review, provide feedback, and approve the Improvement Plan.
- Review, provide feedback, and approve the Action Plan.
- Identify a designee from El Dorado County Health and Human Services Agency to sit on the Advisory Committee.

#### The Oral Health Advisory Committee's responsibilities include:

- Provide information needed to conduct the project.
- · Identify optimal locations for focus groups.
- Provide feedback on focus group location, approach, and questions. Finalize list of key informants.
- Provide feedback on key informant questions.
- Assist in developing survey questions.
- · Provide feedback on survey questions, and distribution approach.
- Review Needs Assessment Summary Analysis Report and assist in setting preliminary priorities, target audiences, and objectives.
- Identify work group to outline key activities in the Action Plan and Implementation Plan and determine who will identify resources, timing, and targets for the Action Plan activities and help define evaluation measures for objectives and activities.



		i e		House and	Resources					
Task #	Tauk	Start Date	End Date	Sarah Marsdiall	Sarah Boxee	Lisa Watson	Claudia Montoya	Sarah Yealis Pairiek	Kelly Marachall	Andrew Park
	Phase 1. Project Organization and Preparation									
1	Schedule project kickoff meeting	3/19/2018	3/22/2018	0.5		·		***************************************		
2	Conduct internal project kickoff meeting	3/19/2018	3/22/2018	2.5	3.5		2.5	2.5		2.5
3	Set up needs assessment folder and improvement plan folder	3/19/2018	3/22/2018				1			
4	Draft data discovery plan per Phase 1D	3/22/2018	3/29/2018	2				8		
5	Create Needs Assessment report template, Improvement Plan template and Action Plan template, leveraging materials provided by CPHD in background folder per Phase 1D	3/22/2018	3/29/2018	2		2		4		
6	Create outreach plan per Phase 1D	3/22/2018	3/29/2018	1	7			3		
7	Conduct kickoff meeting with PHD	3/22/2018	3/26/2018	1.5						
8	Schedule key informant with PH Officer and Health Education Coordinator	3/19/2018	3/22/2018	1			1			
9	Conduct key informant with PH Officer	3/26/2018	3/29/2018	1.5					***************************************	
10	Document key informant interview with PHD	3/29/2018	3/29/2018	3				3		



11	Obtain contact information for other data sources in the county	3/22/2018	3/29/2018	1			
12	Draft email to OHAC. Create project description and timeline (2 pgs.)	3/26/2018	3/26/2018	0.5		1.5	
13	Create and draft doodle poll for OHAC	3/26/2018	3/26/2018			0.5	
14	Issue doodle poll for OHAC to schedule meetings	3/27/2018	3/27/2018	0.25		0.25	
15	Schedule OHAC meeting 1	3/21/2018	3/21/2018			0.5	
16	Schedule key informant with Health Education Coordinator	3/19/2018	3/19/2018	-	0.5		
17	Conduct key informant with Health Education Coordinator	3/22/2018	3/26/2018		1.5		
18	Document key informant interview with Health Education Coordinator	3/27/2018	3/28/2018		4		
19	Draft agenda for OHAC meeting 1	3/27/2018	3/28/2018	0.25		0.5	
20	Review and finalize data discovery plan, outreach plan and project overview	3/27/2018	3/28/2018	2	4		
21	Draft PPT and create packets for OHAC meeting 1	3/27/2018	3/28/2018			2	
22	Send agenda, data discovery plan, outreach plan, project overview to OHAC	3/28/2018	3/28/2018		1		
23	Facilitate OHAC Meeting 1	3/29/2018	4/5/2018	4		4	
24	Publish schedule for upcoming OHAC meetings and send to OHAC and SEI team	4/6/2018	4/6/2018			1	



25	Document OHAC Meeting 1 into data discovery plan, outreach plan and needs assessment report	4/6/2018	4/10/2018			2		3		
26	Establish data repository, revise questions, key informant list, tool for key informant interviews, focus group list, focus group questions, tool to document focus groups and fact sheet to publicize project.	4/6/2018	4/10/2018	1		1		3		4
27	GSR and finalize research and outreach plans, tools and fact sheet	4/10/2018	4/13/2018	1		1	4			
<u> </u>	Travel time during the phase			4				4		
		A	***************************************	h	·	National Control of the Control of t	·		·	
	Subtotal for phase - hours			29	4.5	17	8.5	40.75	0	6.5
	Subtotal for phase - professional fees			\$3,915.00	\$787.50	\$2,465.00	\$467.50	\$4,456.25	\$0.00	\$487.50
	Phase 2. Oral Health Needs Assessment		······································							
28	Review COHP and proposal to determine data that aligns with state oral health objectives	3/19/2018	3/22/2018		2					12
29	Conduct research to collect demographic and publicly available data based on CPHD guidance and key informant	4/2/2018	4/6/2018		1.5			3		12
30	HP 2020 profile for El Dorado	4/2/2018	4/6/2018						·	4
31	State Oral Health Plan data for El Dorado	4/2/2018	4/6/2018							4
32	Data from OHAC or from key informants in Phase 1	4/2/2018	4/6/2018					2		4
-	Data meeting to review status of data to	4/7/2018	4/9/2018						1.5	1.5
33	date and inventory what data is available and what is still missing. Determine if Tableau is best platform for reporting and creating geo maps.	, ,								

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35	Search for CoC data, data from Agency on Aging on seniors, data on African Americans, Latinos, persons who are undocumented	4/9/2018	4/23/2018			4	8
36	Review El Dorado Community Clinics information on dental clinics and services.	4/9/2018	4/23/2018			1.5	
37	Review CoC data on HUD website for information about providers and CoC participants	4/9/2018	4/23/2018			1.5	
38	Review Area Agency on Aging for Senior service programs	4/9/2018	4/23/2018			2	
39	Conduct broad search for other dental specific resources	4/23/2018	4/30/2018			4	4
40	Input data into Tableau or other tool based on determinization in Phase 1	4/9/2018	4/30/2018				20
41	Update data inventory and needs assessment with data	4/9/2018	4/30/2018				3
42	Identify Geomaps to create, using COHP and other examples as a starting point	4/9/2018	4/30/2018	0.5	2		2
43	Create maps, charts and tables	5/1/2018	5/15/2018				18
44	Schedule key informant interviews and coordinate/communicate with OHAC members for warm handoffs to reach key informants	4/2/2018	4/6/2018		2.5	0.5	
45	Determine recording and transcription service to use	4/2/2018	4/6/2018			2	
46	Conduct key informants	4/9/2018	4/18/2018	3		15	



47	Obtain transcriptions and establish coding legend	4/18/2018	4/26/2018		4	4	
48	Code key informants	4/26/2018	4/30/2018			 4	15
49	Identify preliminary themes by key informant	5/1/2018	5/7/2018	1.5		 4	
50	Coordinate with county on potential locations for focus groups. Identify contacts by location or point person at the county with whom to work	4/4/2018	4/13/2018			2	
51	Contact potential locations to schedule ten focus groups	4/4/2018	4/13/2018		4	1	
52	Create invitation fact sheet for focus groups	4/4/2018	4/13/2018	 	0.5	 2	
53	Customize invitation fact sheet by location, group and time	4/4/2018	4/13/2018		0.5	1.5	

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54	Set up survey monkey for registration, divide by consumer or provider and then by location. Limit registration to 15 per focus group.	4/4/2018	4/13/2018		7			4
55	Embed link into each fact sheet	4/4/2018	4/13/2018	 <b></b>			0.25	
56	Send six invitation fact sheets to OHAC for distribution	4/4/2018	4/13/2018				2	
57	Create master focus group list and summary fact sheet for posting on county website	4/16/2018	4/16/2018				1	
58	Distribute focus group list and summary fact sheet to county and OHAC for posting on website and social media	4/16/2018	4/16/2018				1.5	
59	Allowance for follow up to confirm posting of focus groups	4/17/2018	4/20/2018				0.25	
60	Review survey monkey for status of registrations by consumer or provider and by location	4/20/2018	4/20/2018				1	
61	Manage registration for focus groups via survey monkey	4/16/2018	4/30/2018					1
62	Summarize work completed to date to include updated data discovery plan, status of research, needs assessment template with data, status of key informants and focus groups	4/16/2018	4/30/2018			•	2	2
63	Create survey questions and draft survey in English and Spanish	4/16/2018	4/30/2018			3	1	8



64	Create agenda, sign in sheet, participant demographics sheet and Likert scale for each focus group. Create survey link	4/16/2018	4/30/2018		6	2	
65	Make copies of agenda, sign in sheet and participants handouts for each focus group. Publicize survey to focus group participants.	4/16/2018	4/30/2018		2		
66	Arrange travel to the County of El Dorado based on schedule and location of focus groups	4/16/2018	4/30/2018		2		
67	Set up and conduct focus groups	5/7/2018	5/16/2018		 30	30	
68	Collect and compile participant forms, sorted by type and location	5/16/2018	5/18/2018			3	
69	Create overall chart of focus group demographics with breakdowns by provider and consumer	5/19/2018	5/22/2018				2
70	Update needs assessment with focus group demographics and charts	5/22/2018	5/25/2018		2		
71	Synthesize focus groups into key themes, barriers, assets and challenges. Create matrix with all focus groups and finding by location and type	5/19/2018	5/25/2018	2		12	



72	Internal project meeting to review key themes, assets, challenges and needs, general and specific to topic area or geographic location	5/30/2018	5/30/2018	1.5		1.5	1.5
73	Draft narrative for needs assessment	6/1/2018	6/11/2018	6		24	
74	Update resources, citations, tables, charts, and appendices	6/1/2018	6/11/2018				12
75	Review needs assessment	6/12/2018	6/14/2018		 8		
76	Revise needs assessment based on review	6/14/2018	6/15/2018	4	 	8	
77	Draft agenda, ppt and pdf needs assessment for OHAC Meeting 2	6/12/2018	6/14/2018			3	
78	Schedule travel and make packets for OHAC meeting 2	6/1/2018	6/14/2018		1.5		
79	Facilitate OHAC Meeting 2	6/15/2018	6/25/2018	 4	 	4	
80	Allowance for additional research or revision based on OHAC feedback	6/26/2018	6/28/2018		***************************************	2	
81	Update needs assessment with corrections or changes	6/26/2018	6/28/2018			2	
82	Update needs assessment with key themes	6/26/2018	6/28/2018			2	
83	Make any additional revisions needed	6/26/2018	6/28/2018	4			



1	84	Review final draft of Needs Assessment Report	6/29/2018	6/29/2018		3			
	85	PDF and send final Needs Assessment Report to PHD for approval and posting to website. Send to OHAC members once PHD has approved	6/29/2018	6/29/2018				1	
_		Travel time during the phase					16	16	

 Subtotal for phase - hours
 0
 30
 13
 75
 177.5
 1.5
 150

 Subtotal for phase - professional fees
 \$0.00
 \$5,250.00
 \$1,885.00
 \$3,685.00
 \$19,492.50
 \$262.50
 \$11,250.00

	Phase 3. Oral Health Improvement Plan and Action Plan								
86	Prepare ppt with any updates or changes to the Needs Assessment Report and outline key themes, assets, and gaps	7/2/2018	7/6/2018				2		
87	Search ASTDD site for updated Proven and Promising Best Practices	7/2/2018	7/6/2018		1		8		
88	Summarize Proven and Promising Best Practices for State and Community Oral Health Programs into ppt based on initial themes and gaps	7/9/2018	7/9/2018				2		
89	Draft agenda, best practices handout, CPHD objectives handout and sign in sheet for OHAC Meeting 3	7/9/2018	7/12/2018				3		
90	Review all materials for OHAC Meeting 3	7/13/2018	7/13/2018			2			
91	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	7/2/2018	7/6/2018			2			
92	Facilitate OHAC Meeting 3 to define objectives and target populations	7/23/2018	7/30/2018				4	4	

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Document objectives and target population into Improvement Plan	7/31/2018	8/3/2018					2		
Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction	7/31/2018	8/3/2018							
Refine objectives and target population	7/23/2018	7/30/2018	***********	1			2		
Create menu of action items for each objective	7/23/2018	7/30/2018					4		
Research other county CHIP with oral health objectives	7/23/2018	7/30/2018					2		1
Contact CDPH for emerging research to incorporate	7/31/2018	8/3/2018					2		
Evaluate objectives for their impact on issues identified in the needs assessment	8/6/2018	8/6/2018					4		
Create impact matrix of needs assessment cross walk with objectives	8/6/2018	8/6/2018					4		
Research resources needed for objectives	8/7/2018	8/9/2018					4		
Create resource guide for resources by objective	8/9/2018	8/10/2018					4		
Meet to review materials developed to date	8/13/2018	8/20/2018					2		0.5
Contact work group members to schedule planning meetings	8/9/2018	8/10/2018					2		
Allowance for call with PHD to update on status and talk through any challenges or logistics	8/9/2018	8/10/2018							
Research activities from COHP, ASTDD and other sites to meet objectives proposed by OHAC	8/6/2018	8/20/2018						1	
Create objectives and activities menu handout	8/6/2018	8/20/2018					4		
	into Improvement Plan  Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction  Refine objectives and target population  Create menu of action items for each objective  Research other county CHIP with oral health objectives  Contact CDPH for emerging research to incorporate  Evaluate objectives for their impact on issues identified in the needs assessment cross walk with objectives  Research resources needed for objectives  Create resource guide for resources by objective  Meet to review materials developed to date  Contact work group members to schedule planning meetings  Allowance for call with PHD to update on status and talk through any challenges or logistics  Research activities from COHP, ASTDD and other sites to meet objectives proposed by OHAC  Create objectives and activities menu	Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction  Refine objectives and target population  Create menu of action items for each objective  Research other county CHIP with oral health objectives  Contact CDPH for emerging research to incorporate  Evaluate objectives for their impact on issues identified in the needs assessment  Create impact matrix of needs assessment cross walk with objectives  Research resources needed for objectives  Research resource guide for resources by objective  Meet to review materials developed to date  Contact work group members to schedule planning meetings  Allowance for call with PHD to update on status and talk through any challenges or logistics  Research activities from COHP, ASTDD and other sites to meet objectives proposed by OHAC  Create objectives and activities menu  8/6/2018	Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction  Refine objectives and target population  Create menu of action items for each objective  Research other county CHIP with oral health objectives  Contact CDPH for emerging research to 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county CHIP with oral health objectives  Contact CDPH for emerging research to incorporate  Evaluate objectives for their impact on issues identified in the needs assessment cross walk with objectives  Research resources needed for objectives  Research resources guide for resources by objective  Meet to review materials developed to date planning meetings  Allowance for call with PHD to update on status and talk through any challenges or logistics  Research activities from COHP, ASTDD and other sites to meet objectives proposed by OHAC  Create objectives and activities menu  8/6/2018  8/3/2018  7/30/2018  7/30/2018  8/3/2018  8/3/2018  8/6/2018  8/6/2018  8/6/2018  8/6/2018  8/6/2018  8/9/2018  8/10/2018  8/9/2018	Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction  Refine objectives and target population Create menu of action items for each objective Research other county CHIP with oral health objectives Contact CDPH for emerging research to incorporate  Evaluate objectives for their impact on issues identified in the needs assessment Create impact matrix of needs assessment Create resource guide for resources by objective  Research resources needed for objectives Contact CDPH for emerging research to incorporate  Evaluate objectives for their impact on issues identified in the needs assessment Create impact matrix of needs assessment Create resources needed for objectives Research resources needed for objectives Research resources needed for objectives Allowance for resources by objective Allowance for call with PHD to update on status and talk through any challenges or logistics  Research activities from COHP, ASTDD and other sites to meet objectives proposed by OHAC  Create objectives and activities menu  8/6/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018	into Improvement Plan  Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction  Refine objectives and target population  Create menu of action items for each objective  Research other county CHIP with oral health objectives  Contact CDPH for emerging research to incorporate  Evaluate objectives for their impact on issues identified in the needs assessment  Create impact matrix of needs assessment  Create impact matrix of needs assessment cross walk with objectives  Research resources needed for objectives  Research resource guide for resources by objective  Meet to review materials developed to date  Contact work group members to schedule planning meetings  Allowance for call with PHD to update on status and talk through any challenges or logistics  Research activities from COHP, ASTDD and other sites to meet objectives proposed by OHAC  Create objectives and activities menu  8/6/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018	Into Improvement Plan  Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction  Refine objectives and target population  Create menu of action items for each objectives  Research other county CHIP with oral health objectives  Contact CDPH for emerging research to incorporate  Evaluate objectives for their impact on issues identified in the needs assessment  Create impact matrix of needs assessment  Create impact matrix of needs assessment  Create resources needed for objectives  Research resources needed for objectives  Research resources upide for resources by objective  Meet to review materials developed to date  Contact work group members to schedule planning meetings  Allowance for call with PHD to update on status and talk through any challenges or logistics  Research activities from COHP, ASTDD and other sites to meet objectives proposed by OHAC  Create objectives and activities menu  8/6/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018  8/20/2018	into Improvement Plan Allowance for follow up with PHD to review objectives and ensure alignment with HH5 direction  Refine objectives and target population Research other county CHIP with oral population objectives Research other county CHIP with oral health objectives  Contact CDPH for emerging research to incorporate  Evaluate objectives for their impact on issues identified in the needs assessment Create impact matrix of needs assessment cross walk with objectives  Research resources needed for objectives Research resources upde for resources by objective  Research resource guide for resources by 8/9/2018 Research resource guide for resources by 8/9/2018 Reful to review materials developed to date Reful to review materials developed to date Reful to review materials developed to date Research activities from COHP, ASTDD and other sites to meet objectives proposed by OHAC  Create cobjectives and activities menu  8/6/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018 8/20/2018	Into Improvement Plan



108	Draft agenda, Town Hall Meeting summary, draft Improvement Plan and sign in sheet for OHAC Meeting 4	8/9/2018	8/13/2018					6		
109	GSR all materials for OHAC Meeting 4	8/14/2018	8/14/2018	······	<u> </u>	<del> </del>	2			
110	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	8/6/2018	8/14/2018				2			
111	Facilitate OHAC Meeting 4 to identify activities to meet objectives and target populations	8/21/2018	8/30/2018					4	4	
112	Validate or revise objectives and target population into Improvement Plan and add activities	8/31/2018	8/31/2018					2		
113	Allowance for follow up with PHD to review activities and ensure alignment with HHS direction	9/4/2018	9/10/2018						1	
114	Draft agenda, best practices handout, CPHD objectives handout and sign in sheet for OHAC Meeting 5	9/4/2018	9/10/2018					3		
115	GSR all materials for OHAC Meeting 5	9/11/2018	9/11/2018		<b> </b>	<del>                                     </del>	1.5			
116	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	8/21/2018	9/12/2018				2		2	
117	Facilitate OHAC Meeting 5 to define objectives and target populations	9/20/2018	9/28/2018	***************************************				4	4	
118	Update objectives and activities into Improvement plan and identify time frame and leads into Action Plan	10/1/2018	10/4/2018				3	1		



119	Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction	10/1/2018	10/4/2018	***************************************				1	
120	Draft agenda to continue identifying activities and time frame for objectives, identify lead entities for new activities and sign in sheet for OHAC Meeting 6	10/5/2018	10/8/2018					1	
121	Review all materials for OHAC Meeting 6	10/9/2018	10/9/2018		<b></b>		2		
122	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting.	9/20/2018	10/10/2018			2			
123	Facilitate OHAC Meeting 6 to finalize activities, time frames and leads and begin to identify evaluation or deliverables by objective or activity	10/18/2018	10/29/2018				4	4	
124	Document Meeting 6 results into Improvement Plan and Action Plan	10/30/2018	10/31/2018			2.5	0.5		
125	Incorporate all Action Plan components into logic model template	11/1/2018	11/2/2018	 			4		
126	Allowance for follow up with PHD to ensure alignment with HHS direction and Improvement plan and Action Plan	10/30/2018	11/2/2018				1		
127	Internal SEI meeting to identify gaps and issues with Improvement plan and Action Plan. Frame out key questions for meeting 7, refine logic model	11/9/2018	11/12/2018				1.5	1.5	



128	Draft agenda to review Improvement plan, Action Plan and Logic Model and create communication and evaluation plan and sign in sheet for OHAC Meeting 7	11/13/2018	11/15/2018			3	1.5	
129	GSR all materials for OHAC Meeting 7	11/16/2018	11/16/2018	 			2	
130	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	10/10/2018	11/16/2018				2	
137	Facilitate OHAC Meeting 7 to identify communication plan, resource needs, evaluation or deliverables by objective or activity	11/20/2018	11/30/2018			4	4	
132	Document Meeting 7 results into Improvement Plan and Action Plan	12/3/2018	12/5/2018			4		
133	Incorporate evaluation framework into Improvement Plan	12/6/2018	12/6/2018		6	4	1	
134	Incorporate resource needs into Action Plan	12/6/2018	12/6/2018	 		2		
135	Allowance for follow up with PHD to ensure alignment with HHS direction and Improvement plan and Action Plan. Discuss resource needs and what to reflect in Improvement plan	12/3/2018	12/5/2018				. 2	
136	Internal SEI meeting to review all materials developed to date, ensure alignment, review for consistency in format, style and content	12/7/2018	12/12/2018			4	4	
137	Allowance to make visually interesting final versions of all documents	12/13/2018	12/14/2018		8			
138	Develop PPT presentation of Needs Assessment, Improvement Plan and Action Plan	12/13/2018	12/14/2018			4		

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139	Draft agenda to present Improvement plan, Action Plan and Needs Assessment, sign in sheet for OHAC Meeting 8	12/14/2018	12/14/2018					2		
140	GSR all materials for OHAC Meeting 8	12/17/2018	12/17/2018						1.5	
141	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	11/20/2018	12/18/2018				2			
142	Facilitate OHAC Meeting 8 to present final draft of Improvement plan and Action Plan and identify any changes	12/19/2018	12/26/2018					4	4	
143	Document Meeting 8 results into Improvement Plan and Action Plan	12/27/2018	12/27/2018					3		
144	Conduct final review of all deliverables	12/27/2018	12/27/2018					***************************************	3	
145	Allowance for revisions as needed to finalize all deliverables	12/28/2018	12/28/2018					6	1.5	
146	Forward to PHD for review and sign-off	12/31/2018	12/31/2018					1		
147	Distribute to OHAC and arrange for posting on county website and other Partner sites	12/31/2018	12/31/2018					1		
	Travel time during the phase							26	26	
•		<del> </del>					*			
	Subtotal for phase - hours			0	0	6	35	156	76	1.5
	Subtotal for phase - professional fees			\$0.00	\$0.00	\$870.00	\$1,925.00	\$0.00	\$25,025.00	\$112.50
<u> </u>	Phase 4. Project Management and Communi	cation								
155	Track time and tasks in Mavenlink to generate status reports	3/1/2018	12/31/2018		1.5	4	3	6	4	6
156	Generate status reports and review for completeness	4/1/2018	12/31/2018					10	2	
157	Issue monthly status reports with invoice to PHD	4/1/2018	12/31/2018					2.5		



158	Allowance for monthly team meetings to coordinate project activities and identify challenges	4/1/2018	12/31/2018		2	4		9	4	9
159	Allowance for external communication to explain project, assist in focus group registration or town hall meeting registration	4/1/2018	12/31/2018					2		
160	Compile all inquiries and contacts made and incorporate into status reports	4/1/2018	12/31/2018					1		
161	Allowance for two unscheduled meetings with PHD to ensure client satisfaction or to address project challenges	5/1/2018	9/28/2018					3		
162	Email and phone communication ad hoc	4/1/2018	12/31/2018					3		
163	Allowance to respond to other questions or issues from OHAC members or Oral Health Coordinator if hired	4/1/2018	12/31/2018					3		
164	Package all project deliverables	12/31/2018	12/31/2018					4		
165	Send knowledge base to PHD and obtain sign off on project	12/31/2018	12/31/2018					1		
L	Travel time during the phase									
	Subtotal for phase - hours			0	3.5	8	3	44.5	10	15
	Subtotal for phase - professional fees			\$1,450.00	\$612.50	\$1,160.00	\$165.00	\$5,117.50	\$1,750.00	\$1,125.00
Γ	PROJECT TOTAL				·					
<b>L</b>		Total				By Resource				
	Hours	911.75		29	38	44	121.5	418.75	87.5	173
	Professional fees	\$93,716.25		\$5,365.00	\$6,650.00	\$6,380.00	\$6,242.50	\$29,066.25	\$27,037.50	\$12,975.00

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- 3 Background, Experience, and Capabilities
- a. SEI's background and organizational history conducting community health assessments Social Entrepreneurs, Inc. (SEI) works almost exclusively with health and human service organizations. Since 1996, SEI has assisted over 200 nonprofit service providers, state and local governmental agencies, foundations, and state and local associations and completed over 600 projects. SEI has completed over 40 gaps analysis or needs assessment planning projects and served as the evaluator for numerous programs and initiatives.

We believe that a successful vendor for this project will have experience in needs assessment and planning, but also be skilled in facilitation and be seasoned evaluators of services. Our experience with needs assessments, planning projects, and evaluation and our understanding of oral health positions us to provide value to the County of El Dorado during this important project. This experience, coupled with our understanding of issues and best practices for serving vulnerable populations is essential to a seamless, efficient project. Our knowledge of homeless services and needs, persons living with special needs and issues facing seniors and other populations living in poverty will be an asset for the County of El Dorado.

Examples conducting community health assessments include:

- Nevada County Public Health Community Health Assessment and Community Health Improvement Plan (2016-17): Utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) Framework, SEI worked with the Nevada County Public Health Department Leadership team and partners to gather, analyze, and develop a Community Health Assessment report. The purpose of the Community Health Assessment was to describe the health status of the Nevada County population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address population health improvement. The project was done in partnership with other organizations and involved systematic collection and analysis of data and information on demographics, socioeconomic characteristics, quality of life, behavioral factors, environment, morbidity and mortality, and other social and community determinants of health status. The Community Health Assessment was then used to develop the Community Health Improvement Plan.
- Children's Dental Health Project Oral Health Measurement Systems Project Facilitation (2015):
   SEI was a contractor of the DentiQuest Foundation, ASTDD and the Children's Oral Health Project to
   facilitate convenings on the National Oral Health Measurement Systems Project. The purpose of the
   convenings was to identify the strengths, weaknesses, opportunities, threats, and gaps within the
   current measurement system. After completing this situational analysis, the Children's Oral Health
   Project adopted outcome measures for improving oral health.
- Nevada Department of Health and Human Services, Office of Food Security Older Nevadan's
  Food Security Needs Assessment (2017): SEI conducted key informant interviews and collected data
  from multiple sources to complete a study of older Nevadan's current and future needs for food and
  nutrition. To complete the study, SEI assessed funding gaps and identified strategies to improve
  access to food and nutrition that would support overall health, including dental health, of Nevada's

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senior population. The outcome of this work is intended to strengthen the food security system to better serve and reach older Nevadans in urban and rural communities.

- Women's Health Connection (WHC) Breast and Cervical Cancer Capacity Needs Assessment (2016-17): The WHC program was established in 1997 to provide low-income, uninsured and underinsured women access to timely breast and cervical cancer screening. The program provides direct services to women with a long-term goal of reducing morbidity, mortality, and health disparities through education, screening, diagnosis and treatment. WHC implemented strategies to improve accessibility of services for breast and cervical cancer screening, and in 2016 SEI conducted a needs assessment to determine the systems strengths in place that could be sustained or built upon, identify external and internal factors that would enhance services, and develop a capacity building plan to address specific needs for improvement.
- Food Bank of Northern Nevada Collaborating for Clients (C4C) Collective Impact Initiative (2015-present): SEI has supported the Food Bank of Northern Nevada's C4C collective impact pilot, one of only five in the nation, to convene community partners to address root causes of food insecurity. The community's efforts are currently focused on addressing housing, food security, economic stability, and health. SEI has provided targeted leadership and instruction to core partner organizations to enable them to conduct outreach and communicate across organizations and with the community. SEI facilitated four community stakeholder sessions to understand the context, priorities, assets, and strategies that should be pursued, and then synthesized primary and secondary data into an updated needs assessment that served as the basis for ongoing work. This type of asset mapping process revealed priority areas, root causes, community context, needs and current resources meeting those needs, identified gaps in services, and provided the background to move forward with a collective impact approach.
- Nevada Department of Health and Human Services, Head Start Collaboration and Early Childhood Systems Kindergarten Assessment & Data Systems Needs Assessment (2013): SEI assisted the Department with the development of a Statewide Early Childhood Data Collection System linked to a Kindergarten Entry Assessment System in the State of Nevada. Activities included conducting focus groups and presentations, site visits, a statewide Needs Assessment Summary Analysis Report and plan that included concrete and actionable steps toward successful implementation of an Early Childhood Data System and use of a Kindergarten Assessment tool. Needs Assessment Summary Analysis Reports were developed for each of Nevada's 17 counties.

A reference from that work is provided as an attachment to this proposal.

In addition, we have worked with counties throughout Northern California that are similar in size and demographics to the County of El Dorado. These include Butte, Colusa, Glenn, and Lassen Counties. SEl completed needs assessments in Colusa, Glenn and Lassen Counties as part of the implementation of Prop 10. Some of these counties have geographic similarities with the County of El Dorado, in that there are quasi-urban areas and rural areas throughout the county and distinctive geographic and demographic profiles in various parts of the county.

SEI has also completed needs assessment on a variety of public health issues for the State of Nevada, using the MAPP approach, as described above for Nevada County. Those examples are provided later in this proposal.

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b The education and credentials of principal staff *Stoffina* 

SEI is a boutique consulting firm with a total of ten employees. The organizational structure includes principals, managers, and associates as depicted in the graphic.





SEI Principals

Kelly Marschall

arah Baxx







SEI Managers

Sarah Marschall

Lisa Watson

Pete Marscha



Sarah Yeats









SELAssociates

Andrew Park

Claudia Montoya

Marika Baren

Crystal Duarte

The project team from SEI includes Sarah Boxx, SEI Principal, Kelly Marschall, SEI Principal, Lisa Watson, SEI Manager, Sarah Marschall, SEI Manager, Sarah Yeats Patrick, Associate, Andrew Park, Data Analyst and Research Associate, and Claudia Montoya, Client Support Associate. Different SEI staff may not be substituted without your consent. A brief overview about the experience of the SEI's members assigned to the project is shown as follows:

Kelly Marschall, MSW is a Principal of SEI and has over 28 years of experience working in and assisting nonprofit organizations. She has planned, administered, and provided direct services at both a local and state level as well as having provided regulatory oversight and planning for the state of Nevada. Kelly is a skilled facilitator and community planner, and as such, has worked with county commissions, multiple state agencies, and several national initiatives. She completed most the oral health projects referenced in our qualifications section and is highly knowledgeable about the service delivery system in California counties. She has managed numerous complex projects with great success. While at SEI, Kelly has provided technical assistance, project management, and consulting services to numerous organizations and agencies throughout Nevada and California.

Kelly has completed more than 20 needs assessments for state and county human service agencies. She has been a project lead and support for First 5 El Dorado County since 2008. Kelly completed the needs assessment for Glenn County and was project lead on four statewide needs assessments for the Nevada Division of Public and Behavioral Health. She also served as project lead for the Butte County Strengthening Families Initiative from 2012-2015.



She is highly skilled in identifying system improvement opportunities and working with those involved to implement changes.

Kelly Marschall earned a master's degree in social work, with high honors, from the University of Nevada, Reno and received a bachelor's degree in clinical psychology from the Pennsylvania State University.

Sarah Boxx, MA is a Principal of Social Entrepreneurs, Inc. (SEI) and has more than 30 years of professional experience working in and assisting nonprofit organizations, as well as the corporate sector. She has served as a board member, executive director, and client services volunteer and brings a depth of understanding to her work with the nonprofit communities. She has planned, administered and provided direct services at local, regional and state levels.

Over the past 13 years, Sarah has led more than 140 projects for nonprofit organizations, public entities (city, county or state), educational institutions, associations, and foundations.

Sarah led the Nevada County Community Health Assessment and Community Health Improvement Plan and has contributed to more than 20 needs assessments since joining SEI.

She has a master's degree in pastoral counseling from St. John's University in Springfield, Louisiana.

In August 2016 Sarah published *The Changemoker Ripple Effect*, a book that became an Amazon bestseller after few weeks of its launch.

Sarah Marschall-Niswonger, MS is a Client Services Manager for Social Entrepreneurs, Inc. (SEI). Sarah has 10 years of consulting experience with the firm, more than 15 years of experience in research, and has been offering service and support to community organizations for more than 20 years. At SEI, Sarah helps to guide organizations in effective decision making and planning using data and information. Sarah brings strong analytical skills to her consulting practice including evaluation. Sarah has assisted clients in a range of fields including early care and education, K-12 education, public health, home visiting, family engagement, and health with experience working with different aspects of a system including direct service, management and oversight, and policy/advocacy.

Sarah was the needs assessment lead for the Nevada County CHA and CHIP and served on the evaluation team for First 5 El Dorado, and has supported complex data collection and analysis for needs assessments and evaluation projects over the past 13 years.

Sarah has a bachelor's degree in environmental science from Willamette University and a master's degree in environmental science from the University of Nevada, Reno.

Lisa Watson, MA is a Client Services Manager for Social Entrepreneurs, Inc. (SEI). Lisa has over 17 years of experience working in the public/nonprofit service sector. She has 10 years at an executive level managing, directing, and supporting evaluation efforts for effective social service delivery systems serving children and families. She joined SEI in 2013. Her areas of expertise include strategic planning, program development, and quality improvement systems.

Lisa is the project lead for First 5 El Dorado's Community Hubs evaluation and also leads needs assessment and evaluations for four projects in Plumas County.

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Lisa holds a master's degree in leadership and organizational development from Fresno Pacific University and a bachelor's degree in sociology from California State University, Sacramento.

Sarah Yeats Patrick, MA, is a Client Services Associate at SEI. Sarah brings experience in research and analysis to the SEI team. She has assisted with multiple research projects for clients in both California and Nevada. Sarah conducts a broad range of primary and secondary research including data analysis, survey analysis, assessment, and literature reviews. She is also a trained Early Childhood Environment Rating Scale and Infant Toddler Environment Rating Scale assessor. Sarah has led several statewide needs assessments related to public health for the State of Nevada and has supported evaluation for both First 5 Glenn and Lassen since 2009.

Sarah has a master's degree in physical anthropology and a bachelor's degree in anthropology, both from University of Nevada, Reno.

Andrew Park, BA is a Data Analyst and Research Associate. He joined SEI in 2011 and has worked on many important data collection efforts related to organizational assessment, collective impact, and capacity building. He routinely sorts through and analyzes complex data sets and converts them into easy-to-understand reports through mapping of data and infographics. Andrew has served as a data analyst for First 5 El Dorado County and was the data lead on the Needs Assessment completed for First 5 El Dorado County in 2015. He also currently serves as the data analyst for First 5 El Dorado's Community Hub evaluation and has deep understanding of the data by supervisorial district and zip code throughout the county. Andrew also serves as the chief data analyst for evaluation projects in Butte, Plumas and Trinity County and was responsible for all data collection and analysis for those projects.

Andrew has a bachelor's degree in computer science from the University of Nevada, Reno.

Claudia Montoya is a Client Support Associate for SEI. She joined SEI in 2013. She has worked on numerous projects serving both California and Nevada-based organizations. Claudia is a foreign licensed attorney with more than ten years of legal experience in the public and private sector. She is a Spanish native speaker.

Claudia graduated from the University of Lima (Peru) with a J.D. in law and a bachelor's degree in political science.

Some unique aspects of SEI's team include:

- Deep understanding of the needs of low-income populations and social service systems.
- Content experts in a variety of subject areas including health and human services, or all health, senior and disability services, housing and homelessness, food security and basic needs, early care and education, juvenile justice, and domestic violence services.
- Experience working within a public process, with respect to public meeting laws, need for legal
  counsel review, and operating under Roberts Rules of Order.
- Technological capabilities to conduct and record webinars and administer online surveys for projects. We also have used technology to link people to meetings and conversations to increase community involvement in planning and outreach.



- Ability to develop customized tools for clients, such as a significance rating tool that uses
  economic modeling related to occurrence and impact of chronic diseases to prioritize the most
  impactful population-based health interventions for a community.
- c. SEI's experience performing services in counties with similar demographics Recent examples of our work within the last five years related to oral health, community needs assessment, and working with vulnerable populations include:
  - Nevada County Public Health Community Health Assessment and Community Health Improvement Plan (2016-17): Utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) Framework, SEI worked with the Nevada County Public Health Department Leadership team and partners to gather, analyze, and develop a Community Health Assessment report. The purpose of the Community Health Assessment was to describe the health status of the Nevada County population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address population health improvement. The project was done in partnership with other organizations and involved systematic collection and analysis of data and information on demographics, socioeconomic characteristics, quality of life, behavioral factors, environment, morbidity and mortality, and other social and community determinants of health status. The Community Health Assessment was then used to develop the Community Health Improvement Plan.
  - Nevada Department of Health and Human Services, Office of Food Security Older Nevadan's
    Food Security Needs Assessment (2017): SEI conducted key informant interviews and collected
    data from multiple sources to complete a study of older Nevadan's current and future needs for
    food and nutrition. To complete the study, SEI assessed funding gaps and identified strategies to
    improve access to food and nutrition that would support overall health, including dental health,
    of Nevada's senior population. The outcome of this work is intended to strengthen the food
    security system to better serve and reach older Nevadans in urban and rural communities.
  - Women's Health Connection (WHC) Breast and Cervical Cancer Capacity Needs Assessment (2016-17): The WHC program was established in 1997 to provide low-income, uninsured and underinsured women access to timely breast and cervical cancer screening. The program provides direct services to women with a long-term goal of reducing morbidity, mortality, and health disparities through education, screening, diagnosis and treatment. WHC implemented strategies to improve accessibility of services for breast and cervical cancer screening, and in 2016 SEI conducted a needs assessment to determine the systems strengths in place that could be sustained or built upon, identified external and internal factors that would enhance services, and developed a capacity building plan to address specific needs for improvement.
  - Homeless Continuum of Care (CoC) Programs Facilitation and Strategic Planning (2000-present): Since 2000, SEI has coordinated and facilitated the Housing and Urban Development's (HUD) Continuum of Care grants for Washoe County, Nevada and all 15 rural counties in Nevada. The purpose of the CoC is to develop community-based, comprehensive processes to re-house homeless individuals and families while minimizing trauma and dislocation. The CoC also promotes access to and utilization of programs that serve homeless individuals' needs, including health programs and programs aimed at developing self-sufficiency. SEI provides



coordination, facilitation, data collection, and training to the CoCs and develops a final report documenting specific strategies to be used in serving the homeless population. All activities designed by SEI are intended to build upon existing strengths while enhancing capacity and advancing the sustainability of systems and programs addressing homelessness.

- Nevada Department of Health and Human Services, Division of Aging and Disability Services (ADSD) Strategic Plan (2016-17): ADSD represents Nevadans ages 60 and older, as well as persons with disabilities, and assists the broader community that touches their lives. Following a statute passed in 2013, Developmental Services and Early Intervention Services were integrated into ADSD. The integration required input form a variety of stakeholders including, staff, boards commissions, and most importantly, consumers of ADSD's services. SEI was contracted to gather information from stakeholders and other data sources to develop a strategic plan for integrating the various services into ADSD. The objective of this project was to further a "no wrong door" pathway for older adults and persons with disabilities to access services. The plan defined the process for integrating the programs in a manner that would provide high quality services and meet the community's needs while responding to policy, compliance, and legal mandates. The plan also included optimizing funding and service delivery opportunities.
- Food Bank of Northern Nevada Collaborating for Clients (C4C) Collective Impact Initiative (2015-present): SEI has supported the Food Bank of Northern Nevada's C4C collective impact pilot, one of only five in the nation, to convene community partners to address root causes of food insecurity. The community's efforts are currently focused on addressing housing, food security, economic stability, and health. SEI has provided targeted leadership and instruction to core partner organizations to enable them to conduct outreach and communicate across organizations and with the community. SEI facilitated four community stakeholder sessions to understand the context, priorities, assets, and strategies that should be pursued, and then synthesized primary and secondary data into an updated needs assessment that served as the basis for ongoing work. This type of asset mapping process revealed priority areas, root causes, community context, needs and current resources meeting those needs, identified gaps in services, and provided the background to move forward with a collective impact approach.
- Nevada Department of Health and Human Services, Head Start Collaboration and Early
   Childhood Systems Kindergarten Assessment & Data Systems Needs Assessment (2013): SEI
   assisted the Department with the development of a Statewide Early Childhood Data Collection
   System linked to a Kindergarten Entry Assessment System in the State of Nevada. Activities
   included conducting focus groups and presentations, site visits, a statewide Needs Assessment
   Summary Analysis Report and plan that included concrete and actionable steps towards
   successful implementation of an Early Childhood Data System and use of a Kindergarten
   Assessment tool. Needs Assessment Summary Analysis Reports were developed for each of
   Nevada's 17 counties.

SEI has done a great deal of foundational work on oral health that will be of value during the project:

 Children's Dental Health Project – Oral Health Measurement Systems Project Facilitation (2015): SEI was a contractor of the DentiQuest Foundation, ASTDD and the Children's Oral Health Project to facilitate convenings on the National Oral Health Measurement Systems



Project. The purpose of the convenings was to identify the strengths, weaknesses, opportunities, threats, and gaps within the current measurement system. After completing this situational analysis, the Children's Oral Health Project adopted outcome measures for improving oral health.

- American Association of Public Health Dentistry (AAPHD) Strategic Planning (2003-4). SEI
  conducted pre-planning surveys and facilitated a participatory process with the Board and
  Committees of AAPHD to develop their strategic plan and to establish an evaluation plan that
  was presented to its members at their annual meetings in 2003 and 2004 for adoption. This
  group included a diverse set of State and County Dental Directors, researchers and University
  faculty charged with "putting the mouth back in the body" in public health efforts.
- Center for Oral Health Sustainability Planning and Board Retreat Facilitation (2014-16):
   Through the First 5 San Bernardino Capacity Building Academy, SEI worked with the Center for Oral Health to complete their long-term sustainability plan which included service delivery strategies aimed at ensuring oral health access for vulnerable populations, such as children. SEI also facilitated board strategic planning retreats to set objectives and measures for achieving the organization's strategic plan goals.
- Dental Health Foundation (2001-02). SEI conducted strategic planning sessions to develop California's Oral Health Infrastructure Blueprint. We also facilitated a one-day event with oral health experts to support planning of statewide projects to promote improved oral health of children 0-5 in California.
- Hispanic Dental Association (2004). SEI facilitated a two-day international symposium on improving oral health among Hispanic/Latino populations and engaging Latino oral health professionals.
- Denti-Cal Town Hall Meetings series (2000). SEI designed and facilitated a series of town hall
  meetings in partnership with the California Dental Association and Denti-Cal to engage
  providers and policy makers in conversations about how to improve oral health outcomes
  across the state.
- Nevada State Oral Health Program (2003-8). SEI assisted with planning and facilitating the
  Nevada State Oral Health Program's annual statewide summit of oral health experts. SEI also
  designed a participatory evaluation process for the State's Oral Health Program which included
  development of data collection tools, assistance with implementation of the evaluation
  process, and analysis and preparation of the annual report.
- University of California, San Francisco's Center to Address Disparities in Children's Oral Health (CAN DO) (2004-5). SEI worked with CAN DO to develop their strategic plan, which included an emphasis on sustainability and strategies to support their mission.
- The Center for Health Improvement (2000). SEI facilitated a two-day Prop 10 Dental Health Summit which involved four counties who designed unique solutions to oral health needs in their areas.



- Inyo County Children and Families Commission (2002-3). Lastly, SEI worked with the Commission to plan and write grant applications that produced \$300,000 in funding for children's oral health services, based on a comprehensive needs assessment.
- d. SEI's ability to perform the majority of the services identified in this RFP by June 30, 2018

SEI uses a capacity analysis internally to ensure that sufficient resources are available to accomplish the tasks detailed in the work plan. SEI holds hours for each resource assigned to a project until the contractor has been selected, so as to ensure that available resources can implement the work plan as described. We have reviewed our internal capacity and can assure you that all activities will be completed on time.

Sarah Boxx will serve as Project Lead for the Needs Assessment Phases of the project and will be the lead facilitator for needs assessment meetings with the County of El Dorado. She will conduct the key informant interview with the Public Health Officer and the Health Education Coordinator and will lead the development of the Improvement Plan and the Action Plan. Ms. Boxx will design the needs assessment component of the project, outlining the data discovery and analysis approach and designing all tools for data collection. She will guide the data discovery team of Andrew Park and Sarah Yeats Patrick in the collection and analysis of data.

Sarah Marschall will support the needs assessment data collection phase of the project and oversee data collection.

Lisa Watson will conduct SEI's gold star review (GSR) and finalize all major deliverables prior to their distribution to the County of El Dorado and/or the public.

Lisa Watson will help develop templates for the project and provide review of materials as needed.

**Kelly Marschall** will facilitate meetings to develop the action plan and implementation plan and will help draft content for both plans.

Sarah Yeats Patrick will create the Needs Assessment Summary, Improvement Plan and Action Plan templates. She will support Sarah Boxx, conduct research specific to assets and services available and participate in and document all County's Oral Health Assessment meeting results into the templates for the Needs Assessment, Improvement Plan and Action Plan. Sarah will be responsible for creating the calendar of County's Oral Health Assessment meetings and ensuring that materials are distributed to the Oral Health Advisory Committee a week in advance of each scheduled meeting. She will be responsible for all materials related to the focus groups, interviews and surveys.

Sarah will schedule, conduct, and document all key informant interviews except the first two that occur in Phase 1. She will also transcribe and code all key informant interviews to identify key themes, challenges and needs. She will be responsible for creating the logic model using the template provided by CDPH.

Andrew Park will conduct research and create graphs, charts and tables for the Needs Assessment Summary Analysis Report. This will include designing all tools, databases, creating all graphs and tables, drafting the needs assessment template, and drafting sections of the needs assessment. Andrew will also create all registration surveys for focus groups meetings.



Claudia Montoya will provide logistical support, translation services into Spanish as needed, and will manage scheduling and packets for all meetings. Claudia will GSR meeting materials. She will also document activities into status reporting.

Other SEI staff may also be engaged where they have specific knowledge and expertise that can benefit the project outcomes.

Activities that will be completed before here 30, 2018.

- · All activities identified in II. Scope of Services, A. Mandatory Program Component
- All activities identified in II. Scope of Services, B. Additional Program Components, 2. Asset and Resource Identification

Activities that will be completed after him: 30-2018.

 All activities identified in II. Scope of Services, B. Additional Program Components, 3. Community Health Improvement Plan (CHIP) and Action Plan

Please see the detailed workplan with timing for in depth description of activities that will be completed before and after June 30, 2018.

 SEI's past experience working on projects with similar goals and activities with organizations located in the County of El Dorado

SEI has been the evaluator of services in the County of El Dorado since 2008. This has included the completion of two county-wide needs assessments. In 2015, SEI conducted a needs assessment for El Dorado Children and Families Commission (First 5 El Dorado) to contribute to strategic planning for First 5 El Dorado and is currently engaged in assisting with the evaluation of programs funded by First 5 El Dorado. SEI began by exploring and confirming the most pressing needs of the County of El Dorado's youngest children and their families. This included reviewing data on key health indicators and conducting surveys and focus groups to get a deeper understanding of community needs and existing resources. The Needs Assessment Data Report was used to describe the needs, assets and gaps within the county.

With this information, SEI facilitated the development of a strategic plan for the County and developed an evaluation framework to measure the Commission's success at impacting the health and wellbeing of children and families in the community.

Utilizing information from the evaluation, SEI assisted First 5 EI Dorado to plan and implement a "Community Hubs" model to leverage existing neighborhood resources. The focus for Community Hubs is prevention—through early identification of developmental issues, targeted assistance, and efficient service delivery for children and their families. Under this model, prevention services can be delivered to families through both mobile outreach and connection to direct services through the hubs, reaching children and families in the neighborhoods where they live and work.

4 References

Please see Attachment A for reference letters from:

42 | Bass



#### 1. Jill Blake, Public Health Director, Nevada County

500 Crown Point Circle

Grass Valley, CA 95945

Telephone: 530-265-1450

Email: Jill.blake@co.nevada.ca.us

#### 2. Kathleen Guerrero, Executive Director, First 5 El Dorado

2776 Ray Lawyer Drive

Placerville, CA 95667

Telephone: 530.622.5787

Email: kguerrero@edcoe.org

#### 5 Cost Proposal

The total project cost is estimated at \$99,566.25. We propose to perform this project on a <u>not-to-exceed</u> basis, meaning that the cost is limited to the total amount specified in this letter to provide the services. If fewer hours or expenses are incurred than estimated, the price of the total project will be reduced accordingly. A detailed project work plan is provided as Attachment A to illustrate in more detail the scope, hours, fees, timing and resources for each task to complete the project. Note: travel time can be found at the end of each phase of the project and is billed at half the hourly rate.

#### Hourly rates for SEI staff are as follows:

Sarah Boxx

\$175/hour

Kelly Marschall

\$175/hour

Sarah Marschall

\$145/hour

Sarah Yeats Patrick

\$115/hour

Andrew Park

\$75/hour

Claudia Montoya

\$55/hour

#### The cost by phase and major activities is as follows:

	SEI Hours	Professional Fees	Expenses	Total Cost
Phase 1. Project Organization and	106.25	\$12,578.75	\$691.80	\$13,270.55
Preparation				
Phase 2. Oral Health Needs	447	\$41,825.00	\$2,647.40	\$44,472.40
Assessment				
Phase 3. Oral Health	274.5	\$27,932.50	\$2,510.80	\$30,443.30
Improvement Plan and Action				
Plan				



Phase 4. Project Management	84	\$11,380.00	\$0.00	\$11,380.00
and Communication				·
Totals	911.75	\$93,716.25	\$5,850.00	\$99,566.25

### Expenses are detailed as follows:

#### **EXPENSE BREAKDOWN**

	Total Estimated Expenses	\$5,850.00
interviews		
Transcription services for key informant		\$300.00
Copies and printing	Allowance for printing costs throughout the project, such as copies of agendas and handouts for meetings and other printing needed to complete tasks in the detailed work plan	\$575.00
Long distance phone calls	Allowance for long distance telephone calls throughout the project	\$15.00
Meeting refreshments	Provide simple refreshments for attendees at up to 10 meetings, at an average cost of \$45.00 per meeting	\$450.00
Car rental and gas	Estimated 10 days of car rental at an average cost of \$65.00 per day for rental charges and gas	\$650.00
Meals	Up to 22 travel days at \$51.00 per day	\$1,122.00
Lodging	Estimated 8 room nights at an average cost of \$155.00 per night, including room taxes and surcharges	\$1,240.00
Mileage	Estimated 10 trips at an average cost of \$149.80 per trip, based on 280 miles roundtrip at the current IRS mileage rate of \$0.535 per mile plus any applicable road and bridge tolls	\$1,498.00
Expense Type	Expense Calculation	Total Cost

The fees are based on the scope of the project and on the division of responsibilities as outlined in this letter. Changes to the project scope, such as the addition of other deliverables to be produced, may result in additional fees. SEI will notify HHSA and the Public Health Division if we believe that the scope has changed; additional fees cannot be charged unless agreed to by both parties.



# Appendix A: SEI References

Reference # 1:	NEVADA COUNTY P	TY PUBLIC HEALTH DEPARTMENT (NCPHD)				
Company Name:	Social Entrepreneurs,	Inc.				
Project Name:	Community Health A Report	ssessment and Community Health Improvement Plan and				
Primary Contact Int	formation					
Name:		Jill Blake, Public Health Director				
Phone number:		(530) 265-1450				
Email address:		Jill blake@co nevada.ca us				
Length of business	relationship:	From 8/1/2014 to 12/31/2016				
Summary of services performed:		SEI assisted the Nevada County Public Health Department to gather, analyze, and develop a Community Health Assessment (CHA) report for the purpose of achieving national public health department accreditation through the Public Health Accreditation Board (PHAB.) and also lead process to develop the Community Health Improvement Plan and Report.				
		More specifically, SEI was contracted to:				
		<ul> <li>Create a data resource list for obtaining population data, including how and from where it came. The plan outlined the description of the demographics of the population, health issues and groups with particular health issues, contributing causes of community health issues, and existing community assets or resources to address health issues. SEI worked with the NCPHD Team to customize the evidence-based MAPP tools and resources to meet the local needs.</li> <li>Gather and synthesize data from reports, epidemiologists, and other publicly available and reliable sources.</li> <li>Coach the NCPHD Team and partners through gathering community insights using the customized tools.</li> <li>Present the report to the NCPHD Team and stakeholders for input and identification of critical</li> </ul>				



tequest for 1 Toposai # 10-052-040	
How well SEI performed the services identify in the contract?	issues to address, including health education needs and gaps.  Develop and create a process to monitor selected indicators over time.  Facilitate a comprehensive planning process resulting in a Community Health Improvement Plan (CHIP) using a modified Mobilizing for Action through Planning and Partnerships (MAPP) process.  Provide targeted education, technical assistance (TA) and coaching on the MAPP process to build the Lead Team, Steering Committee, and community partners' understanding and capacity for future planning efforts.  Engage key stakeholders and the broader community throughout, and provide information that NCPHD and partners can use to keep the CHIP process in the forefront of the community  Provide communication materials, including a list serve, to keep the public aware of and engaged in the planning process.  SEI performed excellently in their contracted services. I would even say they went above and beyond what was included in their scope of work. We as NCPHD staff were very pleased with their work, as were the many community members who participated in our processes.
Reference level of satisfaction with the quality of services performed:	Highest.
The extent to which you would choose to contract with SEI for similar services in the future:	I would not hesitate to contract again with SEI for similar assessment, planning, and/or community engagement services.
Signature:	ー すんイ BCさら Jill Bloke, Public Health Director Nevada County Date: ひコ/コチ/18



Reference # 2:	FIRST 5 EL DORADO						
Company Name:	Social Entrepreneurs	ocial Entrepreneurs, Inc.					
Project Name:	Community Needs A	ssessment and Strategic Plan					
Primary Contact Inf	ormation						
Name:		Kathleen Guerrero, Executive Director					
Phone number:		(530) 622-5787					
Email address:		kguerrero@edcoe.org					
Length of business relationship:		From 6/10/2008 to the present					
Summary of service		SEI conducted a community needs assessment to inform strategic planning for First 5 EI Dorado and they are currently evaluating funded programs.  SEI assisted the First 5 EI Dorado Children and Families Commission to develop a strategic plan that address the needs of children age 0 through 5, and their families in EI Dorado County, potentially via the implementation of Community Hubs.  More specifically, SEI was contracted to:  Explore and confirm the most pressing needs of EI Dorado County's youngest children and their families, leveraging evaluation data, surveys, focus groups, reports and other data readily available throughout the county.  Establish a strategic plan that could be used to guide Commission investments and activities in responding to those needs, potentially incorporating Community Hubs.  Provide an evaluation framework to measure the Commission's success at impacting change and achieving desired results.					
How well SEI perfo identify in the cont		SEI holds a high bar for quality services. As evaluators, they provide a detailed scope of work with corresponding timelines to ensure timely deliverables.  Within that scope, SEI builds in opportunities to connect with the contractor to review and discuss qualitative					

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	data that may affect reporting. Reports are written to the appropriate audience and are intended to be a working document.
Reference level of satisfaction with the quality of services performed:	First 5 Commissioners welcome the expertise of SEI and, in addition to the regular evaluation contract, have engaged for other services including a community needs assessment and strategic planning.
The extent to which you would choose to contract with SEI for similar services in the future:	The staff at SEI are responsive to our evaluation challenges and make informed recommendations for continuous improvement. First 5 El Dorado would choose to contract with SEI in the future.
Signature:	Kathleen Guerrero, Executive Director First 5 El Dorado Date: February 27, 2018

### COUNTY OF EL DORADO

#### HEALTH & HUMAN SERVICES

Patricia Charles-Heathers, Ph.D. Director

Administration & Contracts James Robbins Deputy Director

3057 Briw Road, Suite B Placerville, CA 95667 530-642-7300 Phone / 530-626-7734 Fax



#### BOARD OF SUPERVISORS

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DISTRICT V

March 9, 2018

Kelly Marschall, President Social Entrepreneurs, Inc. 6548 South McCarren Blvd., Suite B Reno, NV 89509

RE: County of El Dorado - Request for Proposals 18-952-040 - Proposal Clarification

Dear Ms. Marschall:

In response to the proposal submitted by your organization, the Health and Human Services Agency (HHSA) is exercising its right to seek clarifying information regarding your proposal. Specifically, HHSA would appreciate written responses to address the following:

- A mathematical error seems to be present in the "Subtotals for phase hours" section on page 31.
  Please clarify if the total cost for the proposal is as you intended and accurate, or submit a revision correcting these errors.
- 2) It is estimated a contract will not be in place until May, and due to budget and funding considerations, most activities will need to be accomplished by June 30th. Please indicate what services and activities you believe can be accomplished given this timeframe.
- 3) 3) Given the late start, can all proposed activities still be completed by 12/31?

In the interest of expediency, please provide a written response by email to the following:

- Dr. Nancy Williams, Public Health Officer nancy.williams@edcgov.us
- Jason Stalder, Department Analyst <u>Jason.stalder@edcgov.us</u>

Thank you for your interest in this opportunity. We look forward to hearing from you.

Sincerely

Jason Stalder

Department Analyst II, Administration

El Dorado County Health and Human Services Agency

Vision Statement: Transforming Lives and Improving Futures 3/13/2018



Jason Stalder <iason.stalder@edcgov .us>

### El Dorado County RFP#18-952-040 - Clarifying Questions

Kelly Marschall <a href="kmarschall@socialent.com">kmarschall@socialent.com</a>
To: Jason Stalder <a href="mailto:jason.stalder@edcgov.us">jason stalder@edcgov.us</a>

Mon. Mar 12, 2018 at 5:33 PM

Dear Mr. Stalder and Dr. Williams.

Thank you for your letter via email and follow-up questions regarding our RFP Submission. I met with our team today at 4 pm to review your questions and to lay out our response. We know that time is of the essence with this project, which is why we proposed a March start date. However, we understand the realities of contracting. I will respond to each question by number:

- 1. You are correct that one of the columns in our excel spreadsheet used to calculate the rates x hours was pointing towards the incorrect column. We have corrected the macro in the excel spreadsheet. I am providing an updated workplan with budget and expenses. (see attached word document). In addition, we charge travel time at ½ our hourly billable rate so all hours listed in each phase for travel are x .5 of the billable rate for the resource.
- If the project has a start date of early May, we are confident we could complete tasks 1-45 of the work plan by June 30<sup>th</sup>.
- 3. We believe that all work proposed can still be completed by 12/31. However, we think that the key informants, surveys and focus groups will need strong leadership and support from HHSA to help identify and reach out to key informants and to assist in publicizing focus groups and surveys. So, our response is dependent on the assumption that HHSA leadership would be available to prompt key informants to be responsive and to prompt community partners and other county programs to support this effort. We suggest that tasks 46-85 could all be completed by August 31. We think tasks 86-95 could run concurrent to the completion of the needs assessment as long as the OHAC is able to look at preliminary data that may not yet be in its final format. If so, task 86 could start in August and the remaining tasks' deadlines could be compressed for planning to achieve the 12/31 completion date.

Please don't hesitate to contact me if I can provide additional information.

Kelly

Kelly A. Marschall, Principal Social Entrepreneurs, Inc. 6548 S. McCarran Blvd, Suite B Reno, Nevada 89509

775-324-4567 voice

775-846-0155 cell

https://mail.google.com/mail/u/0/?ui=2&ik=58e0f4c3f1&jsver=kBTDgkPpgMA.en.&view=pt&msg=1621cc64eee14f4b&search=inbox&siml=1621cc64eee... 1/2 and 1/2

www.socialent.com

From: Jason Stalder <jason.stalder@edcgov.us> Sent: Friday, March 09, 2018 4:39 PM

To: kmarschall@socialent.com

Cc: Nancy Williams <nancy.williams@edcgov.us>

Subject: El Dorado County RFP#18-952-040 - Clarifying Questions

[Quoted text hidden]

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El Dorado County - Revised W ork plan 3 12 18.docx 365K



	SEI Hours	Professional Fees	<u>Expenses</u>	Total Cost
Phase 1. Project Organization and Preparation	106.25	\$12,578.75	\$691.80	\$13,270.55
Phase 2. Oral Health Needs Assessment	447	\$41,825.00	\$2,647.40	\$44,472.40
Phase 3. Oral Health Improvement Plan and Action Plan	274.5	\$30,377.50	\$2,510.80	\$32,888.30
Phase 4. Project Management and Communication	84	\$9,930.00	\$0.00	\$9,930.00
Totals	911.75	\$94,711.25	\$5,850.00	\$100,561.25

### **EXPENSE BREAKDOWN**

T. T.		T
Expense Type Mileage	Expense Calculation  Estimated 10 trips at an average cost of \$149.80 per trip, based on 280 miles roundtrip at the current IRS mileage rate of \$0.535 per mile plus any applicable road and bridge tolls	<b>Total Cost</b> \$1,498.00
Lodging	Estimated 8 room nights at an average cost of \$155.00 per night, including room taxes and surcharges	\$1,240.00
Meals	Up to 22 travel days at \$51.00 per day	\$1,122.00
Car rental and gas	Estimated 10 days of car rental at an average cost of \$65.00 per day for rental charges and gas	\$650.00
Meeting refreshments	Provide simple refreshments for attendees at up to 10 meetings, at an average cost of \$45.00 per meeting	\$450.00
Long distance phone calls	Allowance for long distance telephone calls throughout the project	\$15.00
Copies and printing	Allowance for printing costs throughout the project, such as copies of agendas and handouts for meetings and other printing needed to complete tasks in the detailed work plan	\$575.00
Transcription services for key informant interviews		\$300.00
	Total Estimated Expenses	\$5,850.00



And a street of the Park Street of				Hours and R	esources		2		1	
Task #	Task	Start Date	End Date	Sarah Marschall	Sarah Boxx	Lisa Watson	Claudia Montoya	Sarah Yeats Patrick	Kelly Marschall	Andrew Park
	Phase 1. Project Organization and Preparation									
1	Schedule project kickoff meeting	3/19/2018	3/22/2018	0.5						
2	Conduct internal project kickoff meeting	3/19/2018	3/22/2018	2.5	3.5		2.5	2.5		2.5
3	Set up needs assessment folder and Improvement plan folder	3/19/2018	3/22/2018			Web Assessment	1			
4	Draft data discovery plan per Phase 1D	3/22/2018	3/29/2018	2				8		
5	Create Needs Assessment report template, Improvement Plan template and Action Plan template, leveraging materials provided by CPHD in background folder per Phase 1D	3/22/2018	3/29/2018	2		2		4		
6	Create outreach plan per Phase 1 D	3/22/2018	3/29/2018	1	1			3		
7	Conduct kickoff meeting with PHD	3/22/2018	3/26/2018	1.5						
8	Schedule key informant with PH Officer and Health Education Coordinator	3/19/2018	3/22/2018	1			1			
9	Conduct key informant with PH Officer	3/26/2018	3/29/2018	1.5						
10	Document key informant interview with PHD	3/29/2018	3/29/2018	3				3		



11	Obtain contact information for other data sources in the county	3/22/2018	3/29/2018	1			
12	Draft email to OHAC. Create project description and timeline (2 pgs.)	3/26/2018	3/26/2018	0.5		1.5	
13	Create and draft doodle poll for OHAC	3/26/2018	3/26/2018			0.5	
14	Issue doodle poll for OHAC to schedule meetings	3/27/2018	3/27/2018	0.25		0.25	
15	Schedule OHAC meeting 1	3/21/2018	3/21/2018			0.5	
16	Schedule key informant with Health Education Coordinator	3/19/2018	3/19/2018		0.5		
17	Conduct key informant with Health Education Coordinator	3/22/2018	3/26/2018		1.5		
18	Document key informant interview with Health Education Coordinator	3/27/2018	3/28/2018		4		
19	Draft agenda for OHAC meeting 1	3/27/2018	3/28/2018	0.25		0.5	
20	GSR and finalize data discovery plan, outreach plan and project overview	3/27/2018	3/28/2018	2	4		
21	Draft PPT and create packets for OHAC meeting 1	3/27/2018	3/28/2018			2	
22	Send agenda, data discovery plan, outreach plan, project overview to OHAC	3/28/2018	3/28/2018		1		
23	Facilitate OHAC Meeting 1	3/29/2018	4/5/2018	4		4	
24	Publish schedule for upcoming OHAC meetings and send to OHAC and SEI team	4/6/2018	4/6/2018			1	



25	Document OHAC Meeting 1 into data discovery plan, outreach plan and needs assessment report	4/6/2018	4/10/2018	-	2	3	
26	Establish data repository, revise questions, key informant list, tool for key informant interviews, focus group list, focus group questions, tool to document focus groups and fact sheet to publicize project.	4/6/2018	4/10/2018	1	1	3	4
27	GSR and finalize research and outreach plans, tools and fact sheet	4/10/2018	4/13/2018	1	 1 4		
	Travel time during the phase			4		4	

 Subtotal for phase - hours
 29
 4.5
 17
 8.5
 40.75
 0
 6.5

 Subtotal for phase - professional fees
 \$3,915.00
 \$787.50
 \$2,465.00
 \$467.50
 \$4,456.25
 \$0.00
 \$487.50

	Phase 2. Oral Health Needs Assessment					2.0049		
28	Review COHP and proposal to determine data that aligns with state oral health objectives	3/19/2018	3/22/2018	2				12
29	Conduct research to collect demographic and publicly available data based on CPHD guidance and key informant	4/2/2018	4/6/2018	1.5		3		12
30	HP 2020 profile for El Dorado	4/2/2018	4/6/2018	 				4
31	State Oral Health Plan data for El Dorado	4/2/2018	4/6/2018					4
32	Data from OHAC or from key informants in Phase 1	4/2/2018	4/6/2018			2		4
33	Data meeting to review status of data to date and inventory what data is available and what is still missing. Determine if Tableau is best platform for reporting and creating geo maps.	4/7/2018	4/9/2018				1.5	1.5
34	Draft demographics section	4/9/2018	4/23/2018	 		4		12



35	Search for CoC data, data from Agency on Aging on seniors, data on African Americans, Latinos, persons who are undocumented	4/9/2018	4/23/2018			4	8
36	Review El Dorado Community Clinics information on dental clinics and services.	4/9/2018	4/23/2018			1.5	
37	Review CoC data on HUD website for information about providers and CoC participants	4/9/2018	4/23/2018			1.5	
38	Review Area Agency on Aging for Senior service programs	4/9/2018	4/23/2018			2	
39	Conduct broad search for other dental specific resources	4/23/2018	4/30/2018			4	4
40	Input data into Tableau or other tool based on determinization in Phase 1	4/9/2018	4/30/2018				20
41	Update data inventory and needs assessment with data	4/9/2018	4/30/2018				3
42	Identify Geomaps to create, using COHP and other examples as a starting point	4/9/2018	4/30/2018	0.5	2		2
43	Create maps, charts and tables	5/1/2018	5/15/2018				18
44	Schedule key informant interviews and coordinate/communicate with OHAC members for warm handoffs to reach key informants	4/2/2018	4/6/2018		2.5	0.5	
45	Determine recording and transcription service to use	4/2/2018	4/6/2018			2	
46	Conduct key informants	4/9/2018	4/18/2018	3		15	
		-					



47	Obtain transcriptions and establish coding legend	4/18/2018	4/26/2018			4	4	
48	Code key informants	4/26/2018	4/30/2018				4	15
49	Identify preliminary themes by key informant	5/1/2018	5/7/2018		1.5		 4	
50	Coordinate with county on potential locations for focus groups. Identify contacts by location or point person at the county with whom to work	4/4/2018	4/13/2018	and the second of the second o			2	
51	Contact potential locations to schedule ten focus groups	4/4/2018	4/13/2018			4	1	
52	Create invitation fact sheet for focus groups	4/4/2018	4/13/2018			0.5	2	
53	Customize invitation fact sheet by location, group and time	4/4/2018	4/13/2018			0.5	1.5	



54	Set up survey monkey for registration, divide by consumer or provider and then by location. Limit registration to 15 per focus group.	4/4/2018	4/13/2018	1			4
55	Embed link into each fact sheet	4/4/2018	4/13/2018			0.25	
56	Send six invitation fact sheets to OHAC for distribution	4/4/2018	4/13/2018			2	
57	Create master focus group list and summary fact sheet for posting on county website	4/16/2018	4/16/2018			1	
58	Distribute focus group list and summary fact sheet to county and OHAC for posting on website and social media	4/16/2018	4/16/2018			1.5	
59	Allowance for follow up to confirm posting of focus groups	4/17/2018	4/20/2018			0.25	
60	Review survey monkey for status of registrations by consumer or provider and by location	4/20/2018	4/20/2018			1	
61	Manage registration for focus groups via survey monkey	4/16/2018	4/30/2018				1
62	Summarize work completed to date to include updated data discovery plan, status of research, needs assessment template with data, status of key informants and focus groups	4/16/2018	4/30/2018			2	2
63	Create survey questions and draft survey in English and Spanish	4/16/2018	4/30/2018		3	1	8



64	Create agenda, sign in sheet, participant demographics sheet and Likert scale for each focus group. Create survey link	4/16/2018	4/30/2018		6	2		
65	Make copies of agenda, sign in sheet and participants handouts for each focus group. Publicize survey to focus group participants	4/16/2018	4/30/2018		2			
66	Arrange travel to El Dorado County based on schedule and location of focus groups	4/16/2018	4/30/2018		2			
67	Set up and conduct focus groups	5/7/2018	5/16/2018		 30	30	***************************************	
68	Collect and compile participant forms, sorted by type and location	5/16/2018	5/18/2018			3		
69	Create overall chart of focus group demographics with breakdowns by provider and consumer	5/19/2018	5/22/2018					2
70	Update needs assessment with focus group demographics and charts	5/22/2018	5/25/2018		 2			
71	Synthesize focus groups into key themes, barriers, assets and challenges. Create matrix with all focus groups and finding by location and type	5/19/2018	5/25/2018	2		12		



72	Internal project meeting to review key themes, assets, challenges and needs, general and specific to topic area or geographic location	5/30/2018	5/30/2018	1.5			1.5	1.5
73	Draft narrative for needs assessment	6/1/2018	6/11/2018	6			24	
74	Update resources, citations, tables, charts,	6/1/2018	6/11/2018					 12
	and appendices							
75	GSR needs assessment	6/12/2018	6/14/2018			8		
76	Revise needs assessment based on GSR	6/14/2018	6/15/2018	4			8	
77	Draft agenda, ppt and pdf needs assessment for OHAC Meeting 2	6/12/2018	6/14/2018				3	
78	Schedule travel and make packets for OHAC meeting 2	6/1/2018	6/14/2018			1.5		
79	Facilitate OHAC Meeting 2	6/15/2018	6/25/2018	4			4	
80	Allowance for additional research or revision based on OHAC feedback	6/26/2018	6/28/2018				2	 
81	Update needs assessment with corrections or changes	6/26/2018	6/28/2018				2	
82	Update needs assessment with key themes	6/26/2018	6/28/2018				2	 
83	Make any additional revisions needed	6/26/2018	6/28/2018	4				
84	GSR final draft of Needs Assessment	6/29/2018	6/29/2018		3			



	Report						
85	PDF and send final Needs Assessment Report to PHD for approval and posting to website. Send to OHAC members once PHD has approved	6/29/2018	6/29/2018			1	
	Travel time during the phase				16	16	

Subtotal for phase - hours Subtotal for phase - professional fees 0 30 13 75 177.5 1.5 150 \$0.00 \$5,250.00 \$1,885.00 \$3,685.00 \$19,492.50 \$262.50 \$11,250.00

	Phase 3. Oral Health Improvement Plan and Action Plan	100 PH 100 PH					Marine 1		
86	Prepare ppt with any updates or changes to the Needs Assessment Report and outline key themes, assets, and gaps	7/2/2018	7/6/2018				2		
87	Search ASTDD site for updated Proven and Promising Best Practices	7/2/2018	7/6/2018	P. 100 P.	1		8		
88	Summarize Proven and Promising Best Practices for State and Community Oral Health Programs into ppt based on initial themes and gaps	7/9/2018	7/9/2018				2		
89	Draft agenda, best practices handout, CPHD objectives handout and sign in sheet for OHAC Meeting 3	7/9/2018	7/12/2018				3		
90	GSR all materials for OHAC Meeting 3	7/13/2018	7/13/2018			2			
91	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	7/2/2018	7/6/2018			2			
92	Facilitate OHAC Meeting 3 to define objectives and target populations	7/23/2018	7/30/2018				4	4	



93	Document objectives and target population into Improvement Plan	7/31/2018	8/3/2018			2		
94	Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction	7/31/2018	8/3/2018					
95	Refine objectives and target population	7/23/2018	7/30/2018			2		
96	Create menu of action items for each objective	7/23/2018	7/30/2018			4		
97	Research other county CHIP with oral health objectives	7/23/2018	7/30/2018			2		1
98	Contact CDPH for emerging research to incorporate	7/31/2018	8/3/2018			2		
99	Evaluate objectives for their impact on issues identified in the needs assessment	8/6/2018	8/6/2018			4		
100	Create impact matrix of needs assessment cross walk with objectives	8/6/2018	8/6/2018			4		
101	Research resources needed for objectives	8/7/2018	8/9/2018			4		
102	Create resource guide for resources by objective	8/9/2018	8/10/2018			4		
103	Meet to review materials developed to date	8/13/2018	8/20/2018			2		0.5
104	Contact work group members to schedule planning meetings	8/9/2018	8/10/2018			2		
105	Allowance for call with PHD to update on status and talk through any challenges or logistics	8/9/2018	8/10/2018					
106	Research activities from COHP, ASTDD and other sites to meet objectives proposed by OHAC	8/6/2018	8/20/2018		4		1	
107	Create objectives and activities menu handout	8/6/2018	8/20/2018		1	4		



108	Draft agenda, Town Hall Meeting summary, draft Improvement Plan and sign in sheet for OHAC Meeting 4	8/9/2018	8/13/2018			6		
109	GSR all materials for OHAC Meeting 4	8/14/2018	8/14/2018		2			
110	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	8/6/2018	8/14/2018		2			
111	Facilitate OHAC Meeting 4 to identify activities to meet objectives and target populations	8/21/2018	8/30/2018			4	4	
112	Validate or revise objectives and target population into Improvement Plan and add activities	8/31/2018	8/31/2018			2		
113	Allowance for follow up with PHD to review activities and ensure alignment with HHS direction	9/4/2018	9/10/2018				1	
114	Draft agenda, best practices handout, CPHD objectives handout and sign in sheet for OHAC Meeting 5	9/4/2018	9/10/2018			3		
115	GSR all materials for OHAC Meeting 5	9/11/2018	9/11/2018	 	1.5			
116	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	8/21/2018	9/12/2018		2		2	
117	Facilitate OHAC Meeting 5 to define objectives and target populations	9/20/2018	9/28/2018			4	4	
118	Update objectives and activities into Improvement plan and identify time frame and leads into Action Plan	10/1/2018	10/4/2018		3	1		



119	Allowance for follow up with PHD to review objectives and ensure alignment with HHS direction	10/1/2018	10/4/2018				1	
120	Draft agenda to continue identifying activities and time frame for objectives, identify lead entities for new activities and sign in sheet for OHAC Meeting 6	10/5/2018	10/8/2018				1	
121	GSR all materials for OHAC Meeting 6	10/9/2018	10/9/2018			2		
122	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting.	9/20/2018	10/10/2018		2			
123	Facilitate OHAC Meeting 6 to finalize activities, time frames and leads and begin to identify evaluation or deliverables by objective or activity	10/18/2018	10/29/2018			4	4	
124	Document Meeting 6 results into Improvement Plan and Action Plan	10/30/2018	10/31/2018		2.5	0.5		
125	Incorporate all Action Plan components into logic model template	11/1/2018	11/2/2018			4		
126	Allowance for follow up with PHD to ensure alignment with HHS direction and Improvement plan and Action Plan	10/30/2018	11/2/2018			1		
127	Internal SEI meeting to identify gaps and issues with Improvement plan and Action Plan. Frame out key questions for meeting 7, refine logic model	11/9/2018	11/12/2018			1.5	1.5	



128	Draft agenda to review Improvement plan, Action Plan and Logic Model and create communication and evaluation plan and sign in sheet for OHAC Meeting 7	11/13/2018	11/15/2018				3	1.5	
129	GSR all materials for OHAC Meeting 7	11/16/2018	11/16/2018					2	
130	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	10/10/2018	11/16/2018					2	
131	Facilitate OHAC Meeting 7 to identify communication plan, resource needs, evaluation or deliverables by objective or activity	11/20/2018	11/30/2018				4	4	
132	Document Meeting 7 results into Improvement Plan and Action Plan	12/3/2018	12/5/2018				4		
133	Incorporate evaluation framework into Improvement Plan	12/6/2018	12/6/2018			6	4	1	
134	Incorporate resource needs into Action Plan	12/6/2018	12/6/2018				2		
135	Allowance for follow up with PHD to ensure alignment with HHS direction and Improvement plan and Action Plan. Discuss resource needs and what to reflect in Improvement plan	12/3/2018	12/5/2018					2	
136	Internal SEI meeting to review all materials developed to date, ensure alignment, review for consistency in format, style and content	12/7/2018	12/12/2018	WAR DECORPTION OF THE PARTY OF			4	4	
137	Allowance to make visually interesting final versions of all documents	12/13/2018	12/14/2018			8			
138	Develop PPT presentation of Needs Assessment, Improvement Plan and Action Plan	12/13/2018	12/14/2018				4		



139	Draft agenda to present Improvement plan, Action Plan and Needs Assessment, sign in sheet for OHAC Meeting 8	12/14/2018	12/14/2018					2		
140	GSR all materials for OHAC Meeting 8	12/17/2018	12/17/2018						1.5	
141	Arrange travel and create OHAC packets. Send packets to OHAC for review prior to meeting	11/20/2018	12/18/2018				2			
142	Facilitate OHAC Meeting 8 to present final draft of Improvement plan and Action Plan and identify any changes	12/19/2018	12/26/2018					4	4	
143	Document Meeting 8 results into Improvement Plan and Action Plan	12/27/2018	12/27/2018					3		
144	Conduct final review of all deliverables	12/27/2018	12/27/2018						3	
145	Allowance for revisions as needed to finalize all deliverables	12/28/2018	12/28/2018					6	1.5	
146	Forward to PHD for review and sign-off	12/31/2018	12/31/2018			***************************************		1		
147	Distribute to OHAC and arrange for posting on county website and other Partner sites	12/31/2018	12/31/2018					1		
	Travel time during the phase							26	26	
	Subtotal for phase - hours			0	0	6	35	156	76	1.5
	Subtotal for phase - professional fees			\$0.00	\$0.00	\$870.00	\$1,925.00	\$16,445.00	\$11,025.00	\$112.50
	Phase 4. Project Management and Commun	ication								
155	Track time and tasks in Mayenlink to	3/1/2018	12/31/2018	Т	1.5	4	3	6	4	6
133	generate status reports	3/1/2018	12/31/2018		1.5	*	3	0	4	0
156	Generate status reports and review for completeness	4/1/2018	12/31/2018					10	2	
157	Issue monthly status reports with invoice to PHD	4/1/2018	12/31/2018					2.5		



158	Allowance for monthly team meetings to coordinate project activities and identify challenges	4/1/2018	12/31/2018		2	4		9	4	9
159	Allowance for external communication to explain project, assist in focus group registration or town hall meeting registration	4/1/2018	12/31/2018					2		
160	Compile all inquiries and contacts made and incorporate into status reports	4/1/2018	12/31/2018					1		
161	Allowance for two unscheduled meetings with PHD to ensure client satisfaction or to address project challenges	5/1/2018	9/28/2018					3		
162	Email and phone communication ad hoc	4/1/2018	12/31/2018					3		
163	Allowance to respond to other questions or issues from OHAC members or Oral Health Coordinator if hired	4/1/2018	12/31/2018					3		
164	Package all project deliverables	12/31/2018	12/31/2018					4		
165	Send knowledge base to PHD and obtain sign off on project	12/31/2018	12/31/2018					1		
	Travel time during the phase									
	Subtotal for phase - hours			0	3.5	8	3	44.5	10	15
	Subtotal for phase - professional fees			\$0.00	\$612.50	\$1.160.00	\$165.00	\$5.117.50	\$1.750.00	\$1,125,00

Subtotal for phase - professional fees \$165.00 \$5,117.50 \$1,750.00 \$1,125.00 \$0.00 \$612.50 \$1,160.00

PROJECT TOTAL		

By Resource Total



Hours	911.75	29	38	44	121.5	418.75	87.5	173
Professional fees	\$94,711.25	\$3,915.00	\$6,650.00	\$6,380.00	\$6,242.50	\$45,511.25	\$13,037.50	\$12,975.00



- 3. Background, Experience, and Capabilities
- a. SEI's background and organizational history conducting community health assessments Social Entrepreneurs, Inc. (SEI) works almost exclusively with health and human service organizations. Since 1996, SEI has assisted over 200 nonprofit service providers, state and local governmental agencies, foundations, and state and local associations and completed over 600 projects. SEI has completed over 40 gaps analysis or needs assessment planning projects and served as the evaluator for numerous programs and initiatives.

We believe that a successful vendor for this project will have experience in needs assessment and planning, but also be skilled in facilitation and be seasoned evaluators of services. Our experience with needs assessments, planning projects, and evaluation and our understanding of oral health positions us to provide value to El Dorado County during this important project. This experience, coupled with our understanding of issues and best practices for serving vulnerable populations is essential to a seamless, efficient project. Our knowledge of homeless services and needs, persons living with special needs and issues facing seniors and other populations living in poverty will be an asset for El Dorado County.

Examples conducting community health assessments include:

- Nevada County Public Health Community Health Assessment and Community Health Improvement Plan (2016-17): Utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) Framework, SEI worked with the Nevada County Public Health Department Leadership team and partners to gather, analyze, and develop a Community Health Assessment report. The purpose of the Community Health Assessment was to describe the health status of the Nevada County population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address population health improvement. The project was done in partnership with other organizations and involved systematic collection and analysis of data and information on demographics, socioeconomic characteristics, quality of life, behavioral factors, environment, morbidity and mortality, and other social and community determinants of health status. The Community Health Assessment was then used to develop the Community Health Improvement Plan.
- Children's Dental Health Project Oral Health Measurement Systems Project Facilitation (2015):
   SEI was a contractor of the DentiQuest Foundation, ASTDD and the Children's Oral Health Project to
   facilitate convenings on the National Oral Health Measurement Systems Project. The purpose of the
   convenings was to identify the strengths, weaknesses, opportunities, threats, and gaps within the
   current measurement system. After completing this situational analysis, the Children's Oral Health
   Project adopted outcome measures for improving oral health.
- Nevada Department of Health and Human Services, Office of Food Security Older Nevadan's Food Security Needs Assessment (2017): SEI conducted key informant interviews and collected data from multiple sources to complete a study of older Nevadan's current and future needs for food and nutrition. To complete the study, SEI assessed funding gaps and identified strategies to improve access to food and nutrition that would support overall health, including dental health, of Nevada's senior population. The outcome of this work is intended to strengthen the food security system to better serve and reach older Nevadans in urban and rural communities.



- Women's Health Connection (WHC) Breast and Cervical Cancer Capacity Needs Assessment (2016-17): The WHC program was established in 1997 to provide low-income, uninsured and underinsured women access to timely breast and cervical cancer screening. The program provides direct services to women with a long-term goal of reducing morbidity, mortality, and health disparities through education, screening, diagnosis and treatment. WHC implemented strategies to improve accessibility of services for breast and cervical cancer screening, and in 2016 SEI conducted a needs assessment to determine the systems strengths in place that could be sustained or built upon, identify external and internal factors that would enhance services, and develop a capacity building plan to address specific needs for improvement.
- Food Bank of Northern Nevada Collaborating for Clients (C4C) Collective Impact Initiative (2015-present): SEI has supported the Food Bank of Northern Nevada's C4C collective impact pilot, one of only five in the nation, to convene community partners to address root causes of food insecurity. The community's efforts are currently focused on addressing housing, food security, economic stability, and health. SEI has provided targeted leadership and instruction to core partner organizations to enable them to conduct outreach and communicate across organizations and with the community. SEI facilitated four community stakeholder sessions to understand the context, priorities, assets, and strategies that should be pursued, and then synthesized primary and secondary data into an updated needs assessment that served as the basis for ongoing work. This type of asset mapping process revealed priority areas, root causes, community context, needs and current resources meeting those needs, identified gaps in services, and provided the background to move forward with a collective impact approach.
- Nevada Department of Health and Human Services, Head Start Collaboration and Early Childhood Systems Kindergarten Assessment & Data Systems Needs Assessment (2013): SEI assisted the Department with the development of a Statewide Early Childhood Data Collection System linked to a Kindergarten Entry Assessment System in the State of Nevada. Activities included conducting focus groups and presentations, site visits, a statewide Needs Assessment Summary Analysis Report and plan that included concrete and actionable steps towards successful implementation of an Early Childhood Data System and use of a Kindergarten Assessment tool. Needs Assessment Summary Analysis Reports were developed for each of Nevada's 17 counties.

A reference from that work in provided as an attachment to this proposal.

In addition, we have worked with counties throughout Northern California that are similar in size and demographics to El Dorado County. This includes Butte, Colusa, Glenn, and Lassen Counties. SEl completed needs assessments in Colusa, Glenn and Lassen Counties as part of the implementation of Prop 10. Some of these counties have geographic similarities with El Dorado County, in that there are quasi-urban areas and rural areas throughout the county and distinctive geographic and demographic profiles in various parts of the county.

SEI has also completed needs assessment on a variety of public health issues for the State of Nevada, using the MAPP approach, as described above for Nevada County. Those examples are provided later in this proposal.



b. The education and credentials of principal staff *Staffina* 

SEI is a boutique consulting firm with a total of ten employees. The organizational structure includes principals, managers, and associates as depicted in the graphic.





SEI Principals

Kelly Marschall

Sarah Boxx







SEI Managers

Sarah Marschall

Lisa Watson

Pete Marschall











SEI Associates

Sarah Yeats

Andrew Park

Claudia Montova

Marika Baren

Crystal Duarte

The project team from SEI includes Sarah Boxx, SEI Principal, Kelly Marschall, SEI Principal, Lisa Watson, SEI Manager, Sarah Marschall, SEI Manager, Sarah Yeats Patrick, Associate, Andrew Park, Data Analyst and Research Associate, and Claudia Montoya, Client Support Associate. Different SEI staff may not be substituted without your consent. A brief overview about the experience of the SEI's members assigned to the project is shown as follows:

Kelly Marschall, MSW is a Principal of SEI and has over 28 years of experience working in and assisting nonprofit organizations. She has planned, administered, and provided direct services at both a local and state level as well as having provided regulatory oversight and planning for the state of Nevada. Kelly is a skilled facilitator and community planner, and as such, has worked with county commissions, multiple state agencies, and several national initiatives. She completed most the oral health projects referenced in our qualifications section and is highly knowledgeable about the service delivery system in California counties. She has managed numerous complex projects with great success. While at SEI, Kelly has provided technical assistance, project management, and consulting services to numerous organizations and agencies throughout Nevada and California.

Kelly has completed more than 20 needs assessments for state and county human service agencies. She has been a project lead and support for First 5 El Dorado County since 2008. Kelly completed the needs assessment for Glenn County and was project lead on four statewide needs assessments for the Nevada Division of Public and Behavioral Health. She also served as project lead for the Butte County Strengthening Families Initiative from 2012-2015.



She is highly skilled in identifying system improvement opportunities and working with those involved to implement changes.

Kelly Marschall earned a master's degree in social work, with high honors, from the University of Nevada, Reno and received a bachelor's degree in clinical psychology from the Pennsylvania State University.

Sarah Boxx, MA is a Principal of Social Entrepreneurs, Inc. (SEI) and has more than 30 years of professional experience working in and assisting nonprofit organizations, as well as the corporate sector. She has served as a board member, executive director, and client services volunteer and brings a depth of understanding to her work with the nonprofit communities. She has planned, administered and provided direct services at local, regional and state levels.

Over the past 13 years, Sarah has lead more than 140 projects for nonprofit organizations, public entities (city, county or state), educational institutions, associations, and foundations.

Sarah led the Nevada County Community Health Assessment and Community Health Improvement Plan and has contributed to more than 20 needs assessments since joining SEI.

She has a master's degree in pastoral counseling from St. John's University in Springfield, Louisiana.

In August 2016 Sarah published *The Changemaker Ripple Effect*, a book that became an Amazon bestseller after few weeks of its launch.

Sarah Marschall-Niswonger, MS is a Client Services Manager for Social Entrepreneurs, Inc. (SEI). Sarah has 10 years of consulting experience with the firm, more than 15 years of experience in research, and has been offering service and support to community organizations for more than 20 years. At SEI, Sarah helps to guide organizations in effective decision making and planning using data and information. Sarah brings strong analytical skills to her consulting practice including evaluation. Sarah has assisted clients in a range of fields including early care and education, K-12 education, public health, home visiting, family engagement, and health with experience working with different aspects of a system including direct service, management and oversight, and policy/advocacy.

Sarah was the needs assessment lead for the Nevada County CHA and CHIP and served on the evaluation team for First 5 El Dorado, and has supported complex data collection and analysis for needs assessments and evaluation projects over the past 13 years.

Sarah has a bachelor's degree in environmental science from Willamette University and a master's degree in environmental science from the University of Nevada, Reno.

Lisa Watson, MA is a Client Services Manager for Social Entrepreneurs, Inc. (SEI). Lisa has over 17 years of experience working in the public/nonprofit service sector. She has 10 years at an executive level managing, directing, and supporting evaluation efforts for effective social service delivery systems serving children and families. She joined SEI in 2013. Her areas of expertise include strategic planning, program development, and quality improvement systems.

Lisa is the project lead for First 5 El Dorado's Community Hubs evaluation and also leads needs assessment and evaluations for four projects in Plumas County.



Lisa holds a master's degree in leadership and organizational development from Fresno Pacific University and a bachelor's degree in sociology from California State University, Sacramento.

Sarah Yeats Patrick, MA, is a Client Services Associate at SEI. Sarah brings experience in research and analysis to the SEI team. She has assisted with multiple research projects for clients in both California and Nevada. Sarah conducts a broad range of primary and secondary research including data analysis, survey analysis, assessment, and literature reviews. She is also a trained Early Childhood Environment Rating Scale and Infant Toddler Environment Rating Scale assessor. Sarah has led several statewide needs assessments related to public health for the State of Nevada and has supported evaluation for both First 5 Glenn and Lassen since 2009.

Sarah has a master's degree in physical anthropology and a bachelor's degree in anthropology, both from University of Nevada, Reno.

Andrew Park, BA is a Data Analyst and Research Associate. He joined SEI in 2011 and has worked on many important data collection efforts related to organizational assessment, collective impact, and capacity building. He routinely sorts through and analyzes complex data sets and converts them into easy-to-understand reports through mapping of data and infographics. Andrew has served as a data analyst for First 5 El Dorado County and was the data lead on the Needs Assessment completed for First 5 El Dorado County in 2015. He also currently serves as the data analyst for First 5 El Dorado's Community Hub evaluation and has deep understanding of the data by supervisorial district and zip code throughout the county. Andrew also serves as the chief data analyst for evaluation projects in Butte, Plumas and Trinity County and was responsible for all data collection and analysis for those projects.

Andrew has a bachelor's degree in computer science from the University of Nevada, Reno.

Claudia Montoya is a Client Support Associate for SEI. She joined SEI in 2013. She has worked on numerous projects serving both California and Nevada-based organizations. Claudia is a foreign licensed attorney with more than ten years of legal experience in the public and private sector. She is a Spanish native speaker.

Claudia graduated from the University of Lima (Peru) with a J.D. in law and a bachelor's degree in political science.

Some unique aspects of SEI's team include:

- Deep understanding of the needs of low-income populations and social service systems.
- Content experts in a variety of subject areas including health and human services, oral health, senior and disability services, housing and homelessness, food security and basic needs, early care and education, juvenile justice, and domestic violence services.
- Experience working within a public process, with respect to public meeting laws, need for legal counsel review, and operating under Roberts Rules of Order.
- Technological capabilities to conduct and record webinars and administer online surveys for projects. We also have used technology to link people to meetings and conversations to increase community involvement in planning and outreach.



- Ability to develop customized tools for clients, such as a significance rating tool that uses
  economic modeling related to occurrence and impact of chronic diseases to prioritize the most
  impactful population-based health interventions for a community.
- c. SEI's experience performing services in counties with similar demographics
  Recent examples of our work within the last five years related to oral health, community needs assessment, and working with vulnerable populations include:
  - Nevada County Public Health Community Health Assessment and Community Health Improvement Plan (2016-17): Utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) Framework, SEI worked with the Nevada County Public Health Department Leadership team and partners to gather, analyze, and develop a Community Health Assessment report. The purpose of the Community Health Assessment was to describe the health status of the Nevada County population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address population health improvement. The project was done in partnership with other organizations and involved systematic collection and analysis of data and information on demographics, socioeconomic characteristics, quality of life, behavioral factors, environment, morbidity and mortality, and other social and community determinants of health status. The Community Health Assessment was then used to develop the Community Health Improvement Plan.
  - Nevada Department of Health and Human Services, Office of Food Security Older Nevadan's Food Security Needs Assessment (2017): SEI conducted key informant interviews and collected data from multiple sources to complete a study of older Nevadan's current and future needs for food and nutrition. To complete the study, SEI assessed funding gaps and identified strategies to improve access to food and nutrition that would support overall health, including dental health, of Nevada's senior population. The outcome of this work is intended to strengthen the food security system to better serve and reach older Nevadans in urban and rural communities.
  - Women's Health Connection (WHC) Breast and Cervical Cancer Capacity Needs Assessment (2016-17): The WHC program was established in 1997 to provide low-income, uninsured and underinsured women access to timely breast and cervical cancer screening. The program provides direct services to women with a long-term goal of reducing morbidity, mortality, and health disparities through education, screening, diagnosis and treatment. WHC implemented strategies to improve accessibility of services for breast and cervical cancer screening, and in 2016 SEI conducted a needs assessment to determine the systems strengths in place that could be sustained or built upon, identify external and internal factors that would enhance services, and develop a capacity building plan to address specific needs for improvement.
  - Homeless Continuum of Care (CoC) Programs Facilitation and Strategic Planning (2000-present): Since 2000, SEI has coordinated and facilitated the Housing and Urban Development's (HUD) Continuum of Care grants for Washoe County, Nevada and all 15 rural counties in Nevada. The purpose of the CoC is to develop community-based, comprehensive processes to re-house homeless individuals and families while minimizing trauma and dislocation. The CoC also promotes access to and utilization of programs that serve homeless individuals' needs, including health programs and programs aimed at developing self-sufficiency. SEI provides



coordination, facilitation, data collection, and training to the CoCs and develops a final report documenting specific strategies to be used in serving the homeless population. All activities designed by SEI are intended to build upon existing strengths while enhancing capacity and advancing the sustainability of systems and programs addressing homelessness.

- Nevada Department of Health and Human Services, Division of Aging and Disability Services (ADSD) Strategic Plan (2016-17): ADSD represents Nevadans ages 60 and older, as well as persons with disabilities, and assists the broader community that touches their lives. Following a statute passed in 2013, Developmental Services and Early Intervention Services were integrated into ADSD. The integration required input form a variety of stakeholders including, staff, boards commissions, and most importantly, consumers of ADSD's services. SEI was contracted to gather information from stakeholders and other data sources to develop a strategic plan for integrating the various services into ADSD. The objective of this project was to further a "no wrong door" pathway for older adults and persons with disabilities to access services. The plan defined the process for integrating the programs in a manner that would provide high quality services and meet the community's needs while responding to policy, compliance, and legal mandates. The plan also included optimizing funding and service delivery opportunities.
- Food Bank of Northern Nevada Collaborating for Clients (C4C) Collective Impact Initiative (2015-present): SEI has supported the Food Bank of Northern Nevada's C4C collective impact pilot, one of only five in the nation, to convene community partners to address root causes of food insecurity. The community's efforts are currently focused on addressing housing, food security, economic stability, and health. SEI has provided targeted leadership and instruction to core partner organizations to enable them to conduct outreach and communicate across organizations and with the community. SEI facilitated four community stakeholder sessions to understand the context, priorities, assets, and strategies that should be pursued, and then synthesized primary and secondary data into an updated needs assessment that served as the basis for ongoing work. This type of asset mapping process revealed priority areas, root causes, community context, needs and current resources meeting those needs, identified gaps in services, and provided the background to move forward with a collective impact approach.
- Nevada Department of Health and Human Services, Head Start Collaboration and Early
   Childhood Systems Kindergarten Assessment & Data Systems Needs Assessment (2013): SEI
   assisted the Department with the development of a Statewide Early Childhood Data Collection
   System linked to a Kindergarten Entry Assessment System in the State of Nevada. Activities
   included conducting focus groups and presentations, site visits, a statewide Needs Assessment
   Summary Analysis Report and plan that included concrete and actionable steps towards
   successful implementation of an Early Childhood Data System and use of a Kindergarten
   Assessment tool. Needs Assessment Summary Analysis Reports were developed for each of
   Nevada's 17 counties.

SEI has done a great deal of foundational work on oral health that will be of value during the project:

 Children's Dental Health Project – Oral Health Measurement Systems Project Facilitation (2015): SEI was a contractor of the DentiQuest Foundation, ASTDD and the Children's Oral Health Project to facilitate convenings on the National Oral Health Measurement Systems



Project. The purpose of the convenings was to identify the strengths, weaknesses, opportunities, threats, and gaps within the current measurement system. After completing this situational analysis, the Children's Oral Health Project adopted outcome measures for improving oral health.

- American Association of Public Health Dentistry (AAPHD) Strategic Planning (2003-4). SEI
  conducted pre-planning surveys and facilitated a participatory process with the Board and
  Committees of AAPHD to develop their strategic plan and to establish an evaluation plan that
  was presented to its members at their annual meetings in 2003 and 2004 for adoption. This
  group included a diverse set of State and County Dental Directors, researchers and University
  faculty charged with "putting the mouth back in the body" in public health efforts.
- Center for Oral Health Sustainability Planning and Board Retreat Facilitation (2014-16):
   Through the First 5 San Bernardino Capacity Building Academy, SEI worked with the Center for Oral Health to complete their long-term sustainability plan which included service delivery strategies aimed at ensuring oral health access for vulnerable populations, such as children. SEI also facilitated board strategic planning retreats to set objectives and measures for achieving the organization's strategic plan goals.
- Dental Health Foundation (2001-2). SEI conducted strategic planning sessions to develop California's Oral Health Infrastructure Blueprint. We also facilitated a one-day event with oral health experts to support planning of statewide projects to promote improved oral health of children 0-5 in California.
- Hispanic Dental Association (2004). SEI facilitated a two-day international symposium on improving oral health among Hispanic/Latino populations and engaging Latino oral health professionals.
- Denti-Cal Town Hall Meetings series (2000). SEI designed and facilitated a series of town hall
  meetings in partnership with the California Dental Association and Denti-Cal to engage
  providers and policy makers in conversations about how to improve oral health outcomes
  across the state.
- Nevada State Oral Health Program (2003-8). SEI assisted with planning and facilitating the
  Nevada State Oral Health Program's annual statewide summit of oral health experts. SEI also
  designed a participatory evaluation process for the State's Oral Health Program which included
  development of data collection tools, assistance with implementation of the evaluation
  process, and analysis and preparation of the annual report.
- University of California, San Francisco's Center to Address Disparities in Children's Oral Health (CAN DO) (2004-5). SEI worked with CAN DO to develop their strategic plan, which included an emphasis on sustainability and strategies to support their mission.
- The Center for Health Improvement (2000). SEI facilitated a two-day Prop 10 Dental Health Summit which involved four counties who designed unique solutions to oral health needs in their areas.



- Inyo County Children and Families Commission (2002-3). Lastly, SEI worked with the Commission to plan and write grant applications that produced \$300,000 in funding for children's oral health services, based on a comprehensive needs assessment.
- d. SEI's ability to perform the majority of the services identified in this RFP by June 30, 2018

SEI uses a capacity analysis internally to ensure that sufficient resources are available to accomplish the tasks detailed in the work plan. SEI holds hours for each resource assigned to a project until the contractor has been selected, so as to ensure that available resources can implement the work plan as described. We have reviewed our internal capacity and can assure you that all activities will be completed on time.

Sarah Boxx will serve as Project Lead for the Needs Assessment Phases of the project and will be the lead facilitator for needs assessment meetings with the County of El Dorado. She will conduct the key informant interview with the Public Health Officer and the Health Education Coordinator and will lead the development of the Improvement Plan and the Action Plan. Ms. Boxx will design the needs assessment component of the project, outlining the data discovery and analysis approach and designing all tools for data collection. She will guide the data discovery team of Andrew Park and Sarah Yeats Patrick in the collection and analysis of data.

Sarah Marschall will support the needs assessment data collection phase of the project and oversee data collection.

Lisa Watson will conduct SEI's gold star review (GSR) and finalize all major deliverables prior to their distribution to the County of El Dorado and/or the public.

Lisa Watson will help develop templates for the project and provide review of materials as needed.

Kelly Marschall will facilitate meetings to develop the action plan and implementation plan and will help draft content for both plans.

Sarah Yeats Patrick will create the Needs Assessment Summary, Improvement Plan and Action Plan templates. She will support Sarah Boxx, conduct research specific to assets and services available and participate in and document all County's Oral Health Assessment meeting results into the templates for the Needs Assessment, Improvement Plan and Action Plan. Sarah will be responsible for creating the calendar of County's Oral Health Assessment meetings and ensuring that materials are distributed to the Oral Health Advisory Committee a week in advance of each scheduled meeting. She will be responsible for all materials related to the focus groups, interviews and surveys.

Sarah will schedule, conduct, and document all key informant interviews except the first two that occur in Phase 1. She will also transcribe and code all key informant interviews to identify key themes, challenges and needs. She will be responsible for creating the logic model using the template provided by CDPH.

Andrew Park will conduct research and create graphs, charts and tables for the Needs Assessment Summary Analysis Report. This will include designing all tools, databases, creating all graphs and tables, drafting the needs assessment template, and drafting sections of the needs assessment. Andrew will also create all registration surveys for focus groups meetings.



Claudia Montoya will provide logistical support, translation services into Spanish as needed, and will manage scheduling and packets for all meetings. Claudia will GSR meeting materials. She will also document activities into status reporting.

Other SEI staff may also be engaged where they have specific knowledge and expertise that can benefit the project outcomes.

Activities that will be completed before June 30, 2018

- All activities identified in II. Scope of Services, A. Mandatory Program Component
- All activities identified in II. Scope of Services, B. Additional Program Components, 2. Asset and Resource Identification

Activities that will be completed after June 30, 2018

• All activities identified in II. Scope of Services, B. Additional Program Components, 3. Community Health Improvement Plan (CHIP) and Action Plan

Please see the detailed workplan with timing for in depth description of activities that will be completed before and after June 30, 2018.

e. SEI's past experience working on projects with similar goals and activities with organizations located in El Dorado County.

SEI has been the evaluator of services in El Dorado County since 2008. This has included the completion of two county-wide needs assessments. In 2015, SEI conducted a needs assessment for El Dorado Children and Families Commission (First 5 El Dorado) to contribute to strategic planning for First 5 El Dorado and is currently engaged in assisting with the evaluation of programs funded by First 5 El Dorado. SEI began by exploring and confirming the most pressing needs of El Dorado County's youngest children and their families. This included reviewing data on key health indicators and conducting surveys and focus groups to get a deeper understanding of community needs and existing resources. The Needs Assessment Data Report was used to describe the needs, assets and gaps within the county.

With this information, SEI facilitated the development of a strategic plan for the County and developed an evaluation framework to measure the Commission's success at impacting the health and wellbeing of children and families in the community.

Utilizing information from the evaluation, SEI assisted First 5 EI Dorado to plan and implement a "Community Hubs" model to leverage existing neighborhood resources. The focus for Community Hubs is prevention—through early identification of developmental issues, targeted assistance, and efficient service delivery for children and their families. Under this model, prevention services can be delivered to families through both mobile outreach and connection to direct services through the hubs, reaching children and families in the neighborhoods where they live and work.

4. References

Please see Attachment A for reference letters from:

1. Jill Blake, Public Health Director, Nevada County



500 Crown Point Circle

Grass Valley, CA 95945

Telephone: 530-265-1450

Email: Jill.blake@co.nevada.ca.us

### 2. Kathleen Guerrero, Executive Director, First 5 El Dorado

2776 Ray Lawyer Drive

Placerville, CA 95667

Telephone: 530.622.5787

Email: kguerrero@edcoe.org

#### 5. Cost Proposal

[For the purposes of this RFP, Proposers should provide a cost proposal that addresses the following:

The total project cost is estimated at \$99,566.25. We propose to perform this project on a <u>not-to-exceed</u> basis, meaning that the cost is limited to the total amount specified in this letter to provide the services. If fewer hours or expenses are incurred than estimated, the price of the total project will be reduced accordingly. A detailed project work plan is provided as Attachment A to illustrate in more detail the scope, hours, fees, timing and resources for each task to complete the project. Note: travel time can be found at the end of each phase of the project and is billed at half the hourly rate.

Hourly rates for SEI staff are as follows:

Sarah Boxx \$175/hour

Kelly Marschall \$175/hour

Sarah Marschall \$145/hour

Sarah Yeats Patrick \$115/hour

Andrew Park \$75/hour

Claudia Montoya \$55/hour

The cost by phase and major activities is as follows:

	SEI Hours	Professional Fees	Expenses	Total Cost
Phase 1. Project Organization and	106.25	\$12,578.75	\$691.80	\$13,270.55
Preparation				
Phase 2. Oral Health Needs	447	\$41,825.00	\$2,647.40	\$44,472.40
Assessment				
Phase 3. Oral Health	274.5	\$27,932.50	\$2,510.80	\$30,443.30
Improvement Plan and Action				
Plan				
Phase 4. Project Management	84	\$11,380.00	\$0.00	\$11,380.00



and Communication				
Totals	911.75	\$93,716.25	\$5,850.00	\$99,566.25

Expenses are detailed as follows:

#### **EXPENSE BREAKDOWN**

Expense Type	Expense Calculation	<b>Total Cost</b>
Mileage	Estimated 10 trips at an average cost of \$149.80 per trip, based on 280 miles roundtrip at the current IRS mileage rate of \$0.535 per mile plus any applicable road and bridge tolls	\$1,498.00
Lodging	Estimated 8 room nights at an average cost of \$155.00 per night, including room taxes and surcharges	\$1,240.00
Meals	Up to 22 travel days at \$51.00 per day	\$1,122.00
Car rental and gas	Estimated 10 days of car rental at an average cost of \$65.00 per day for rental charges and gas	\$650.00
Meeting refreshments	Provide simple refreshments for attendees at up to 10 meetings, at an average cost of \$45.00 per meeting	\$450.00
Long distance phone calls	Allowance for long distance telephone calls throughout the project	\$15.00
Copies and printing	Allowance for printing costs throughout the project, such as copies of agendas and handouts for meetings and other printing needed to complete tasks in the detailed work plan	\$575.00
Transcription services for key informant interviews		\$300.00
	Total Estimated Expenses	\$5,850.00

The fees are based on the scope of the project and on the division of responsibilities as outlined in this letter. Changes to the project scope, such as the addition of other deliverables to be produced, may result in additional fees. SEI will notify HHSA and the Public Health Division if we believe that the scope has changed; additional fees cannot be charged unless agreed to by both parties.



Appendix A: SEI References