

REQUEST FOR QUALIFICATIONS (RFQ #07) FOR INTEGRATED CHILDREN'S DENTAL SERVICES

INTRODUCTION

The San Francisco Children and Families Commission administers funds from additional excise taxes imposed on tobacco products as a result of passage in 1998 of the California Children and Families First Act. The Commission's funds must support expansion of services for San Francisco's children prenatal-5 years of age and their families, and must not supplant other available funding sources.

At its June 2001 meeting, the Commission allocated \$945,000 over three years to support a dental services project based on a concept developed by the Child Health Workgroup. A consultant was asked to confirm the need for the project and identify program components that would facilitate a successful project. The report was presented to the Commission in April 2002 and confirmed the shortage of pediatric dental services available in San Francisco for low-income and uninsured clients.¹

OVERVIEW OF THE PROBLEM

Severe tooth decay in infants and young children affects more than 1 out of 7 preschoolers and is completely preventable. Children from poor families suffer twice as much dental disease as middle-class children, and their disease is more likely to remain untreated. In addition to inadequate system capacity, attitudes and other barriers can influence utilization of services. Many parents, even well-educated ones, do not fully appreciate the importance of the first set of teeth; many are not as convinced as they should be about the value of tooth-brushing and flossing for very young children. In San Francisco, at least 8,800 children ages 0-5—one-third of whom are not eligible for any form of dental insurance—could benefit from a grant-supported dental project of prevention and treatment services. A minimum of 600 of these children is estimated to have decay requiring some form of restorative treatment, some urgently, including surgery.

While pediatric dental services are provided by county and community clinics, dental clinics at UCSF, UOP, and SF General, and private dentists, service capacity is limited by the following:

- Many dental providers are not comfortable or trained adequately to treat young children under age 5; managing children's behavior is the key challenge.

¹ The consultant report is available upon request from the Commission.

- Slightly over half of private dentists in San Francisco accept Medi-Cal clients, but most will see only a very limited number in their practice; some report they would be willing to see pediatric Medi-Cal clients in another practice location, however.
- Treatment of young children often involves sedation, including general anesthesia; waiting times are long for this higher level of treatment and support services (e.g., interpreters) for parents that can facilitate understanding and access are limited.

PURPOSE OF THIS RFQ

The Commission is soliciting interest from qualified organizations interested in implementing a collaborative system of integrated dental prevention and treatment services for children 0-5 years of age. The Commission recognizes there are a range of providers and organizations in San Francisco with varying expertise and capacity to provide dental services for young children, and prefers to fund one grantee with collaborative partners that can initiate activities to ensure dental services are easily accessible to children 0 -5 years old.

The activities the Commission seeks to support will:

- Improve capacity of dental prevention and treatment resources and improve coordination with other health services for infants and toddlers
- Increase resources for upper-end treatment for very young children, including a network for efficient referral capability
- Increase the number of willing and qualified providers through training
- Increase the number of private dental providers willing to serve more Medi-Cal/ un-insured children through a share-the-care type model
- Incorporate oral health screening as part of primary care
- Facilitate services that are linguistically and culturally competent
- Maximize existing revenues and funding drawdowns
- Generate revenue through third-party billing to sustain services beyond Commission funding

AVAILABILITY OF FUNDS AND CONTRACT TERM

A maximum of \$945,000 over three years is available to support the activities described in this RFQ. The contract period will commence upon grant award (anticipated late summer 2002) and negotiation of a final scope of work, and will be for three years with annual negotiation of scope of work and budget.

SCOPE OF SERVICES

Specific services of the grantee being sought through this RFQ process include but are not limited to the following. *Approximately 30% of the budget should be allocated for prevention services and 70% for treatment services, at least in the first year.* The Commission hopes to shift funds in later years to prevention

activities if treatment needs are reduced. The Commission's objectives for this initiative are to:

1. Provide prevention and education services to low-income pregnant women and parents of young children in community settings and co-located with health and other appropriate services (e.g., WIC sites, preschools).
2. Implement a countywide system of timely identification, referral and follow up for children ages 0-5 for treatment services, including scheduling surgeries, matching children to the most appropriate site based on service capacity and parent needs.
3. Expand the service capacity in San Francisco County to provide timely, accessible treatment services, including surgery, for children aged 0-5, and implement a billing system to capture available third-party revenues.
4. Identify and train qualified, willing providers to provide dental screening and treatment services to children ages 0-5.

The Commission acknowledges that a single agency may not have the capacity to deliver all the services to meet the objectives of the scope of work. Therefore, applicants are strongly encouraged to form collaboratives in applying for these funds.

RESPONDENTS' CONFERENCE

A respondents' conference will be held on May 30, 2002, from 10:00 a.m.-12:00 p.m. in the Conference Room, Department of Children, Youth and Their Families, 1390 Market Street, Suite 900, San Francisco. Applicants are strongly encouraged to attend. The purpose of the responders' conference is to review the program scope with the potential implementers of the project and answer any questions about the RFQ process. The meeting will give participants the opportunity to seek clarification from the Commission and network with one another to facilitate a collaborative application.

QUALIFICATIONS

The qualifying grantee may be a public or non-profit institution or organization, and must demonstrate relevant experience in planning, developing, and delivering high-quality pediatric dental services; an ability to work with a variety of service delivery systems serving the low-income population in the City and County of San Francisco; and an ability to leverage resources in delivering countywide services.

INSTRUCTIONS

Proposal Content

Interested parties should submit 7 copies of a proposal of no more than 10 pages (for items 2 – 7), exclusive of the attachments. The proposal must include the following components in the order outlined below:

1. **Coversheet.** Complete the information requested in the Coversheet. The contact information provided will be used by the Commission to communicate with applicants (Attachment 1).
2. **Organization Qualifications.** Describe the history, mission, service delivery system, and qualifications of the applicant organization (the primary grantee), presenting information according to the areas identified in the scope of services and Purpose of this RFQ sections. Provide examples of experience that most closely match the objectives of the Commission's dental services project.
3. **Subcontractor Qualifications.** Describe the qualifications of collaborative partners (subcontractors) as they relate to their role in the project and the objectives of the Commission's dental services project.
4. **Collaborative Relationships.** Create a simple chart that shows the roles and responsibilities and specific set of services to be offered by each collaborative partner (including the primary grantee). Describe any past or current experience working together as collaborative partners, providing an example of what was achieved as a result of the collaboration. Describe the process to be used to manage the collaborative process, including coordinating the work of subcontractors.
5. **Staff Resources and Qualifications.** Identify the staffing resources that will be used to carry out this project and describe the key personnel from each collaborative organization. Provide a description of their qualifications, including relevant experience as it relates to their role in this project. Include a statement of their availability to work on the project.
6. **Scope of Work and Work Plan.**
 - A. Describe the strategies that will be used to achieve the objectives and scope of services under this RFQ. List the major activities, the timeframe for achieving them (for the first year only), and deliverables. In addition use the attached chart (Attachment 2) to summarize the proposed activities. Include the chart as an attachment to the application.
 - B. Briefly describe the target group(s), including any unique characteristics, and identify the number of children and families expected to be reached through the project's efforts and the units of service to be provided.
 - C. Describe how this project will integrate or coordinate with other related children's health and dental programs, and enhance access to families already being served in the community without duplicating services.

- D. If the project requires a specific planning phase (*as opposed to a typical project start-up period*), provide the rationale for this, and describe the major activities that will occur in the planning phase.
 - E. Describe the outreach activities that will occur to promote the program and increase the likelihood of participation. Provide evidence that this approach will be successful for this particular target group(s).
 - F. Describe specifically how you plan to serve un-served and under-served populations and communities to reduce barriers and increase utilization of services, e.g., hours of operation, interpreter services, transportation.
7. **Evaluation.** Describe how you plan to measure the success of the dental project and what indicators will be used. Describe the data elements to be collected and the plan for collecting and analyzing them, and identify who will be responsible for the evaluation (Include the appropriate elements on Attachment 2). Applicants must agree to cooperate with Commission evaluation activities by providing all information requested in reports and complying with any special request for information or site visits.
8. **Budget Requirements.** Create a line item budget for Year 1 -3 showing the amount and purpose of requested funds. Show other resources, including in-kind, available from the organization and subcontractors to support this project. (Note: a cash match is desired but not required.) Show how and when third-party revenues and leveraged funds will support the project. If existing personnel or positions will be funded, describe why Commission funds are not supplanting current or past funding. Provide a justification for any item in the budget whose purpose may not be obvious or immediately clear how it is tied to the objectives of the project.
9. **Required Attachments**
- A. Resumes – Include resumes of the project director and key staff who will be involved in the contract. These documents should provide sufficient detail to permit the Commission to assess how their experience will contribute to the project’s objectives.
 - B. Letters of Agreement – Include a letter of agreement from all subcontractors that will be involved in this collaborative project that demonstrates their level of commitment.
 - C. Financial Statement—Include a copy of the organization’s last CPA audit or financial statements for the most current period available. (Note: in large institutions, a Departmental audit will be sufficient.)
 - D. Attachment 2 – Accountability Worksheet
 - E. Attachment 3 - Budget and Narrative

Submission Instructions

Staple or clasp each copy of the proposal set (narrative plus attachments) in the upper left-hand corner. It is not necessary to bind or use or a 3-ring binder.

Proposals can be mailed or hand delivered but regardless of the postmark date must be received by the Commission by **5:00 p.m., July 2, 2002**.

Mail or hand deliver 7 copies of the proposal sets to:

RFQ #07-02

Attention: Derik Aoki, Sr. Program Officer
San Francisco Children and Families Commission
1390 Market Street, Suite 900
San Francisco, CA 94102

PROPOSAL EVALUATION AND CONTRACT AWARD PROCESS

Proposals will be reviewed by a panel of experts selected by the Commission staff. Representatives from applicants whose proposals are recommended by the panel may be invited to participate in an interview process to select a finalist(s) for Commission approval. The funding decision of the Commission is final. Proposals will be evaluated and ranked on the following criteria:

- Experience in planning, organizing and delivering quality pediatric dental services
- Experience in designing and delivering training for dental professionals
- Experience in collaboratively working with a variety of local health and dental-related programs that serve culturally and linguistically diverse populations.
- Experience in working with low-income families and providing culturally and linguistically appropriate services
- Quality of work plan and evaluation
- Reasonableness of cost and congruence with required scope of services

Upon completion of the review period, the Commission will notify those applicants whose proposals will be considered for further evaluation and negotiation.

All protests to this solicitation must be received by the Commission within seven (7) days of the date the intent to award is issued. Protests shall be in writing, shall provide a contact name, agency name, project, address, and telephone numbers of the protesting party, and shall identify and explain the grounds for the protest. The protest shall include and attach any written materials that the protesting party wishes to have considered in determining the protest.

Protests and all accompanying materials must be received at the San Francisco Children and Families Commission, 1390 Market Street, Suite 900, San Francisco, CA 94012 by 5:00 p.m. on June 5, 2002. In general, demonstrable conflict of

interest by review panelists and failure to follow the processes described in the RFQ and its amendments will be the only grounds of acceptable protest.

The city attorney will review submitted protests and forward those with possible merit to the San Francisco Children and Families Commission's Budget Committee for resolution.

Any protest that is not submitted as provided herein shall be invalid and shall not be considered. All decisions by the Commission will be final.

MISCELLANEOUS INFORMATION

1. Issuance of this RFQ does not constitute a commitment by the Commission to award a contract. The Commission reserves the right to reject any or all proposals received in response to this RFQ, or to cancel this RFQ if it is in the best interest of the Commission to do so.
2. Actual award of funding is dependent on a successful grant negotiation. If a grant agreement cannot be completed within a reasonable time frame, determined by the Commission, the Commission may terminate negotiations and pursue a n agreement with a different partner.
3. Applicants submitting a proposal agree that by submitting a proposal they authorize the Commission to verify any or all information given in the proposal.
4. The award of a contract by the Commission to an organization which proposes to use subcontractors for the performance of work under the contract resulting from this RFQ should not be interpreted to limit the Commission's right to approve subcontractors.
5. The Commission reserves the right, after contract award, to amend the resulting contract as needed throughout the term of the contract to best meet the needs of all parties.
6. The applicant will comply with all requirements of the City and County of San Francisco and the Commission.

PROPOSAL COVER SHEET

Please use this form for your front cover.

SAN FRANCISCO CHILDREN AND FAMILIES COMMISSION**RFQ 07 – Integrated Children’s Dental Services Project****FY 2002 - 2003**

Complete the Proposal Cover Sheet
This will serve as the front cover of your proposal.
An official authorized to bind the entity must sign it.

Name of Agency/Organization	
	Telephone Number
Program Contact/Title	Telephone Number
Alternate Contact/Title	Telephone Number
Agency Address	FAX Number
Amount of Grant Application Request	\$
Name of Agency Director	
Signature of Agency Director	
Name of the President of the Board of Directors	
Signature of President of the Board of Directors	

Application Deadline:

5:00 pm
July 2, 2002

San Francisco Children and Families Commission
1390 Market Street, Suite 900
San Francisco, CA 94102

Accountability Worksheet

Instructions:

Proposition 10 requires all counties to connect funding to a framework of goals and objectives, and to create concrete ways of measuring results. As part of this process, we expect to work with all funded partners to track activities and results. Once grants have been awarded, the Commission will work with each grantee to refine individual accountability plans, based on the worksheet below.

The following steps will help you create a framework for measuring the success of your program:

Step One: Identify Objectives

Using the list prepared by the Commission chose objectives that are specific to your proposal. You may want to create your own objectives, keeping in mind the goals of the funding as outlined in this RFQ. You do not need a long list of objectives. Write each objective in the space provided, with one objective on each sheet. You may need to copy the sheet to add more objectives.

Step Two: Describe Activities

In your Project Narrative, you described the activities you will create with this funding. In the chart below, assign each of these activities to one of the objectives. What activities will families and children experience at your program? What objective are you trying to achieve with each of these activities?

Step Three: Create Performance Measures

The accountability framework means that the Commission must concretely measure the success of each activity. In addition to knowing how many children or families were served, the Commission needs to know whether they were served well. Performance measures are ways of assessing the satisfaction clients have with programs or the progress children show as a result of some activity. For each activity, create one or more performance measures.

Step Four: Describe Data Sources, Methods for Collecting Data

Finally, tell us how you will collect the information for each performance measure. How will you gather feedback from clients? How will you know when a child has shown improvement in a specific area as a result of an activity?

We have included one partially filled out sheet as an example.

**Integrated Children’s Dental Services Project – RFQ – 07
Accountability Worksheet Example**

With this project, the Commission seeks to achieve the following objectives:

1. Provide prevention and education services to low-income pregnant women and parents of young children in community settings and co-located with health and other appropriate services (e.g., WIC sites, preschools).
2. Implement a countywide system of timely identification, referral and follow up for children ages 0-5 for treatment services, including scheduling surgeries, matching children to the most appropriate site based on service capacity and parent needs.
3. Expand the service capacity in San Francisco County to provide timely, accessible treatment services, including surgery, for children aged 0-5, and implement a billing system to capture available third-party revenues.
4. Identify and train qualified, willing providers to provide dental screening and treatment services to children ages 0-5.

Objective: Identify and train qualified, willing providers to provide dental screening and treatment services to children ages 0-5.		
Activities	Performance Measures	Data Sources, Methods, and Supporting Documents
Establish a registry of qualified pediatric dentists serving children 0-5.	Number of qualified pediatric dentists (quantity) Number of patients 0-5 seen annually by each dentist	Registry

**Integrated Children’s Dental Services Project – RFQ – 07
Accountability Worksheet Example**

With this project the Commission seeks to achieve the following objectives:

1. Provide prevention and education services to low-income pregnant women and parents of young children in community settings and co-located with health and other appropriate services (e.g., WIC sites, preschools).
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4. Identify and train qualified, willing providers to provide dental screening and treatment services to children ages 0-5.

Objective:		
Activities	Performance Measures	Data Sources, Methods, and Supporting Documents

Budget Request Form

Year 1

Program Expenses						
Personnel	Salary Range	FTE	Amount Requested	Funding from other Sources- Cash	Funding from other Sources In-Kind	Total
A.						
B.						
C.						
D.						
E.						
F.						
Benefits @ _____%						
Subtotal Personnel						

Operating Expenses	Amount Requested	Funding from Other Sources- Cash	Funding from Other Sources In-Kind	Total
A. Rent				
B. Office Support (telephone, copying)				
C. Equipment Lease				
D. Travel				
E. Evaluation Expenses				
F. Training/ Conferences				
G. Insurance				
H. Consultants (if any)				
I. Other (please specify)				
Subtotal Operating Expenses				
Indirect Costs @ ____% of Personnel (May not exceed 15%)				

Budget Total				
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Please identify any in-kind support such as volunteers (identify roles of these volunteers), donated space, equipment etc. that are available to support this project. *The value of these items should be listed in the "Funding from Other Sources" column of the budget request form. If any of these funds are not secured yet, but are anticipated, please put an "NS" next to the amount.*

Budget Request Form

Year 2

Program Expenses						
Personnel	Salary Range	FTE	Amount Requested	Funding from other Sources- Cash	Funding from other Sources In-Kind	Total
A.						
B.						
C.						
D.						
E.						
F.						
Benefits @ _____%						
Subtotal Personnel						

Operating Expenses	Amount Requested	Funding from Other Sources- Cash	Funding from Other Sources In-Kind	Total
A. Rent				
B. Office Support (telephone, copying)				
C. Equipment Lease				
D. Travel				
E. Evaluation Expenses				
F. Training/ Conferences				
G. Insurance				
H. Consultants (if any)				
I. Other (please specify)				
Subtotal Operating Expenses				
Indirect Costs @ ____% of Personnel (May not exceed 15%)				

Budget Total				
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Please identify any in-kind support such as volunteers (identify roles of these volunteers), donated space, equipment etc. that are available to support this project. *The value of these items should be listed in the "Funding from Other Sources" column of the budget request form. If any of these funds are not secured yet, but are anticipated, please put an "NS" next to the amount.*

Budget Request Form

Year 3

Program Expenses						
Personnel	Salary Range	FTE	Amount Requested	Funding from other Sources- Cash	Funding from other Sources In-Kind	Total
A.						
B.						
C.						
D.						
E.						
F.						
Benefits @ _____%						
Subtotal Personnel						

Operating Expenses	Amount Requested	Funding from Other Sources- Cash	Funding from Other Sources In-Kind	Total
A. Rent				
B. Office Support (telephone, copying)				
C. Equipment Lease				
D. Travel				
E. Evaluation Expenses				
F. Training/ Conferences				
G. Insurance				
H. Consultants (if any)				
I. Other (please specify)				
Subtotal Operating Expenses				
Indirect Costs @ ____% of Personnel (May not exceed 15%)				

Budget Total				
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Please identify any in-kind support such as volunteers (identify roles of these volunteers), donated space, equipment etc. that are available to support this project. *The value of these items should be listed in the "Funding from Other Sources" column of the budget request form. If any of these funds are not secured yet, but are anticipated, please put an "NS" next to the amount.*

Budget Request Form

Total Years 1, 2 & 3

Program Expenses						
Personnel	Salary Range	FTE	Amount Requested	Funding from other Sources- <i>Cash</i>	Funding from other Sources <i>In-Kind</i>	Total
A.						
B.						
C.						
D.						
E.						
F.						
Benefits @ _____%						
Subtotal Personnel						

Operating Expenses	Amount Requested	Funding from Other Sources- <i>Cash</i>	Funding from Other Sources <i>In-Kind</i>	Total
A. Rent				
B. Office Support (telephone, copying)				
C. Equipment Lease				
D. Travel				
E. Evaluation Expenses				
F. Training/ Conferences				
G. Insurance				
H. Consultants (if any)				
I. Other (please specify)				
Subtotal Operating Expenses				
Indirect Costs @ ____% of Personnel (May not exceed 15%)				

Budget Total				
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Please identify any in-kind support such as volunteers (identify roles of these volunteers), donated space, equipment etc. that are available to support this project. *The value of these items should be listed in the "Funding from Other Sources" column of the budget request form. If any of these funds are not secured yet, but are anticipated, please put an "NS" next to the amount.*