

**Multnomah County Department of County Human Services and Joint Office of  
Homeless Services  
Domestic and Sexual Violence Coordination Office (DSVCO) Description  
Multnomah County RFPQ-25-2022**

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**NOTE:** Key terms and definitions are highlighted in ***bold italics*** and can additionally be found in Appendix 1, Key Terms and Definitions.

**Stage 1 Pre-proposal Conference:**

An optional preproposal conference will be held via Google Meet on Thursday, September 16th at 1:00PM, a link to the video conference will be: [meet.google.com/pwo-tzhd-riy](https://meet.google.com/pwo-tzhd-riy)

You may also join by phone

(US) +1 904-580-9585 PIN: 536 266 034#

## **SECTION 1 – SERVICE DESCRIPTION, FUNDING AND CONTRACTING INFORMATION**

### **1.0 PURPOSE AND OVERVIEW**

The Multnomah County’s Domestic and Sexual Violence Coordination Office (DSVCO) and Joint Office of Homeless Services (JOHS) are seeking to create a pool of qualified partners that are interested in continuing or beginning to provide services to survivors of domestic violence and sexual assault, as well as their children/dependents, in Multnomah County. Only entities qualified through this two-stage procurement process will be eligible to contract directly with The County to continue or begin to deliver services in fiscal years 2022-23 through 2027-28.

Through this procurement, DSVCO/JOHS are seeking to qualify service providers (“Suppliers”) to provide a range of services to survivors of domestic violence, dating violence, sexual assault, and stalking, with a focus on the following services: Emergency and Crisis Services, Rapid Rehousing and Retention, Diversion, Permanent Supportive Housing and Supportive Housing, Coordinated Access, Crisis Services, Co-located Services, Culturally Specific Services, and Community-Based Services. Suppliers will be qualified for five (5) years, beginning in Fiscal Year (FY) 2022-23 and lasting through FY 2027-28 (the “Contract Period”). This procurement involves a two-stage qualification process.

#### **Stage I: Agency Qualification**

In Stage I of the qualification process, prospective Suppliers will be evaluated on their organizational capacities, capabilities, and service delivery values, not on their ability to deliver any specific type of DSVCO/JOHS DV/SA Services. Any organization seeking to contract for any type of DSVCO/JOHS DV/SA Services during the Contract Period should participate in Stage I. Stage I will establish a qualified pool of Suppliers considered to have met the minimum organizational thresholds to directly contract with The County to provide DSVCO/JOHS DV/SA Services. Only Suppliers qualified in Stage I are eligible to respond to Stage II, where they will establish their qualifications to deliver specific components of DSVCO/JOHS services.

#### **Stage II: Qualification for DSVCO/JOHS Services Components**

Stage II will invite Suppliers qualified through Stage I to demonstrate their interest and qualification to provide specific components of DSVCO/JOHS DV/SA Services through written project proposal(s). Suppliers who are qualified through Stage II to provide components of DSVCO/JOHS DV/SA Services will be eligible to contract for those services with The County at any time over the five (5) year Contract Period. Specific project proposals received in Stage II will be considered solely as a means to qualify entities for specific service components. This RFPQ process will not be used to select specific Supplier proposals for funding. Contract awards will be determined through a separate allocation process.

Any non-profit organization interested in providing DSVCO/JOHS contracted domestic violence/sexual assault services with The County from FY 2022-23 through FY 2027-28 must qualify through Stage I of this procurement process. **This includes prospective Suppliers and Suppliers in existing contracts with The County.** The County reserves the right to reopen this sourcing event to qualify additional Suppliers if it is in the best interest of the County. The County does not guarantee additional qualification periods. It

is strongly encouraged that any entity interested in potentially contracting with The County for DSVCO/JOHS Services during the Contract Period apply through Stage I.

### **1.0.1 Introduction**

This Request for Programmatic Qualifications (RFPQ) is a collaborative effort of the Domestic and Sexual Violence Coordination Office (DSVCO) in Multnomah County's Youth and Family Services Division, and the Joint Office of Homeless Services (JOHS). Together these two entities fund and manage a wide array of housing, services, and supports that address the needs of domestic and sexual violence and trafficking survivors in Multnomah County.

The Joint Office of Homeless Services (JOHS), a partnership between Multnomah County and the City of Portland, administers contracts for services; conducts homeless street counts and one-night shelter counts; manages systems of care; oversees system reporting and evaluation; and writes proposals to and monitors funds issued by the U.S. Department of Housing and Urban Development's Continuum of Care program. The vision of A Home for Everyone, staffed by the JOHS, is that no one should be homeless – everyone needs a safe, stable place to call home. Its principles include: prioritize vulnerable populations, promote racial and ethnic justice, use data-driven assessment and accountability, and strengthen system capacity and increase leveraging opportunities. The long-standing solutions to prevent and end homelessness transcend available resources and multiple systems of care – foster care, domestic violence, community justice, health, mental health and addictions. To permanently end homelessness, we must strengthen efficiencies in our current system and better align other resources towards ending homelessness.

The Multnomah County Domestic and Sexual Violence Coordination Office (DSVCO), situated within the Department of County Human Services, manages county, state, and federal funds for survivor services, including crisis services, economic empowerment, legal services and culturally-specific services. Additionally, the DSVCO leads multi-disciplinary projects, assesses needs and gaps in local interventions, and provides training and capacity-building throughout the county.

The DSVCO mission is to coordinate a continuum of prevention and intervention services for domestic and sexual violence survivors, domestic and sexual violence victim service providers, and community members in order to create a violence-free community. The Domestic and Sexual Violence Coordination Office envisions a community where everyone lives free from violence and abuse, beginning at home, and where everyone has equitable access to all they need to thrive.

Over the past five years, the Domestic and Sexual Violence Service Continuum has continued to expand and evolve, and staff from the DSVCO and JOHS, along with partner organizations, have been involved in and committed to developing, and continually improving, a process for equitable and coordinated access to housing and emergency shelter services for survivors in Multnomah County.

Multnomah County's response to domestic and sexual violence is guided by the following objectives: prevention and education, safety, relationship-based advocacy, stability, and organizational

wellness/sustainability for our service providers. These objectives frame how we strengthen and build our communities and help our neighbors heal.

### **1.0.2 Program History**

Established in 1994, The Domestic and Sexual Violence Coordination Office is located in the Department of County Human Services (DCHS) and is responsible for facilitating the development and coordination of effective domestic violence intervention and prevention strategies for the City of Portland and Multnomah County government and community agencies.

The Joint Office of Homeless Services (JOHS) was established in 2016 to oversee the delivery of services to people experiencing homelessness in Multnomah County. The office represents a shared commitment between Multnomah County and the City of Portland to make services easier to access for those in need, including survivors of domestic and sexual violence. The JOHS funds domestic violence services such as confidential, emergency shelters as well as rapid re-housing, shelter diversion, and shared housing. These services are provided in conjunction with a wide array of responsive and culturally-specific domestic and sexual violence outreach, advocacy, and crisis intervention services, which are funded by DSVCO.

The DSVCO and JOHS improve Multnomah County's response to domestic violence through shared leadership and investment, technical support and training, and systems coordination. DSVCO and JOHS manage county, state, and federal funds for survivor services, including crisis services, emergency shelter and shelter diversion, motel vouchers, housing support, economic empowerment, legal services and culturally-specific services. Additionally, DSVCO and JOHS lead multidisciplinary and collaborative projects, assess needs and gaps in local interventions, and provide extensive training and capacity-building throughout the county.

The services DSVCO and JOHS seek to procure through this RFPQ are directly related to the goals and recommendations identified in this Strategic Plan and through A Home for Everyone.

### **Sexual Violence and Intimate Partner Violence Services**

DSVCO and JOHS added "Sexual Violence" in name and as a funded community-based service as part of an effort to de-silo services for survivors of multiple types of violence. Community Advisory and Focus Groups, including survivor focus groups identified community-based sexual assault services as an unmet need within Multnomah County, specifically in regards to survivors in underserved communities, homeless survivors and survivors choosing not to report assaults to law enforcement. DSVCO/JOHS strongly encourage all providers who seek to qualify under this procurement to provide comprehensive services to both domestic violence and sexual assault survivors.

## 1.1 GOALS, VALUES AND OTHER IMPORTANT CONSIDERATIONS

### 1.1.1 Programmatic Goals

The primary goal of funding for this RFPQ is to *“increase the safety of survivors of domestic and sexual violence and their families.”* All services should be developed and delivered with this in mind.

Broad programmatic goals include:

- A. Assisting survivors of domestic and sexual violence and their families/dependents to achieve safety, stability, healing and to gain the freedom to make their own choices;
- B. Assisting survivors and their families/dependents to access and retain stable housing;
- C. Systems change efforts, including working to challenge institutions that contribute to or promote domestic and sexual violence; and ultimately,
- D. Working toward a future free from domestic and sexual violence.

### 1.1.2 Service Delivery Goals

DSVCO and JOHS recognize the importance of delivering strength-based and trauma-informed services that are survivor-led and culturally responsive. The services must be holistic and coordinated with other domestic and sexual violence programs.

In addition, the selected Proposer must:

- A. Collaborate with other domestic and sexual violence service providers, including the provision of co-advocacy and/or information and referral;
- B. Participate in DV/SA continuum collaboratives, including but not limited to Multnomah Coalition Against Domestic and Sexual Violence (MCADSV), Family Violence Coordinating Council (FVCC), and Coordinated Access Implementation team (where applicable);
- C. Incorporate the survivor’s voice in individual service plans/choices and integrate survivor input/feedback for program/service development, delivery, and evaluation;
- D. Ensure that all services are voluntary and that no participant is required to participate in a particular activity in order to receive services;
- E. Provide services purchased as a result of this RFPQ free of charge or utilizing a pre-approved sliding scale fee;
- F. Maintain a high level of confidentiality of participant identifying information. Confidentiality standards must meet the [Violence Against Women Act](#) (VAWA) minimum standards. For complete list of standards please visit <https://www.justice.gov/ovw/legislation>; and
- G. Be delivered using Assertive Engagement practices. [Assertive Engagement](#) (AE) is a synthesis of evidence-based practices adopted by Multnomah County that includes elements from Motivational Interviewing, Strengths-Based Practice, and Assertive Community Treatment. It is a person-centered and strengths-based social service approach to working with people that honors the individual as experts in their own lives. AE principles will guide service design as well as how DSVCO/JOHS Services are delivered by Suppliers.
- H. Include sustainable environmentally friendly practices in business operations and the delivery of services (for example, providing onsite recycling, and encouraging reduction of waste through electronic records whenever possible). Please refer to Multnomah County Administrative

Procedure PUR-8 for suggestions for sustainability practices by visiting <https://multco.us/purchasing/responsible-business-practices-suppliers>.

### **1.1.3 Service Design and Development Assumptions**

The design of services will:

- A. Be flexible, be non-intrusive and provide minimal disruption to meet the expressed needs and desires of the survivor;
- B. Be easily accessible, with multiple points of entry;
- C. Be provided in person whenever possible, or via the method preferred by the survivor
- D. Be provided by well-trained staff and/or volunteers;
- E. Be augmented by relationships among partner agencies; and
- F. Be culturally responsive and relevant to the unique needs of the participant.

### **1.1.4 Culturally Responsive and Culturally Specific Services**

All services Multnomah County provides should be culturally responsive, and organizations competing for county contracts should demonstrate their capacity through the RFPQ process. Culturally responsive services are those that are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse populations and communities. Cultural responsiveness requires knowledge and capacity at different levels of intervention: systemic, organizational, professional, and individual.

#### **Culturally Specific Services**

The DSVCO and JOHS use a definition of 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. This definition realizes the county's stated belief that: culturally specific services eliminate structural barriers and provide a sense of safety and belonging which will lead to better outcomes.

Culturally Specific services/programs are those that are informed by specific communities, where the majority of members/clients 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. For more detailed information on cultural specificity and responsiveness, please see Multnomah County's guidance on [Culturally Specific Services](#).

#### **Characteristics of Culturally Specific Organizations.**

Organizations providing Culturally Specific Services reflect the following characteristics:

- A. Programs are designed and continually shaped by community input to exist without structural, cultural, and linguistic barriers encountered by the community in dominant culture services or organizations AND designed to include structural, cultural and linguistic elements specific to the community's culture which create an environment of accessibility, belonging and safety in which individuals can thrive.

- B. Organizational leaders, decision-makers and staff have the knowledge, skills, and abilities to work with the community, including but not limited to expertise in language, core cultural constructs and institutions; impact of structural racism, individual racism and intergenerational trauma on the community and individuals; formal and informal relationships with community leaders; expertise in the culture's explicit and implicit social mores. Organizational leaders and decision-makers are engaged in improving overall community well-being, and addressing root causes.
- C. Intimate knowledge of lived experience of the community, including but not limited to the impact of structural or individual racism or discrimination on the community; knowledge of specific disparities documented in the community and how that influences the structure of their program or service; ability to describe the community's cultural practices, health and safety beliefs/practices, positive cultural identity/pride/resilience, immigration dynamics, religious beliefs, etc., and how their services have been adapted to those cultural norms.
- D. Multiple formal and informal channels for meaningful community engagement, participation and feedback at all levels of the organization (from service complaints to community participation at the leadership and board level). Those channels are constructed within the cultural norms, practices, and beliefs of the community, and affirm the positive cultural identity/pride/resilience of the community. Community participation can and does result in desired change.
- E. Commitment to a highly skilled and experienced workforce by employing robust recruitment, hiring and leadership development practices including but not limited to valuing and caring for community and/or lived experience; requirements for profession and personal references within the community; training standards, professional development opportunities, and performance monitoring.
- F. Commitment to safety and belonging through advocacy; design of services from the norms and worldviews of the community; reflect cultural constructs of the culturally specific community; understand and incorporate shared history; create rich support networks; engage all aspects of community; and address power relationships.

### **Social Justice and Equity in Services**

Multnomah County is often described as a progressive community. But we are, in fact, a community built on a long history of legalized and institutionalized racist and oppressive practices that have deprived generations of Black, Indigenous and People of Color access to economic and social opportunity. Until 1926, Oregon's Constitution barred African Americans from moving to or residing in Oregon. As recently as 1948, Oregon realtors affirmed their commitment to a "Code" that, "a realtor shall never introduce into a neighborhood members of any race or nationality whose presence will be detrimental to property values." These examples of racial exclusionary laws and practices in Oregon are two of many contributors to the infrastructure of institutional racism that continues to this day.

Data shows that the inequities created by these historical practices continue to be reproduced and reinforced through institutionalized racism and prejudice in our current housing, education, criminal justice, and employment and human services systems.

A commitment to equity and social justice should be reflected through the RFPQ response. The domestic and sexual violence service system provides critical, life-saving interventions to survivors, including children, youth and adults. Additionally, our system must maintain a vision, with concrete strategies, for recognizing and confronting intersecting forms of oppression such as racism, sexism, homophobia, transphobia, etc. within our own system and related networks. Domestic and sexual violence are two of several forms of violence that many survivors face, and these multiple forms of violence share many root causes. Primary prevention strategies, which aim to prevent domestic and sexual violence before it occurs, must also be developed with an equity and intersectional, culture-first lens. While no one organization or strategy can singularly eradicate the oppressive social structures that often maintain a culture of violence against women and within all intimate relationships, we must be committed to collective action and shared values that promote safety and justice for all people. Please reflect your agency's values related to social justice and equity throughout your responses.

### **1.2 POPULATION SERVED**

Purchased services will include services for any domestic and sexual violence survivor and their families/dependents, including services intended to reach and address the needs of specific populations, or otherwise underserved communities as outlined above in section 1.1.4.

Through this procurement, Proposers will have the opportunity to provide detail on any expertise they have with any specific demographic populations served.

### **1.3 GEOGRAPHIC BORDERS/LIMITATIONS & SERVICE AREAS**

Services will be provided primarily (at least 80%) to persons residing in Multnomah County, or fleeing from Multnomah County.

Proposers must be able to provide outreach and services to domestic and sexual violence survivors living throughout Multnomah County, including those who are fleeing and/or receiving services outside of the county.

### **1.4 FUNDING**

The County has budgeted approximately **\$7,920,000** annually (a mix of federal, state and local funding) for the DSVCO and JOHS that Suppliers are being qualified to provide through the two stages of this RFPQ process.

DCJS/JOHS currently budgeted resources are allocated in approximately the following ways to the specific service components

- **Emergency & Crisis Services:** \$2,560,000
- **Diversion:** \$630,000
- **Rapid Rehousing and Retention:** \$3,000,000
- **Permanent Supportive Housing and Supportive Housing:** TBD
- **Coordinated Access:** TBD
- **Culturally Specific and Underserved DV/SA Services:** \$750,000

- **Community Based Services:** \$500,000
- **Co-Located Services:** \$475,000

These allocations are subject to revision in response to changing budgets, community needs, policy priorities, and service gaps. Please note that there are Service Categories and components included in this RFPQ that do not currently have dedicated funding. DSVCO/JOHS are procuring these services in alignment with long-term strategic programming goals. Stage II will indicate service areas with current funding vs. unfunded services.

Funding of the work described in this RFPQ will be established in a separate Allocation Process (Section 1.10) following the conclusion of Stage II. Suppliers qualified through Stages I and II of this procurement process will be eligible to be selected through the Allocation Process to enter into contracts with The County for specific services. DCHS/JOHS cannot assure that any particular level of work will be provided and each contract will permit DCHS/JOHS to add or remove work as necessary, depending on availability of funding. Allocation decisions will be informed by the process identified in the Allocation Section of this RFPQ.

### **1.5 MATCH REQUIREMENTS**

Funding contracted to Suppliers qualified through this RFPQ process is not intended to be a Supplier's sole source of funding for these services. As a demonstration of community support, qualified Suppliers that are awarded contracts **through the JOHS** may be requested, but not required, to contribute a minimum of 15% match based on the total funds awarded. Match cannot come from other funds allocated through the JOHS, but may be from other Multnomah County Departments (including the DSVCO) or any other sources. Match may be direct financial contributions and/or in-kind.

### **1.6 SCOPE OF SERVICES**

#### **Stage I - Provider Qualifications**

Domestic and Sexual Violence Service providers selected under this RFPQ will be expected to demonstrate the program competencies outlined in numbers 1-10 below. In addition, they will need to align with the goals and objectives outlined in Section 1.1, ensure that they establish and nurture strong working relationships with other victim services providers and other community partners, the DSVCO and JOHS.

All providers of domestic and sexual violence services shall demonstrate the minimum program competencies to qualify, exhibiting experience providing domestic violence, sexual assault, and/or sex trafficking services including:

1. Experience with Contractual Relationships:

DSVCO and JOHS will have formal relationships with service providers through contracts, ongoing communication, networking and training opportunities. Providers should be able to show previous relationships with the County or other funders, and their ability to maintain such a

relationship. If Proposer has no previous relationships, Proposer should identify their agreement to foster working relationships, and an ability to actively participate.

2. Accessibility:

- a. Meet the standards set by the American Disabilities Act;
- b. Have a plan to ensure cultural responsiveness and service delivery that is respectful of all participants;
- c. Have a plan ensuring access to services for people who do not speak the primary language of the services provider;
- d. Provide services that can be used by survivors living in or intending to live in Multnomah County;
- e. Have knowledge of trauma informed care principles and demonstrate how they will be integrated within service provision.

3. Accountability:

- a. Have written procedures and policies that ensure respectful and effective services;
- b. Demonstrate accountability to survivors through established processes that encourage survivor feedback, allow for a transparent grievance process, and involve survivors in planning and decision-making at all levels of the program;
- c. Demonstrate accountability to and involvement in the local community;
- d. Have a termination/exclusion policy and procedures that ensure that participants are treated with respect and are fully informed of the policy and procedures. The policy and procedures should include a process for informing the program participant of their termination/exclusion from the program, reviewing any action to be taken or action not taken, outlining the program participant grievance procedure, and allowing for re-entry into the program.

4. Training:

- a. Ensure that staff and volunteers have knowledge, experience and training on domestic and sexual violence, survivor services and related issues; including assuring they meet the minimum training/certification requirements for domestic violence advocacy programs and/or sexual violence advocacy programs, as established by Oregon Administrative Rules (OAR 137-085-0060 Advocate Certification and Training). This does not include programs and/or services covered by other types of client protections including legal and mental health providers;
- b. Ensure that staff and volunteers have access to continuing education opportunities beyond the minimum training requirements established by Oregon Administrative Rules (OAR 137-085-0060 Advocate Certification and Training);
- c. Attend required training and community/system advisory meetings as required by DSVCO and JOHS staff. This includes monthly staff participation in the Family Violence Coordinating Council, Tri-County Domestic and Sexual Violence Intervention Network, and Multnomah Coalition Against Domestic and Sexual Violence (MCADSV).

5. Confidentiality:

- a. Ensure confidentiality of all personally identifying information of the program participants and their children/dependents or other information that could compromise the safety of the participants or their children or interfere with the needed trust between the participant and the program to provide effective services;
- b. Confidentiality policies and practices must meet the requirements of the Violence Against Women Act (VAWA), and include written policies covering file retention/storage/disposal, and a subpoena response policy that addresses both confidentiality and safety for survivors. For additional information please refer to: <https://www.justice.gov/ovw/legislation>.

6. Collaborative Relationships:

- a. Participate in coordination efforts within the Domestic and Sexual Violence (DSV) Continuum;
- b. Participate in coordinated DSV Continuum development, including identifying and addressing unmet needs, gaps in services and system barriers; follow-up on system barriers/problems/issues; and participate in wider coordinated community responses to domestic and sexual violence;
- c. Build meaningful partnerships with culturally specific programs and agencies to provide co-advocacy and co-case management;
- d. Have relationships within the DSV Continuum, as well as with other systems that provide housing, employment or financial assistance, or criminal justice intervention.

7. System Change:

- a. Participate in community coordinated response that will lead to systems improvement;
- b. Commitment to equity and social justice.

8. Outreach:

- a. Have a plan in place to reach potential program participants or have demonstrated success in reaching potential program participants from all parts of Multnomah County;

9. Cost and Leverage:

- a. In all cases where the Provider seeks to charge a program participant for services, such fees for service funded by DCHS must be on a sliding scale where \$0 is the beginning point of contribution. Under no circumstances is a program participant to be denied services for their inability to contribute a program fee for the services under this contract;
- b. Cost of services and administrative costs must be clearly defined and reasonable;
- c. Providers must show that they have and/or can leverage other dollars or services beyond the resources provided by the County.

#### 10. Advocacy:

Unless specifically indicated below, all service areas require an advocacy component as described in this paragraph. Advocacy for domestic and sexual violence survivors is distinctly different from, but related to standard case management. It is based on the core values of survivor safety and self determination, with the understanding that all services are voluntary and survivor-led.

An advocate's role is not only concerned with providing direct services, but also with systems navigation, resource/referral, and mitigating barriers affecting survivors' ability to fully engage with available services. Advocacy requires an active collaboration with the survivor in identifying and obtaining needed services and support. Generally short-term advocacy is less than 90-days and long-term advocacy is 90 or more days.

Programs that provide advocacy for survivors should meet minimum advocacy standards:

- a. Information/referral to the full spectrum of relevant services both within and outside of the DSV continuum, including but not limited to safe permanent, short term or long term housing, housing readiness programs, stability services, employment, and educational services;
- b. Risk assessment and safety planning for all participants and their children/dependents;
- c. Assisting participants in developing a comprehensive, strengths-based needs assessment plan, and in achieving individual goals through advocacy and support
- d. Providing emotional and material support and encouragement in a manner that is trauma-informed, with considerable efforts to prevent re-traumatization of the survivor;
- e. Provision of domestic and sexual violence education, including Domestic Violence (DV) and Sexual Assault (SA) support groups or referral to DV and SV support groups where applicable;
- f. Using assertive engagement (see section 1.1.2) and trauma-informed approaches to provide advocacy, education, referral and support for participants who are parenting children impacted by domestic or sexual violence, and connection and referral to child/family advocacy programs;
- g. Other actions/services that directly improve the participant's ability to achieve success as outlined in their service plan.

#### **1.6.1 Service Components**

##### **Qualification for the specific services outlined below will take place through Stage II.**

The following descriptions are provided to ensure that prospective Suppliers understand the types of services covered by this RFPQ process. All entities who are potentially interested in providing services in the service areas described below are encouraged to complete Stage I in order to be considered for service component qualification in Stage II.

DCHS/JOHS will identify and prioritize service delivery expectations and focus areas for each of the Service Components. At a minimum, core Service Components within the DSVCO/JOHS covered by this RFPQ include:

#### **A. Emergency and Crisis Services**

Emergency and Crisis Services services offer survivors and their children/dependents advocacy, safety planning, and crisis support to rebuild safety and stability. Emergency and Crisis Services is a continuum of services that includes:

- Shelter and Housing: Confidential Emergency Shelter, DV/SA Housing Outreach and Advocacy (i.e. Domestic Violence Community Advocacy, Shelter to Stability, and Motel Vouchers)
- Advocacy: Crisis lines, Crisis Mobile Advocacy.

#### **B. Diversion Services**

Diversion Services focus rapid response to prevent homelessness and divert actively fleeing survivors and their children/dependents from emergency shelters by providing assistance in accessing and/or maintaining safe, stable housing. Diversion services support survivors who are not residing in secure confidential shelters, but are in need of advocacy and support to rebuild safety and stability.

#### **C. Rapid Re-Housing and Retention Services**

Rapid Re-housing and Retention Services are designed to assist households in fleeing violence or exiting homelessness and gaining and retaining permanent housing. Services include, but are not limited to, the provision of highly flexible short and medium-term rental assistance, move-in and barrier mitigation funds, and housing placement and retention specialist staffing and support. Our community values multiple approaches, including individually tailored allocations of financial and case management assistance, predetermined time frames for assistance, as well as the Progressive Engagement model in which households receive the minimum assistance necessary to gain housing stability and frequent reassessment occurs to determine additional need. Specific examples of Rapid Rehousing services include: shared housing, transitional housing, HUD Rapid Rehousing, Domestic Violence Housing Advocacy, Home Forward Mainstream set-aside unit, and In-reach.

#### **D. Permanent Supportive Housing and Supportive Housing**

Permanent Supportive Housing (PSH) is affordable permanent housing with supportive services to assist survivors experiencing homelessness--who often, though not exclusively, have a significant disabling condition(s)--to live independently. Typically, these services are not time limited, and participants remain in these programs as long as they are income-eligible. Supportive Housing is affordable housing with wrap-around services and can take the form of permanent supportive housing and less permanent forms of housing, including facility-based transitional housing programs or Section-8 subsidies with limited supportive services.

#### **E. Coordinated Access**

Domestic and Sexual Violence Coordinated Access (DSVCA) coordinates efforts across Domestic Violence and Sexual Assault service providers to ensure that survivors and their children/dependents have equitable access to confidential emergency shelter and housing services across the DSV Continuum. DSVCA services include community outreach, information and referrals, conducting the Safety and Stabilization Assessment (SSA) tool, resource navigation and referral, barrier mitigation, and flexible client assistance to support the rapid transition of people prioritized through Coordinated Access to available shelter and housing resources. DSVCA currently prioritizes Intimate Partner Violence (IPV), but continues to expand to include access for all survivors in need of safe, stable housing. Increasingly, the expectation is for DSVCA to be integrated with the Coordinated Access Systems Homeless Adult System of Care, Homeless Family System of Care, and the Homeless Youth Continuum.

#### **F. Culturally Specific and Underserved DV/SA Services**

The DSVCO and JOHS operate under a definition of 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, and is defined in section 1.1.4 above. This definition realizes the county's stated belief that culturally specific services eliminate structural barriers and provide a sense of safety and belonging which will lead to better outcomes. Services provided under this category include, but are not limited to: relationship-based advocacy, crisis support, housing support, and case management.

We recognize that culturally-specific communities reflect many aspects of identity, including race/ethnicity, gender and sexuality, disability status, etc. Culturally Specific services/programs are those that are informed by specific communities, where the majority of members/clients 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. Please see section **1.1.4 Culturally Responsive and Culturally Specific Services** for a full description of the characteristics of culturally-specific services under this procurement.

#### **G. Community Based Services**

Community Based Services is a broad category encompassing non-shelter/housing DV/SA services for the general population. These services require specialized skill sets, and relationships with other service providers. There are five service areas in the Community Based Services section: Legal Services (i.e. legal navigation and protection order room advocacy) Peer-Delivered Services, Economic Empowerment & Employment Services, Community-Based Sexual Assault Services, and Prevention & Education Services.

#### **H. Co-Located Services**

Co-Located Services are delivered outside of the home agency. Under this category, the County is seeking qualified agencies to provide co-located advocacy to survivors seeking services at the Gateway Center for Domestic Violence Services. The Gateway Center is a community collaborative made up of many different agencies and services working together to assist adult and child survivors of domestic and sexual violence. As co-located advocates in a walk-in/drop-in environment, Navigators provide support in safety planning, restraining order facilitation, information/referral, and many other services as needed

and identified by participants. Multnomah County also seeks to procure additional services provided through the Gateway Center, including legal services and mental health consultation.

## **1.7 FISCAL REQUIREMENTS AND REPORTING**

### **1.7.1 Fiscal Requirements**

Providers should ensure their baseline program Proposal response includes the following fiscal requirements, which will appear in resulting contracts:

- A. Providers must submit a complete budget for all costs related to any service they respond to within this RFPQ (stage two). The budget should not be constructed to focus on anticipated County funding but on the actual cost to provide the service by the agency and should identify all funding that is presently identified for the service delivery; (i.e. what will it cost for the agency to provide this service or services).
- B. Once qualified under this RFPQ and prior to contracting, providers will be asked to complete the Pre-Contract Vendor Administrative Capacity (PVAC) information packet. This document encompasses basic information regarding an organization's capacity to administer county funding.
- C. Providers will be required to generate an annual budget proving the fiscal stability of the agency and detailing the ability of the agency to provide the service for the entire fiscal year. This document must be provided to the DSVCO and JOHS within 45 days of each new fiscal year;
- D. Provider changes of more than 10% in any previously approved line item in the submitted budget shall require a written budget modification approved by the DSVCO and JOHS prior to expenditures. The budget modification request must be accompanied by a justification for the changes;
- E. Any cost incurred by Providers over and above the agreed sum shall be at the sole risk and expense of the Providers. All project monies shall be either obligated or expended within the contract period unless specifically authorized by the DSVCO and JOHS to extend or accrue the funds into the next fiscal year;
- F. All expenditures should be in accordance with the Office of Management and Budget (OMB) circular A-122 Cost Principles for Nonprofits. You may view at:  
<http://www.whitehouse.gov/omb/circulars>
- G. Providers with multiple governmental funding sources are cautioned to ensure they do not seek nor receive multiple reimbursements for the same services as paid for through this RFPQ; and
- H. All requests for payment will be submitted no later than the 20th calendar day of the month following service delivery on DCHS-approved invoices and must be accompanied by documentation to support the service provision, and notwithstanding any other payment provisions in the resulting contracts, if any. Failure of the Provider to submit required reports when due, may result in the withholding or reduction of contract payments.

### **1.7.2 Reporting Requirements**

Reporting the provision and effectiveness, including cost effectiveness, of services are important components of DSVCO and JOHS contract requirements. To ensure that appropriate data is collected, provider reporting requirements may change based on the needs of partnering funders upon the request

of the County Board of Commissioners. Thus, additional or changes to reporting requirements may be identified at a later date based on the needs of the County to evaluate provision and effectiveness of services. Presently all qualifying providers will meet the following minimum reporting requirements:

- A. Provider will submit semi-annual narrative report due within 45 days of December 31st. Instructions/details for completion of reports will be issued by DSVCO and JOHS;
- B. Provider will submit a final Annual Report due 45 days after the end of the county's fiscal year which ends June 30th. Instructions/details for completion of reports will be issued by DSVCO and JOHS;
- C. All providers, unless given a waiver in writing by DSVCO and JOHS, will participate in ServicePoint Comp Site (an electronic database for reporting services and outcomes). All ServicePoint Comp Site data must be entered no later than the 7th of each month following service delivery. All ServicePoint Comp Site data must be complete (all questions/data fields must be completed as instructed) and meet the minimum standards established by DSVCO and JOHS in order to provide a count of individuals served in the domestic and sexual violence victim/survivor services system;
- D. When applicable, a semi-annual Match report that reflects other funds or in-kind that providers have utilized to provide services; and
- E. Other requirements as identified.

### **1.8 PERFORMANCE MEASURES/PERFORMANCE CONTRACTING**

Contracted Provider will cooperate fully with County's contract monitoring and program evaluation activities. This includes making available data or information the County deems necessary for those processes. However, Contractor will not be required to provide participants' personally identifying information during this process. Any contract issued as a result of this RFPQ will be monitored through a number of means, including the following areas:

#### Site Reviews

DSVCO and JOHS staff may schedule on-site visits to review agency compliance with the contract. Site visits are usually scheduled with Contractor, but may be conducted without notice.

#### Training and Technical Assistance

DSVCO and JOHS Staff may offer training, technical assistance and/or assist programs with the design of services.

#### Evaluations/Program Performance

Program performance will be evaluated through other quality assurance/evaluation processes, which may include but are not limited to:

- A. Service Point data/reports;
- B. Provider semi-annual narratives and provider self-assessments;
- C. Program participant satisfaction surveys and complaint resolution processes;
- D. Compliance review for contract standards and performance criteria;
- E. Compliance reviews for reporting requirements, including use of Service Point;

- F. Referral source satisfaction surveys/community partner surveys;
- G. Any State and County collected data or information that reflects service delivery or utilization outcomes; and
- H. Review of program and program participant records (personally-identifying information will be redacted.)

### Fiscal Compliance

County fiscal compliance reviews/audits will be conducted to ensure that financial records, systems, and procedures conform to Generally Accepted Accounting Principles and are in compliance with all County and State audit and accounting requirements.

Contractors who are Subrecipients of Federal Funding and rely on County contracts for 40% or more of their revenue are considered high risk and may be subject to additional monitoring requests from Multnomah County Central Finance including, but not limited to, submission of quarterly financial statements.

### **1.9 CONTRACT NEGOTIATION**

Once a qualified Supplier has been selected through the allocation process, Multnomah County will initiate contract negotiations with the Supplier. Multnomah County may, at its discretion, 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 Supplier. This process may continue until a contract agreement is reached.

### **1.10 ALLOCATION PROCESS**

Entirely separate from this qualification process, JOHS will initiate and award **Requirements Contracts** (for definition, see Appendix 1) to those qualified Suppliers who demonstrate the desired experience, skills, proficiency, certifications, and area of specialty that will provide the services detailed in this sourcing event. DCHS/JOHS will conduct a rigorous funds allocation process to distribute available funds according to known system requirements and priorities. Allocations will only be awarded to Suppliers who qualify under this RFPQ. The funding allocation process will be a formal one, requiring DCHS/JOHS to document their findings and determinations in writing that lead to specific funding allocations or to the continuation of funding allocations. Suppliers may not protest funding allocation decisions. Allocation priorities and selection criteria may include, but are not limited to:

- DCHS and JOHS strategic priorities
  - Overall continuum strengths and needs
  - RFPQ proposal information and evaluation input from RFPQ raters
  - Provider/system stability
  - Provider experience
  - Provider capacity
  - Funder-imposed requirements or restrictions (i.e. non-profit, designated Supplier, etc.)

- Specific population coverage
- Ability to achieve racial equity through programs, services, and staffing
- Ability to collaborate with other Suppliers
- Services provided in client's native language
- Geographic service coverage
- Participant feedback (Clients, referral sources, etc.)
- Ability to leverage additional funding
- Participant needs and trends
- Provider economy of scale
- Certification status
- Extent of provision of like services by any one agency
- Other factors as deemed appropriate by the funding allocation team

Since the allocation process considers a variety of factors, funding may go to qualified Suppliers 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.** DCHS/JOHS cannot predict a caseload 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 DCHS/JOHS will use the services of any applicant who is issued a contract by virtue of this application. DCHS/JOHS reserves the right to include service elements proposed in project proposal(s) to final services contracts.

After Multnomah County Central Purchasing provides written solicitation results to all applicants, and with the completion of the separate allocation process by DCHS/JOHS, DCHS/JOHS staff will contact the successful and qualified Supplier(s) who will receive an allocation for contract negotiations. The County will award Requirements Contracts for these services. Requirements Contracts do not guarantee any level of funding and funding levels may change from year to year.

**All applicants seeking to provide services through DSVCO/JOHS must qualify under Stage I of this RFPQ. Applicants who become qualified under Stage I must then submit project proposal(s) in Stage II of this RFPQ. In each stage, applicants must receive a minimum 70% of the total points possible in order to qualify for any potential contracting with JOHS.**

#### **1.11 CONTRACT TERM**

This RFPQ will qualify Suppliers for a period of five (5) years beginning July 1, 2022 through June 30, 2027. Qualified Suppliers will remain eligible for contract awards during this period. JOHS reserves the right to withdraw this RFPQ at any time, reissue a subsequent RFPQ, or terminate the resulting contracts, if any, at any time.

#### **1.12 COMPENSATION AND METHOD OF PAYMENT**

Services will be contracted and paid on a **cost reimbursement basis** unless otherwise specified. JOHS required billing processes must be followed for contractors to receive payment as outlined in the

Multnomah County Contractor's Fiscal Policies and Procedures Manual: <https://multco.us/finance/fiscal-compliance> and the JOHS Contract.

Cost reimbursement Contracts are paid monthly based on expenditure reports.

### **1.13 COOPERATIVE PURCHASING**

The cooperative procurement group for this sourcing event is comprised of Multnomah, Clackamas, and Washington County governments. For proposers that indicate in their responses that they are interested in providing services in multiple counties, the counties in the procurement group may establish contracts or price agreements directly with an awarded proposer under the terms, conditions and prices of the original contract pursuant to ORS 279A.210 and agreement by the selected proposer to extend the terms, conditions and prices of the original contract. Proposer must sign and upload Buyer Attachment F - Cooperative Purchasing Vendor Agreement located in the Buyer Attachments section of this sourcing event.

### **1.14 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.

The Proposal response must be received by Multnomah County Purchasing no later than 4:00 P.M. local Portland time on the proposal submission deadline.

#### **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)

### **1.15 INSURANCE REQUIREMENTS**

Minimum insurance requirements:

Type of Insurance	Amount	Per Occurrence	Aggregate
Professional Liability	\$1,000,000	\$1,000,000	\$2,000,000
Commercial General Liability	\$1,000,000	\$1,000,000	\$2,000,000
Commercial Auto Liability	\$1,000,000	\$1,000,000	--
Workers Compensation	--	Required	--
Sexual Abuse/Molestation Liability	\$1,000,000	\$1,000,000	\$2,000,000

## **SECTION 2 – QUESTIONS AND EVALUATION CRITERIA**

### **2.0 EVALUATION AND SCORING**

Evaluation of applications received in response to the RFPQ will be conducted comprehensively, fairly, and impartially. Structured quantitative scoring methods will be used to maximize the objectivity of the evaluation. The evaluation committee of designated reviewers shall review and evaluate applications. The committee will be composed of individuals with experience in, knowledge of, and program responsibility for program service and financing.

### **EVALUATION PROCESS FOR WRITTEN RESPONSE**

Each evaluator shall independently assign a draft score to each evaluation criterion based on review of the application responses. Then the evaluators shall meet at an evaluation session and share key findings from the applicant responses. After sharing their findings, each evaluator shall be given an independent opportunity to revise their draft scores and to finalize them. Final scoring by each evaluator will then be summed. Proposers who receive a minimum 70% score in Stage I will be qualified to move on to Stage II of the qualification process. Proposers who then receive a minimum of 70% in Stage II will be qualified to be considered for a contract award through the Allocation Process.

### **2.1 APPLICANT INSTRUCTIONS**

Each qualification stage has different application requirements. Please review the application instruction for each individual stage. Buyer Attachment C will provide instructions and evaluation process for Stage I. Buyer Attachment D will provide instruction and evaluation process description for Stage II.

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

The County reserves the right to qualify additional Suppliers for procured services as it deems necessary. All qualified Suppliers will be added to one Supplier pool for each service category, from which contracts will be awarded through the Allocation Process.

**A protest period will follow the closing of both Stage I and Stage II in accordance to standard County rules detailed in Buyer Attachment A - Procedural Instructions.**

## SECTION 3 – APPENDIX

### APPENDIX 1

#### Key Definitions and Terms

- A. **Assertive Engagement** (AE) is a synthesis of evidence-based practices created by Multnomah County that includes elements from Motivational Interviewing, Strengths Based Practice and Assertive Community Treatment. It is a social service approach to working with people that honors them as experts in their own lives.
- B. ***Domestic and Sexual Violence Coordinated Access*** coordinates efforts across DV victim service providers to ensure DV/SA/ST survivors have access to services across systems, including coordinated access assessment, resource navigation and referral, documentation collection, barrier mitigation, and flexible client assistance to support the rapid transition of people prioritized through coordinated access to available housing resources. Households fleeing domestic violence are provided a “no wrong door” approach to shelter and longer term housing resources. Survivors can access services via DV crisis lines, day spaces, or through any of the other participating agencies. Services accessed through this Coordinated Access subsystem include emergency shelter, motel vouchers, rapid rehousing, and permanent supportive housing.
- C. ***Culturally responsive and specific services*** have been defined 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. For more detailed information on cultural specificity and responsiveness, please see Multnomah County’s guidance on [Culturally Responsive and Specific Services](#).
- D. ***Co-located Services*** provide basic safety off the streets, hygiene services, temporary storage, and access to an array of basic services during daytime hours when overnight emergency shelters are typically closed.
- E. ***Diversion*** is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements (such as staying with friends or family members) and, when necessary, connecting them with services and financial assistance to help them return to permanent housing.
- F. ***Domestic Violence*** is a pattern of coercive, controlling behavior that can include physical abuse, emotional or psychological abuse, sexual abuse, or financial abuse (using money and financial tools to exert control).
- G. ***Emergency, Confidential Shelter for Domestic Violence Survivors*** (ES) is commonly located within permanent structures (e.g. a purpose built shelter building or scattered-site), and offers a

congregate or semi-private sleeping area and, at a minimum, access hygiene services for residents. Emergency shelters are expected to be open year-round, 24/7.

- H. **Employment Programs** vary by implementation, but are designed to assist Adult Homeless Households by providing a range of workforce supports, and doing so in a culturally-specific or culturally-responsive manner.
- I. **Fleeing or Attempting to flee DV** is used to definite any individual or family who is fleeing, or is attempting to flee, domestic violence; has no other residence; and lacks the resources or support networks to obtain other permanent housing
- J. **Imminent Risk of Future Physical Harm** is a term that refers to actual and imminent threat of physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, the factors to be considered include: the duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur.
- K. **Imminent Risk of Homelessness** is a term that refers to individuals who lack the immediate resources necessary to prevent them from becoming homeless.
- L. **Income Acquisition** is assistance with accessing or navigating a variety of benefits including but not limited to Supplemental Security Income, Social Security Disability Income, Medicaid/Medicare benefits, and Veterans benefits.
- M. **Intimate Partner Violence (“IPV”)** describes physical violence, sexual violence, stalking, psychological aggression (including coercive acts), emotional and financial abuse by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: Formerly or currently married; Identify as formerly or currently dating; Have children in common; Emotional connectedness; Ongoing physical contact and sexual behavior; Identify as a couple; Familiarity and knowledge about each other’s lives.
- N. **Outreach and Engagement** is coordinated and person-centered outreach that brings housing placement and other support services directly to adults experiencing homelessness who may not be able to seek out services themselves.
- O. **Permanent Supportive Housing (PSH)** is deeply affordable permanent housing with supportive services to assist persons experiencing homelessness who have a significant disabling condition(s) to live independently.

- P. **Rapid Re-Housing** (RRH) is designed to assist households in exiting homelessness and gaining permanent housing, and may include but is not limited to highly flexible short and medium-term rental assistance, move-in and barrier mitigation funds, and case management services and supports.
- Q. **Requirements Contracts** are a method of contracting that reimburses Suppliers for contract-related expenses.
- R. **Resource Coordination Team (“RCT”)**: is a team of supervisors or program managers that meets on the 1<sup>st</sup> and 3<sup>rd</sup> Monday of each month to jointly allocate available housing interventions that are longer than 6 months. Any housing intervention that is more than 6 months and can include rapid rehousing, HUD Horizon’s housing, transitional housing and permanent supported housing among others.
- S. **Sexual Assault** is any type of sexual encounter without a person’s consent, including: rape, attempted rape, child molestation, inappropriate touching, incest (sexual contact between family members), voyeurism (when someone watches private sexual acts), indecent exposure, and/or sexual harassment. *Sexual assault can happen to anyone. No matter who a victim is – woman, child or man – sexual assault is never their fault. No matter where or how it happens.*
- T. **Supplier** is any agency, organization, service provider, or other entity qualified by Multnomah County to provide contracted component services to eligible Adult Homeless Households.
- U. **Supportive Housing** is affordable housing with wrap-around services and can take the form of permanent supportive housing and less permanent forms of housing, including facility-based transitional housing programs.
- V. **Supportive Services** are intended to help adult households live independently and successfully achieve and maintain housing stability. Services can be provided on or off-site and may include but are not limited to case management, substance abuse treatment, mental health and peer support services.