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February 13, 2026

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**SUBJECT:** Questions and Answers for Request for Proposals (RFP) – HHS – 2026 – 01 - Behavioral Health Services Act Individual Placement and Support Model of Supported Employment

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1. Who is providing the Behavioral Health component? In the RFP it states the provider is required to employ a Behavioral Health Clinician but in the Bidders Conference it seemed the county would be the primary provider of these services. Is the County intending to satisfy the behavioral health component of the IPS program or only provide referrals through their clinicians?

**Answer: Providers are not expected to deliver all behavioral health services, but are expected to collaborate with behavioral health providers in BHRS or community-based organizations. The IPS Team Lead/Supervisor should be a Licensed Professional of the Healing Arts (LPHA). Behavioral health practitioners delivering IPS under Medi-Cal and/or BHSA must meet training, fidelity monitoring, and data collection requirements described in the [BH-Connect EBP Training and Fidelity Manual](#), starting on page 32.**

2. Can we bill Medi-Cal for eligible program components under specialty mental health, targeted case management, enhanced care management, etc?

**Answer: Applicants are encouraged to identify any other sources of funding in their responses to this RFP, such as Enhanced Care Management, Community Supports, or other Specialty Mental Health Services and include those projected revenues in the budget template. Core IPS services will be paid by a bundled rate and will not be eligible for other reimbursement.**

3. What are the 'Integration Activities' that are expected of the Behavioral Health Clinician?

**Answer: All IPS teams should be integrated into the behavioral health treatment team. In this context, integration refers to joining treatment team meetings, shared service planning, co-location, and shared client reviews, among other activities. The County expects employment specialists and other IPS team members (including behavioral health clinicians) to be integrated into the treatment team.**

4. Can community-based Behavioral Health providers who are contracted with the County of Marin provide referrals?

**Answer: Yes, as long as clients are eligible for County behavioral health services, whether delivered by a County-operated or contracted program.**

5. Under the Fidelity Standards, it lists that a employment specialist can only work with a maximum of 2 treatment teams. Does Marin have a plan to structure referrals to ensure the provider stays within the fidelity standards?

**Answer: The County will work with the provider to ensure adherence to fidelity standards.**

6. Can we provide and bill Medi-Cal under specialty mental health for the Behavioral Health Services?

**Answer: Applicants are encouraged to identify any other sources of funding in their responses to this RFP, such as Enhanced Care Management, Community Supports, or other Specialty Mental Health Services and include those projected revenues in the budget template. Core IPS services will be paid by a bundled rate and will not be eligible for other reimbursement.**

7. Will the county provide referrals?

**Answer: Yes, the county will be providing referrals.**

8. Does the county commit to providing all 100 (later 150) referrals?

**Answer: Yes, the county expects to provide the necessary referrals to this program, meaning 100 in the first year and 150 in the second and third years of the program.**

9. Are providers required to include the cost of fidelity reviews in their budget, and what is the anticipated cost?

**Answer: Providers do not need to include the cost of fidelity reviews in their budgets. The Center of Excellence (COE) technical assistance is funded at the state level, free to Counties and their contracted providers.**

10. Is the 100-client service goal for year one a minimum or a maximum?

**Answer: It is a minimum service goal.**

11. Can providers limit the target population to age 18+ instead of 16+?

**Answer: Providers may specify this in their proposal, though the County prefers inclusion down to age 16.**

12. Will there be allocated startup costs given training requirements?

**Answer: Applicants should include startup costs in their budget in response to this RFP and the County will work**

**with the selected provider during contract negotiation.**

13. Can services be billed to medical/specialty mental health outside of BH Connect (braided funding)?

**Answer: Applicants are encouraged to identify any other sources of funding in their responses to this RFP, such as Enhanced Care Management, Community Supports, or other Specialty Mental Health Services and include those projected revenues in the budget template. Core IPS services will be paid by a bundled rate and will not be eligible for other reimbursement.**

14. Are providers expected to deliver all behavioral health services?

**Answer: Providers are not expected to deliver all behavioral health services, but are expected to collaborate with behavioral health providers in BHRS or community-based organizations. The IPS Team Lead/Supervisor should be a Licensed Professional of the Healing Arts (LPHA). Behavioral health practitioners delivering IPS under Medi-Cal and/or BHSA must meet training, fidelity monitoring, and data collection requirements described in the [BH-Connect EBP Training and Fidelity Manual](#), starting on page 32.**

15. What level of behavioral health/clinical staffing must providers supply?

**Answer: The IPS Team Lead/Supervisor should be a Licensed Professional of the Healing Arts (LPHA). Any Medi-Cal behavioral health professional can serve as an employment specialist, including licensed clinicians, MHRCs, other qualified providers, trainees, and peer support specialists. However, staff must meet training requirements described in the [BH-Connect EBP Training and Fidelity Manual](#), starting on page 32.**

16. What indirect rate does the county allow or expect?

**Answer: As this service is paid with a bundled rate, indirect costs are included.**

17. Will the county commit to a minimum amount of startup revenue to cover fixed costs?

**Answer: Applicants should include projected startup costs in their response to this RFP and the County will work with the selected provider during contract negotiation.**

18. How firm is the 100-person goal given startup realities?

**Answer: The county recognizes challenges inherent in startup programs. Applicants should include scaling plans in their proposals.**

19. Does “100 people served” mean intakes or placements?  
**Answer: The target number of people served refers to the number of individuals receiving the required number of monthly services in order to receive the bundled payment.**
20. What credentialing is required for direct service providers?  
**Answer: The IPS Team Lead/Supervisor should be a Licensed Professional of the Healing Arts (LPHA). Any Medi-Cal behavioral health professional can serve as an employment specialist, including licensed clinicians, MHRCs, other qualified providers, trainees, and peer support specialists. However, staff must meet training requirements described in the [BH-Connect EBP Training and Fidelity Manual](#), starting on page 32.**
21. Is there a projected placement or retention goal?  
**Answer: There is no specified projected placement or retention goal.**
22. Does job coaching after placement continue under the bundled rate?  
**Answer: It is expected that clients will receive ongoing support after placement and this would be included in the bundled rate.**
23. What if a person is referred and they aren’t ready for competitive employment? Can we refer them to our work training program? Would that be funded through this program?  
**Answer: Pre-employment services including job-related discovery or assessment, person-centered employment planning, job development and placement, job carving, and benefits education and planning are included in the program and bundled rate.**
24. Can benefits counseling be provided by external partner organizations?  
**Answer: Yes, benefits counseling can be provided by an external partner organization through a subcontract, MOU, or other formal mechanism. The external organization and relationship with the applicant should be specified in the response to this RFP.**
25. Does educational placement count as a placement under this RFP?  
**Answer: No, educational placements are not included as part of IPS.**

26. What is the general size of the referral pool?

**Answer: BHRS serves approximately 3000 clients with mental health, substance use, and co-occurring conditions.**

27. Is the provider expected to secure their own space or co-locate?

**Answer: We prefer a provider to have their own space within Marin County. There will be opportunities to co-locate some services.**

28. How does location align with IPS fidelity expectations?

**Answer: Co-location with ACT teams is anticipated once they reach fidelity.**

29. Are all referrals expected to already be connected to specialty mental health providers?

**Answer: Yes, referrals should already be connected, most likely to county behavioral health or contracted programs.**

30. Is a full-time clinician required or can the role be advisory?

**Answer: The IPS Team Lead/Supervisor should be a Licensed Professional of the Healing Arts (LPHA). Any Medi-Cal behavioral health professional can serve as an employment specialist. This RFP includes the requirement to have a behavioral health clinician for integration activities. This does not need to be a full-time role and can be advisory. We are open to different models of how to utilize a behavioral health clinician on the team.**

31. What level of IPS fidelity is expected within nine months?

**Answer: The program can claim the bundled rate for up to nine months before completing an initial fidelity assessment. At that time, IPS teams must achieve and maintain a Medi-Cal fidelity designation based on a fidelity assessment. The initial level of fidelity required is the Baseline Fidelity Designation (see: BH-CONNECT EBP Training and Fidelity Guide). Subsequent assessments will be conducted with an expectation of stepwise increases in fidelity.**

32. Can the clinician be an associate under licensed supervision?

**Answer: Yes.**

33. Will providers collaborate with multiple behavioral health teams?

**Answer: Yes, collaboration is expected with outpatient teams, full-services partnerships, and an ACT model team.**

34. Do face-to-face services need to be in person?

**Answer: Yes, face-to-face services need to be in person.**

35. How long are individuals expected to remain enrolled in the program?

**Answer: There is no formal guidance on this.**

36. Are providers allowed to take clients from other referral sources?

**Answer: Yes, as long as clients are eligible for County behavioral health services, whether delivered by a County-operated or contracted program.**

37. If county referrals are slow, can providers recruit externally eligible clients?

**Answer: Yes, as long as clients are eligible for County behavioral health services, whether delivered by a County-operated or contracted program.**

