



Deschutes County

## **REQUEST FOR PROPOSAL**

For

**On-Call Crisis Services**

Proposals must be received no later than 4:00 p.m. PST  
Friday, December 11, 2020

Deschutes County Health Services  
2577 NE Courtney Drive  
Bend, Oregon 97701  
(541) 322-7697

An Equal Opportunity Employer

# Deschutes County Health Services Department

Deschutes County encompasses 3,055 square miles located in the central portion of Oregon. In the last several years, Deschutes County has been the fastest growing county in the state. As the population in the county has grown, the Deschutes County government has grown as well. Currently, there are more than 900 people employed by the county operating in facilities throughout the county.

Deschutes County is governed by the Board of County Commissioners (BOCC). The BOCC consists of three (3) elected, at-large commissioners responsible for establishing policies and setting priorities for the county. The County Administrator oversees the daily functions and activities of many of the various county departments.

Deschutes County Health Services Department provides public health and behavioral health programs and services that benefit residents countywide. The department includes more than three hundred (300) employees located at eight (8) primary sites. The annual budget for DCHS is about \$50 million. Funding for the department is primarily from federal, state and local payments and grants.

Recently, Deschutes County and contracted partners has undertaken the development of a Stabilization Center Project. In this collaborative effort between Deschutes County Health Services and Deschutes County Sheriff's Office in the development of a twenty-four (24) hour, seven (7) days a week Crisis Stabilization Center with a twenty-three (23) hour Respite and Sober Station. The goal of this project is to reduce the number of individuals with Serious Mental Illness who end up in the criminal justice system; reduce the number of individuals going to the Emergency Department for mental health crisis; assist individuals experiencing a mental health crisis stabilize in their community and become connected to resources so they engage in mental health treatment and regain a better quality of life; and to provide a place for Law Enforcement to quickly bring someone in a mental health crisis. The Stabilization Center is located at: 63311 NE Jamison Street, Bend, Oregon 97701

Deschutes County is an Equal Opportunity Employer and reserves the right to negotiate with any and all individuals or firms that submit proposals as per the requirements of the Request for Proposal (RFP). Minority Business Enterprises, Small Business Enterprises, Women Business Enterprises, and labor surplus area firms are encouraged to submit proposals.

For more information, please visit [www.deschutes.org](http://www.deschutes.org)

# DESCHUTES COUNTY HEALTH SERVICES DEPARTMENT

## REQUEST FOR PROPOSAL FOR

### ON-CALL CRISIS SERVICES

OCTOBER 16, 2020

Deschutes County, a political subdivision of the State of Oregon, acting by and through the Deschutes County Health Services Department, consisting of Public Health and Behavioral Health Divisions (DCHS), is releasing this competitive solicitation to secure one (1) or more contractor(s) for the provision of On-Call Crisis Services at the Stabilization Center location. At a minimum, services shall include:

- Phone and face-to-face crisis screening and referrals involving a variety of situations including high-risk children and adults needing hospital, residential, or respite care.
- Clinical treatment services (as applicable to licensure) to both voluntary and involuntary clients including: comprehensive assessments, case management consultation, and crisis intervention.
- Ability to work non-traditional hours including weekend, evenings, and holiday hours.

Selected proponent(s) shall meet the minimum education and licensure standards for qualification of providing Outpatient Behavioral Health Services, in accordance to State licensure, as defined in Oregon Administrative Rules (OAR) 309-019-0125; Addictions and Mental Health Services and Supports Policy, as defined OAR 309-019-0100 through 309-019-0220); and Deschutes County Health Services Policy entitled "Addictions and Mental Health Services and Supports Policy".

**NOTE:** All proposals submitted in response to this RFP shall become the property of Deschutes County and may be utilized in any manner and for any purpose by Deschutes County. ***Be advised that proposals and all documents submitted in response to this RFP are subject to public disclosure as required by applicable state and/or federal laws.*** If you intend to submit any information with your proposal which you believe is confidential, proprietary or otherwise protected from public disclosure (trade secret, etc.), you must separately bind and clearly identify all such material. The cover page of the separate binding must be red, and the header or footer for each page must provide as follows: "Not Subject to Public Disclosure." Where authorized by law, and at its sole discretion, Deschutes County will endeavor to resist disclosure of properly identified portions of the proposals.

Candidate shall submit one (1) original and five (5) copies of the proposal in a sealed envelope that is clearly marked with the name and address of the proposing candidate or agency, titled "On-Call Crisis Services", and addressed to:

Adam Goggins  
Deschutes County Health Services  
63311 NE Jamison Street  
Bend, OR 97701

Proposals must be received no later than 4:00 p.m., on Friday, December 11, 2020 to be eligible for consideration. Submission and receipt of proposals by electronic means is not permitted. All costs associated with preparing and submitting a proposal is solely the responsibility of the proposer. This solicitation does not obligate Deschutes County to select any single proposer and Deschutes County reserves the right to cancel the procurement, reject any and all proposals, to retain all proposal materials in accordance with ORS 279B.100, and to use any material included in the proposal regardless of whether it is selected.

Questions concerning the proposal and/or the proposal process may be directed to Name via email to Email.

#### **1. INTRODUCTION**

The purpose of this Request for Proposal (RFP) is to execute a contract with one (1) or more agency or individuals who qualify to provide On-Call Crisis Services in a behavioral health setting. Proponents shall be meet the applicable state licensure and education requirements for the performance of Outpatient Behavioral Health Services.

Contingent upon approval by the Deschutes County Board of Commissioners and/or the designated procurement official, DCHS intends to award a contract to at least one (1) Proponent(s) whose proposal is determined to be the most responsive to the requirements of this RFP. The term of the resulting contract(s) is estimated to begin on or about January 15, 2021 and terminate January 1, 2022, with a possible one (1) year extension, subject to DCHS Department approval. DCHS retains sole discretion to renew for additional terms, without a competitive bid process, subject to contractor performance and continued funding.

The estimated amount of contract compensation may range from \$5,000 to \$25,000 based upon contractor's services, fee schedule, and subject to funding and an approved budget by Deschutes County Health Services. Proponent will be expected to furnish current insurance certificates as outlined in Attachment 2 of this RFP and provide a copy of applicable certifications. In some circumstances an insurance waiver may apply, subject to Criminal Justice Commission and Deschutes County Health Services approval.

## **2. DEFINITIONS**

- A. Behavioral Health refers to mental/emotional wellbeing and/or actions that affect wellness. Behavioral health problems include substance use, problem gambling, and mental health disorders as well as psychological distress and suicide.
- B. Client or "individual" means, with respect to a particular Service, any person who is receiving that Service, in whole or in part, with funds provided under this Contract.
- C. Clinic Services – Includes Crisis Walk-in Services provided to adults or children who are in an unstable situation and a danger to themselves or others. Clinic Services are provided to individuals in need of emergency intervention, without regard to age, ethnicity, cultural, linguistic, or economic status.
- D. Clinical Assessment means the process of obtaining all pertinent biopsychosocial information, as identified by the individual, family and collateral sources, for determining a diagnosis and to plan individualized services and supports.
- E. Mobile Community Assessment Team (MCAT) Coverage – MCAT responds to individuals who are experiencing a mental health crisis in the community and in hospital emergency rooms on a twelve (12) hour or twenty-four (24) hour on-call basis, throughout Deschutes County. MCAT provides services anywhere in the community that is deemed most effective and efficient for safely resolving a crisis. They work closely with law enforcement, hospital staff, community service providers, local and regional crisis lines, and family members to preform crisis mental health and initial substance abuse assessments, risk assessments, brief crisis intervention, and referrals for follow-up services. Services are provided to individuals in need of emergency intervention, without regard to age, ethnicity, cultural, linguistic, or economic status.
- F. Culturally Competent: The capacity to provide services in an effective manner that is sensitive to the culture, race, ethnicity, language and other characteristics of an individual. Such services may include, but are not limited to, use of bilingual and bicultural staff, provision of services in culturally appropriate alternative settings, and use of bicultural paraprofessionals as intermediaries with professional staff.
- G. Individual service record or service record or clinical record means the documentation, written or electronic, regarding an individual and resulting from entry, clinical assessment, orientation, service and support planning, services and supports provided, and service conclusion.
- H. Medically appropriate means services and medical supplies required for prevention, diagnosis or treatment of a physical or mental health condition or injuries and which are:
  - i. Consistent with the symptoms of a health condition or treatment of a health condition;
  - ii. Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective;
  - iii. Not solely for the convenience of an individual or a provider of the service or medical supplies; and;
  - iv. The most cost effective of the alternative levels of medical services or medical supplies that can be safely provided to an individual.

- I. Substance Use Disorder(s) means disorders related to the taking of a drug of abuse including alcohol, to the side effects of a medication, and to a toxin exposure. The disorders include substance use disorders such as substance dependence and substance abuse, and substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia, as well as substance induced psychotic disorder, mood disorder, etc., as defined in DSM criteria.
- J. Trauma Informed Services means Services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health and substance use disorders Services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.

### **3. SCOPE OF SERVICES**

Successful Proponent(s) shall provide professional On-Call Crisis Services at the Stabilization Center location. The following requirements and scope of services shall be incorporated into the contract. Proposal responses will be considered acceptance of these requirements unless expressly stated otherwise. Proponents must be capable of meeting or exceed the following service level specifications:

- A. Meet minimum education and experience requirements:  
Master's degree in Psychology, Social Work, Recreational Therapy, Music Therapy, Art Therapy or a behavioral science field with one (1) year of experience in the behavioral health field; OR a Bachelor's degree in Nursing or Occupational Therapy with experience in a behavioral health field.
- B. Meet minimum Oregon State licensure requirements:  
Licensed Qualified Mental Health Professional (QMHP) in accordance with the definition by OAR 309-019-0125.
- C. Provide On-Call Crisis Services upon the request of Deschutes County Health Services (DCHS).
- D. Document services using DCHS' Electronic Health Record (EHR) system, in an accurate manner consistent with professional and community standards of care. Accurately document all client contact which may include: assessments, chart notes, intervention planning, information and referral services, service conclusion summaries and service notes (as applicable).
- E. Comply with all privacy and security regulations under the Health Information Portability and Accountability Act (HIPAA).
- F. Provide full assistance to DCHS in billing and recovering revenue from all legal resources by keeping all licenses and certificates (as applicable) current, including all credentialing and certification required by state and federal governments to provide reimbursement for services (OHP/Medicaid/Medicare, etc.). Provide DCHS with copies of licenses, certificates of insurance and evidence of Continuing Medical Education (CME) credits, as applicable.
- G. Submit to DCHS an invoice on a monthly basis which notes the quantity of hours worked each day.
- H. Crisis services shall be requested by the DCHS Crisis Supervisor, on an irregular and sporadic basis. If scheduled services cannot be performed, a reasonable effort shall be made to give a minimum of two (2) week advanced notice to DCHS of the planned and/or anticipated absence. In the event an unanticipated absence preventing performance of scheduled services, DCHS Crisis Supervisor shall be notified as soon as possible.
- I. If feasible or applicable, screen and assess DCHS clients for tobacco use, and offer tobacco cessation resources to individuals choosing to quit.
- J. For the provision of Clinic Services, may be working closely with DCHS, local law enforcement, hospital staff, community providers, local and regional crisis lines and family members to provide crisis mental health and initial substance abuse assessments, risk assessments, brief crisis intervention, and referrals for follow-up services.
- K. Provide crisis walk in and Mobile Community Assessment Team (MCAT) coverage and support.
- L. Attend DCHS meetings and/or trainings upon request by DCHS Crisis Supervisor, in a schedule mutually agreed upon.

- M. Provide services in the capacity of a qualified behavioral health professional, which may include but will not be limited to the provision of: assessing individual client functional skills, assessing client's behavioral health and or histories and symptoms, determining behavioral health diagnoses, developing treatment plans, and providing case consultation with DCHS staff and/or community agencies, as applicable. Determine client's service needs, make referrals and coordinate with other agencies on behalf of client.
- N. Cooperate in DCHS quality and compliance audits of behavioral health medical records according to DCHS established policies, procedures and protocols using DCHS approved auditing tools.

#### **4. PERIOD OF SERVICE**

A contract is expected to be awarded for the period January 15, 2021 and terminate January 1, 2022. The contract may be renewed for additional years. Should a new contract be awarded for subsequent years, DCHS reserves the right to award a new contract with the selected contractor for this service without the need for further competitive procurement, subject to approval by Deschutes County Board of Commissioners and/or the designated procurement official, DCHS, the availability of sufficient funds and satisfactory performance by the contractor.

#### **5. PAYMENT PROVISIONS AND RATES**

It is expected that the selected Proponent will submit a fee schedule for all services that may be contracted by DCHS along with a brief statement of policy in the event of late cancel or no-show appointments due to fault of contractor or client. Consideration shall be given to the Proponent who provides the best value to Deschutes County.

#### **6. INSTRUCTIONS AND CONDITIONS**

Proposals must be signed by the Proponent or an authorized representative. Proponents shall include a copy of a Board Resolution authorizing a representative of its organization to sign the proposal and/or subsequent contract. This RFP does not commit DCHS to award a contract or to pay any associated cost. The proposal preparation cost is solely the responsibility of the Proponent.

Proposals are not to be marked as confidential or proprietary. Proposals submitted in response to an RFP are subject to public disclosure as permitted by Oregon State regulations. Additionally, all proposals shall become the property of DCHS. DCHS reserves the right to make use of any information or ideas in the proposals submitted.

**REGARDLESS OF IDENTIFICATION OTHERWISE, INCLUDING MARKING SOME OR ALL OF THE PAGES AS "CONFIDENTIAL" OR "PROPRIETARY", INFORMATION IN PROPOSALS SHALL BECOME PART OF THE PUBLIC RECORD AND SUBJECT TO DISCLOSURE WITHOUT FURTHER NOTICE TO THE PROPONENT.** Proposals should not include personal identifier information in resumes or other documents such as social security numbers, dates of birth, criminal clearance documents, etc. DCHS shall not in any way be liable or responsible for the disclosure of any such records.

Any proposal may be rejected if it is conditional, incomplete, or deviates from specifications in this RFP. By submitting a proposal, the Proponent agrees to meet all the requirements set forth in the RFP, unless specific exceptions are noted in Attachment 1 (Agency Summary). DCHS reserves the right to accept any part of the proposal and not be obligated in any way to accept those parts that do not meet with the approval of DCHS. DCHS reserves the right to waive, at its discretion, any procedural irregularity, immaterial defect or other impropriety not warranting rejection of the proposal. Any waiver will not excuse a Proponent from full compliance if awarded a contract. Reasons for rejecting any proposal will be supplied to the Proponent. **DCHS, in its sole discretion, reserves the right to modify or cancel this RFP in whole or in part. If modification or cancellation is determined to be in DCHS' best interest, all Proponents will be notified in writing of the specific reasons for such modification or cancellation.**

DCHS reserves the right to seek additional proposals beyond the final submission date, if, in DCHS' sole discretion, the proposals received do not meet with the approval of DCHS.

Proposals must be valid for a minimum of one hundred twenty (120) days from the due date of this RFP.

## **7. TENTATIVE SCHEDULE OF EVENTS**

Proponents must follow the instructions and conditions detailed in this RFP. Proposals that do not conform may be excluded from further review.

- |   |                                 |
|---|---------------------------------|
| • Request for Proposal is released.                                 | October 30, 2020                |
| • Proposals are due.  | December 11, 2020               |
| • Proposals are evaluated.  | December 14 through December 18 |
| • Discussions are conducted with top ranking candidates, if needed. | December 21 through December 30 |
| • Contract for services is negotiated and signed.                   | January 1 through January 15    |
| • Contracted services commence.                                     | January 15, 2021                |

DCHS anticipates that it will announce the results of this RFP process December 30, 2020. DCHS and the selected Proponent(s) will then negotiate terms and sign a legally-binding contract by January 15, 2021. Proposals must be submitted as described above no later than 4:00 p.m. on December 11, 2020 ("Due Date"). Proposals received after that time will be considered late and will be returned unopened.

Proposals will be opened in a manner that avoids disclosure of contents to competing proposers. Immediately following the receipt date, a list of the submitting proposers will be available by request. A register of all proposals received will be prepared and available for public inspection after a contract is awarded.

## **8. WITHDRAWAL OF PROPOSALS**

Proposals may be withdrawn by written or faxed request received from the Proponent(s) prior to the Due Date. Negligence on the part of the Proponent in preparing the proposal confers no right for the withdrawal of the proposal after it has been opened. The proposal will be irrevocable until such time as DCHS specifically cancels the procurement, rejects the proposal, or awards a contract(s).

## **9. ACCEPTANCE OR REJECTION PROPOSALS**

In awarding a contract(s), DCHS will accept and consider the proposal or proposals which, in the estimation of DCHS, will best serve the interests of Deschutes County and Central Oregon. DCHS reserves the right to award a contract to the Proponent(s) whose proposal is most advantageous to Deschutes County based upon the evaluation process and evaluation criteria contained within this RFP. DCHS reserves the right to accept or reject any or all proposals. Any proposal which DCHS judges to be incomplete or nonconforming may be rejected. Any evidence of collusion between proposers may constitute a cause for rejection of any proposals so affected.

## **10. SELECTION PROCESS**

The Selected Proponent(s) must be able to demonstrate:

1. Successful experience in implementing services similar to those requested in this RFP;
2. Ability to provide a full spectrum of services;
3. Customer service tools;
4. Regional capacities/capabilities;
5. Licensing;
6. Training;
7. References;
8. Preference for ability to provide services in English and other languages.

All proposals will initially be screened by DCHS staff. All proposals submitted by the RFP due date will be subject to a standard review process. An initial review of each proposal will be conducted by DCHS staff to determine if it is complete, in the required format, and in compliance with all requirements of this RFP. Failure to meet all of these requirements may result in a rejected proposal.

Each proposal that passes the initial review will be evaluated and scored by a review panel. The process may include a panel interview with the applicant agency. The review panel will evaluate and score each proposal on the basis of a 100-point scale, using the assigned weights listed below.

<b>Evaluation Criteria</b>	<b>Point Value</b>
How thoroughly the proposal demonstrates an understanding of the work to be performed.	10
Technical experience.	75
Demonstrated ability to provide similar services for public agencies and/or health care organizations	10
Creativity and innovation.	5
<b>Total</b>	<b>100 Points</b>

Narrative responses to each section of the application, any required attachments and the completed budget forms will be reviewed to determine compliance with the requested information and the feasibility and reasonableness of proposed program design, cost, and expected outcomes. Each evaluation criterion is described in full in Section 13 Submission Package.

**11. PROTEST OF AWARD**

After DCHS approves and selects the Proponent(s), DCHS will notify each Proponent of who DCHS intends to award a contract. If no written protest is filed by 4:00 p.m. on the seventh (7) day following announcement of the decision, the award(s) will be deemed final. DCHS will not entertain protests submitted after this time period. The written protest must specify the grounds and legal authority upon which the protest is based. If a timely protest is filed, the decision of DCHS will be considered final only upon issuance of a written notice deciding the merit of the protest. The award and any written decision regarding the protest will be sent to each proposer.

Protests should be submitted to:

Adam Goggins  
 Deschutes County Health Services  
 2577 NE Courtney Drive  
 Bend, OR 97701

The protest shall state the reason for the protest, citing the law, rule, regulation, or practice on which the protest is based. A written response will be sent to the protester within ten (10) working days after receipt of the written protest.

**12. AWARD AND COMMENCEMENT OF WORK**

Recommendation for award is contingent upon successful negotiation of the contract and resolution by DCHS of any protests. The successful Proponent shall be required to sign the negotiated contract, which will be in the form and content approved by DCHS.

The final authority to award a contract(s) rests solely with DCHS. The successful Proponent(s) shall not be allowed to begin work under any negotiated contract until such time as the contract has been approved and executed by DCHS. The successful Proponent(s) must agree to all terms, insurance coverage provisions, and conditions of the contract with Deschutes County.

If only one (1) proposal is received and it is deemed that such proposal meets requirements for funding, Deschutes County reserves the option to award such entity or individual a contract on a sole-source basis. In the event no proposals are received, or proposals received do not meet requirements for funding under this RFP or designate another qualified entity or individual to operate the program on a sole-source basis.

If revisions or additional information to this RFP become necessary, DCHS will post the addenda or supplements on the Deschutes County website.

As referenced in Attachment 2 of this RFP, the selected Proponent will need to submit evidence of the following insurance requirements prior to execution of the contract:

1. Commercial General Liability "occurrence" coverage, naming ***Criminal Justice Commission, Deschutes County, the State of Oregon, their officers, agents, employees and volunteers as an additional insured***, in the minimum amount of \$3,000,000 combined single limit (CSL) bodily injury & property damage each occurrence and \$5,000,000 aggregate, including personal injury, broad form property damage, products/completed operations, broad form blanket contractual and \$50,000 fire legal liability.



2. Professional Liability coverage in the minimum amount of \$2,000,000 combined each occurrence and \$4,000,000 aggregate, for damages caused by error, omission, or negligent acts related to professional services provided under the contract. The policy must provide extended reporting period coverage, sometimes referred to as "tail coverage" for claims made within two (2) years after the contract work is completed.
3. Commercial Automobile Liability coverage in the minimum amount of \$1,000,000 CSL bodily injury & property damage, including owned, non-owned, and hired automobiles. Also to include Uninsured/Underinsured Motorists coverage in the minimum amount of \$100,000 when there are owned vehicles. Contractor must have on file evidence of auto insurance in the minimum amount of \$100,000 CSL bodily injury & property damage for all employees and volunteers associated with the contract.
4. Workers' Compensation coverage, including a Waiver of Subrogation in full compliance with Oregon statutory requirements, for all employees of Contractor and Employer's Liability in the minimum amount of \$1,000,000.

Misrepresentation during the procurement or contracting process in order to secure the contract will disqualify a bidder or contractor from further consideration in the procurement or contracting process. Failure to comply with contract requirements once a contract has been awarded will constitute a material breach of the contract and may result in the suspension or termination of the affected contract and debarment from future Deschutes County contracting opportunities for a period not to exceed three (3) years. Other penalties may also apply.

As applicable, the selected Proponent shall also submit to DCHS prior to contract award the following documents:

- Articles of Incorporation or business license;
- Applicable Certifications and/or licenses;

### **13. SUBMISSION PACKAGE**

Applications submitted in response to this RFP must include the items and be in the order as listed below. All of the items combined comprise your completed Application pursuant to this RFP.

1. Signed Proposal Response Form-**Attachment 1**
2. Signed Acknowledgement of Insurance Requirements – **Attachment 2**
3. Executive Summary: Please complete as directed. **Attachment 3**
4. Narrative Section: Prepare a written response to the narrative section that fully addresses each of the evaluation criteria listed. The narrative must be typed in 12 point font, one inch margins, 8½" x 11", paginated, on white paper. Narrative section is limited to twelve (12) pages. **Attachment 4**

It is the responsibility of the Proponent to ensure the proposal is submitted by the time and date and to the location as specified. Postmarks will not be accepted in lieu of this requirement. Therefore, use of the U.S. Mail is at the bidder's own risk. Proposals submitted to any other office will not be accepted.

DESCHUTES COUNTY HEALTH SERVICES DEPARTMENT

**REQUEST FOR PROPOSAL  
FOR**

**ON-CALL CRISIS SERVICES**

**Proposal Response Form**

Submit by e-mail to: adam.goggins@gmail.com

A signature on this form acknowledges that the proposer is hereby submitting a proposal in response to Deschutes County's Request for Proposal for On-Call Crisis Services.

Authorized Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_



Automobile Liability insurance with a combined single limit of not less than:

Per Occurrence

- \$500,000  
 \$1,000,000  
 \$2,000,000

Automobile Liability insurance coverage for bodily injury and property damage resulting from operation of a motor vehicle. Commercial Automobile Liability Insurance shall provide coverage for any motor vehicle (symbol 1 on some insurance certificates) driven by or on behalf of Contractor during the course of providing services under this Contract. Commercial Automobile Liability is required for contractors that own business vehicles registered to the business. Examples include: plumbers, electricians or construction contractors. An Example of an acceptable personal automobile policy is a contractor who is a sole proprietor that does not own vehicles registered to the business.

The amount indicated above, determined by OHA, unless OHA approves in writing are applicable to contractors who provide services under the following Service Elements: A&D 61, A&D 62, A&D 63, A&D 66, A&D 71, A&D 81, A&D 82, A&D 83, MHS 04, MHS 06, MHS 09, MHS 12, MHS 13, MHS 15, MHS 16, MHS 16A, MHS 20, MHS 22, MHS 24, MHS 25, MHS 26, MHS 26A, MHS 27, MHS 28, MHS 28A, MHS 30, MHS 34, MHS 34A, MHS 36, MHS 37, MHS 39.

Required by County       Not required by County      (one box must be checked)

**Additional Insured.** The Commercial General Liability insurance and Automobile Liability insurance must include the Criminal Justice Commission, Deschutes County, the State of Oregon, their officers, employees, volunteers and agents as Additional insureds but only with respect to Contractor's activities to be performed under this Contract. Coverage must be primary and non-contributory with any other insurance and self-insurance. The additional insured endorsement shall not include declarations that reduce any per occurrence or aggregate insurance limit.

**Notice of Cancellation or Change.** Contractor or Contractor's insurer must provide written notice to County at least thirty (30) calendar days before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

**Certificate of Insurance Required.** Contractor shall furnish a current Certificate of Insurance to the County with the signed Contract. The certificate(s) or an attached endorsement must specify: i) all entities and Individuals who are endorsed on the policy as Additional Insured; and ii) for insurance on a "claims made" basis, the extended reporting period applicable to "tail" or continuous "claims made" coverage.

**Tail Coverage.** If any of the required insurance policies is on a "claims made" basis, such as professional liability insurance, Contractor shall maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of this Contract, for a minimum of twenty-four (24) months following the later of : (i) Contractor's completion and County 's acceptance of all Services required under this Contract or, (ii) the expiration of all warranty periods provided under this Contract. Notwithstanding the foregoing twenty-four (24) month requirement, if Contractor elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the twenty-four (24) month period described above, then Contractor may request and OHA may grant approval of the maximum "tail" coverage period reasonably available in the marketplace. If OHA approval is granted, the Contractor shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace.

**Contractor and Subcontractors.** Workers Compensation insurance must be in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Worker's Compensation Insurance to cover claims made under Worker's Compensation, disability benefit or any other employee benefit laws, including statutory limits in any state of operation with coverage B Employer's Liability coverage all at the statutory limits. In the absence of statutory limits the limits of said Employers liability coverage shall not be less than \$1,000,000 each accident, disease and each employee. This insurance must be endorsed with a waiver of subrogation endorsement, waiving the insured's right of subrogation against County.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

**Attachment 3 – EXECUTIVE SUMMARY** (if consortium, please fill one out for each business entity).

1. Proposers Legal Name

Firm Name	
Address	
Telephone	

2. Briefly summarize your program design:

--

3. Chief Executive Contact

Name of Chief Executive	
Title	
Telephone	
E-mail Address	

4. Primary Application Contact

Name of Primary Contact	
Title	
Telephone	
E-mail Address	

5. Legal Status Information

Federal Employer Tax Identification or Social Security Number	
Oregon Tax I.D. Number	

**An unsigned proposal will be rejected**

I certify that the information provided in this proposal is true and correct to the best of my knowledge and that I have been duly authorized by applicants governing body or other authority to file this proposal. This proposal is submitted as firm and fixed offer valid for one hundred twenty (120) days of the submission date.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

## **Attachment 4 – NARRATIVE**

Please provide a written response to each section. Your application proposal will be reviewed and scored according to the following evaluation criteria. All proposals will be reviewed for demonstrated capacity to provide the services/activities sought through this solicitation.

**1. Letter of Introduction (15 Points)**

Letter of introduction including a brief description of qualifications, experience and skills to provide On-Call Crisis services as described in this RFP. Include names and resumes of all staff that may be providing services.

**2. References (15 Points)**

A list of references from public agencies and/or other clients for whom similar work has been performed within the last twenty-four (24) months. The reference list should include firm/client name, address, telephone number and contact person(s).

**3. Proposed Scope of Work/Description of Services (Outcomes) (30 Points)**

Describe your approach to providing outpatient behavioral health services including the categories of experience of organization, membership in industry related professional organizations, ability to meet all requested specifications and provisions of other value added services (if applicable).

**4. Fee Schedule (15 Points)**

Fee schedule for services. Schedule should include rates for the following:

- a. Holidays, weekends, morning, evening and overnight (if there's a shift differential).
- b. Cancellation, reschedule or urgent requests.

**5. Training (25 Points)**

Fully describe, and provide evidence and scope of Proposer's formalized training, and on-going trainings as well as educational programs for Proposer and/or employees and subcontractors who may be providing services under the contract.

**Total Points 100**