WASHINGTON COUNTY, OREGON

LETTER OF INTEREST

SUBSTANCE USE DISORDER RESIDENTIAL CAPACITY

(NO. 2026.080-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

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LETTER OF INTEREST
Substance Use Disorder Residential Capacity

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 Substance Use Disorder Residential Capacity services in Washington County. Provider(s) will deliver services according to contracts with Washington County Addictions from July 1, 2027 – June 30, 2032.

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

Contractor Selection Date	September 11, 2026

2. 2. Scope of Work

1. 2.1. Scope of Work

Substance Use Disorder Residential Capacity is for housing/lodging services for indigent, underfunded, or Medicaid eligible individuals who are enrolled in SUD adult residential services where housing/lodging services are provided. Residential Capacity services provide a structured environment for an individual on a 24-hour basis consistent with; Level II and Level III of the American Society of Addiction Medicine (ASAM) patient placement criteria; and, transfer and continuity of care set forth in OAR 309-018-0135 through 309-018-0155 and 309-019-0135 through 309-019-0140, as such rules may be revised from time to time. Services must be appropriate to the individual's needs, and may include housing and food services.

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 SUD Residential Capacity are subject to availability of funds.

2. 2.2. Responsibilities

Providers shall be responsible for the following:

A. Comply must comply with OAR 309-018-0100 through 309-018-0215 and OAR 309-019-0100 through 309-019-0220;
B. Provide services that are evidence-based and/or follow promising practices;
C. Develop and implement quality assurance and quality improvement processes to improve progressively the quality of services;
D. Participate in periodic contract check-in meetings with Washington County Addictions;
E. Participate in program compliance reviews;
F. Comply with 42 CFR Part 2 when delivering substance use disorder services;
G. 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; and,
H. Submit invoices in accordance with Washington County contract expectations.

3. 2.3. Qualifications

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

A. Own, lease, or have access to residential facilities operated by the provider;

B. Providers must have a current approval or license issued by OHA in accordance with OAR 415-012-0000 through 415-012-0090, and maintain the license throughout the contract period;
C. Providers must be enrolled in the Resilience Outcomes Analysis and Data Submission (ROADS) system (https://www.oregon.gov/oha/hsd/compass/pages/roads.aspx); and,
D. 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.

4. 2.4. Response Requirements

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 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, 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 interst 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. Credentials*

By submittal of this electronic form I certify that I have a current approval or license issued by OHA in accordance with OAR 415-012-0000 through 415-012-0090, and maintain the license throughout the contract period

☐ Please confirm
*Response required

5. 5. Requirement of Location*

Provider must Own, lease, or have access to residential facilities operated by the provider within Washington County. Give the address you currently hold for these services.

*Response required

6. 6. ROADS System Enrollment*

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

☐ Yes
☐ No
*Response required

7. 7. Insurance Requirement*

Confirm that you understand 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

8. 8. Past Employment*

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

☐ Yes
☐ No
*Response required

9. 9. 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

10. 10. 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

11. 11. 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