

April 10, 2026

**REQUEST FOR INFORMATION TO PROVIDE FOSTER FAMILY AGENCIES TO PROVIDE CHILDREN'S  
THERAPEUTIC FOSTER CARE AND SPECIALTY MENTAL HEALTH SERVICES****I. INTRODUCTION**

The purpose of this Request for Information (RFI) is for the County of Kern, through its Kern Behavioral Health & Recovery Services (KernBHRS) Department to gain information on the interests and qualifications from qualified Foster Family Agencies (FFA's) to provide a proposed plan for the provision of Therapeutic Foster Care (TFC) and other specialty mental health services to children and youth up to the age of 21 that are referred through the Special Multi-Disciplinary Assessment & Referral Team (SMART) Committee. The County is seeking two (2) providers.

All information submitted by qualified organizations will be retained by Behavioral Health and Recovery Services (KernBHRS). The tentative start date for these services are **July 15, 2026**. The total available funding for this program is not intended to exceed **\$1,200,000** for the provision of TFC and other enhanced children's mental health service, however, the proposed funding level may change in any agreement resulting from this RFI. Figure is provided for planning purposes only. As part of the California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Payment Reform, KernBHRS has transitioned from cost-based reimbursement to fee-for-service reimbursement. Proposers shall be expected to submit their budgets accordingly. Actual rates per service will be included in the negotiation process.

**A. BACKGROUND**

KernBHRS is seeking to establish two (2) service providers to implement Therapeutic Foster Care (TFC) and other specialty mental health services to children and youth through the age of 20. The TFC service model is a short-term intensive, highly coordinated, trauma informed, and individualized rehabilitative service covered under Medi-Cal that is provided to a child/youth through the age of 20 with complex emotional and behavioral health needs who is placed with trained and intensely supervisor supported TFC parents. (see Exhibit A-e "Service Model for Therapeutic Foster Care" and Exhibit A-4 "Therapeutic Foster Care Service Model Parent Qualifications") Central to services for those youth, will be the identification of a permanent home that youth will be transitioned to, as well as the engagement of family in the early stages of therapy. It is expected that agencies will utilize the values and principles of the Core Practice Model (CPM) in providing necessary services and work closely with the Geographic Service Area (GSA) provider to facilitate a successful transition to a permanent home. In addition to providing non-TFC specialty mental health services, the FFA will serve as the TFC Program Agency that will be responsible for ensuring TFC Parents meet both Resource Family Approval (RFA) Program standards and meet the required qualifications as a TFC parent and DHCS requirements to provide, document and claim Specialty Mental Health Services.

Traditional business hours are Monday from 8:00 a.m. to 5:00 p.m. It is the expectation of County that services will be offered outside of traditional business hours, which can include early morning, evening and weekend hours. Services shall be made available when medically necessary twenty-four (24) hours per day, seven days per week in order to meet the individual needs of each youth.

KernBHRS in coordination with the Department of Human Services (DHS) and Kern County Probation, has embarked in the development of integrated services for our youth and families. Key to the Core Practice Model (CPM) is a service delivery system that is welcoming, accessible, recovery-oriented, person and family-centered, co-occurring disorder capable and culturally competent.



HOPE, HEALING, RECOVERY

The following standards are intended to provide a structure for services offered by Department contracted providers that are not regulated under existing requirements.

- A. Contractor accepts that it is a member of a network of providers of the KernBHRS Children's System of Care; a continuum of care that includes crisis intervention, hospitalization, and outpatient mental health services. Contractor readily accepts and shares the responsibility of providing quality services to all individuals serviced.
- B. Contractors shall aim to increase stability, and transition youth to a permanent placement with family or resource family. In addition, contractors shall minimize hospitalizations, out-of-home placements, placement failures among the clients served by providing community-based, family-oriented, and culturally competent mental health services for children and adolescents who need enhanced specialty mental health services.
- C. Contractor shall demonstrate support of the KernBHRS Children's System of Care by sharing information and resources and actively seeking to recruit staff and volunteers who are bilingual, bi-cultural, and who represent the ethnic and cultural diversity of the community it serves.
- D. Contractor recognizes that within its current caseload are clients who have co-occurring substance use disorders. It is important that these individuals are welcomed into care without experiencing stigma, and that the number of these individuals begin to be more accurately identified so that needs can be more effectively recognized and met within the system as a whole.
- E. Contractor shall strive to participate in local area collaboration efforts and organized collaborative organizations and networks, to raise awareness and educate its partners regarding the scope and breadth of mental health and substance abuse prevalence in the community it serves.
- F. Contractor programs and activities shall maintain a drug and alcohol-free environment at all times.
- G. Contractor shall collaborate with other programs. Central to these collaborative efforts will be the active involvement in Child and Family Teams (CFTs), and will include coordination of services with the Department's contracted Geographic Service Area (GSA) outpatient provider for children's mental health services, the DHS, Kern County Probation, child's family or caretaker which they will be transitioned to, and any other natural supports of family. Furthermore, Contractor shall work CFT to establish family and long-term placement when step down occurs.
- H. Contractor understands that services provided are adjunctive services and shall ensure that interventions are supportive and coordinated with the GSA provider's Intensive Care Coordinator.
- I. The Intensive Care Coordinator is responsible for coordinating the Client's care and determining the course of service delivery utilizing the Integrated Core Practice model to ensure cross system coordination.
- J. The family unit, both relative and resource families are considered an integral piece of the treatment program for a person experiencing mental health and substance use disorders. Treatment interventions must at all times consider issues of family dynamics and relationships, including the possible presence of co-occurring mental health disorders in the family.
- K. Contractor shall ensure that the dignity of all individuals and communities is preserved when working with people of color, underserved or disenfranchised persons.
- L. Contractor shall ensure that all pertinent written, oral and symbolic materials for the individual and family (including, but not limited to, signage, pamphlets, educational brochures, referrals to resources or speakers, audiovisuals and

self-help kits) are interpreted in the primary language of, and from the appropriate cultural perspective of, the communities served whenever possible.

- M. Contractor shall continually evaluate the needs of the communities being served and shall endeavor to meet those needs at all times. Further, Contractor shall incorporate the values of the community into its activities, services, and programs.

**B. CALIFORNIA ADVANCING and INNOVATING MEDI-CAL (CaAIM)**

California Advancing and Innovating Medi-Cal (CaAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering clients a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. CaAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care, transforming it into a system that is standardized, simplified, and focused on helping enrollees live healthier lives. When CaAIM is fully implemented, Medi-Cal will better serve and benefit enrollees because it will be a seamless and streamlined health care system.

Effective January 1, 2022, and in accordance with Behavioral Health Information Notice (CHIN) No: 21-073, CaAIM implemented new criteria to access the Specialty Mental Health Services Delivery System. For beneficiaries under twenty-one (21) years of age, specialty mental health services (SMHS) shall be provided to those that meet either of the following criteria:

- A. The beneficiary has a condition placing them at high risk for a mental health disorder due to the experience of trauma evidenced by any of the following scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement or experiencing homelessness OR
- B. The beneficiary meets both of the following requirements:
1. The beneficiary has at least one of the following:
    - A significant impairment
    - A reasonable probability of significant deterioration in an important area of life functioning
    - A reasonable probability of not progressing developmentally as appropriate
    - A need for specialty mental health services, regardless of impairment or the presence of impairment, that are not included within the mental health benefit that a Medi-Cal managed care plan is required to provide AND
  2. The beneficiary's condition as described above is due to one of the following:
    - A diagnosed mental health disorder according to the criteria of the current *Diagnostic and Statistical Manual of Mental Disorders* and the *International Statistical Classification of Diseases and Related Health Problems*.
    - A suspected mental health disorder that has not yet been diagnosed.
    - Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

- C. If a beneficiary under age twenty-one (21) meets the criteria as described in (A) above, the beneficiary meets criteria to access SMHA; it is not necessary to establish that the beneficiary also meets the criteria in (2) above.

### **C POPULATIONS TO BE SERVED**

- A. Contractor shall be approved to provide TFC services for up to twenty-five (25) Kern County youth who are Medi-Cal beneficiaries and meet medical necessity criteria for EPSDT specialty mental health services; and
- B. Child and Family Team (CFT) has reviewed the needs of the youth and is reconnecting a level of care that will be met by TFC services; and
- C. Have been referred by the Special Multi-Disciplinary Agency & Referral Team (SMART) committee for TFC placement and medical necessity has been established for TFC.
- D. Contractor shall follow all Medi-Cal regulations for TFC eligibility requirements which may include, but not be limited to:
1. The child or youth is at risk of losing his or her placement and/or being removed from his or her home as a result of the caregiver's inability to meet the child's or youth's mental health needs; and, either
    - There is a recent history of services and treatment (for example, ICC and IHBS) that have proven insufficient to meet the child's or youth's mental health needs, and the child or youth is immediately at risk of residential, inpatient, or institutional care; or
    - In cases when the child or youth is transitioning from a residential, inpatient or institutional setting to a community setting, and ICC, IHBS and other intensive SMHS will not be sufficient to prevent deterioration, stabilize the child or youth, support effective rehabilitation, or to avoid the need to initiate or continue a more intensive level of care in a more restrictive setting.
  2. Additional consideration for TFC eligibility may include if beneficiary is receiving or being considered for:
    - TBS or Crisis Stabilization/Intervention
    - In or being considered for admission to a Short-Term Residential Therapeutic Program (STRTP)
    - Being considered for Psychiatric Inpatient
    - Had three (3) or more placements in the last 24 months due to mental health issues.

### **D ACCESS TO TREATMENT**

Contractor shall provide services at times that meet the needs of the clients, which will include twenty-four (24) hours per day, seven (7) days per week according to the individualized needs of each youth.

- A. Initial Service Information
- Contractor shall provide beneficiaries with a KernBHRS Beneficiary Handbook when first accessing services and thereafter upon request. Also, when first accessing services, beneficiaries shall be provided with a copy of the provider directory or information on how to obtain it electronically if they prefer.

- Contractor shall make available a provider list that contains names, locations, telephone numbers, and non-English languages spoken by current contracted providers in the beneficiary's service area.
- Contractor shall make the beneficiary booklet and the provider list available in English and Spanish.
- Contractor shall make written materials available to beneficiaries in easily understood language in both English and Spanish, 12 and 18 fonts, in paper and electronic form.
- Contractors shall inform beneficiaries that information is available in alternative formats and how to access those formats.

#### B. Timeliness of Access to Treatment

- Contractor shall ensure the use of "Scheduler" within the Electronic Medical Record (EMR) as a methodology for measuring timeliness to access.
- Contractor shall ensure the use and upkeep of "Client Services and Information (CSI) Timeliness Application" as a methodology for measuring timeliness to access, which must include, at least the following:
  - a. Beneficiary's name
  - b. Initial request for service date: date and time the beneficiary/legal guardian initially requests specialty mental health services via telephone, in writing, fax email, or in person
  - c. Initial disposition of the request
- For emergent appointments, contractors shall provide a face to face mental health service immediately following receipt of the request for service.
- For all urgent/emergent initial service requests, Contractor shall select the Urgent/Emergent option located in CSI.
- Contractors shall make every effort to ensure that beneficiaries have access to services within the time frame and/or time and distance standards. If unable to provide services within the required timeframe or time and distance standards, contractor will provide referral for the beneficiary to receive the service(s) from an out of network provider at no cost to them. (Department of Health Care Services Behavioral Health Information Notice 21-008).
- Contractors shall demonstrate access to youth in crisis with the understanding that the first line of intervention for crisis should not be a referral to the Psychiatric Evaluation Center (PEC) understanding that provider should evaluate urgent needs and make referral to PEC only when clinically necessary.
- Contractor shall ensure 24/7 access to urgent and emergency services by ensuring resource family placement has emergency contract number to access LPHA/mental health staff.
- Contractor shall ensure identification of a permanent home that child shall be transitioned to prior to entry of program and will establish plan at entry.

- a. Youth exiting the FFA shall continue to receive services while in transition to their permanent home. As needed, transitional services may occur for up to two (2) months after youth exits the TFC placement and shall include coordination with the primary GSA provider.
- b. Contractor, as they are aware, shall provide names of family who may need to be incorporated into family counseling with the GSA provider.

**C. No Shows**

- The Department standard for no-show rates are currently:
  - a. For psychiatric appointments will not exceed 18 percent
  - b. For other clinical appointments (non-psychiatric) will not exceed 15 percent
- Contractors shall ensure that youth attend all appointments that are scheduled with the GSA provider or that appointments are cancelled or rescheduled minimally 24 hours in advance of appointment when possible.

**D. Change of Provider/Second Opinion Request:**

- Contractors, whenever feasible, shall provide the beneficiary the opportunity to change persons/team providing outpatient specialty mental health services. This includes requests to change his/her case manager, therapist, prescriber, and/or team.
- When the contractor has determined that the client does not meet medical necessity criteria for specialty mental health services, the beneficiary has the right to request a second opinion at no charge.
- These requests may be submitted in person, via telephone or in writing by the beneficiary or legal guardian.
- Contractor will ensure the "KernBHRS Change of Provide/Second Opinion Request" form is available in all lobbies in both English and Spanish.

**E. Services**

Contractors shall provide community-based, family-oriented and culturally competent mental health treatment services to youth to support them in achieving stability and success in a variety of settings, which will include, but not be limited to, school, TFC placement and permanent home.

- Specialty Mental Health Services refers to mental health services (E,G, assessment, plan development, individual, group or family therapy, rehabilitation) medication support services; crisis intervention; Targeted Case Management (TCM); psychiatrist services; and psychological services.
- Specialty mental health services for the TFC Model include Individual Rehabilitation, Plan Development, and Collateral. In addition, some enhanced mental health services may be provided, which include ICC, IHBS, TBS, crisis intervention and discharge planning. Central to delivery of services will be participation and plan development that occurs as a result of the CFT, which an emphasis on attending to the needs and preferences that the child and family have voice. These services will be time limited and will require authorization every ninety (90) days.
  - a. Once youth no longer meet TFC eligibility requirements, the service can no longer be provided, and all specialty mental health services should be transitioned back to the GSA provider.

- Therapeutic Foster Care (TFC) is a service model that allows for the provision of short-term, intensive, highly coordinated trauma informed and individualized Specialty Mental Health Services (SMHS) to children and youth who are full scope Medi-Cal beneficiaries under twenty-one (21) years of age who have complex emotional and behavioral needs and who are placed with trained, intensely supervised, and supported TFC parents. The TFC parent is trained by the FFA LPHA. The TFC Parent serves as a primary change agent for the therapeutic treatment process of the youth. Concurrently, the FFA will work with the GSA therapist to engage family of other longer-term caregivers into therapeutic process with the ultimate goal of transitioning child into a permanent home.
- Therapeutic Behavioral Services (TBS) are supplemental specialty mental health services covered under the EPSDT benefit as defined in CCR Title 9 Section 1810.215. These are services to beneficiaries under twenty-one (21) years of age. TBS are intensive, one-to-one services designed help beneficiaries, and their parents/caregivers manage specific behaviors using short-term measurable goals based on the beneficiary's needs. TBS are available to beneficiaries in accordance with the Department of Mental Health Information Notice 08-38, the TBS Coordination of Care Best Practices Manual, version 2 (October 2010) and the TBS Documentation Manual, version 2 (October 2009). TBS is to be provided in accordance with KernBHRS Policy 5.4.3.
  - a. TBS shall be considered for youth who are placed in or are being considered for placement in a Short-Term Residential Treatment Program (STRTP) or have received hospitalization in the past twenty-four (24) months or are being considered for a psychiatric hospitalization.
  - b. TBS is meant to be an intensive behavioral health service; while the frequency and intensity may vary depending on clinical needs, TBS sessions are typically a minimum of ninety (90) minutes or more, occurring multiple times per week, that are sufficient to observe and intervene with targeted behaviors.
- Intensive Care Coordination (ICC) is a service offered to children/youth, through the age of twenty (20). While ICC key service components are very similar to Targeted Case Management (TCM), ICC services must fully integrate a Child and Family Team (CFT) into the process and typically requires more frequent and active participation by an ICC coordinator to ensure the needs of the child/youth are appropriately and effectively met.
- Intensive Home-Based Services (IHBS) are services offered to children/youths, through the age of twenty (20). IHBS are intensive, individualized and strength-based, needs-driven, home-based intervention activities that support the engagement and participation of the child/youth and his/her significant support persons and to help the child/youth develop skills and achieve the goals and objectives of their plan.

**F. Language and Cultural Competence**

- Limited English Proficient (LEP) individuals have a right to free language assistance services, and to be informed how to access such services.
- The contract shall document that the individual was offered interpreter services.
- The contractor shall ensure the interpreters are trained and monitored for language competence.
- Whenever feasible and at the request of the individual, the contractor shall provide an opportunity for the individual to change to a more cultural-specific provider.
- The contractor shall have a plan for cultural competency training for the staff of the agency.

## **E. SERVICE AUTHORIZATION**

A. Request for Authorization of IHBS, TFC, and TBS must be completed prior to initiating services:

- IHBS and TFC shall be authorized in accordance with Policy 5.4.7. Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Therapeutic Foster Care (TFC).
- TBS shall be authorized in accordance with Policy 5.4.3. Therapeutic Behavioral Services.

## **F. PATHWAYS TO WELL-BEING**

A. Following the settlement of Katie A. v. Bonta and the establishment of subclass criteria, youth that meet criteria are required to receive an array of services including medically necessary ICC, IHBS, and TFC consistent with the California Integrated Core Practice Model (ICPM) for Children, Youth, and Families. ICPM principles include rapport building and participation of the child/youth and family; focusing on identifying the child/youth and family needs and strengths while assessing and planning for services; planned teaming across other child-serving systems; using Child and Family teams to identify strengths and needs to make plans and track progress and providing intensive home-based services as needed.

B. While a Katie A. settlement only concerned children and youth in foster care, of an imminent risk of placement in foster care, membership in the Katie A. subclass is no longer a requirement for receiving medically necessary ICC, IHBS, and TFC (DHCS MHSUDS information Notice No: 16-004). ICC and IHBS must be provided to all children and youth who meet medical necessity criteria. The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need ICC and IHBS. (Med-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (3<sup>rd</sup> ed., Jan. 2018), p. 9).

C. Screening Procedure for ICC, IHBS, and TFC eligibility:

- The GSA provider shall be responsible for screening for Pathway services. However, the TFC provider is also expected to provide ongoing assessment of treatment needs.
- Completion of the Pathways to Well-Being Screenings shall mirror the timelines of Child and Adolescent Needs and Strengths Integrated Practice, (CANS-IP) and Pediatric Symptom Checklist-35, (PSC-35) and shall be completed for all children at intake, every six (6) months, or when a trigger event has occurred.
- Upon meeting criteria for Pathway services, the GSA Intensive Care Coordinator and contractor shall initiate a Child and Family Team Meeting that will establish an individualized plan that may include the provision of IHBS and/or TFC services, as well as other SMHS.

## **G. DOCUMENTATION STANDARDS**

The documentation standards for beneficiary care are minimum standards to support claims for the delivery of specialty mental health services. Contractor shall ensure that all charts meet audit technical compliance with department standards.

A. Contractor shall ensure that all components below are documented in the Assessment:

- Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s), including current level of functioning; relevant family history and current family information.

- Relevant Conditions and Psychosocial Factors. Aspects that affect the beneficiary's physical health and mental health; including, as applicable, living situation, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma.
- Mental Health History. Previous treatment, including with other providers; therapeutic modality (e.g., medications, psychosocial treatments) and response; and inpatient admissions. If possible, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports.
- Medical History. Relevant physical health condition(s) reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents: Include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records, which should include common immunization records or relevant consultation reports.
- Medications. Information about medication the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment shall include documentation of the absence of presence of allergies or adverse reactions to medication, and documentation of an informed consent for medication.
- Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the counter drugs, and illicit drugs.
- Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals.
- Risks. Situations that present a risk to the beneficiary and/or others, including past or present trauma, mental status examination.
- A complete diagnosis from the most current Diagnostic and Statistical Manual of Mental Disorders (DSM), or a diagnosis code from the most current International Classification of Diseases (ICD) shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and additional clarifying formulation information, as needed.

B. **Informed Consents** are required to be signed by parent, legal guardian or submission of a court order and contained in the medical record.

- In addition, a JV220/223 court order is required for Psychotropic medication.
  - Contractor shall require providers to work with DHS and GSA provider's Intensive Care Coordinator/SAI to obtain a JV 220 – Application for Psychotropic Medication and a JV 223 court order. This documentation shall include, but not be limited to, the reasons for taking such medications; reasonable alternative treatments available, if any; the type, range of frequency and amount, method (oral or injection), and duration of taking the medication; probable side effects; possible additional side effects which may occur to beneficiaries taking such medication beyond three (3) months; and that the consent, once given, may be withdrawn at any time by the beneficiary. See Policy 5.2.1 attachment for initial and renewal of JV 220/223.
  - Although caretakers or social workers may not authorize consent for medication, doctors will document in the KernBHRS electronic health record that psychoeducation regarding prescribed medications and possible side effects was delivered to the caretaker and/or social worker.

C. **Progress Notes** shall describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary's progress in treatment include:

- Timely documentation of relevant aspects of client care, including documentation of client's problem area.
- Documentation of client encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions.
- Interventions applied, client's participation in the interventions and the location of the intervention.
- Documentation of referrals to community resources and other agencies, when applicable.
- Documentation of follow-up care, or as appropriate, a discharge summary.
- The date the services were provided.
- The amount of time taken to provide services, and
- The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure of job title; and the relevant identification number, if applicable.

## **H. DOCUMENTATION AND THE ELECTRONIC MEDICAL RECORD**

The KernBHRS electronic health record supports the various reporting requirements of the Department. It includes demographic information, referrals, and discharge codes to match various reporting requirements, and outcomes systems created by state government.

The KernBHRS electronic health record is HIPAA compliant and preserves the security and privacy of each individual served by the Department. Audit reports are monitored by the HIPAA Compliance Officer of the Department.

The KernBHRS electronic health record supports Medi-Cal Rate-Based reimbursement. The billing rules ensure that any service expected to be reimbursed is compliant with regulations including the qualifications and license/certification status of the provider.

### **A. Frequency of Documentation**

Progress notes shall be documented at the frequency by type of service indicated below:

1. For every service contact:
  - a. Mental Health Service
  - b. Crisis Intervention
  - c. Targeted Case Management
2. Additionally,
  - a. All entries to the beneficiary record shall be legible.
  - b. All entries in the beneficiary record shall include:
    - i. The date of service.
    - ii. The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable.

iii. The date the documentation was entered in the beneficiary's record.

#### B. Timeliness of Documentation of Progress Notes

Contractor is responsible for compliance with medical record standards as defined by County. All clinical service documentation shall be completed and entered into the electronic health record in a timely manner from the date of service.

1. A minimum of one hundred percent (100%) of progress notes will be completed in the KernBHRS electronic health record within three (3) business days of service delivery.
2. A minimum of one hundred percent (100%) of crisis service code 70) progress notes will be complete in the electronic health record within 24 hours of service delivery.
3. Documentation later than thirty (30) days shall be permanently suspended unless the Quality Improvement Division (QID) or the CSOC designee has determined that the note meets all applicable requirements.
  - Contractor shall be required to provide a plan of correction for each Timeliness of Documentation Review issued by QID within thirty (30) days.
  - Contractor shall be required to complete the action steps defined in the prescribed corrective action plan within fourteen (14) days of receipt.

#### C. Completeness of the Documentation

Contractor shall ensure the case record includes the following individual information:

1. Telephone number(s)
2. Address
3. Designated "Intensive Care Coordinator" (ICC)/ "Single Accountable Individual" (SAI)
4. Financial data updated on a monthly basis including Medi-Cal eligibility, other health insurance coverage, etc.
5. Individual's DHS social worker/ Probation Officer
6. Individual's school

### **SITES AND HOURS**

#### A. Location of Service

1. All locations must be Medi-Cal certified by the Department to deliver Specialty Mental Health Services.
2. Contractor shall take steps necessary to maintain State Department of Health Care Services (DHCS) certifications and/or licensure of the site(s) at which services are provided or may be provided.
3. All of the Contractor's sites where contracted services are provided must be certified in accordance with Medi-Cal regulations and the Americans with Disabilities Act (ADA). If a site is not a Medi-Cal certified, or if the renewal is delinquent, the Department will not bill Medi-Cal, or forward payments to Contractor, until site certification is obtained.

4. The space owned, leased or operated by the contractor and used for services or staff shall meet local fire codes. Official fire clearance must take place prior to service provision and shall be renewed annually.
5. All of contractor's sites must meet California Department of Social Services (CDSS) licensure requirements.
6. All of the contractor's sites must meet Accreditation requirements within two (20 years).
7. All of contractor's site(s) must be appropriate in size and configuration to provide sufficient space for staff and records, and to ensure compliance with privacy and security requirements established by federal and state regulations. All locations must be certified to deliver Specialty Mental Health Services.
8. The physical plant of any site owned, leased, or operated by contractor and used for services or staff shall be clean, sanitary, and in good repair.
9. The contractor shall establish and implement maintenance policies for any site to ensure the safety and well-being of clients and staff.
10. Contractor shall seek approval from the Children's System of Care Administrator for any potential or planned changes to service locations at least sixty (60) days prior to move occurring.

#### B. Hours of Service

1. Contractor shall seek approval from the Children's System of Care Administrator for any potential or planned changes to service locations at least sixty (60) days prior to move occurring.
2. The contractor ensures specialty mental health services are available to treat beneficiaries who require services for any emergency or urgent condition 24/7. "Emergent condition" means it must be responded to immediately. "Urgent condition" means a situation experienced by a beneficiary that, without timely intervention within twenty-four (24) hours, is highly likely to result in an immediate emergency psychiatric condition.
3. Contractor shall post, in English and Spanish, available business hours and how to access urgent services after regular business hours.
4. Services Offered after hours will be available to clients 24/7 and LPHA shall be on call at all times to respond to the clinical needs of each client. Traditional business hours are Monday through Friday, 8 a.m. to 5 p.m.

#### **STAFFING REQUIREMENTS**

- A. The contractor's head of service, for each site/satellite must be a full-time (i.e. 40 hrs. per week) licensed mental health professional.
- B. Contractor shall only use licensed, registered, or waived providers acting within their scope of practice for services which require a license, waiver, or registration consistent with WIC Section 5751.2 and CCR Title 9 Section 1840.314(d).

- C. Contractor shall have sufficient staff to claim Federal Financial Participation (FFP) for the services delivered to Medi-Cal beneficiaries as described in CCR Title 9 Section 1840.344 through 1840.358 as appropriate and applicable.
- D. Contractor shall have written procedures for referring individuals to a psychiatrist when necessary or to a physician, if a psychiatrist is not available.
- E. The contractor shall demonstrate that its providers are credentialed as required by 42 C.F.R. 438.214.
- F. Contractor shall submit proof of licensing for current staff as required by County.
- G. Contractor shall ensure all staff providing services have been fingerprinted and have a satisfactory completion of a criminal history background check through the Department of Justice and contractor has reviewed results to determine clearance for employees.
- H. Contractor understands that it must comply with the National Provider Identification (NPI) system and will provide to the Department NPI numbers for all staff providing direct health care or clinical services.
- I. Contractor shall complete a monthly review of the United States Department of Health and Human Services, Office of the Inspector General's list of excluded individuals/entities, the Department of Health Care Services Medi-Cal Suspended and Ineligible Provider list, the United States Social Security Administration Social Security Death Index and the NPI list maintained through the Centers for Medicaid & Medicare, through the National Plan and Provider Enumeration System and provide affirmation of review at least quarterly. Any of the contractor's employees found to be on any of the aforementioned lists or indices shall be reported immediately to the System of Care administrator.
- J. **FFA Program Oversight of TFC Resource Families:** FFA must ensure the Resource Family TFC parents meet the Resource Family Approval standards established by the CDSS and meet the required qualifications as a TFC parent.
- K. FFA must provide support to Resource Family TFC parents that includes, but is not limited to:
  - 1. Competency-based training (initial and ongoing).
  - 2. On-going supervision and intensive support.
  - 3. Employment of a Qualified Licensed Practitioner of the Healing Arts (LPHA)
  - 4. Additionally, the FFA must ensure the LPHA provides
    - Clinical oversight to the TFC parent
    - Program Oversight to ensure services meet Medi-Cal regulations.
    - Collaboration with TFC parents to ensure documentation is final approved by LPHA.
    - Oversight of the TFC parents' access to the medical record to ensure information that is accessed is clinically appropriate.
  - 5. FFA's must ensure the Resource Family TFC parent role is followed. Component of the TFC parent role includes:
    - Providing care and supervision of youth
    - Participation as a member of the Child Family Team (CFT)
    - Implementation of in-home evidence based trauma informed TFC interventions.
    - Providing and documenting Medi-Cal Services under the direction of the LPHA
    - Assist youth in meeting the Mental Health Client Plan goals

## **COUNTY STANDARDS/POLICIES AND PROCEDURES.**

The following standards have been developed by Department and are required as a part of this agreement:

- A. Contractor shall ensure the Client Financial Review form has been completed and that the accurate Foster care aid code is reflected in the KernBHRS electronic health record.
- B. Contractor shall follow Department's policies and procedures relating to the transfer of a client to a GSA treatment provider within Kern County. Contractor shall coordinate transitional services with GSA provider and prior to individual exiting placement will conduct no less than two (2) conjoint therapy sessions with individual family and GSA provider.
- C. Contractor shall close charts for individuals within ninety (90) days or upon completion of transitional services to the GSA provider being completed.
- D. Contractor shall ensure continuity and coordination of care with physical health care providers and coordinate with providers when beneficiaries no longer meet medical necessity criteria for specialty mental health services. This shall include the development of a step-down plan at initial intake for youth.
- E. Contractor staff shall sign an oath of confidentiality and code of ethics and make available to County when requested.
- F. Contractor shall participate in evaluation projects when requested by County.
- G. Contractor shall demonstrate the use of evidence-based practices and outcomes to measure the effectiveness of treatment, client's satisfaction and overall program.
- H. Contractor staff shall attend Daily Treatment Focus (DTF) meeting(s) when beneficiaries are hospitalized to participate in care and/or discharge planning.
- I. County shall provide contractors with access to all applicable policies and procedures through the Intranet site known as SharePoint. Contractor will be expected to review SharePoint on a regular basis.
- J. Contractor staff, including screeners and support staff, shall receive a minimum of six (6) hours of cultural competency training on an annual basis.
- K. Contractor shall report a death or serious incident involving a beneficiary to the designated System Administrator as soon as possible. The contractor's Morbidity/Mortality (M/M) Committee shall submit a completed report to the Administrator within one (1) month of the incident.
- L. Contractor shall participate in "service verification" protocols as defined by County.
- M. Contractor shall provide an EPSDT brochure to all Medi-Cal beneficiaries under 21 years of age, and their caretaker in the following circumstances:
  - 1. When providing a welcoming packet at initial contact.
  - 2. When youth are at risk of losing placement.
  - 3. When youth are at risk of placement, or at time of placement, in an RCL 12 or above group home of STRTP; and
  - 4. Upon discharge from hospitalization.

## **GRIEVANCES AND APPEAL SYSTEM**

While the County has responsibility to represent the County's position in fair hearings, the contractor is expected to follow County grievance and appeal policies and procedures that enable the beneficiary to request and receive review of a problem of concern she/he has about any issue related to the contractor's performance of its duties, including the delivery of specialty mental health services.

- A. Contractor shall assure each beneficiary has adequate information about the grievances and appeal process by providing the beneficiary handbook.
- B. Contractor shall post County-approved notices explaining the grievance, appeal and expedited appeal process in all provider sites.
- C. Contractor shall enter any verbalized information pertaining to any grievance and appeal into the "Grievance and Appeal Web application" currently utilized by the Department.
  - Grievances and Appeals should be uniform in reporting, by submitting the receipt of a verbal grievance or appeal through the portal within one (1) business day of receiving this information from the beneficiary.
- D. Contractor shall make available forms that may be used to file grievances, appeals and expedited appeals and self-addressed envelopes beneficiaries can access at all provider sites without having to make a verbal or written request to anyone. Any forms submitted by an individual must be sealed and mailed to the Patient's Rights Office.
- E. Contractor shall not subject a beneficiary to discrimination or any other penalty for filing a grievance, appeal or expedited appeal.

## **PERFORMANCE STANDARDS**

County has established the following measures to monitor clinical performance. Clinical documentation in the medical record is used to create reports each quarter. When these reports indicate a need for improvement, the contractor shall be required to submit a plan of correction.

- A. As maximum of twenty-five percent (25%) of all service hours shall be delivered in the clinic.
- B. A minimum of sixty percent (60%) of service hours shall be delivered in the home.

## **PATHWAYS TO WELL-BEING (FORMERLY KATIE A.) SERVICE DELIVERY STANDARDS:**

- A. All referrals of Subclass members received through the SMART committee, and determined to meet medical necessity, shall receive an ICC service within thirty (30) days.
- B. All Subclass eligible youth shall be opened to the Katie A. Client Category on the date the SMART committee reviews and approves the referral and prior to receiving ICC, IHBS or TFC.
- C. All Subclass youth shall receive an ICC service no less than one (1) time every ninety (90) days.
- D. For all youth opened to the Katie A. Client Category, contractors shall ensure client gets closed to this client category concurrent with assignment close date, or when it is identified that youth no longer meet criteria as a Subclass member.

## UTILIZATION MANAGEMENT MEASURES

The following standards will be established under the terms of this agreement to measure efficiency and effectiveness of the contractor:

- A. Capacity. Contractor shall be expected to accommodate up to twenty (20) TFC slots at all times.
- B. Authorization. All services shall have written prior authorization, and reauthorization as necessary, from the Children's System of Care (CSOC) Administrator. It is the responsibility of the Contractor to ensure there is no lapse in authorization periods. County will not reimburse services provided outside an authorized period or for services not preauthorized.
- Contractor shall be expected to submit an authorization request using Department's approved form.
  - Initial Service Authorization Request will cover a period of ninety (90) days.
  - Due to the nature of TFC being high intensity and short-term, the progress of this service should be reviewed in coordination with the Child and Family Team (CFT), at a minimum of thirty (30) days from initial service date, and every ninety (90) days thereafter (or as determined by the CFT). Subsequent authorization requests shall be submitted.
  - Contractor shall transition all specialty mental health services back to the GSA provider once youth no longer meet eligibility requirements for TFC services.
- C. Access. From date of referral youth shall be placed within two (2) working days and commencement of services by the LPHA, in addition to the TFC, shall begin within one (1) day of placement.
- Should youth experience disruption in placement (e.g. hospitalization, runaway behavior) youth shall be seen by LPHA within one (1) day of return to TFC placement.
  - Contractor shall be expected to track the number of referrals, dates of placement and the time frame in which services began; the number of clients who have been hospitalized or ran away and the time frame in which client received first service by an LPHA upon return to TFC placement; and date of exit from the program along with plan for transitional services and/or transitional services currently taking place.
- D. Reporting. On a monthly basis, Contractor shall submit a TFC Placement Tracking report, utilizing County's approved form with information that shall include, but may not be limited to: date of placement, referrals received from Kern placing agencies and outcome of request; date of exit from the program and plan for transitional services and/or transitional services currently taking place. Additional notifications shall be sent on the date of placement, when a new placement occurs, and on the date of exit for each placement.
- E. Case Transfers. Contractor shall follow Department's policies and procedures relating to the transfer of a beneficiary to a GSA treatment provider within Kern County. This includes maintaining service responsibility for a beneficiary until such time as the individual is successfully linked with a new treatment provider. Primary to the success of family, the FFA will identify at intake the GSA provider that will be involved as youth transition to long term placement and ensure that services are coordinated throughout treatment.

- F. Documentation. Contractor shall adequately meet Department required standards for documentation. Annual chart audits will be conducted by Department. Graduating sanctions will be imposed and plans of corrections implemented when contractor is out of compliance with audits.
- G. Confidentiality. Services shall be performed in a manner to avoid any breaches of confidentiality. Verifiable breaches may impact the provider's opportunity for future agreements with the County.

## **REQUIRED MEETINGS AND TRAINING**

To maintain efficient and effective communication between the Department and contractors, the Department mandates contractor to attend the following meetings and trainings under the terms of this Agreement:

- A. Chief Executive Officers (CEO) meeting convened by the Behavioral Health and Recovery Services Director.
- B. Quarterly Quality Improvement Division (QQID) meeting convened by the Department's Quality Improvement Division.
- C. Interdisciplinary Providers meeting convened by the assigned System of Care Administrator.
- D. Quarterly Foster Care Meeting.
- E. Attendance at any TFC related trainings provided by, or requested by, the Department.
- F. Attendance at any Orientation to KernBHRS meetings including, but no limited to, Trauma-Informed Care, Crisis Intervention, TBS, Confidentiality, Applied Suicide Intervention Skills Training (ASIST) and HIPAA Privacy and Security Training.
- Contractor is required to complete on-line HIPAA Privacy and Security Training at onboarding of new staff and annually.
  - When onboarding new staff, prior to being given access and training in the KernBHRS electronic health record, Contractor's staff must complete Confidentiality training.
- G. Interdisciplinary Team (IDT) meetings for the continuum of care of beneficiaries that are hospitalized.
- H. Additional training and meetings deemed necessary by system administrator when appropriate.

## **REPORTING REQUIREMENTS**

- A. No later than sixty (60) days after the beginning date of the Agreement, Contractor must submit its agency's Cultural Competence Plan to the Department for review/approval.
- B. No later that thirty (30) days after the beginning date of the Agreement, Contractor must submit its agency's Emergency Response Plan to the department for review/approval.
- C. No later than thirty (30) days after the beginning date of the initial Agreement, Contractor must submit the names and contact information of its current privacy officer, security officer, and compliance officer, in accordance with Federal and State regulations. This information shall be provided to the Department's

Compliance Officer no later than the twenty-fifth (25<sup>th</sup>) calendar day of April, and within thirty (30) days of any change of officer(s) during the year in any subsequent Agreements.

- D. No later than thirty (30) days after the beginning date of the Agreement, Contractor shall submit multiple items to the Children's System of Care Administrator including, but no limited to: Triage Policies and Procedures; 24/7 Crisis Response Policy; plan for service hours; and staffing pattern, which shall include a listing of employees by name, position and FTE for each program.
- E. Prior to the 15<sup>th</sup> of the month following the close of the calendar quarter, Contractor must submit its agency's Bilingual Quarterly Report and an update on staffing pattern.

## **CLINICAL OUTCOME MEASURES**

- A. Child and Adolescent Needs and Strengths Integrated Practice (CANS-IP) and Pediatric Symptom Checklist-35 (PSC-35).
  - 1. Provider shall ensure that staff are trained and certified in CANS.
  - 2. Per State instructions, providers shall verify that GSA has completed IP-CANS and PSC-35 at intake, every six (6) months, and upon discharge.
    - IP-CANS shall be administered within the timeframes indicated for all youth starting at age six (6) through age twenty (20).
    - PSC-35 shall be administered within the timeframes indicated for all youth starting at age three (3) through age eighteen (18) [until the client turns nineteen (19)].
    - CANS-IP and PSC-35 reassessments should be completed anytime between four (4) and six (6) months and should not be completed earlier than four (4) months or later than six (6) months from the date the previous IP-CANS and/or PSC-35 was completed.
    - Any client assignment in which the IP-CANS and/or PSC-35 reassessments were not completed within the required timeframe will require the GSA to complete an Administrative Close CANS and/or PSC-35 assessment.
      - In the event treatment is continuing, a new Initial IP-CANS and/or PSC-35 shall be completed the following day.
- B. Provider will utilize evidence-based approaches and demonstrate successful outcomes by reduction of:
  - 1. Hospitalization
  - 2. Entry into the Psychiatric Evaluation Center (PEC)
  - 3. Runaway behavior
- C. Demonstration of successful transitioning to a lower level of family-based care (biological or resource family).
- D. These outcomes shall be measured by the TFC Placement Tracking Report and submitted on a weekly basis to be reviewed in SMART. Report shall be sent to the Children's System of Care Administrator and designees.

- E. As transitions plans are developed for each child or youth served, contractor shall also demonstrate success of the transition plan by:
1. Active participation in CFTs (initial and on-going) to identify support for the child or youth and family.
  2. Step down to a lower level of care (i.e. biological or resource family)
  3. Coordinated services that begin at intake with the GSA provider and continue as child or youth are transitioned to long-term placement.

## **II. INFORMATION INSTRUCTIONS**

The Organization's response to this Request for Information (RFI) shall be submitted with all necessary information and documentation needed to demonstrate the Organization's ability to provide Children's Therapeutic Foster Care and Specialty Mental Health Services described herein, in addition to the following:

Organization must submit one (1) response that describes in detail how they will provide services for youth that meet criteria for TFC, as well as provide oversight and intensive support to the TFC parents. Agreements will be negotiated between KernBHRS and the prospective service providers and approved by the Kern County Board of Supervisors prior to service delivery.

### **A. ORGANIZATION INTRODUCTION**

1. The information shall include an introduction describing the Organization, the size of the Organization, the number of employees involved in providing Children's Therapeutic Foster Care and Specialty Mental Health Services, its organizational structure, and its subcontractors or subconsultants, if any.
2. Include the legal name, address, telephone number, and type of entity (sole proprietorship, partnership, or corporation and whether public or private).
3. Describe the location, dimensions and layout of your facility.

### **B. ORGANIZATION EXPERIENCE**

1. The Organization should state the firm's experience and the number of consecutive years of actual experience providing the Children's Therapeutic Foster Care and Specialty Mental Health Services.
2. Provide a minimum of three (3) reference letters for similar services rendered (must be within the last six (6) months on the reference company's letterhead. Each reference shall include a current point of contact and a phone number.
3. Each reference letter must have the following information: Date of the original contract; end date of the contract; services rendered; and names, addresses, and telephone numbers of contact persons within client agencies for whom the services have been provided.

### **C. CREDENTIALS/RESUMES**

1. Credentials and resumes of the person(s) responsible for administering or providing the services must be provided. Include a statement of qualifications and resumes/backgrounds of key personnel assigned to the project, including the number of years these employees have been providing services, training certifications of professional and non-professional personnel.

2. Organization shall specifically provide the following information on all management, supervisory and other key employees who will be providing services:

- a. Name, address and phone number
- b. Description of education
- c. General experience
- d. Experience or education related to the RFP project

#### **D. PROJECT APPROACH**

Provide a detailed explanation regarding how your organization can meet our needs and handle our requirements for providing Children's Therapeutic Foster Care and Specialty Mental Health Services to the targeted population.

#### **E. INDEMNIFICATION**

Organization shall indemnify County against any claim, demands, or liability arising from damage to property, and injuries to persons, which may arise out of or because of Organization's performance of its duties under this Agreement, or failure to perform, but only in proportion to and to the extent such claim demands, damages or liability are caused by, or result from the negligent or intentional acts or omissions of Organization, its officers, agents, or employees.

#### **F. INSURANCE**

The Organization shall secure and maintain insurance as described below:

##### **1. WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE REQUIREMENTS**

In the event Organization has employees who may perform any services pursuant to this Agreement, Organization shall submit written proof that Organization is insured against liability for workers' compensation in accordance with the provisions of section 3700 of the California Labor Code.

Organization shall require any sub-contractors to provide workers' compensation for all of the subcontractors' employees, unless the sub-contractors' employees are covered by the insurance afforded by Organization. If any class of employees engaged in work or services performed under this Agreement is not covered by California Labor Code section 3700, Organization shall provide and/or require each sub-contractor to provide adequate insurance for the coverage of employees not otherwise covered.

Organization shall also maintain employer's liability insurance with limits of ONE MILLION DOLLARS (\$1,000,000) for bodily injury or disease.

##### **2. COMMERCIAL GENERAL LIABILITY INSURANCE REQUIREMENTS**

Organization shall maintain in full force and effect, at all times during the term of this Agreement, the following insurance:

Commercial General Liability Insurance including, but not limited to, Contractual Liability Insurance (specifically concerning the indemnity provisions of this Agreement with the County), Products-Completed Operations Hazard, Personal Injury (including bodily injury and death), and Property Damage for liability arising out of Organization's performance of work under this Agreement. The Commercial General Liability insurance shall contain no exclusions or limitations for independent contractors working on the behalf of the named insured. Organization shall maintain the Products-Completed Operations Hazard coverage for the longest period allowed by law

following termination of this Agreement. The amount of said insurance coverage required by this Agreement shall be the policy limits, which shall be at least ONE MILLION DOLLARS (\$1,000,000) each occurrence and TWO MILLION DOLLARS (\$2,000,000) aggregate.

The Commercial General Liability Insurance required shall include an endorsement naming the County and County's board members, officials, officers, agents and employees as additional insureds for liability arising out of this Agreement and any operations related thereto. Said endorsement shall be provided using one of the following three options: (i) on Insurance Services Office (ISO) form Commercial General (CG) 20 10 11 85; or (ii) on ISO form CG 20 37 10 01 plus either ISO form CG 20 10 10 01 or CG 20 33 10 01; or (iii) on such other forms which provide coverage at least equal to or better than form CG 20 10 11 85.

### **3. AUTOMOBILE LIABILITY INSURANCE REQUIREMENTS**

Automobile Liability Insurance against claims of Personal Injury (including bodily injury and death) and Property Damage covering any vehicle and/or all owned, leased, hired and non-owned vehicles used in the performance of services pursuant to this Agreement with coverage equal to the policy limits, which shall be at least ONE MILLION DOLLARS (\$1,000,000) each occurrence.

The Automobile liability Insurance required shall include an endorsement naming the County and County's board members, officials, officers, agents and employees as additional insureds for liability arising out of this Agreement and any operations related thereto. Said endorsement shall be provided using one of the following three options: (i) on Insurance Services Office (ISO) form Commercial General (CG) 20 10 11 85; or (ii) on ISO form CG 20 37 10 01 plus either ISO form CG 20 10 10 01 or CG 20 33 10 01; or (iii) on such other forms which provide coverage at least equal to or better than form CG 20 10 11 85.

### **4. PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS**

Professional Liability (Errors and Omissions) Insurance, for liability arising out of, or in connection with, the performance of all required services under this agreement, with coverage equal to the policy limits, which shall not be less than ONE MILLION DOLLARS (\$1,000,000) per occurrence and THREE MILLION DOLLARS (\$3,000,000) aggregate.

### **5. ADDITIONAL INSURANCE REQUIREMENTS**

Any self-insured retentions in excess of TWENTY-FIVE THOUSAND DOLLARS (\$25,000) must be declared on the Certificate of Insurance or other documentation provided to County and must be approved by the County Risk Manager.

If any of the insurance coverages required under this Agreement is written on a claims-made basis, Organization, at Organization's option, shall either (i) maintain said coverage for at least three (3) years following the termination of this Agreement with coverage extending back to the effective date of this Agreement; (ii) purchase an extended reporting period of not less than three (3) years following the termination of this Agreement; or (iii) acquire a full prior acts provision on any renewal or replacement policy.

All insurance shall be issued by a company or companies listed in the current "Best's Key Rating Guide" publication with a minimum of A-, VII rating; or in special circumstances, as pre-approved by the Risk Management Division of the Office of County Counsel. The selected proposer shall file with the Contact Person, a Certificate(s) of Insurance stating the required coverages are in effect.

### III. SUBMITTAL INSTRUCTIONS

#### A. SUBMITTAL

The proposer shall submit **one (1) written copy of the Proposal and one (1) copy on thumb drive**. The thumb drive (virus free) must be a standard Microsoft Windows (Word, Adobe, Excel etc.) compatible format readable by the County; using word processing software that is Windows based, preferably Microsoft Word. Proposer agrees to be fully responsible for any damage caused by any materials submitted to County. Please submit all Proposals to:

Kern County General Services Division  
REQUEST FOR INFORMATION FOR:  
Kern Behavioral Health & Recovery Services  
(Name)  
1115 Truxtun Ave., 3rd Floor  
Bakersfield, CA 93301  
Telephone (661) 868-3000

Proposals may be delivered in person, by courier service or by mail to the address indicated above. **ALL PROPOSALS MUST BE SEALED AND RECEIVED BEFORE 11:00 A.M. on May 11, 2026**, at the above office and address.

Proposals submitted after the above deadline will not be accepted. It is strongly suggested that any proposers intending to hand deliver a proposal on the last day for submission arrive at the General Services Division third floor main lobby at least ten (10) minutes prior to the proposal receipt deadline to receive a "test" time stamp to validate the official current time. The time stamp clock in the main lobby of General Services will be the official time. Any Proposal received at or after 11:00 a.m. will be returned unopened.

#### B. QUESTIONS

Questions may be asked via e-mail only to Jason Armijo, at [jarmijo@kernbhrs.org](mailto:jarmijo@kernbhrs.org), no later than **12:00 noon on May 4, 2026**.