



**WASHINGTON
COUNTY,
OREGON**

LETTER OF INTEREST

RESIDENTIAL SUBSTANCE USE DISORDER (SUD) TREATMENT

(NO. 2026.079-LOI)

FOR

Washington County, Oregon

RELEASE DATE: August 21, 2026

DEADLINE FOR QUESTIONS: August 28, 2026

RESPONSE DEADLINE: September 4, 2026, 4:00 pm

RESPONSES MUST BE SUBMITTED ELECTRONICALLY TO:

<https://procurement.opengov.com/portal/washington-county-or>

Washington County, Oregon
LETTER OF INTEREST
Residential Substance Use Disorder (SUD) Treatment

1. Introduction
2. Scope of Work
3. Vendor Questionnaire

1. 1. Introduction

1. 1.1. Summary

Washington County Health and Human Services - Behavioral Health: The Addictions Program seeks to contract with qualified providers to deliver the following services from July 1, 2027 – June 30, 2032, as follows:

Provide Residential Substance Use Disorder (SUD) Treatment to eligible Washington County Residents. These Residential services are separate from CATT Residential Services.

2. 1.2. Background

Per Washington County Rules of Procurement 10-120(3) - Competitive Process – Personal Service Contracts.

Notwithstanding any other provision in these rules, for personal services contracts the County may use a Letter of Interest process which requires any prospective proposer(s) to file a letter by the given deadline that notifies the County of its interest in performing the work or responding to an RFP. If the number of interested proposers who turn in a letter does not exceed the number of contracts available, then the County reserves the right to negotiate a contract(s) with that responder(s) and forego the RFP process.

3. 1.3. Contact Information

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Department:

HHS

4. 1.4. Timeline

Release Project Date	August 21, 2026
Question Submission Deadline	August 28, 2026, 5:00pm
Submission Deadline	September 4, 2026, 4:00pm

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Contractor Selection Date	September 11, 2026
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2. 2. Scope of Work

1. 2.1. Scope of Work

Substance Use Disorder (SUD) Residential Treatment are services delivered to individuals 18 years of age or older who: are unable to live independently in the community; cannot maintain even a short period of abstinence from substance use; are in need of 24-hour supervision, treatment, and care; and, meet the treatment placement criteria indicated in the American Society of Addiction Medicine (ASAM) Level 3.1 – 3.7.

The purpose of Residential Treatment Services is to support, stabilize, and rehabilitate individuals and support them to return to independent community living. Residential Treatment Services provide a structured environment consistent with ASAM Level 3.1 – 3.7 treatment, including; entry, assessment, placement, service plan, service note, service record, transfer and continuity of care, co-occurring mental health and substance use disorders (COD) treatment, residential substance use disorders treatment, residential women's substance use disorders treatment, and recovery services. Residential Treatment Services will be appropriate to all population groups, based on the individual's needs, and may include; structured counseling, educational services, recreation services, self-help group participation services, and planning for self-directed recovery management to support the gains made during treatment.

Residential Treatment Services are services delivered to Washington County residents who: 1) are not eligible for the Oregon Health Plan or Medicaid; 2) have a diagnosed substance use disorder or co-occurring substance use and mental health disorders; 3) meet income requirements as established by Washington County; 4) are not covered by commercial insurance, or, if covered, include: a) coverage that is not accepted by the provider, b) out of pocket expenses determined by the provider to be a financial risk, or c) coverage that is insufficient to meet the individual's treatment need.

2. 2.2. Additional Allowable Expenses

These expenses also allowed (subject to availability of funds)

- A. **Participant Supports:** Intended to assist Washington County residents who are actively engaged in substance use disorder (SUD) services at contracted provider agencies. The goals of participant supports are to: reduce client barriers to SUD treatment and/or recovery services; promote positive SUD treatment/recovery outcomes; and, help engage and retain clients in the SUD treatment/recovery process. Participant supports must be clearly related to a goal in the client's SUD services plan, and be used to achieve one or more participant support goals.

Allowable Participant Supports include:

- Physical Health costs, including naloxone;
- Transportation and travel;
- Community services and supports (e.g., fees for id cards, childcare, recreational activities);
- Contingency management; and,
- Equipment.

Participant supports may not be used for tips or gratuities, housing subsidies, ongoing or recurring services, participant families or friends, or provider staff.

- B. **Peer Delivered Services (billable through Ayin)**
- C. **Skills Training**
- D. **Care Coordination**
- E. **Case Management**

Washington County does not guarantee equal funding among contracted providers, or consistent funding from year to year within the 5-year funding cycle. Contract amounts will be based on; services provided, utilization, capacity to deliver services, and negotiated budgets. Increases in funding will be based on need for services and on the County's need to disperse funds. Awards under this LOI will be for 5 years, with annual options to renew contracts. Contracts for Residential Treatment Services are subject to availability of funds.

3. 2.3. Provider Responsibilities

- A. Ensure that individuals receiving SUD Residential Treatment services meet all Washington County General Fund eligibility criteria;
- B. Comply with all applicable OARs to provide residential substance use disorder treatment, as described in OAR 309-018-0100 through 309-018-0215;
- C. Providers must maintain approval or license issued by OHA in accordance with OAR 415-012-0000 through 415-020-0096;
- D. Provide services that are evidence-based and/or follow promising practices;
- E. Develop and implement quality assurance and quality improvement processes to improve progressively the quality of services;
- F. Participate in periodic contract check-in meetings with Washington County Addictions;
- G. Participate in clinical chart, claims, and general fund eligibility compliance reviews;
- H. Comply with 42 CFR Part 2 when delivering substance use disorder services;
- I. Report all behavioral health services provided under this Agreement to the Resilience Outcomes Analysis and Data Submission (ROADS) system (<https://www.oregon.gov/oha/hsd/compass/pages/roads.aspx>) and sign and submit to Washington County Addictions, a quarterly ROADS data attestation;
- J. Submit a quarterly report in accordance with Washington County contract expectations; and,
- K. Enroll clients in residential treatment according to federal admission priorities, and according to Washington County's Financial Assistance Agreement with the Oregon Health Authority.

4. 2.4. Qualifications

Provider must meet all of the following qualifications to perform the scope of work described above:

- A. Provider must meet all of the certifications set forth in OAR 309-008-0100 through 309-008-1600 for the provision of indigent SUD residential treatment services prior to submitting a response;
- B. Provider must be enrolled in the Resilience Outcomes Analysis and Data Submission (ROADS) system (<https://www.oregon.gov/oha/hsd/compass/pages/roads.aspx>); and,
- C. Provider must maintain all required insurance coverage, including; General Liability (\$500K), Worker's Compensation, Automobile Liability w/ additional insured endorsement (\$1M/\$2M), Professional Liability (\$1M/\$3M), Cyber-Security Insurance, and Sexual Abuse & Molestation Liability (\$3M coverage required when providing services to vulnerable populations) prior to contract execution. Providers must adhere to all requirements, including insurance limits that change during the course of funding.

5. 2.5. LOI Response Instructions

The LOI response must include all of the following:

1. Confirmation that the Scope of Work above will be delivered as described above;
2. Confirmation that the respondent will adhere to the responsibilities outlined in the Responsibilities Section, and;
3. Confirmation that the respondent meets all qualifications outlined in Qualifications Section.

If necessary, a Request for Proposal process will be engaged post-LOI process. All LOI respondents will be notified re: qualifications to provide the Scope of Work described above and subsequent RFP process, if needed.

3. 4. Vendor Questionnaire

The County reserves the right to request references and verify qualifications prior to contract award.

1. 1. Letter of Interest*

I acknowledge that submitting a response to this Letter of Interest signifies interest in performing the service(s) and submitting a proposal to an RFP if one is issued these services.

☐ Yes

☐ No

*Response required

2. 2. Electronic Submittal*

By electronically submitting this response the Supplier attests and certifies that:

1. Person completing this response represents that I am either authorized to bind the Supplier, or that I am submitting the Response on behalf of and at the direction of the Suppliers's representative authorized to contractually bind the Supplier.

2. I represent that the Supplier or its applicable representative(s) has reviewed the information contained in this Solicitation Package and that the information submitted is accurate.

3. Respondent agrees that the action of electronically submitting its response constitutes:

a. an electronic signature on the responses, generally,

b. an agreement to conduct business electronically,

c. an electronic signature on any form or section specifically calling for a signature, and

d. an affirmative agreement to any statement contained in the solicitation that requires a definite confirmation or acknowledgement.

☐ Yes

☐ No

*Response required

3. 3. Information*

Provide individual or business name, contact: name, phone number, and email address.

*Response required

4. 4. Requirements*

By submittal of this electronic form I certify that I meet all of the certifications set forth in OAR 309-008-0100 through 309-008-1600 for the provision of indigent SUD residential treatment services prior to submitting a response;

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☐ Please confirm
*Response required

5. 5. Enrollment requirement*

Provider must be enrolled in the Resilience Outcomes Analysis and Data Submission (ROADS) system (<https://www.oregon.gov/oha/hsd/compass/pages/roads.aspx>); and,

☐ Please confirm
*Response required

6. 6. Insurance Requirement*

Confirm understanding of the requirement below.

Provider must maintain all required insurance coverage, including; General Liability (\$500K), Worker's Compensation, Automobile Liability w/ additional insured endorsement (\$1M/\$2M), Professional Liability (\$1M/\$3M), Cyber-Security Insurance, and Sexual Abuse & Molestation Liability (\$3M coverage required when providing services to vulnerable populations) prior to contract execution. Providers must adhere to all requirements, including insurance limits that change during the course of funding.

☐ Please confirm
*Response required

7. 7. Past Employment*

Have you or a member of your staff been employed by Washington County in the last six months?

☐ Yes
☐ No
*Response required

8. 8. Tax*

The responder hereby certifies that they have complied with the tax laws of Oregon and all political subdivision of the State of Oregon, including ORS 305.620 and ORS chapters 316, 317 and 318. Responder understands that Washington County may terminate any contract if contractor fails to comply with any tax laws during the term of the contract.

☐ Yes
☐ No
*Response required

9. 9. Oregon Secretary of State Business Registry*

Enter your registry number without dashes or spaces. If you are not currently registered enter N/A. If you are the successful bidder you will be required to register with the Secretary of State in order to contract with the County, per OAR 125-246-0330.

*Response required

10. 10. Solicitation Awareness*

How did you find out about this opportunity?

Select all that apply

- ☐ Oregon Buys
- ☐ Link was emailed directly to me
- ☐ Washington County Website
- ☐ DJC Oregon, Portland Tribune or other printed media
- ☐ Twitter, Facebook or other social media
- ☐ Planning Center, Plan room. etc
- ☐ Tradeshow/ Outreach Event
- ☐ Trade or Outreach printed publication

*Response required