



DEPARTMENT OF PUBLIC WORKS

Quality, Excellence, Innovation

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SUBJECT: Questions and Answers for Request for Proposals (RFP) –
HHS – 2026 – 08 – EARLY INTERVENTION FOR YOUTH: Early
Childhood and School Age Behavioral Health

- 1. Question: The RFP states applicants must be able to accept federal funds. Does this mean applicants need to have a SAM.GOV Unique Entity ID at time of applying? What does need to be in place at time of applying to meet this requirement?**

Answer: A SAM.gov Unique Entity ID (UEI) is required at the time of proposal submission, and proposers must be able to obtain and maintain an active SAM registration prior to contract award and receipt of any County payment.

- 2. Question: Do applicants need to be enrolled as a Medi-Cal provider?**

Answer: No, applicants do not need to be Medi-Cal certified at the time of application; however, Early Intervention contractors are generally expected to be, or become, part of the Medi-Cal delivery system (via non-specialty and/or specialty mental health contracting) by July 2027. BHSA Early Intervention funds may support non-billable (as well as non-reimbursed) activities that meet Early Intervention criteria and are included in the approved scope of work.

According to DHCS, BHSA contracted providers are encouraged to leverage BHSA and Medi-Cal funding to create a more comprehensive and effective behavioral health safety net for the individuals they serve. The first year of the BHSA contract period will be a learning and development phase, setting up these processes in order to fully meet compliance standards by July 1, 2027.

- 3. Question: As a formatting question on Section B, Applicant Capability, should we use single-spacing or double-spacing?**

Answer: There is no spacing requirement. Applicants may use either single or double spacing. Applicant Capability Statements should be formatted for 8½" x 11" pages, using no smaller than 12-point font, with 1-inch margins and consecutive page numbers. These formatting requirements apply to all submissions, including those submitted electronically.

- 4. Question: The RFP says that applicants must provide “short-term counseling.” Please give examples of what that can include, such as can it be peer support groups run by an experienced facilitator?**

Answer: The County is not prescribing a specific approach to “counseling” or to “services” provided but does encourage applicants to review the Behavioral Health Services Act ([BHSA Policy Manual chapter 7 section A.7.3.3](#)) for a description of early intervention mental health and substance use disorder treatment services and supports to those eligible for BHSA and to refer to [BHSA Policy Manual chapter 7 section A.7.6](#) for complete information on evidence-based practices and community defined best practices.

A copy of the *Draft* DHCS Module 4 - Including Draft EBP and CDEP list – can be found [here](#).

- 5. Question: If applying for project #2 - are we required to provide services in San Rafael AND Central AND Southern Marin or just one or the other?**

Answer: Applicants should describe how they will utilize Early Intervention funds to serve the BHSA eligible target population within one or more than one specific geographic focus area. It is up to each applicant to describe their service delivery model, including outreach and engagement strategy, ability to strengthen access and linkage to care, and early treatment and supports approach, in accordance with RFP and BHSA criteria.

- 6. Question: How many current providers are there and how many will be selected?**

Answer: The focus and scope of BHSA Early Intervention differs from that of MHSA Prevention and Early Intervention, reflecting a shift from a broad, county-managed approach to a more targeted, state-guided system. The County is in the process of an active procurement process to determine selection of providers.

- 7. Question: In either projects #1 or #2, is it a hard stop from 0-5 as Early Childhood definition is to age 8, to help with transition to school programs?**

Answer: Yes, as detailed in the RFP, Projects #1 and #2 include a focus on early childhood, specifying children ages 0-5.

- 8. Question: Can one applicant apply for both Project #2 and #6?**

Answer: Yes, applicants may apply for more than one project (#1 through #6) within this RFP. Those seeking consideration for more than one project must submit a separate clearly marked Applicant Capability Statement and a separate Attachment B – Budget for each individual project. Each Applicant Capability Statement and corresponding Attachment B must be clearly labeled and numbered by project (e.g., Project #1, Project #2, etc.).

Proposers may submit one (1) Attachment A – Cover Page and one (1) Attachment E – Non-Collusion Affidavit, which may apply to all projects proposed.

9. Question: Is TK (4-5 year olds) counting in this group [Early Childhood Behavioral Health] or School Aged Behavioral Health?

Answer: As children in Transitional Kindergarten are typically ages four or five years old, this population would be part of Early Childhood Behavioral Health, Projects #1 and/or #2 in the RFP.

10. Question: Regarding projects #1 or #2, how/why were the various regional areas grouped in that way (ie. San Rafael grouped with Central and Southern Marin, West Marin grouped with North Marin)?

Answer: This regional approach was found to be the most equitable and efficient way to utilize limited resources while ensuring access to services are evenly distributed throughout the County. The regional grouping relates to contiguous areas as applicants will need to consider issues such as transportation, staffing and service delivery in their proposals.

11. Question: Does the County encourage proposals that include partnerships between a school-based prevention provider and a behavioral health organization to support referrals or system navigation?

Answer: Yes, partnerships and collaborations are encouraged as applicants are expected to describe how their proposed projects will enhance the current service delivery system and work in conjunction with other organizations that serve the same youth and families that will be reached through BHSA Early Intervention funds.

12. Question: The RFP references making a good-faith effort to determine insurance status. What level of screening is sufficient for a non-billing, school-based EI provider?

Answer: When services are reimbursable by Medi-Cal or commercial payors, contractors are expected to verify coverage and must make timely, good-faith efforts to secure reimbursement directly from these revenue streams, as applicable. BHSA funds are not intended to supplant other available funding sources. If, after documented good-faith billing efforts, reimbursement is not available, BHSA funding may be used consistent with [BHSA fiscal policy requirements](#). Providers must maintain documentation of billing attempts and outcomes.

If a client may be eligible for Medi-Cal, but does not have coverage, the provider should refer the client for an eligibility determination to ensure access to all available benefits.

Please see response to Question #2 in this Q & A document for further information.

13. Question: For non-clinical EI programs, what type of documentation is expected to meet BHSA recordkeeping requirements?

Answer: BHSA reporting and recordkeeping will likely resemble current MHSA reporting such as outcomes reporting, demographic collection and satisfaction surveys but the County is still awaiting DHCS BHSA guidance on final reporting standards.

14. Question: Are services to be provided primarily in the schools, or also in the community?

Answer: The County does not prescribe where services are to be provided beyond what is described in the RFP. Applicants should describe how they will utilize Early Intervention funds to serve the BHSA eligible target population within the specific geographic focus area. It is up to each applicant to describe their service delivery model, including outreach and engagement strategy, ability to strengthen access and linkage to care, and early treatment and supports approach, in accordance with RFP and BHSA criteria.

15. Question: How will EBPs be tracked and reported?

Answer: Providers may propose evidence-based or community-defined evidence practices and should clearly describe the evidence supporting the practice, particularly within behavioral health services, and how it is intended to improve outcomes. No specific EBP or CDEP is prescribed by the County. Refer to the Behavioral Health Services Act ([BHSA](#)) [Policy Manual section A.7.6](#) for information on evidenced-based practices and community defined best practices. A copy of the *Draft* DHCS Module 4 - Including Draft EBP and CDEP list – can be found [here](#).

BHSA reporting and recordkeeping will likely resemble current MHSA reporting such as outcomes reporting, demographic collection and satisfaction surveys but the County is still awaiting DHCS BHSA guidance on final reporting standards. In addition, the County is moving towards a Results-Based Accountability (RBA) framework for all Health and Human Services contractors. Specific evaluation measures will be developed once providers are awarded BHSA contracts.

16. Question: How will evidence of billing to insurance be monitored to meet grant requirements?

Answer: The County is still awaiting DHCS BHSA guidance on final reporting and accountability standards. Details around what is currently known for expectations of BHSA providers for billing insurance can be found in the BHSA Fiscal Policies under [Promoting Access to Care Through Efficient Use of State and County Resources](#).

17. Question: Under the Results-Based Accountability framework, should providers propose metrics based on data they already collect, or is the County expecting new/specific evaluation measures to be developed specifically for this contract?

Answer: BHSA reporting and recordkeeping will likely resemble current MHSA reporting such as outcomes reporting, demographic collection and satisfaction surveys but the County is still awaiting DHCS BHSA guidance on final reporting standards. In addition, the County is moving towards a Results-Based Accountability (RBA) framework for all Health and Human Services contractors. Specific evaluation measures will be developed once providers are awarded BHSA contracts.

18. Question: Is there a fit for peer-to-peer programming in these early intervention school-aged projects?

Answer: Providers may propose any evidence-based or community-defined evidence practices, describing the evidence supporting the practice, particularly within behavioral health services, and how it is intended to improve outcomes. No specific EBP or CDEP is prescribed by the County. Refer to the Behavioral Health Services Act ([BHSA](#)) [Policy Manual section A.7.6](#) for information on evidenced-based practices and community defined best practices. A copy of the *Draft* DHCS Module 4 - Including Draft EBP and CDEP list – can be found [here](#)