sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Request for Applications (RFA): Mental Health Treatment Services Youth Continuum of Care

TECHNICAL ASSISTANCE WEBINAR

AUGUST 13, 2026

Notice to Attendees

- This Technical Assistance Webinar is Being Recorded

Agenda

- Introductions
- Welcome
- RFA Highlights
- RFA Timeline
- Application Forms & Submission Process
- Questions
- Conclusion

Welcome

- The County of Sonoma is pleased to invite you to respond to a Request for Applications (RFA) for Mental Health Treatment Services as part of the Youth Continuum of Care
- Meeting Etiquette
  - Please put your questions in the Q&A
- Purpose of Technical Assistance Webinar

RFA Highlights: Background and Purpose

- The County seeks to award a contract or multiple contracts to Mental Health Youth Services programs that enable the Mental Health Plan (MHP) to accomplish the following:
  - Provide appropriate coverage and capacity across all regions of the county
  - Provide bi-lingual, bi-cultural, and culturally sensitive/competent services
  - Provide services to underserved populations including children 0-5, LatinX, and LGBTQI+ populations
  - Promote continuity of care
  - Support program and service delivery models that are proven to be effective

Quarterly Youth SMHS Census

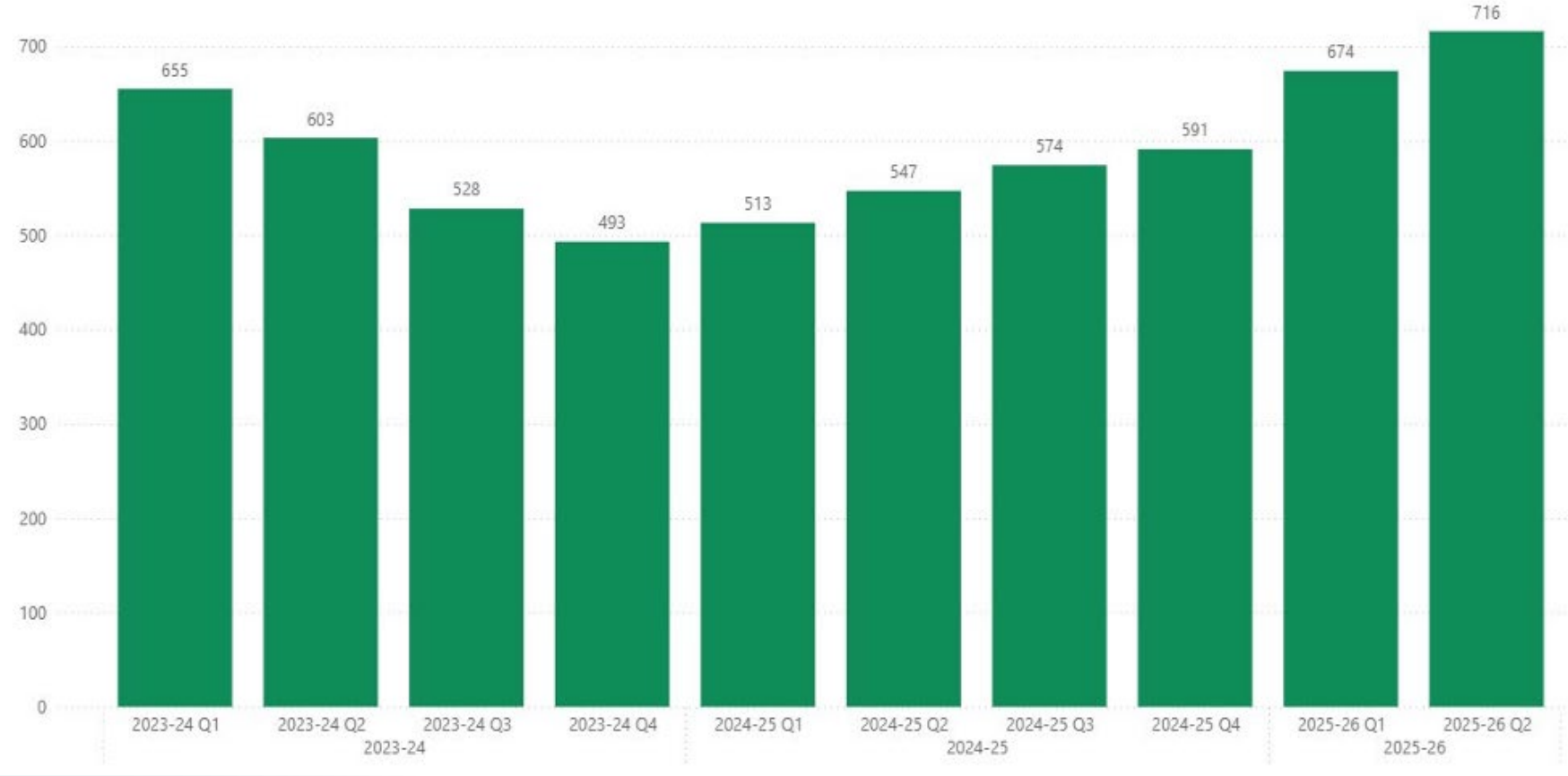


Figure 1. Quarterly Youth Specialty Mental Health Census. This chart displays the number or youth receiving SMH services each quarter over the past three fiscal years. . The graph illustrates overall utilization trends across the County, showing periods of growth and decline in the number of youth served. The data is intended to demonstrate historical demand for youth behavioral health services and assist applicants in understanding service capacity needs.

Contractor and County Census

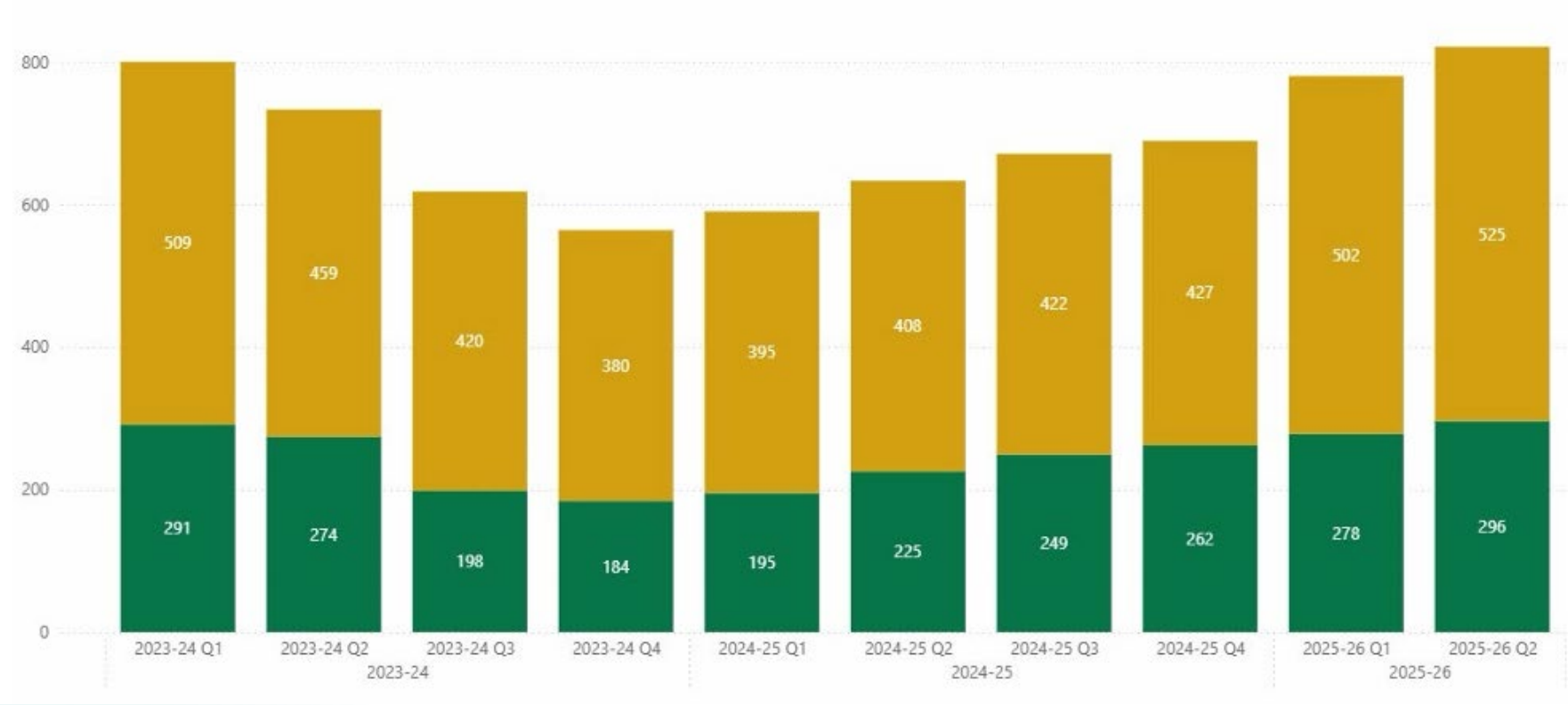


Figure 2. Quarterly Outpatient Program Census by Community-Based Organization. This graph compares the number of youth served by each contracted community-based outpatient provider over multiple quarters. The chart highlights differences in program utilization among providers and illustrates changes in service volume over time. The information is provided to demonstrate existing system capacity and identify opportunities for expanding outpatient services.

Youth Continuum of Care Service Level 1: Outpatient

- 1.1 Outpatient High-Moderate Intensity (Non-FSP)
- 1.2 Outpatient High Intensity
  - 1.2.1 FSP level support
  - 1.2.2 TBS
  - 1.2.3 ICC
  - 1.2.4 IHBS
  - 1.2.5 CFT Facilitation
- 1.3 Supported Housing
  - Field-based
  - Embedded

Youth Continuum of Care Service Level 2: EBPs

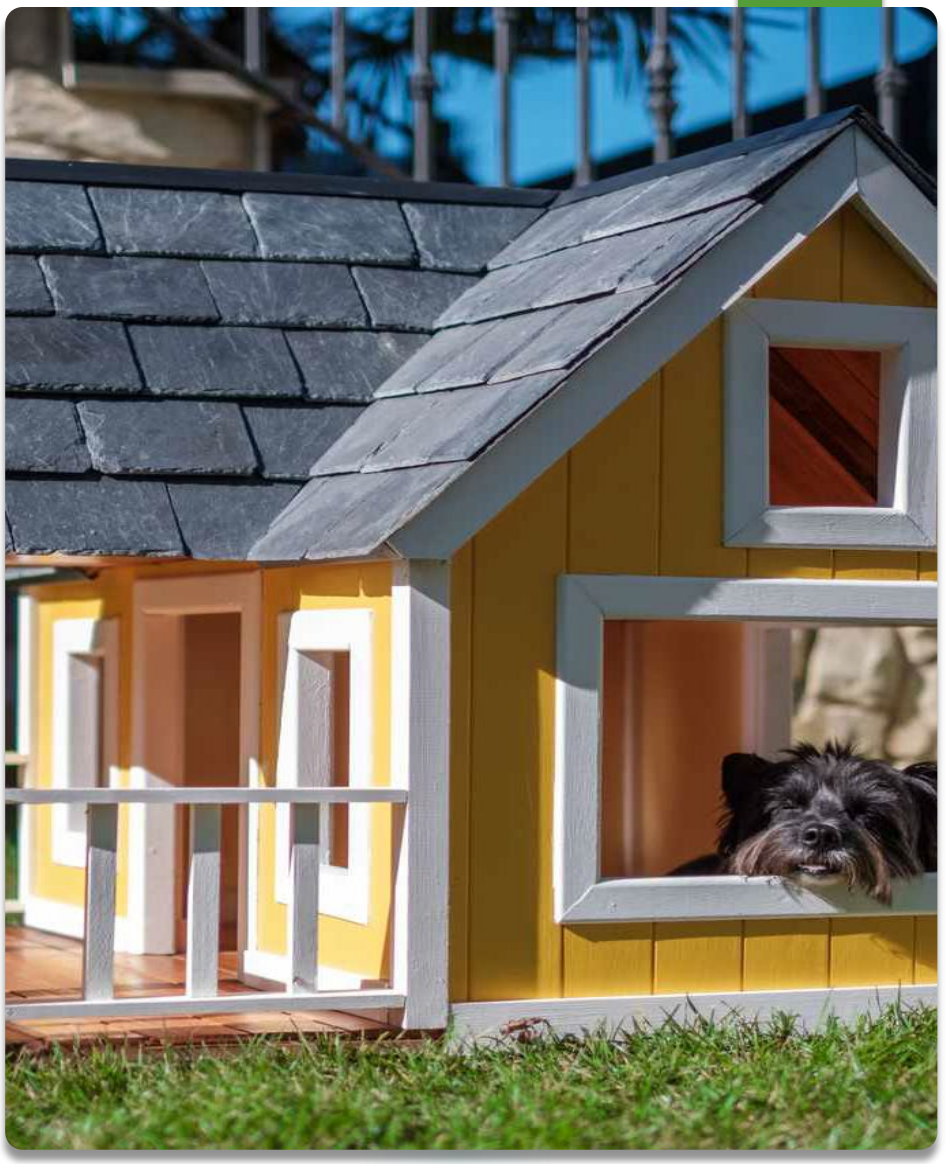
- 2.1 High Fidelity Wrap (HFW)
- 2.2 Functional Family Therapy (FFT)
- 2.3 Multi-Systemic Therapy (MST)
- 2.4 Parent Child Interaction Therapy (PCIT)

Youth Continuum of Care Service Level 3: Day Treatment Services

- 3.1 Day Treatment Rehabilitation
- 3.2 Day Treatment Intensive

Youth Continuum of Care
Level 4: Foster Care

4.1 Therapeutic Foster Care (TFC)



Youth Continuum of Care Level 5: Early Intervention Services

- 5.1 Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- 5.2 0-5 Screening, Assessment, and Referral Services

Youth Continuum of Care Level 6: Specialty Programs

- 6.1 Transcranial Magnetic Stimulation (TMS)
- 6.2 Eating Disorder Intensive Outpatient Program
- 6.3 Eating Disorder Partial Hospitalization Program
- 6.4 Eating Disorder Residential

Application Form Highlights

- Program Description
  - Example: Capacity – list the capacity for each program, not the entire agency
- Network Contribution
  - Does the program provide system navigation services?
  - Does the program provide a specialty service that is under-represented in the current network?
  - Is the program the sole provider of a required level of care?
- Unique Populations
  - Does the program serve any clinical-focus subgroups, such as trauma survivors, dual-recovery clients, first episode psychosis, etc.?
  - Does the program serve any marginalized populations? (i.e. ethnic groups, orientation groups, gender groups, age groups, etc.)
  - Does the program provide field based and/or transportation to treatment?

Application Form Highlights - Continued

- Service Provision Details
  - If applying for multiple programs, please fill out a separate row for each program
- Licensing & Certification Information
  - Please attach applicable site certifications
  - Please attach California Department of Social Services (CDSS) licensing information, if applicable

RFA Timeline

Date	Event
August 13, 2026	Technical Assistance Webinar
September 15, 2026	Applications Due by 5:00 PM (to ensure July 1, 2027 Contract start)
October 15, 2026	Applications Evaluated by Evaluation Panel
TBD	Interviews Conducted (if applicable)
November 2026	Applicants will be notified of their selection or non-selection
June 2027	Board of Supervisors Awards Contract (subject to delay without notice to proposers)
Accepted On-Going	Applicant Questions
Posted to FAQ	County Response to Questions

Application Submittal

- Please email completed application packets, including all required forms, to:
  - DHS-Procurement@sonomacounty.gov
  - Subject: Youth MH Treatment RFA – [INSERT PROVIDER NAME]

Required Forms

Forms

- Form 1: Agency Application
- Form 2: Program Application Sheet
- Form 3: Attestation Regarding County Contract
- Form 4: Acceptance of County Insurance Requirements

Attachments

- Attachment A: Service Categories and Program Information
  - Includes information about program elements and requirements for each service area
- Attachment B: Sample County General Contracting Template
  - B.1: Special Terms and Conditions, Specialty Mental Health Services
  - B.2: Special Terms and Conditions, HIPAA Business Associate Addendum
  - B.3: Special Terms and Conditions, BHSA STC
- Attachment C: Sample Insurance Requirements

Required Forms Highlights

- Form 1: Only one Agency Application is required per agency
  - Service Categories→ please select all categories for which you are applying
- Form 2: Submit a Program Application for each program or service category included in your proposal.
- Form 3: Submit as an attestation that you have reviewed and agree to the sample Agreement and Special Terms and Conditions (STC's) included as attachment B
- Form 4: Confirms you have reviewed the Sample insurance requirements included as attachment C

Questions/Comments

- Submit Questions in Q&A during this webinar
- Raise hand to be called on to ask questions

After the Webinar:

- Additional questions should be sent to: DHS-Procurement@sonomacounty.gov
- Subject: Youth MH Treatment RFA – Questions
- County will update the FAQ posted online with the questions from today and any received by email

Thank You

- We look forward to receiving your proposals
- Please check the Sonoma County Department of Health Services Open Procurements webpage for any updates

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