

Oral Health Access and Utilization RFP Questions and Answers

The following questions (in black) were submitted to First 5 SMC by the deadline. The answers are provided (in blue) below.

1. Can the work of this project be directly child-facing, given the constraints created by the pandemic?

Yes, in-person services are allowable, so long as they conform to current federal, state, and local COVID-19 requirements and guidelines; including those issued by the Centers for Disease Control and Prevention, the California Department of Public Health, and San Mateo County Health. Proposers should consider that if requirements change, services may need to pivot, so including a plan for how services will be rendered if restrictions change may be helpful.

2. Is finger-printing, TB testing, and COVID-19 vaccination required of staff for proposed client-facing services?

Any Proposers awarded a contract pursuant to this RFP will be required to conform to current federal, state, and local COVID-19 requirements and guidelines; including those issued by the Centers for Disease Control and Prevention, the California Department of Public Health, and San Mateo County Health. Current state, federal and local requirements, guidelines and recommendations for finger-printing and TB testing would also be required for compliance.

3. If a system and/or policy strategy is not included in a project, would it disqualify the proposal?

Policy or systems-level strategies are not prioritized over direct service strategies. As noted in the RFP document on page 14, "proposals are not intended to address all criteria" or areas of interest. Ideally, over the whole of our Oral Health Access and Utilization investment, F5SMC would like to see a balance of policy/systems and direct service strategies addressed. We place equal value and importance on both systems/policy strategies and direct services but not necessarily equal budget allocations.

4. Would a consultant fee for the project be within bounds?

Yes, consultant fees are allowable, provided there is a clear case made in the Narrative section as well as the Scope of Work and Budget for the role to be filled by a consultant rather than a staff member.

5. Data Collection Questions:

- a. The data collection required? Is it aggregated?

- b. Specifically: My experience is that funders usually don't want what is HIPAA, or identified information but most prefer aggregate or de-identified. Based the information below, the description on page 26 states the following: "Obtaining informed consent from service recipients to share personally identified information with F5SMC for purposes of program evaluation, continuous quality improvement efforts, and needs assessments."

Yes, typically our data collection is aggregated due to the requirements of First 5 California, who requires the data broken out by race/ethnicity, language, and child age. There are also new equity measures as part of our local, county-level requirement.

If a proposal included more intensive activities (such that the service provider would have multiple one-on-one service touches with the client over the course of several months, adding up to several hours of services per month) we might be interested in data which would allow us to track client outcomes over time. It is possible for the service provider to link the longitudinal data using identifiers, but then provide de-identified (but still individual-level) data to F5SMC. In these types of cases, though, we do typically require the child's DOB. At any rate, these conversations would be a part of contract negotiations, with both F5SMC and the proposer having input about what types of data collection and evaluation activities are feasible and will provide value.

6. There may be an opportunity for a service provider to provide services to a target population on May 8th. Would this work with the timeline of the RFP which states that contracts could be finalized, and implementation could begin as early as mid-May? Based on dates outlined in the procurement timeline, it may be too tight to plan for service implementation as early as May 8th. Proposers should safely plan for implementation activities to begin no earlier than May 17, 2021. Should your proposal be recommended for funding, proposers should be notified by April 26th, at which point successful proposers can begin to establish a refined timeline for service delivery in conversation with First 5 SMC.
7. Are incentives allowed for this project?
Yes, incentives are allowed. Please provide justification for the need and clarify the amount and nature of any incentives proposed.
8. What format should proposer's submit questions in?
We request a PDF of your full proposal with attachments included, as well as any Scope of Work and Budget Request/ Narrative forms submitted as separate Excel documents.
9. One area of need is children with moderate-severe disabilities who need sedation dentistry. They are often waiting for very long periods of time and end up always getting

acute care only, rather than oral health maintenance. I'm not sure who might be an appropriate vendor/recipient of funds to target this population. Do you have any ideas?
We are not able to recommend agencies or advise on proposed strategies as a part of the RFP process.

10. I thought I heard that you only need formal agreements for those subcontractors over \$25,000 but to clarify, for any subcontractor and major partner you need the agreements below?

RFP excerpt: "Identify any consultants and subcontractors, if relevant, and attach consultant qualifications statements and MOUs. MOUs should be provided for all subcontractors and major partners receiving less than \$25,000. For those receiving \$25,000 or more, the collaborative relationship must be formalized as a subcontract between the lead agency and the subcontracted entity."

For those contractors receiving \$25,000 or more, the collaborative relationship must be formalized as a subcontract between the lead agency and the subcontracted entity or consultant. Attach consultant qualification statement(s) to the submitted proposal.

For those contractors receiving less than \$25,000, please submit a copy of any MOU (if this is currently in place) or note what process or document you intend to put in place to formalize the process, if funded.

For all contractors and subcontractors, regardless of amount, will need to submit a Letter of Commitment in partnership with the lead agency proposing. It is also expected and required that standard accounting principles and practices are in place to document and track any formal agreement, contractual agreement and MOU.

11. For the Scope of Work document for activities related to Area of Interest: Promote Awareness & Alignment, would a target # of stakeholders to reach be appropriate or just still enter N/A?

Target numbers for proposed activities should only be entered if appropriate. In some cases, activities to promote awareness and alignment might include activities with a clear target audience, such as outreach to providers/ policy makers or a communications campaign targeting parents. These types of activities should include a target number in the appropriate column of the SOW tab. For other activities with no clearly defined target audience, feel free to check the column "Yes/No/ N/A". These activities will be reported on with a Yes/ No response if the proposal is funded.