



County Of Siskiyou

Request for Proposals (RFP)

RFP # 26-2070 Health and Human Services Agency,

Behavioral Health Division

for

**Early Intervention Programs for Youth and Transitional
Age Youth (TAY)**

Proposals may be delivered or emailed to:

Sarah Collard

Director

County of Siskiyou HHSA

2060 Campus Drive Yreka, CA 96097

rfp_rfb_submissions@co.siskiyou.ca.us

Proposals Due by:

June 19, 2026

5:00 p.m.

**County of Siskiyou
Request for Proposals
for Early Intervention Program**

The following schedule of events will be followed to the extent achievable; however, the County reserves the right to adjust or make changes to the schedule as needed.

Estimated Timeline of Events

Date	Activity
June 3, 2026	Release of Request for Proposals (RFP)
June 11, 2026	Deadline to Submit Questions due by 5:00 PM
June 19, 2026	Submission of Proposals due by 5:00 PM
June 22-26 2026	Review of Proposals
June 29, 2026	Notification of Final Selection
To Be Announced	Professional Service Agreement Processed
To Be Announced	Professional Service Agreement Start Date

1.0 Preface

Introduction and Background

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for Early Intervention services for the Siskiyou County Health and Human Services Agency's ("County") Behavioral Health Division.

County is seeking proposals from one or more non-governmental, community-based, organizations with demonstrated experience in behavioral health programming to provide an Early Intervention mental health and substance use disorder services and supports program (hereafter referred to as the "Program") to serve BHSA priority populations within all areas of Siskiyou County.

This Request for Proposals is specifically focused on Early Intervention services for children, youth, and transitional age youth (TAY) up to age 25 and their families. Programs funded under this RFP will be part of the County's Behavioral Health Services and Supports (BHSS) Early Intervention component and must be designed to prevent mental illness and substance use disorders from becoming severe and disabling and to reduce disparities in behavioral health outcomes among eligible youth.

Consistent with BHSA requirements, at least fifty-one percent (51%) of BHSS funding will be used to support Early Intervention programs, and at least fifty-one percent (51%) of BHSS Early Intervention funding must be used to serve eligible individuals who are 25 years of age and younger, including transitional age youth.

In March 2024, California voters approved Proposition 1 reforming the Mental Health Services Act of 2004 into the Behavioral Health services Act (BHSA). The BHSA prioritizes services for people with the most significant mental health needs while adding the treatment of substance use disorders, expanding housing interventions, and enhancing accountability at the state and local levels. The BHSA has three components: Behavioral Health Services and Supports, Full-Service Partnerships, and Housing Interventions. Siskiyou County's BHSA Integrated Plan for Fiscal Years 2026-2029 can be found here: <https://www.siskiyoucounty.gov/behavioralhealth/page/bhsa>.

Funding Availability: The County anticipates that up to \$200,000 per fiscal year will be available for Early Intervention programs under this RFP, for a total anticipated amount of \$600,000 over the three (3) fiscal year contract term, subject to available BHSA funding, County approval, and contract execution. The County reserves the right to award funding to one or more contractors.

Siskiyou County is a rural county with geographic isolation, transportation barriers, workforce shortages, and limited service capacity that constrain access to timely behavioral health care. The County's Community Planning Process identified the need to expand early intervention supports for children, young people, and families, strengthen school- and community-based services, and reduce geographic and transportation-related barriers to care.

Program Overview

Early Intervention is a proactive approach that identifies and addresses behavioral health concerns at an early stage, before they escalate into more severe or chronic conditions. Under BHSA guidelines, Early Intervention focuses on strategies directed to eligible individuals, including indicated prevention and case identification. Services may be provided to individuals who do not yet meet diagnostic criteria but are at risk or experiencing early signs of mental health or substance use disorder, including those with known risk factors such as trauma or Adverse Childhood Experiences. Allowable activities include outreach, education, assessment, brief interventions, and linkage to appropriate services and treatment. County Early Intervention programs prioritize BHSA priority populations with the goal of early identification, access, and connection to care as needed.

BHSA goals include:

- Reaching and serving high need priority populations.
- Increasing access to substance use disorder services, housing interventions, and evidence-based and community-defined practices and building the behavioral health workforce.
- Focusing on outcomes, transparency, accountability, and equity.

Services should be culturally responsive and should meet people in settings that feel familiar and welcoming, honor community identity, and reduce barriers to care.

Programs must draw from evidence-based practices and serve as an entry point for individuals who may be at risk for, or beginning to experience, mental health or substance use concerns.

The Program shall be a multi-service mental health program that provides ethnically and culturally diverse opportunities in a healthy, inclusive manner with a wide spectrum of activities that foster recovery and resiliency. Any individual experiencing behavioral health challenges, and/or their family members, shall be welcome to participate in Program activities.

The Early Interventions services will operationalize community priorities identified in the County's 2026-2029 Integrated Plan Community Planning Process, including expanding early intervention support for children, young people, and families, strengthening school and community-based services, and reducing geographic and transportation-related barriers to care.

The Program shall seek input and guidance from Participants as a required element to the planning of activities, service delivery, and operating guidelines for the Program. The Program shall form relationships with community-based agencies and service providers in order for Participants to link to additional community services and supports. The Program staff shall be actively involved in providing support and linkage as needed.

2.0 Scope of Work

Services the successful Proposer will be expected to provide, include but are not limited to:

1. Evidence Based/Promising Practices

a. Early Intervention Focus and Target Populations

The Program shall provide Early Intervention behavioral health services and supports for BHSA-eligible children, youth, and transitional age youth up to age 25, consistent with the Behavioral Health Services Act Policy Manual, who are at risk of, or beginning to experience, mental health and/or substance use conditions but may not yet meet diagnostic criteria. Priority shall be given to youth experiencing or at risk of childhood trauma, including youth experiencing homelessness, justice-involved youth, child welfare-involved youth, 2S/LGBTQ+ youth, a youth from populations with identified behavioral health disparities. Services may also include supports to parents and caregivers that strengthen the youth's behavioral health outcomes, including engagement, education, and navigation support.

b. Required Early Intervention Priorities

The Program must be designed to reduce the likelihood of the following adverse outcomes among BHSA-eligible youth: suicide and self-harm, school suspension/expulsion or school failure, unemployment, prolonged suffering, homelessness, or removal of children from their homes, incarcerations, overdoses, and the development or worsening of mental illness in children and youth. Proposers shall identify which of these outcomes their Program will directly address and describe the strategies, activities, outcome and evaluation process, and measures that will be used to track progress.

c. Childhood Trauma Early Intervention

The Program shall include specified interventions focused on childhood trauma and toxic stress, targeting children and youth exposed or at risk of exposure to adverse childhood experiences, community and historical trauma, and prolonged stress. Allowable activities may include:

- Trauma-informed outreach and engagement to youth experiencing homelessness, justice-involved youth, LGBTQ2+ youth, and child welfare-involved youth.
- Use of developmentally appropriate trauma and behavioral health screening tools, with timely linkage to Early Intervention services.
- Multigenerational family engagement, education, and support to strengthen resilience and promote healing.
- Collaboration with child Welfare, schools, Medi-Cal Managed Care Plans, and homeless youth providers to coordinate care and address social drivers of health.

- Provision of Evidence Based Practices aligned with DHCS and BHSA

d. Program Components and Service Models

The Program shall offer a mix of youth-focused Early Intervention services that may include, but are not limited to:

- Outreach, psychoeducation, and early identification activities-in schools, youth-serving settings, and community locations.
- Screening, brief assessments, and brief evidence-based or community-defined evidence interventions appropriate for early-stage mental health and substance use concerns, as approved by Siskiyou County Behavioral Health.
- Individual and group services such as brief counseling, skills groups, and psychoeducational groups for youth and caregivers.
- Peer, parent, and family support activities that build resilience, support navigation across systems, and reduce crisis engagement.
- Warm handoffs and supported linkages to ongoing treatment, specialty behavioral health, substance use disorder treatment, and other needed services across the continuum of care.

e. Culturally Responsive and Linguistically Appropriate Services

The Program shall implement culturally responsive and linguistically appropriate interventions to reach underserved cultural populations and address barriers related to race, ethnicity, culture, language, gender, sexual orientation, gender identity, age, and economic status. Proposers shall described how they will use evidence-based practices and/or community-defined evidence practices that reflect the values, histories, and life experiences of the youth and families served.

f. Partnerships and Settings

The Program must create strong linkages with community-based organizations, schools, Tribal programs, youth centers, primary care and school-based health centers, faith-based organizations, and other providers serving youth and families. Priority shall be given to proposals that embed services in setting that are familiar and welcoming to youth and that leverage existing trusted messengers identified through the County's CPP (e.g., schools, community resource centers, Tribal programs.)

g. Recordkeeping and Reporting

Program shall provide County with written Monthly Progress Report, due no later than 20 days after the end of each calendar month. Each Monthly Progress Report shall include, but is not limited to, participant data (demographics, number of participants), activities (description, duration, schedule, number of participants engaged), staff (number of staff, job titles, pay), monthly participant satisfaction survey results, trainings, Program newsletter, and narratives on progress.

In addition to standard monthly reporting requirements, the Program shall collect and report data needed to monitor Early Intervention outcomes, including but not limited to: demographic information; service utilization; screening and assessment results; linkages and warm handoffs completed; and progress on required Early Intervention adverse outcome measures (e.g., school engagement, homelessness, justice involvement). The County will work with the Program to finalize a scorecard of key indicators aligned with the Integrated Plan. The County will require timely completion of County-developed data invoices in accordance with County reporting timelines.

h. Program Evaluation

The Program shall be evaluated utilizing data supplied in the Monthly Progress Report. The Program evaluation shall be at the sole discretion of County, a minimum of once per County Fiscal Year, and may, at County's sole discretion, include a site visit to the Program site.

3.0 Submission Requirements

Proposal Format: Proposals must contain the following:

1. Cover Letter

- a. Please provide the Proposer's name, address, and telephone number. The letter must be signed by a representative authorized to enter into contracts on behalf of the Proposer.

2. Qualifications

a. Proposers must demonstrate the following:

1. Experience in providing Early Intervention Program services to the target population.
2. Knowledge and understanding of a collaborative service program design.
3. Ability to deliver services to clients in a culturally competent manner, including those with limited English proficiency and diverse cultural and ethnic backgrounds, and criminal involvement.
4. Demonstrated experience operating early intervention or community-based behavioral health programs serving children, youth, and transitional age youth.
5. Experience collaborating with county behavioral health plans and complying with state/federal documentation and reporting requirements.
6. Demonstrated experience providing Early Intervention and/or school-or community-based behavioral health services to children, youth, and transitional age youth.

b. Responsible Applicant

1. Possess adequate financial resources or the ability to obtain resources as required during the performance of the Contract.
2. Ability to comply with the proposed delivery or performance schedule, taking into consideration available expertise and any existing business commitments.
3. Has no record of unsatisfactory performance, lack of integrity, or poor business ethics/practices.
4. Is otherwise qualified and eligible to contract to provide a Wellness Program under applicable statutes and regulations.

c. Insurance Requirements

Ensure that comprehensive general liability insurance coverage has been secured in an amount not less than two million dollars per occurrence and three million aggregate per year (\$2,000,000/\$3,000,000). Evidence of such insurance shall be provided to the Health & Human Services Agency/Behavioral Health Division upon request.

3. Company Profile

- a. Provide a brief description of your company, including business structure, address, the total number of employees, overall industry experience, certifications, affiliations, and relevant experience. Support your capacity to perform the services detailed in this RFP.

4. Approach:

- a. A description of how the proposed Program meets BHSA Early Intervention requirements, including focus on youth up to age 25, targeted adverse outcomes (suicide, school failure, homelessness, etc.), and childhood trauma early intervention.
- b. A description of how services will be delivered in youth-friendly settings and how the Prosper will address transportation barriers for rural and outlying communities identified in the CPP.
- c. A description of how the Program will endure culturally responsive and linguistically appropriate interventions, including any evidence-based practices and community-defined evidence practices to be used.

5. References:

- a. Please include at least three (3) references, including name, address, telephone number, and Email, for whom similar services have been provided.

6. Price Proposal:

- a. Provide a transparent fee schedule that outlines all of the costs associated with the required services, broken down by category of products and services, and all on-going costs for recommended or required services.
- b. Provide an itemized budget per each fiscal year for each proposed service or program, including staff hourly rates, covering the period of July 1, 2026 through June 30, 2029.
- c. Include a budget narrative describing in detail each expense item.

The proposal must include all requirements as listed and correlate to the Scope of Work outlined under this RFP.

Conflict of Interest: Proposer(s) shall disclose to the County any interest, direct or indirect, which could conflict in any manner or degree with the performance of service required. At the County's discretion, a potential conflict of interest, to the extent it is waivable, may be waived or factored into the final award decisions and/or a modified Scope of Work.

4.0 Selection Process

The proposals received in response to this RFP will be screened by a selection committee. The selection committee will consider only the proposals which have been considered responsive to the RFP. Any proposal that fails to meet the RFP's requirements will be regarded as non-responsive and may be rejected. A proposal, which is in any way incomplete, irregular or conditional, at the County's discretion, may be rejected. The following criteria will be used in the evaluation of the potential consultants:

1. Qualifications
2. Approach
3. Experience and references
4. Proposed costs

The County may meet or interview any or all of the proposers during the evaluation process. A contract will be negotiated with one or more qualified entities selected during the evaluation process. Proposals not selected in the evaluation process may be awarded a contract should negotiations with the selected Proposer(s) prove unsuccessful. The County reserves the right to reject any and all proposals and reserves the right to waive any non-substantive defects in the proposals.

5.0 General Information

Proposals must be submitted by way of mail, hand delivery, and/or electronic means, as described below:

- **Hand Delivery:** Hard copy proposals submitted by hand delivery must be received at Siskiyou County Behavioral Health, 2060 Campus Drive Yreka, CA 96097 on or before **June 19, 2026 at 5:00 p.m.** (ATTN: Sarah Collard, HHSA Director). Please note “**RFP # 26-2070**” on front of envelope.
- **Mailing:** Hard copy proposals by way of mail must be mailed to 2060 Campus Drive, Yreka, CA 96097 and received by **June 19, 2026 at 5:00 p.m.** Please note “**RFP # 26-2070**” on front of envelope.
- **Electronic Copy Submittal:** Submit an electronic copy of the proposal via email. Electronic copies shall be emailed to Sarah Collard, HHSA Director at rfp_rfb_submissions@co.siskiyou.ca.us and must be received by **June 19, 2026 at 5:00 p.m.** Please include “**RFP # 26-2070**” in subject line.

Proposers shall provide One (1) original copy with signature and Three (3) exact copies of the original by hand, as instructed above.

Proposers submitting proposals electronically will only be required to send one signed copy.

Proposers are asked to direct all inquiries related to the project(s) to Sarah Collard, Ph.D. by email, rfp_rfb_submissions@co.siskiyou.ca.us.

Late proposals may not be accepted.

The County will provide the following to assist the selected entity(s):

- Designate a person to act as the County's point of contact with respect to the work performed under the contract.
- Information, as legally allowed and reasonably attainable, in possession of the County that relates to the requirements of the project(s) or which is relevant for the project(s).
- Facilitate coordination with other entities, local agencies, organizations, and individuals if necessary.
- Advice on the project scope of work.
- Review and validation of project deliverables.

- Annual training and attestations required.
- Required licenses and certificates in alignment with DHCS protocol.
- Contract term will begin on July 2026 – June 30, 2029.

A contract award resulting from this RFP will be made without discrimination on any basis prohibited under state or federal law.

6.0 Attachments

- a. Contract Template