



ADDENDUM # 1

Date: June 17, 2025

To: All Proposal Document Holders

BEHAVIORAL HEALTH DEFLECTION PROGRAM

The following changes, additions, and/or deletions are hereby made a part of the Request for

QUESTIONS

The following information does not change the details of the Request for Proposal and is provided for informational purposes only.

Q1: Does the \$400,000 budget cap represent the full three-year contract value, or is it an annual cap?

A1: This is an anticipated budget based on grant funding from the State of Oregon Criminal Justice Commission. It is subject to change or revision based on program usage and future state funding. The actual budget may be higher or lower depending on future action of the legislature and the CJC IMPACTS Grant Committee. \$400,000 is the FY26 estimated annual cap for all contracted services.

Q2: Is the award structured as a reimbursement-based grant or will it include upfront payments?

A2: Currently our contracted vendors invoice monthly for services rendered.

Q3: Are there defined reporting requirements, templates, or timelines that we should incorporate into our budget or work plan?

A3: There are several documents used to gather client data for program operations and required state reporting. In addition, candidates should expect to invoice monthly for services rendered, including relevant supporting documents.

Q4: What is the best way to verify or document our organization's BHRN certification status as part of the proposal?

A4: Oregon Health Authority controls the Behavioral Health Resource Network:
<https://www.oregon.gov/oha/HSD/AMH/Pages/Measure110-Resources.aspx>

OHA has a dashboard at:

https://app.smartsheet.com/b/publish?EQBCT=daa407edd645460ba9d0a727eda67690&utm_medium=email&utm_source=govdelivery

Q5: What gaps or limitations have you observed in the current deflection program?

A5: Lack of services outside operating hours (Current hours are daily 8AM-6:30PM 365 days a year). We started out the program small and are working on expanding it.

Q6: Are there specific challenges in the handoff process, referral follow-through, or service access that we could help address?

A6: Not currently.

Q7: What has worked well so far in terms of engaging individuals at the point of diversion?

A7: Individually tailored plans based on social determinant of health factors and treatment needs. Medically indicated treatment and wrap around peer services are the current norm.

Q8: How many referrals were made through the last round of the deflection program, and how many were men/women? What times of day are they typically detained/found by police or community services versus when they are referred and receive services?

A8: 56 referrals from September 2024 to now. They are contacted irregularly at all times and hours. Very few occur in the period between 3AM and noon. Data for outside hours contact times are not easily available. Most contacts happen between afternoon and night. 40 males. 16 Females. We recently expanded program criteria and are seeing referrals slowly increase. We believe that these numbers will continue to grow in time.

Q9: Do you have any recommendations for how a provider could structure or deliver our services to best support existing County protocols?

A9: Carefully read and respond to the language in the RFP document.

The original deadline for proposal submissions identified in the reissued RFP for this project is still applicable, June 20, 2025 at 5:00 PM PST.

Signed by
Heather Herauf
Procurement Manager