



Alcohol & Drug Withdrawal Management Services

Multnomah County Department of Health; Mental Health and Addiction Services Division is seeking Proposers from whom it may purchase access to Alcohol and other Drug Withdrawal Management.

Open	10/2/2026, 8:00 AM PDT	Type	Request for Programmatic Qualifications (RFPQ)
Close	11/4/2026, 4:00 PM PST	Number	RFPQ-21-2027
		Currency	US Dollar
Sealed Until	11/4/2026, 4:00 PM PST	Payment Terms	0% 0, Net 30

Contacts

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Commodity Codes

Commodity Code	Description
85121810	Drug & Alcohol Screening Service
85010000	Healthcare Services
85101705	Public Health Administration
85122103	Rehabilitation Services for Substance Abuse
99070202	Case Management
99070403	Diagnostic Assessment Service

Description

PRE-PROPOSAL CONFERENCE

There will be an Optional Pre-Proposal conference for this Sourcing Event on:

Tuesday, October 13, 2026 at 3:00 p.m. - 4:00 p.m. PT

Google Meet joining info:

Video call link: meet.google.com/yaz-atst-inh

Or dial: (US) +1 405-586-8034 Pin: 487 703#

Attendance is: Optional, but strongly encouraged.

IMPORTANT:

Suppliers who do not currently have access to the [Multco Marketplace Supplier Portal](#) will need to complete the "MMP Supplier Access Request Form". The optimal time to submit the "MMP Supplier Access Request Form" to gain access to participate in a formal Sourcing Event (RFP, RFPQ or ITB) is 14 days. This will allow the County sufficient time to review your request and for you, the supplier, to access the Sourcing Event and to perform the actions needed before the event close date.

PROPOSAL SUBMISSION INSTRUCTIONS AND CONTENT

ITEMS TO SUBMIT AS SUPPLIERS' ATTACHMENTS FOR THIS RFPQ:

1. Proposal

BUYERS ATTACHMENT A - Evaluation Questions and Criteria

Please review Buyers Attachment A which contains the full text of the questions for this RFPQ.

Your Proposal must be a Word or PDF document; computer generated or typewritten, single spaced, space-and-a-half or double spaced, formatted for 8.5" x 11" paper. All pages should be numbered. Margins should be at least ½ inch on all sides. Font size can be no smaller than 12 points. Proposals using smaller font sizes or smaller margins may be rejected.

The Proposer is required to submit a written narrative for each question asked in the Proposal Questions and Evaluation Criteria section of the RFPQ for Group 2.1 Programmatic Questions and Group 2.2, Responsible Business Practice Questions. Submit these responses to the questions as a complete proposal response and upload in the "Supplier Attachment" section of the Sourcing Event.

Proposers must respond to all the questions listed in the Buyer Attachments A - RFPQ Proposal Questions & Criteria. The format for each question response should be as follows: the group number, question number and title (example: Group 2.1, Question 2.1.1 Program Approach and Capacity).

Proposal page limit is 15 pages. This equates to not more than 6 sheets of paper that are printed on each side, or 15 pages printed on only one side. Proposals do **NOT** need a cover page or any appendix. Attachments, Weblinks and supporting documents not specifically required by the RFPQ will not be evaluated. Excess pages will be removed and will not be evaluated.

After uploading the proposal, Proposers need to check the "Yes" button for each question in the Questions section of the RFPQ.

2. Estimated budget & Justification on Cost

BUYERS ATTACHMENT B- Estimated budget & Justification on Cost Please review Buyer Attachment B for instruction on how to complete this attachment.

PROPOSAL QUESTIONS INSTRUCTIONS

All Proposers must complete the questions in the Buyer Attachment A (Evaluation Questions and Criteria). Proposers failing to achieve 70% of the total points will not be considered further for an award under this Sourcing Event.

Example: Proposer A submits a proposal and receives the either scores from the three evaluators:

Rater A: 78% Rater B: 81% Rater C: 60% Total Percentage: 219% (Minimum necessary: 100% possible x 3 evaluators x 70% = 210%)

As a result, Proposer A has met the minimum requirements to provide these services, since their total score of 219% exceeds the minimum score required to qualify, 210%. If the total score earned had been less than 210%, then Proposer A would not have been considered further for an award under this RFPQ.

Failure to comply with these instructions may result in the rejection of the proposal.

SERVICE DESCRIPTION, FUNDING AND CONTRACTING INFORMATION:

PURPOSE AND OVERVIEW:

The Multnomah County Behavioral Health Division, a program under the Department of Health, is seeking proposals for withdrawal management services. These services are intended to assist adults aged 18 or older who: need withdrawal management services, reside in Multnomah County and are indigent, underinsured or uninsured, either at, or below 200% of federal poverty guidelines. Essentially, this equates to serving individuals who have no other source of funds to pay for treatment.

HISTORY OF PROGRAM:

Withdrawal Management is one critical component of the substance use disorder continuum of care supported by the County. For many seeking to manage substance use disorders (SUD), withdrawal management services offer access to the acute care needed to enable entry and success into longer-term treatment services.

The County has funded Withdrawal Management Services for alcohol and other drugs for indigent clients since the mid 1990's. Historically, only one provider was qualified under prior RFPQs to offer such services, however with the advent of new medications to support withdrawal management, and a more diverse funding pool, the County is now looking to procure a broader range of withdrawal management services across more levels of care. Additionally, the County is interested in withdrawal management services that may better meet the needs of clients using stimulants or benzodiazepines. These clients are less likely to be retained or successful in traditional services.

SERVICE COMPONENTS:

Through this procurement the County is seeking services for ambulatory withdrawal management with or without extended on-site monitoring (ASAM levels 1-WM and 2-WM respectively), clinically managed residential withdrawal management (ASAM level 3.2-WM), and medically monitored inpatient withdrawal management (ASAM level 3.7-WM).

The services may provide alcohol and opioid withdrawal management, as well as newer models that are tailored to address the needs of those using stimulants, benzodiazepines, and other substances. In accordance with the appropriate level of care and best practice, services may include providing medication, psycho-education, individual and group therapy. Services may also include multidimensional biopsychosocial assessment, physical examination, and transition planning and linkage to lower levels of

care. Staff who possess the demonstrated knowledge, skills, and abilities to provide SUD treatment and recovery services, as well as the ability of staff to communicate with clients in languages other than English. Facilities in which clients are served should be accessible to people living with disabilities, including being accessible by those in wheelchairs or those who use walkers. Facilities should strive to have policies in place that make them welcoming to members of the LGBTQAI2S+ community, including by ensuring that gender neutral bathrooms are available, and providing placements that feel most comfortable for non-binary and transgender clients.

INTRODUCTION AND PROGRAM HISTORY:

Withdrawal management refers to the medical and psychosocial level of care for those who are experiencing withdrawal symptoms associated with abstaining or reducing substance use. Withdrawal management services may provide medical supervision and access to pharmacological treatment options in order to assist patients to mitigate the symptoms of their withdrawal. For many, withdrawal management services are the first point of entry for those seeking assistance managing SUD. Although the high levels of care provided through withdrawal management services are not themselves long-term, stand-alone treatments, it can be through withdrawal management that clients are connected to other treatment options and recovery supports across the continuum of SUD services.

The core services sought through this procurement should include:

- ambulatory withdrawal management services with extended on-site monitoring (ASAM levels 1-WM and 2-WM respectively);
- clinically managed residential withdrawal management services (ASAM level 3.2-WM);
- Medically monitored inpatient withdrawal management services (ASAM level 3.7-WM).

The county recognizes the breadth of community need and the many protocols and program models for withdrawal management. Accordingly, the county has identified some additional service elements that may be important. More details about these additional elements, as well as the core elements listed above can be found later in this RFPQ (see section below titled “SCOPE OF SERVICES”).

GOALS, VALUES AND OTHER IMPORTANT CONSIDERATIONS:

The primary underlying goals of BHD’s Addictions Program is to promote individual recovery, and improve health outcomes for individuals with substance use and gambling disorders.

The following approaches to service delivery are valued:

Recovery Oriented System of Care (ROSC)

ROSC is a holistic approach that weaves together individualized treatment services, care coordination and peer-delivered services with an emphasis on building recovery resiliency and developing and strengthening a recovery support system within the community. The goal of this integrated approach is to ensure concurrent referral to and receipt of mental health, physical health, and addictions treatment and recovery support services including peer services and access to recovery centers.

Individualized care

Services should be able to meet the unique needs of each individual in order to give every participant in withdrawal management services the best chance to successfully transition to lower levels of care. This means that services should be provided in facilities that are accessible (e.g. adherence to the Americans with Disability Act). Those facilities should also be welcoming to all communities, including members of the LGBTQAI2S+ community, by ensuring that gender neutral bathrooms are available, and providing placements that feel most comfortable for non-binary and transgender clients. It also means that language services would be easily accessible, that staff could communicate in language other than English and demonstrate, professional skills, or lived experience required to understand, and serve clients from diverse backgrounds.

Trauma Informed Care

It is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.

The Federal Substance Abuse and Mental Health Administration (SAMHSA) has identified six key principles of a trauma-informed approach to behavioral healthcare ([SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)):

1. **Safety:** Organization staff and people served feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.
2. **Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among individuals, family members, staff, and others involved with the organization.
3. **Lived Experience:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”
4. **Collaboration and Mutuality:** Importance is placed on partnering and the leveling of power differences between staff and individuals and among organizational staff from clerical and maintenance personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach.
5. **Empowerment, Voice and Choice:** Throughout the organization and among the individuals served, individuals’ strengths are recognized, built upon. The organization fosters a belief in the primacy of people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and individuals alike. Organizations understand the importance of power differentials and ways in which individuals, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Individuals are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills.
6. **Culture, Historical and Gender Issues:** The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers access to gender-responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

Culturally Responsive and Culturally Specific Services

BHD has also identified that throughout Multnomah County, specific population groups have been historically underserved. While people of all backgrounds are typically welcome in most treatment programs, culturally-specific services have been less readily available. These populations include cultural groups (e.g. BIPOC, immigrant and refugee), language specific groups (e.g. Spanish,), LGBTQAI2S+, Older Adults, and Persons with Disabilities. BHD uses definitions of Culturally Responsive and Culturally Specific services developed through a collaborative County-wide work group, led by the Multnomah County Chief Operating Officer and the Director of the Office of Diversity and Equity. These definitions realize the county stated belief that: *culturally responsive and culturally specific services eliminate structural barriers and provide a sense of safety and belonging which will lead to better outcomes.*

1. Culturally Responsive: *Culturally responsive services* are general services that have been adapted to honor and align with the beliefs, practices, culture and linguistic needs of diverse consumer/ individual populations and communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. *Culturally responsive services also refer to services provided in a way that is culturally responsive to the varied and intersecting “biological, social and cultural categories such as gender identity, class, ability, sexual orientation, religion, caste, and other axes of identity.”* Culturally responsive organizations typically refer to organizations that possess the knowledge and capacity to respond to the issues of diverse, multicultural communities at multiple intervention points. *Culturally responsive organizations* affirmatively adopt and integrate the cultural and social norms and practices of the communities they serve. These agencies seek to comprehensively address internal power and privilege dynamics throughout their service delivery, personnel practices and leadership structure.

2. Culturally Specific: Culturally specific services are services provided for specific populations based on their particular needs, where the majority of members/individuals are reflective of that community, and use language, structures and settings familiar to the culture of the target population to create an environment of belonging and safety in which services are delivered. *Culturally specific organizations* typically refer to organizations with a majority of members/individuals from a particular community. *Culturally specific organizations* also have a culturally focused organizational identity and environment, a positive track record of successful community engagement, and recognition from the community served as advancing the best interests of that community.

Harm reduction

While abstinence may be the ultimate goal of any recovery system, harm reduction is an important part of addressing the practical realities of an individual's needs. The incorporation of harm reduction strategies is an important step in expanding the recognized continuum of approaches that support movement toward wellness. Providers should work collaboratively with other agencies to create a system of comprehensive services that include harm reduction strategies.

TARGET POPULATION SERVED:

This RFPQ is intended to provide access to Withdrawal Management Treatment Services for persons living in Multnomah County who have substance use disorders. Individuals served do not need to be engaged in formal treatment services, though when appropriate, referrals should be made to the relevant services.

The target population is indigent uninsured and underinsured Multnomah County residents enrolled in Substance Use Disorder (SUD) treatment and/or withdrawal management whose income is at or below 200 percent of the current Federal Poverty Guidelines. (For the current Federal Poverty Guidelines go to <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines> .)

The SUD services procured may also be accessed by individuals who are eligible for and opt into deflection as part of Multnomah County's implementation of House Bill 4002 and for the provision of Recovery Support Services in coordination with the County 24/7 Sobering & Crisis Stabilization Center.

GEOGRAPHIC BORDERS/LIMITATIONS & SERVICE AREAS:

Services are intended for residents of Multnomah County. All Proposers must have a service location that is able to provide services to Multnomah County residents.

FUNDING:

Funding of the work described in this RFPQ is not guaranteed. Fluctuations in funding year to year should be expected. The County cannot assure that any particular level of work will be provided and the contract will permit the County to add or remove work as necessary depending on availability of funding. If awarded a contract, funding will be added annually and be based on projected service utilization to the eligible population under a fee-for-service model utilizing the state's approved rates for withdrawal management.

Additional supportive services for which there is not an insurance benefit or other funding source could be supported through a cost reimbursement model additionally, depending on the availability of funding and community need.

SCOPE OF SERVICES:

The core services sought through this procurement are:

- ambulatory withdrawal management services without or without extended on-site monitoring (ASAM levels 1-WM and 2-WM respectively);
- clinically managed residential withdrawal management services (ASAM level 3.2-WM);
- Medically monitored inpatient withdrawal management services (ASAM level 3.7-WM).

Requirements for the services above are:

- **Staffing and services:** must meet State of Oregon STANDARDS FOR ALCOHOL DETOXIFICATION CENTERS, OAR 415-050-0000 through 415-050-0095 standard as well as American Society for Addictions Medicine (ASAM) criteria, most updated edition. All staff will be trained and evaluated in current best practices in withdrawal management, care coordination, and case management as applicable/ necessary to meeting the outcomes and performance measures.
- **Biopsychosocial assessment:** Each client should complete a full biopsychosocial assessment. Level of Care should be determined using the ASAM criteria for Patient Placement, current Edition:
 - Dimension 1: Acute Intoxication and/or Withdrawal Potential;
 - Dimension 2: Biomedical Conditions;
 - Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications;
 - Dimension 4: Readiness to Change;
 - Dimension 5: Relapse, Continued Use, or Continued Problem Potential;
 - Dimension 6: Recovery/Living Environment.
- **Treatment Plan:** Based on the assessment, the provider will partner with the client to develop a treatment plan that is client- centered, and builds on client strengths. Length of services will vary depending on individual needs and placement decision based on use of the ASAM Criteria, as well as clinical and medical necessity.
- **Transition planning:** This should start at admission with the focus on transitioning the individual to the next lower level of care as identified in the ASAM criteria and individual need. Care coordination with all medical and/or behavioral health services are part of the withdrawal management process. This should include linkage to client basic needs support (e.g., food, clothing, housing, medical care, physical and mental health, behavioral health treatment and recovery support) through internal agency provision, connection to care coordination teams, case managers, and/or community resources.
- **Medication for Addiction Treatment (MAT)/ Medication Supported Recovery (MSR):** Should have in place a procedures for 1) addressing clients that are currently on MAT/MSR and needing to withdraw from other substances (such as the continuation of methadone, suboxone, etc); and 2) for those who, as part of their transition to a lower level of care, wish to continue MAT/MSR after opioid withdrawal management.

Additionally, the County recognizes the breadth of community for withdrawal management. We especially are interested in your application telling us how you may address the following either through current or future protocols, procedures, and/or approaches:

- Protocols that address the specific needs of those using stimulants and benzodiazepines
- Approaches to address the lethality of fentanyl and the spike in overdoses
- The complex needs of clients currently in the system, many of whom have co-occurring MH, SUD and physical health issues and are not covered by OHP.

The County expects all services procured to align with the “Goals, Values, and Other Considerations” section above.

FISCAL REQUIREMENTS AND REPORTING:

Multnomah County General Fiscal Requirements:

As appropriate, Providers will comply with all applicable provisions of the County Financial Assistance Contract (CFAA) between the State of Oregon acting by and through its Department of Human Services and the County. A copy of the most recent CFAA can be obtained at <https://multco.us/info/addiction-provider-resources>, see “State-County Contract” section on the site.

Providers, if a non-profit organization and a sub recipient of federal funds passed through the County, must meet the audit requirements of Universal Guidance “Audits of States, Local Governments, and Non-Profit Organization”, which applies the federal Single Audit Act Amendment of 1996, Public Law 104-156.

County shall have the right to withhold from payments due Providers such sums as are necessary in County’s sole opinion to protect County from any loss, damage, or claim, which may result from Provider’s failure to perform in accordance with the terms of the Contract or failure to make proper payment to suppliers or subcontractors. Services will be rendered in a manner that services will be available for the entire contract period.

Fiscal Requirements for BHD Contracts:

- **Payment terms and payment basis/method will be determined at contracting.**
- See, the Addictions Provider Website, under Fiscal Requirements for more information: <https://multco.us/info/addiction-provider-resources>
- **Annual Budget for cost reimbursement services:** Due no later than 30 days after contract execution. See template under Fiscal Requirements: <https://multco.us/info/addiction-provider-resources>

PERFORMANCE MEASURES/PERFORMANCE CONTRACTING:

Contractor should be familiar with industry standards for Access, Engagement, Retention, and Service Completion as guided by the ASAM and Quality of Life Indicators. Contracts will be performance-based and will include expectations regarding service outcomes. Continuing contracts are linked to successful attainment of projected service outcomes.

Multnomah County contracts are monitored through a number of means, which may include:

1. Site Reviews: County staff may schedule on-site visits to review agency compliance with the contract and quality assurance measures. Site visits are scheduled with contracted providers, but may be conducted without notice.
2. Technical Assistance: BHD staff may offer training and/or assistance to programs regarding design of services.

Evaluations/Program Performance: Program performance is evaluated through other quality assurance/evaluation processes, including: Performance reviews for achieving client service outcomes

1. Contracted provider self-assessments
2. Client satisfaction surveys and complaint resolution processes

CONTRACT NEGOTIATION:

Once selected in the allocation process, The County will initiate contract negotiations with the Proposer. Multnomah County may, at its option, elect to negotiate general contract terms and conditions, services, pricing, implementation schedules, and such other terms as the County determines are in the County's best interest. If negotiations fail to result in a contract, the County reserves the right to terminate the negotiations and initiate contract negotiations with another qualified Proposer(s). This process may continue until a contract agreement is reached.

CONTRACT AWARD AND ALLOCATION PROCESS:

This is a formal, competitive, Request for Programmatic Qualifications (RFPQ) process as provided for under the authority of PUR-1. No contracts will be issued as a result of this RFPQ process. Our intent is to establish pools of qualified vendors who will be eligible for potential contract awards. There is no limit on the number of vendors that may be qualified under this RFPQ process. Multnomah County strongly encourages the participation of Minority-Owned, Women-Owned, Emerging Small Businesses, Service Disabled Veteran and Organizations in providing these services.

ALLOCATION PROCESS:

Entirely separate from this qualification process, BHD will initiate and award requirements contracts to those qualified providers who demonstrate the desired experience, skills, proficiency, and certifications(e.g., OHA Letter of Approval for SUD treatment). BHD will conduct a rigorous funds allocation process to distribute available funds according to known system requirements and priorities. Allocations will only be made to providers who previously qualified under this RFPQ. The funding allocation process will be a formal one, requiring BHD to document their findings and determinations in writing that lead to specific funding allocations or to the continuation of funding allocations. Vendors may not protest funding allocation decisions. Funding allocation decisions will be made from an overall County system of care perspective.

Since the allocation process considers a variety of factors, funding may go to qualified Proposers who did not earn the highest overall RFPQ qualified score. Therefore, it will be possible to qualify under this RFPQ process and not receive a funding allocation due to resource limitations and other factors.

The Department cannot predict a case load for these services and does not guarantee any particular volume of business will be offered to any applicant who qualifies to provide services, nor is there any guarantee that the BHD will use the services of any applicant who is issued a contract by virtue of this application.

After Purchasing provides written solicitation results to all Proposers and with the completion of the separate allocation process by BHD, BHD staff will contact the successful and qualified Proposer(s) who will receive an allocation for contract negotiations. The County will be awarding Requirements Contracts for these services. Requirements Contracts do not guarantee any level of funding and funding levels may change from year to year.

All Proposers seeking to provide services must submit a proposal and receive a minimum of 70% of the total points possible in order to qualify.

The County reserves the right to qualify additional suppliers for these services as it deems necessary. All qualified suppliers will be added to one vendor pool, from which contracts will be awarded through the allocation process.

CONTRACT TERM:

Fixed term. The contract term shall be five (5) years, with funding added every fiscal year (July 1 - June 30) based on total available funding and service priorities. The effective date of any resulting contracts shall be approximately July 1st, 2027, or later if other contractors are qualified after the initial allocation process. The end date shall be June 30th, 2032.

COMPENSATION AND METHOD OF PAYMENT:

The **Cost Reimbursement** payment method reflects a purchase arrangement in which the County pays the provider for budgeted agreed-upon costs that are actually incurred in the delivery of services specified in the contract, up to a stated maximum obligation.

Unit Rate (also known as Fee for Service), pricing is based on the delivery of a defined unit of service. The unit of service is defined in the Multnomah Other fee schedule.

COOPERATIVE PURCHASING:

Not used for this solicitation.

INSURANCE REQUIREMENTS:

Sample Exhibit 2, located in the Buyer Attachments page of this sourcing event, reflects the minimum insurance required of a Contractor to provide this service. Additional insurance coverage may be required depending on the key features of service delivery chosen by the Contractor. Final insurance requirements will be subject to negotiation between, and mutual agreement of, the parties prior to contract execution.

MINIMUM REQUIREMENTS:

At the time of proposal submission, Proposers must meet the following minimum requirements. Failure to provide any of the required documents or meet any of the below requirements shall result in rejection of the proposal.

1. Submit Proposal as a Supplier Attachment
2. Submit estimated budget & Justification on Cost - as a Supplier Attachment
3. The Proposal response must be received by the Multnomah County Purchasing no later than 4.00 P.M local Portland time on the proposal submission deadline.
4. **Proposer Representations and Certifications:**

The Proposer must certify that they agree to the Proposers Representation and Certification terms in the Prerequisite page of the Sourcing Event.

At the time of Contracting, Proposers must meet the following minimum requirements. Failure to provide any of the required documents or meet any of the below requirements shall result in a determination of non-responsiveness and may result in award to the next highest proposer:

- Proposers must be legal entities, currently registered to do business in the State of Oregon (per ORS 60.701).
- Proposers must submit verification that all insurance requirements are met.
- Proposers must have a completed Pre-Award Risk Assessment if federal funds are used for this Sourcing Event. (See Procedural Instructions in the Buyer Attachments page of this Sourcing Event).
- Proposer must have a letter of approval from the State of Oregon to provide withdrawal management treatment services by the time of contracting or sooner.
- Proposer must be registered with an Oregon Medicaid National Provider Identifier (NPI).
- Appropriate licensed medical staff, as defined in State of Oregon OAR 415-050-0000 through 415-050-0095, essential to this type of service must be accessible, although they need not be present in the treatment setting at all times.
- Substance Use Disorder treatment agencies must be certified for Behavioral Health Treatment Services with the Oregon Health Authority (OHA), in accordance with Oregon Administrative Rules (OAR): 309-008-0100 through 309-008-1600.
- Medical protocols must be reviewed and approved by the County Medical Director or designee.

Prerequisites

- ★1. Proposer/Bidder agrees to receive all correspondence electronically and are responsible for keeping their supplier portal updated with current contact information.
- ★2. CONFIDENTIALITY - Please read the statutory requirements in the prerequisite link.
- ★3. Please review the statements in this certification regarding Assurances, Certification Regarding Debarment, Suspension and Other Responsibility Matters and Certification Regarding Conflict of Interest.
- ★4. Please review the "Acknowledgement for "Price File" Language in Questions with Uploads."

Buyer Attachments

1. [How to Complete and Submit a Response to a Sourcing Event - MMP Supplier Guide](#)
2. [Procedural Instructions Proposals 04 02 2024.pdf](#)
3. [SAMPLE General Services Agreement.pdf](#)
4. [BUYER ATTACHMENT A- EVALUATION QUESTIONS AND CRITERIA.docx](#)
5. [BUYER ATTACHMENT A- EVALUATION QUESTIONS AND CRITERIA.pdf](#)
6. [BUYER ATTACHMENT B- ESTIMATED BUDGET & JUSTIFICATION \(updated 9.29.26\).xlsx](#)
7. [Sample Exhibit 2 - Insurance Requirements.pdf](#)
8. [Sample Exhibit 3 - Certification Statement for Corporation or Independent Contractor.pdf](#)
9. [Sample Exhibit 4](#)
10. [Sample Exhibit 5 - Equal Employment Opportunity Certification Statement](#)
11. [Attachment H-1](#)

Group 1.1: Company Certification Information - This section is not scored**Instructions:**

- 1.1.1 State of Incorporation
- 1.1.2 Date of Incorporation
- 1.1.3 ASSURANCES - Proposer attests that Proposer is either a non-resident proposer or a resident proposer (as described in Representation and Certification Prerequisite and ORS 279A.120) of the State of _____ and has not discriminated against any minority, women, or emerging small business enterprises certified under ORS 200.055 or a business enterprise that is owned or controlled by or that employs a disabled veteran as defined in ORS 408.225 in obtaining any required subcontracts, in accordance with ORS 279A.110. Enter state of residency here: ★
- 1.1.4 Where Proposer is unable to certify to any of the statements in Proposer Representations and Certifications of the Prerequisite, Proposer shall provide an explanation to their offer here.
The Proposer certifies to the best of its knowledge and believes that neither it nor any of its principal participants and agents has or has had the following relationships with the specific firm(s)/individual(s), identified in this sourcing event, which may be determined to be an organizational conflict of interest. I understand that based on the information provided by Proposer, Multnomah County may exclude the Proposer from further consideration and may withdraw its selection if the real or apparent organizational conflict of interest cannot be avoided or mitigated. Proposer further certifies that the degree and extent of the relationship of the Proposer with these named firm(s)/individual(s) will be fully disclosed:
- 1.1.5
- 1.1.6 Upload additional explanation as needed
- 1.1.7 Name of person submitting the Proposal: ★
- 1.1.8 Title of person submitting the Proposal: ★
- 1.1.9 I represent that I am at least eighteen (18) years of age. ★
- 1.1.10 I represent that the printing of my name and the submittal of a Proposal is intended to authenticate this writing and to have the same force and effect as my manual signature. ★
- 1.1.11 I represent that I am either authorized to bind the Proposer, or that I am submitting the Proposal on behalf of and at the direction of the Proposer's representative authorized to contractually bind the Proposer. ★
- 1.1.12 I represent that the Proposer and/or its applicable representative(s) has reviewed the information contained in this Proposal and that the information submitted is accurate. ★

Group 2.1: Programmatic Questions (75%)

Instructions: The proposer is required to complete their proposal response and upload in the "Supplier Attachment" section of the Sourcing Event. Please review the full instructions in Description section.

- 2.1.1 **PROGRAM APPROACH AND CAPACITY:** What is your organization's current approach to withdrawal management and what is your program's current capacity? Include the number of beds available daily and number of patients served annually. Describe your organization's experience serving underinsured clients or indigent clients who are without insurance. Of the number of people served, what percentage are without insurance or have financial barriers to accessing treatment? If withdrawal management services will be newly offered, what is your organization's planned approach to service delivery, anticipated approach to serving uninsured and underinsured clients, and expected capacity? See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (10% of Programmatic Questions score) ★
- 2.1.2 **SERVICES:** Please indicate the ASAM level(s) of care and provide a detailed description of services your organization would provide with funds through this procurement. Include the location where services will be provided, a description of facilities, and the capacity at each facility. Describe how you plan to address individuals in medication supported recovery (MSR) (e.g., suboxone, methadone, vivitrol, naltrexone, or buprenorphine) who also need withdrawal management from other substances as well as the needs people using stimulants and benzodiazepines, either through current or future protocols, procedures, and/or approaches. Describe how you would address the complex needs of those clients presenting with co-occurring mental health and SUD diagnoses and those with physical health complexities. See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (20% of Programmatic Questions score) ★

- 2.1.3 INTAKE PROCEDURES: Describe your current/planned intake procedures in detail, including: What resources are available for those seeking to enroll in services; how you accommodate those seeking entry into services that are not able to arrive at a set time; what if any services/support are provided to those who are not able to get an intake that day; whether you maintain a waitlist. Describe the most common barriers that you encounter during intake and what you would need in order to address those. See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (10% of Programmatic Questions score) ★
- 2.1.4 TRANSITIONS TO LOWER LEVELS OF CARE : Describe how you will assist clients as they transition to lower levels of care, and how you will help them engage with other treatment and recovery support services. How would you ensure continuity of care including induction to medication supported recovery and ongoing treatment (e.g either within your organization or through partner organizations)? How does your organization connect with treatment and recovery support providers and include them in the transition process? Identify any barriers that your organization faces or anticipates facing transitioning clients to lower levels of care. Describe what you would need in order to remove those barriers. See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (15% of Programmatic Questions score) ★
- 2.1.5 SERVICES TO DIVERSE COMMUNITIES: Describe the populations that your withdrawal management program would serve. Indicate if your services are culturally specific and describe how. If you do not provide culturally specific services, describe what you would do to make your services culturally responsive. Include in your response, how you would serve the populations including cultural groups (specifically African Americans, Latino, Native Americans, Slavic, and other immigrant/refugee groups), language specific groups (particularly Spanish), LGBTQIA2S+, Older Adults, Gender Specific, Youth, Differently Abled Individuals, and other marginalized populations See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (20% of Programmatic Questions score) ★
- 2.1.6 PERFORMANCE MEASURES: Describe how you would collect and use data to evaluate the effectiveness of your withdrawal management services, including how you would gather and integrate feedback from participants about your services and how you measure staff performance. Provide examples of how you define success in your programming using both quantitative and qualitative data. See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (10% of Programmatic Questions score) ★
- 2.1.7 CONTINUOUS QUALITY IMPROVEMENT: Describe the processes your organization either is or would like to implement in order to ensure quality improvement of your withdrawal management services. Describe what measures you either currently use or would like to implement to support the retention of staff who are essential to the clinical sustainability of services. Identify the main barriers that your organization either currently or anticipates facing to staff retention, and articulate what your organization would need to address those barriers. See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (5% of Programmatic Questions score) ★
- 2.1.8 BUDGET :Using the template provided, indicate the estimated funding level needed to deliver the proposed services. The estimate should take into account the following: (1)The annual expected number of episodes of care/encounters for indigent clients at each level of care proposed. Please include this information in the first part of the budget template.(2) How much funding would be needed annually for costs that are not covered under the fee-for-service rates. All allowable budget categories, including personnel, client assistance, indirect rate, etc. are shown on the template. For each budget category, describe how the level of funding included would contribute to improving services provided in alignment with the answers you provided to previous questions. Please provide your Budget attachment as an and label it as Attachment B. See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (10% of Programmatic Que) ★

Group 2.2: Responsible Business Practice Questions (25%)

Instructions:

- 2.2.1 ENVIRONMENTAL CONSIDERATIONS: Provide the details of your energy conservation efforts in the form of metrics, practices, and/or processes. (40% of the Responsible Business Practice questions) ★
- 2.2.2 SOCIAL EQUITY: Describe in detail how your (agency/business/ organization) develops a diverse internal workforce. How do you approach internal on-the-job training, mentoring, technical training and/or professional development opportunities addressing diversity? Describe the process(es) used to recruit women and minorities. What types of projects or initiatives have been implemented? See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (40% of the Responsible Business Practice questions) ★

2.2.3 2.2.3: ECONOMIC IMPACT: Please describe how your service delivery has positive economic impacts for the communities you are serving? See Buyer Attachment A for full question and evaluation criteria. "Yes" if you have answered this question in your proposal. (20% of the Responsible Business Practice questions) ★

Group 2.3: Group 2.3: Labor Harmony- This Section is not scored

Instructions:

2.3.1 2.3.1: The County values agencies that work to prevent labor disputes, which may lead to work stoppages or adversely impact the ability of our programs to achieve intended outcomes. Please indicate if your Agency is committed to avoiding labor disputes that disrupt services by checking the appropriate box. ★

2.3.2 2.3.2: If your organization has standard practices and policies that uphold this principle, such as a labor harmony agreement or a collective bargaining agreement, please attach with your submission as a separate file

There are no Items added to this event.

Service Line Items

★ Service Line Items

1

#	Item Name, Commodity Code, Description	Allow Alternates	Qty.	UOM	Requested Service Delivery
S1	Do not complete		1		