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RFP-HHS-2026-17 Peer Respite Program

Bidder's Conference Q&A held on 10/05/2026

Note: Questions have been lightly edited for clarity.

1. Is this a new service? And if not, who currently provides these services?

Marin County does not currently have a peer respite program that is sponsored by the county, and as such, this is a new level of care within county-operated services. There may be other non-county affiliated peer respite programs that are funded completely separately from county behavioral health and recovery services.

2. Given that the target population meets criteria for SMI, SUD, or co-occurring disorder, should we expect that most referred will be connected to FSP, ACT, or similar services?

We expect many referrals to come directly from BHRS services which includes BRIDGE (outpatient), Intensive Case Management (ICM-FSP), and ACT/FACT levels of care. It is also possible that referred clients may be receiving services through the Medi-Cal Managed Care Plans or other programs in the community. Regardless of the nature of services received prior to referral, once enrolled in the Peer Respite Program, we would like to see connection and coordination with BHRS when possible. Also to note, the available funding for this program includes Medi-Cal fee-for-service billing for Certified Peer Support Specialist services through the Behavioral Health Plan. This funding can only be accessed by clients who are open to services with BHRS.

3. Is the contractor expected to provide food for all participants?

Yes, food and groceries are included as a line item in the budget worksheet.

4. Since clients here are meeting criteria potentially for specialty mental health services, I noticed that the RFP stated that the contractor doesn't need to provide the clinical portion, for example, for psychotherapy and those types of services. Could they, if they wanted to, and if so, would that be part of the \$600,000 funding or something different?

It is expected that Medi-Cal reimbursable services in the Peer Respite Program including 1:1 and group peer support by Medi-Cal Certified Peer Support Specialists are provided by the selected vendor or through a subcontracting arrangement. Additional clinical services such as individual and/or group psychotherapy, and/or medication



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management, may be provided by employing clinicians on staff or inviting BHRS or other agency clinicians to provide services on-site as field-based visits. Details should be included in your proposal.

5. There is a suggested staffing model of two staff at all times. What is this based upon?

The suggestion to include two staff on site at all times, at least one of which is a paid staff member, is based upon the need to support clients, ensure safety and security in the Peer Respite Program, and to manage any emergent issues. If your agency does not feel this level of staffing is necessary, please include details in your proposal on your staffing plan, including how you will support clients, maintain safety and security, and manage emergent issues with your proposed staffing.

6. You mentioned we don't need to provide one room with double occupancy, but we can. So is that an optional requirement or something we must do in the home selected?

That is an optional requirement. Please delineate in your proposal how you plan to structure the program including number and type of bedrooms.

7. I noticed in the RFP there was a stipulation around people who do not have Medi-Cal. It says "services provided to individuals without Medi-Cal coverage must be reported." I wasn't clear if that meant that this was supposed to be for all Medi-Cal recipients or if other folks were also eligible. Is this solely for Medi-Cal recipients?

The Peer Respite Program is designed for individuals who are Marin County adults (18+) who are low income and are Medi-Cal recipients or uninsured, who meet criteria for Specialty Mental Health or Drug Medi-Cal Organized Delivery System services. The available funding for this program from BHRS includes Medi-Cal fee-for-service billing for Certified Peer Support Specialist services through the Behavioral Health Plan. This funding can only be accessed by clients who have Marin County Medi-Cal and are open to services with BHRS. The selected vendor is required to report multiple data elements to BHRS, including services claimed to Medi-Cal, services not claimed to Medi-Cal (e.g. housing supports, transportation, flex funds), and services provided to individuals without Medi-Cal.

Consistent with BHSA fiscal policies regarding coordination of available funding sources, the selected vendor may also independently establish agreements with private insurance carriers to support services for their members enrolled in the Peer Respite Program. Any such arrangements would be established and administered directly



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between the vendor and the applicable health plan and would be outside the scope of the BHRS contract and funding provided through this RFP but would need to be coordinated with BHRS to ensure there is no duplication in payment.

8. Is there the ability to bill for the build up to program capacity prior to having clients in the door, or do you have to be fully operational to start billing out?

The available funds for the Peer Respite Program include \$450,000 annually in infrastructure and operational costs. This can include start-up costs to build out the program during the first year. If additional start-up costs are anticipated, please detail these in your proposed budget. Medi-Cal fee-for-service billing requires clients to be in the Peer Respite Program, though there is no requirement that the program be at capacity to access these funds.

9. A question on the capacity as the RFP references 5 to 12 clients. Being in a home-like environment, ideally it would be a single-family home in the community versus and institutional setting. Would 5 be the minimum as single rooms as stipulated?

We're targeting a capacity for 5-12 clients, but it will ultimately depend on the type of home or facility the vendor identifies for the Peer Respite Program. If you have a facility identified that doesn't fall within those parameters, please include those details in your proposal.

10. If it goes up to 12 participants, likely we're looking at more than one home to accommodate that size. Is there any data on the current number of clients who fit the target description, those that are in and out of the crisis unit and hospitalization, those types of services? Does that county currently have 50 a year, or do we have any data on that target population, how many we're serving at a given time?

Data from FY25/26 indicate substantial numbers of BHRS clients who cycle in and out of the crisis stabilization unit and psychiatric hospitalization. These clients would represent the target population for the Peer Respite Program. :

- 440 inpatient psychiatric admissions. Approximately 8% were readmitted within 7 days and 17% were readmitted within one month.
- 1192 crisis stabilization unit admissions. Approximately 8% were readmitted within 7 days and 21% were readmitted within one month. (Note: CSU data includes both BHRS clients and commercially insured clients).



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11. Other than the program director who has to be a certified peer specialist, are there any other mandated staff positions that you could see would be helpful to this program.

There are no other mandated staffing positions. Applicants should include their planned staffing mix in their proposal.

12. In the RFP, there is mention of an assessment that takes place when a new participant is referred. Is that a mental health assessment, an intake assessment to determine whether the participant meets criteria for placement in the program? Could you tell us a little bit more about that assessment?

The assessment is not intended to be an eligibility assessment. It's an assessment to determine the person's needs while in the program and will allow the staff to understand what brought the participant to the program and their unique needs. It could be self-designed by the agency that runs the program, or it could be a standardized assessment. We are open to various models here and encourage applicants to think about what works best in their experience. We recommend providing an example (if applicable) in your proposal.

13. Am I correct to assume there's no standardized county template? We could be flexible with that as well?

Yes, that is correct.

14. I want to ask about the duration of stay. It stated that clients can stay typically 14 days and extend to 21 days. Would it be fair to say that these could be revolving clients that could come multiple times throughout the year in a program like this, given that they might be in and out of hospitalization and other settings?

Yes, that is correct that we would foresee clients may be admitted multiple times throughout the year.

15. I understand that SmartCare will need to be utilized as the EHR. How do we go about claiming for the peer support services? Would it be through the SmartCare EHR?

Yes, SmartCare is the tool to be used for documentation and claiming.

16. If we're a vendor coming from out of county, are there opportunities for trainings in the EHR and claiming for services?



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Yes, we will provide the selected vendor access to SmartCare and training.

17. The RFP stated awards will be announced in November or December and services expected to start January 1st. Will we need to have the home up and running and cleared and all the permits, everything in place as of January 1st to begin?

Contract finalization is contingent on Marin County Board of Supervisors approval. We are targeting December for that approval. We understand vendors may need some start-up time to get things up and running. The county will work with the selected vendor on contract start and actual service start dates.