

LAKE COUNTY BEHAVIORAL HEALTH SERVICES DEPARTMENT

REQUEST FOR PROPOSALS

Substance Use Disorder Treatment Services



COUNTY OF LAKE

Issued: April 1, 2022

Submission Deadline: April 29, 2022, at 5:00 P.M.

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1. INTRODUCTION. The County of Lake is inviting sealed proposals for Substance Use Disorder Treatment Services.

Proposals should be submitted in accordance with the requirements of this solicitation, which are contained herein.

2. SCOPE OF SERVICE.

Lake County Behavioral Health Services seeks to contract with a licensed substance use disorder provider(s) to provide substance use disorder treatment services. These services can be provided to adult and youth beneficiaries and include both non-perinatal and perinatal-services. These services include Outpatient Drug-Free services, Intensive Outpatient Treatment services, Narcotic Treatment Program-Methadone, and Naltrexone Treatment services.

The American Society of Addiction Medicine (ASAM) has developed the Adult and Youth Level of Care Designation Requirements which includes these four (4) levels of care:

ASAM 1.0 –Outpatient Drug-Free
ASAM 1.0 – Perinatal Outpatient Drug-Free

ASAM 2.0 – Intensive Outpatient Treatment
ASAM 2.0 – Perinatal Intensive Outpatient Treatment

ASAM 3.1 - Clinically Managed Low-Intensity Residential Services
ASAM 3.3 - Clinically Managed Population-Specific High-Intensity Residential Services
ASAM 3.5 - Clinically Managed High-Intensity Residential Services
ASAM 3.2 – Clinically Managed Residential Withdrawal Management (WM)

Each beneficiary will enter the appropriate level of care based on the client's diagnosis, treatment plan, and medical necessity.

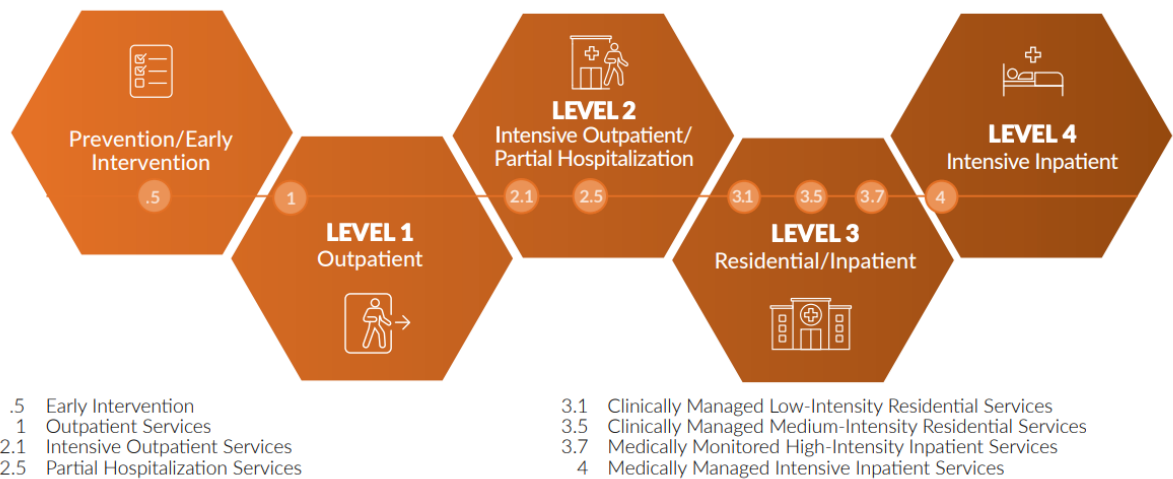
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ASAM CONTINUUM OF CARE

► ADULT



► ADOLESCENT



Level 1: Outpatient Services

Level 1 is appropriate in many situations as an initial level of care for patients with less severe disorders; for those who are in early stages of change, as a “step down” from more intensive services; or for those who are stable and for whom ongoing monitoring or disease management is appropriate. Adult services for Level 1 programs are provided less than 9 hours weekly, and adolescents’ services are provided less than 6 hours weekly; individuals recommended for more intensive levels of care may receive more intensive services.

- **Setting:** Outpatient services are often delivered in a wide variety of settings such as offices, clinics, school-based clinics, primary care clinics, and other facilities offering additional treatment or mental health programs.
- **Provider Type:** Appropriately credentialed and/or licensed treatment professionals, including counselors, social workers, psychologists, and physicians (whether addiction credentialed or generalist) deliver outpatient services, including medication and disease management services.

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- **Treatment Goal:** Outpatient services are designed to help patients achieve changes in alcohol and/or drug use and addictive behaviors and often address issues that have the potential to undermine the patient's ability to cope with life tasks without the addictive use of alcohol, other drugs, or both.
- **Therapies:** Level 1 outpatient services may offer several therapies and service components, including individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, MAT, or other skilled treatment services.

Level 2: Intensive Outpatient and Partial Hospitalization Programs

Level 2 programs provide essential addiction education and treatment components and have two gradations of intensity. Level 2.1 intensive outpatient programs provide 9–19 hours of weekly structured programming for adults or 6–19 hours of weekly structured programming for adolescents. Programs may occur during the day or evening, on the weekend, or after school for adolescents.

Level 2.1: Intensive Outpatient Programs

- **Setting:** Intensive outpatient programs are primarily delivered by substance use disorder 7 outpatient specialty providers, but may be delivered in any appropriate setting that meets state licensure or certification requirements. These programs have a direct affiliation with programs offering more and less intensive levels of care as well as supportive housing services.
- **Provider Type:** Interdisciplinary team of appropriately credentialed addiction treatment professionals including counselors, psychologists, social workers, addiction-credentialed physicians, and program staff, many of whom have cross-training to aid in interpreting mental disorders and delivering intensive outpatient services.
- **Treatment Goal:** At a minimum, this level of care provides a support system including medical, psychological, psychiatric, laboratory, and toxicology services within 24 hours by telephone or within 72 hours in person. Emergency services are available at all times, and the program should have a direct affiliation with more or less intensive care levels and supportive housing.
- **Therapies:** Level 2.1 intensive outpatient services include individual and group counseling, educational groups, occupational and recreational therapy, psychotherapy, MAT, motivational interviewing, enhancement and engagement strategies, family therapy, or other skilled treatment services.

Level 2.5: Partial Hospitalization Programs

Level 2.5 partial hospital programs differ from Level 2.1 intensive outpatient programs in the intensity of clinical services that are directly provided by the program, including psychiatric, medical, and laboratory services. Partial hospitalization programs are appropriate for patients who are living with unstable medical and psychiatric conditions. Partial hospitalization programs are able to provide 20 hours or more of clinically intensive programming each week to support patients who need daily monitoring and management in a structured outpatient setting.

- **Setting:** Structured outpatient setting that offers direct access to psychiatric, medical, and laboratory services. Such programs may be freestanding or located within a larger healthcare system so long as the partial hospitalization unit is distinctly organized from the rest of the available programs. These programs have a direct affiliation with programs offering more and less intensive levels of care as well as supportive housing services.
- **Provider Type:** Similar to Level 2.1, partial hospitalization services are delivered by an interdisciplinary team of providers, with some cross-training to identify mental disorders and

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potential issues related to prescribed psychotropic drug treatment in populations with SUD. Additionally, these programs must support access to more and less intensive programs as well as supportive housing services. One major distinction from Level 2.1 is the requirement for qualified practitioners in partial hospitalization programs to provide medical, psychological, psychiatric, laboratory, toxicology, and emergency services.

- **Treatment Goal:** At a minimum, this level of care meets the same treatment goals as described for Level 2.1, with psychiatric and other medical consultation services available within 8 hours by telephone or within 48 hours in person.
- **Therapies:** Level 2.5 intensive outpatient services include individual and group counseling, educational groups, occupational and recreational therapy, psychotherapy, MAT, motivational interviewing, motivational enhancement and engagement strategies, family therapy, or other skilled treatment services.

Level 3: Residential or Inpatient Programs

Level 3 programs include four sublevels that represent a range of intensities of service. The uniting feature is that these services all are provided in a structured, residential setting that is staffed 24 hours daily and clinically managed (see definition of terms above). Residential levels of care provide a safe, stable environment that is critical to individuals as they begin their recovery process. Level 3.1 programs are appropriate for patients whose recovery is aided by a time spent living in a stable, structured environment where they can practice coping skills, self-efficacy, and make connections to the community including work, education, and family systems.

Level 3.1: Clinically Managed Low-Intensity Residential Programs

- **Setting:** Services are provided in a 24-hour environment, such as a group home. Both clinic-based services and community-based recovery services are provided. Clinically, Level 3.1 requires at least 5 hours of low-intensity treatment services per week, including medication management, recovery skills, relapse prevention, and other similar services. In Level 3.1, the 5 or more hours of clinical services may be provided on-site or in collaboration with an outpatient services agency.
- **Provider Type:** Team of appropriately credentialed medical, addiction, and mental health professionals provide clinical services. Allied health professional staff including counselors and group living workers and some clinical staff knowledgeable about biological and psychosocial dimensions of SUD and psychiatric conditions support the recovery residence component of care.
- **Treatment Goal:** Patients receive individual, group, or family therapy, or some combination thereof; medication management; and psychoeducation to develop recovery, relapse prevention, and emotional coping techniques. Treatment should promote personal responsibility and reintegrate the patient into work, school, and family environments. At a minimum, this level of care provides telephone and in-person physician and emergency services 24-hours daily, offers direct affiliations with other levels of care, and is able to arrange necessary lab or pharmacotherapy procedures.
- **Therapies:** Level 3.1 clinically managed low-intensity residential services are designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance use disorder symptoms, and to help them develop and apply recovery skills. The skilled treatment services include individual, group, and family therapy; medication management and medication education; mental health evaluation and treatment; motivational enhancement and engagement strategies; recovery support services; counseling and clinical monitoring; MAT; and intensive case management, medication management and/or psychotherapy for individuals with co-occurring mental illness. 9

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Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Programs (specified for adults only)

This gradation of residential treatment is specifically designed for specific population of adult patients with significant cognitive impairments resulting from substance use or other co-occurring disorders. This level of care is appropriate when an individual's temporary or permanent cognitive limitations make it unlikely for them to benefit from other residential levels of care that offer group therapy and other cognitive-based relapse prevention strategies. These cognitive impairments may be seen in individuals who suffer from an organic brain syndrome as a result of substance use, who suffer from chronic brain syndrome, who have experienced a traumatic brain injury, who have developmental disabilities or are older adults with age and substance-related cognitive limitations. Individuals with temporary limitations receive slower-paced, repetitive treatment until the impairment subsides and s/he is able to progress onto another level of care appropriate for her/his SUD treatment needs.

- **Setting:** Services are often provided in a structured, therapeutic rehabilitation facility and traumatic brain injury programs located within a community setting, or in specialty units located within licensed healthcare facilities where high-intensity clinical services are provided in a manner that meets the functional limitations of patients. Such programs have a direct affiliation with more or less intensive levels of care as well as supportive services related to employment, literacy training, and adult education.
- **Provider Type:** Physicians, physician extenders, and appropriate credentialed mental health professionals lead treatment. On-site 24-hour allied health professional staff supervise the residential component with access to clinicians competent in SUD treatment. Clinical staff is knowledgeable about biological and psychosocial dimensions of SUD and psychiatric conditions and have specialized training in behavior management support care. Patients have access to additional medical, laboratory, toxicology, psychiatric and psychological services through consultations and referrals.
- **Treatment Goal:** Specialized services are provided at a slower pace and in a repetitive manner to overcome comprehension and coping challenges. This level of care is appropriate until the cognitive impairment subsides, enabling the patient to engage in motivational relapse prevention strategies delivered in other levels of care.
- **Therapies:** Level 3.3 clinically managed population-specific high-intensity residential services may be provided in a deliberately repetitive fashion to address the special needs of individuals for whom a Level 3.3 program is considered medically necessary. Daily clinical services designed to improve the patient's ability to structure and organize the tasks of daily living and recovery, to stabilize and maintain the stability of the individual's substance use disorder symptoms, and to help them develop and apply recovery skills are provided. The skilled treatment services include a range of cognitive, behavioral, and other therapies administered on an individual and group basis; medication management and medication education; counseling and clinical monitoring; educational groups; occupational and recreational therapies; art, music, or movement therapies; physical therapy; clinical and didactic motivational interventions; and related services directed exclusively toward the benefit of the Medicaid-eligible individual.

Level 3.5: Clinically Managed Residential Programs (high intensity for adults, medium intensity for adolescents)

This gradation of residential programming is appropriate for individuals in some imminent danger with functional limitations who cannot safely be treated outside of a 24-hour stable living environment that promotes recovery skill development and deters relapse. Patients receiving this

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level of care have severe social and psychological conditions. This level of care is appropriate for adolescents with patterns of maladaptive behavior, temperament extremes, and/or cognitive disability related to mental health disorders.

- **Setting:** Services are often provided in freestanding, licensed facilities located in a community setting or a specialty unit within a licensed health care facility. Such programs rely on the treatment community as a therapeutic agent.
- **Provider Type:** Interdisciplinary team is made up of appropriately credentialed clinical staff including addictions counselors, social workers, licensed professional counselors, and allied health professionals who provide residential oversight. Telephone or in-person consultation with a physician is a required support, but on-site physicians are not required.
- **Treatment Goal:** Comprehensive, multifaceted treatment is provided to individuals with psychological problems, and chaotic or unsupportive interpersonal relationships, criminal justice histories, and antisocial value systems. The level of current instability is of such severity that the individual is in imminent danger if not in a 24-hour treatment setting. Treatment promotes abstinence from substance use, arrest, and other negative behaviors to effect change in the patients' lifestyle, attitudes, and values, and focuses on stabilizing current severity and preparation to continue treatment in less intensive levels of care.
- **Therapies:** Level 3.5 clinically managed residential services are designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance use disorder symptoms, to help them develop and apply sufficient recovery skills, and to develop and practice prosocial behaviors such that immediate or imminent return to substance use upon transfer to a less intensive level is avoided. The skilled treatment services include a range of cognitive, behavioral, and other therapies administered on an individual and group basis; medication management and medication education; counseling and clinical monitoring; random drug screening; planned clinical activities and professional services to develop and apply recovery skills; family therapy; educational groups; occupational and recreational therapies; art, music or movement therapies; physical therapy; and related services directed exclusively toward the benefit of the Medicaid-eligible individual. Level 3.7: Medically Monitored Inpatient Programs (intensive for adults, high-intensity for adolescents) This level of care is appropriate for patients with biomedical, emotional, behavioral, and/or cognitive conditions that require highly structured 24-hour services including direct evaluation, observation, and medically monitored addiction treatment. Medically monitored treatment is provided through a combination of direct patient contact, record review, team meetings, and quality assurance programming. These services are differentiated from Level 4.0 in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.

Level 3.7 is appropriate for adolescents with co-occurring psychiatric disorders or symptoms that hinder their ability to successfully engage in SUD treatment in other settings.

Services in this program are meant to orient or re-orient patients to daily life structures outside of substance use.

- **Setting:** Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility.
- **Provider Type:** Interdisciplinary team is made up of physicians credentialed in addiction who are available on-site 24 hours daily, registered nurses, and additional appropriately credentialed nurses, addiction counselors, behavioral health specialists, clinical staff who are knowledgeable

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about biological and psychosocial dimensions of SUD and psychiatric conditions who have specialized training in behavior management techniques and evidence-based practices.

- **Treatment Goal:** Patients with greater severity of withdrawal, biomedical conditions, and emotional, behavioral, or cognitive complications receive stabilizing care including directed evaluation, observation, medical monitoring, 24-hour nursing care, and addiction treatment.
- **Therapies:** Daily clinical services, which may involve medical and 24-hour nursing services, individual, group, family, and activity services; pharmacological, cognitive, behavioral, or other therapies; counseling and clinical monitoring; random drug screening; health education services; evidence-based practices, such as motivational enhancement strategies; medication monitoring; daily treatment services to manage acute symptoms of the medical or behavioral condition; and related services directed exclusively toward the benefit of the Medicaid-eligible individual.

Level 4: Medically Managed Intensive Inpatient Programs

This level of care is appropriate for patients with biomedical, emotional, behavioral, and/or cognitive conditions severe enough to warrant primary medical care and nursing care. Services offered at this level differ from Level 3.7 services in that patients receive daily direct care from a licensed physician who is responsible for making shared treatment decisions with the patient (i.e. medically managed care). These services are provided in a hospital-based setting and include medically directed evaluation and treatment.

- **Setting:** Services may be provided in an acute care general hospital, an acute psychiatric hospital, or a psychiatric unit within an acute care general hospital, or through a licensed addiction treatment specialty hospital.
- **Provider Type:** Interdisciplinary team is made up of appropriately credentialed clinical staff including addiction-credentialed physicians who are available 24 hours daily, nurse practitioners, physicians' assistants, nurses, counselors, psychologists, and social workers. Some staff are cross-trained to identify and treat signs of comorbid mental disorders.
- **Treatment Goal:** Addiction services including medically-directed acute withdrawal management are provided in conjunction with intensive medical and psychiatric services to alleviate patients' acute emotional, behavioral, and cognitive distresses associated with the SUD whose acute medical, emotional, behavioral, and cognitive problems are so severe that they require primary medical and 24-hour nursing care. Because the length of stay in a Level 4 program typically is sufficient only to stabilize the individual's acute signs and symptoms, a primary focus of the treatment plan is case management and coordination of care to ensure a smooth transition to continuing treatment at another level of care.
- **Therapies:** Cognitive, behavioral, motivational, pharmacologic, and other therapies provided on an individual or group basis; physical health interventions; health education services; planned clinical interventions; and services for the patient's family, guardian, or significant others.

3. COMPENSATION.

Lake County Behavioral Health Services will negotiate with selected service providers upon selection of Proposal(s). Proposals must include the monthly rate for the services.

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4. PROPOSAL CONTENT.

4.1 Proposal Compliance: In order to enable a direct comparison of competing responses, you must submit your Proposal in conformity to the requirements stated herein. Failure to adhere to all requirements may result in your Proposal being disqualified as non-responsive.

4.2 Proposal. Please assemble your Proposal in the following order.

A. Cover Letter. A standard business letter must be included which represents your agreement to supply the requested services detailed in the RFP.

B. Company Profile. Provide a brief history of your company, a general description of your services and qualifications, and an executive summary of your response. Content should be no more than two pages.

C. Cost Proposal.

All prices submitted are non-binding at this stage of the procurement process and are subject to negotiation.

The entire proposal must be 10 pages or less to be considered.

5. PROPOSAL SUBMITTAL. Proposals submitted must meet the following criteria to be accepted for consideration regarding this project:

5.1 In order to be considered an electronic copy in Microsoft Word must be submitted no later than **Friday, April 29, 2022, by 5:00 p.m.**, and addressed to:

Elise Jones, Deputy Director of Administration

elise.jones@lakecountycalifornia.gov

Normal business hours are Monday through Friday 8:00 am to 5:00 pm. Staff can be reached at (707) 274-9101.

5.2 Proposals received incomplete or late, for any reason, shall not be accepted.

5.3 All Questions regarding this Request for Proposals may be submitted in writing at any time prior to **Friday, April 15, 2022, at 5:00 p.m.** to Elise Jones at: elise.jones@lakecountycalifornia.gov. Only written questions will be accepted. Questions will be answered by **Friday, April 22, 2022, by 5:00 p.m.**

Proposers may contact only the individual identified above and are specifically directed not to contact other County personnel for meetings, conferences, or other technical discussions related to this RFP. No questions will be answered by other County staff.

5.4 All proposals submitted in response to this RFP will become the property of the County and will not be returned. The County reserves the right to make use of any information or ideas contained in the proposals. The proposal itself shall not constitute a contract, but will, if accepted, be incorporated into the contract between the County and the selected proposer.

6. PROPOSAL EVALUATION AND AWARD. The County is using the competitive proposal process, wherein the experience and responsiveness of each submitted proposal is evaluated as it relates to the Scope of Services. Department staff will evaluate the proposals as described below.

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6.1 Proposals shall be opened and checked to ensure that each complies with the requirements of the RFP. The absence of required information may render the proposal non-responsive and may be cause for rejection.

6.2 All proposals will be evaluated by a panel of Behavioral Health staff to determine whether they meet all the requirements of the RFP and the general goodness of fit with the Department's needs.

6.3 If an agreement cannot be reached with the top-ranked entity/facility, the County will then contact the next highest-ranked entity/facility and attempt to negotiate a bed rate.

6.4 County reserves the right to select multiple contractors.

6.5 The County of Lake is an Equal Opportunity/Affirmative Action Employer and the successful Consultant(s) will be required to comply with the provisions of Federal Executive Order 11246 and applicable state and federal laws. Entities/facilities should be familiar with the Employers' Practical Guide to Reasonable Accommodations under the Americans with Disabilities Act as published by the Job Accommodation Network, a service of the U.S. Department of Labor's Office of Disability Employment Policy.

7. PROTEST PROCEDURE. The County of Lake will follow the Appeal Procedure in their Consultant Selection Policy as follows:

7.1 Appeal Procedure:

Recommendations or decisions may be appealed by writing a letter to the Board of Supervisors or Purchasing Agent, as applicable, detailing the basis of the appeal. Appeals must be filed within 72 hours of receiving notification of the County Administrative Officer's recommendation for award of the contract, or prior to an actual contract award by the Board of Supervisors, whichever occurs first.

7.2 Any appeal will be heard before the Board of Supervisors on the same day as the approval of the proposed contract with the recommended consultant.

8. GENERAL TERMS AND CONDITIONS. By your submission of a proposal, you agree to be bound by the following conditions:

8.1 To the fullest extent allowed by law, RFPs will not be public record until discussion and negotiations with Respondent have been completed, as such premature disclosure would jeopardize the County's and the Respondents negotiating interests. If any proposal contains trade secrets or other information that is confidential or proprietary by law, Respondent shall label all such pages with a stamped annotation such as: "**CONFIDENTIAL-PROPRIETARY TRADE SECRETS, DO NOT DISCLOSE**", and further, provide written notification to the County of its request to keep said information confidential. A Respondent's request for confidentiality must be made in writing and enclosed in the envelope containing the proposal. The proprietary or confidential data must be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal.

8.2 The County reserves the right to cancel this RFP at any time, even after the opening of proposals.

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8.3 County is not liable for any costs incurred by Proposer in the preparation, presentation, or in any other aspect of the Proposal.

8.4 Disposition of Proposal(s) and Contract Award:

- A. All proposals shall become the property of Lake County.
- B. Failure to furnish all information requested in this RFP or to follow the proposal format may disqualify a proposal.
- C. County reserves the right to accept or reject all or any part of any proposal, waive immaterial defects, informalities, irregularities, negotiate with all qualified Respondents, and award the contract to the firm or individuals, who, in the sole judgment of the County, best serves the interests of the County. The County may terminate negotiations if, in its opinion, they are unsuccessful and begin negotiations with other respondents.
- D. A response to this RFP is an offer to contract with the County based upon the terms, conditions, scope of work, and/or specifications contained herein. The County shall have no contractual or other obligation to a Respondent under any successfully negotiated contract until the contract has been approved and signed by both parties. The contents of the proposal submitted by the successful Respondent and this RFP will become part of any contract awarded.
- E. Issuance of this RFP in no way constitutes a commitment by the County to procure or contract for the articles of goods or services solicited.
- F. Proposers may be required before the award of any contract to show, to the complete satisfaction of the County, the necessary facilities, ability, and financial resources to provide the services specified in a satisfactory manner.

8.5 Respondent shall indemnify and defend County and its officers, employees, and agents against and hold them harmless from any and all claims, losses, damages, and liability for damages, including attorney's fees and other costs of defense incurred by County, whether for damage to or loss of property, or injury to or death of a person, including properties of County and injury to or death of County officials, employees or agents, arising out of, or connected with the use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, articles or appliances furnished or used under this Request and any subsequent Contract, unless such damages, loss, injury or death is caused solely by the negligence of County.

8.6 Default by Respondent: In case of default by the successful Respondent, Lake County may procure the articles or services from other sources and may deduct from any monies due, or that may thereafter become due to the Respondent, the difference between the price named in the Purchase Order, Contract, or Agreement with said Respondent and the County's subsequent cost to obtains substitute articles or services. Prices paid by the County must be considered the prevailing market price at the time such purchase is made.

8.7 Lake County reserves the rights to amend, alter, or change the rules and conditions contained in this RFP prior to the deadline for submission and to request additional data after the deadline. If it becomes necessary to do so, an addenda or supplements to the RFP will be issued and shall become a part of the RFP. The County is not responsible for any other explanation or interpretation. It is the responsibility of the Respondent to ensure that he/she has received all addendums and/or supplements prior to submitting a proposal.

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8.8 It is the County's intent that this Request for Proposal (RFP) permits competition. It shall be the Respondent's responsibility to advise the County in writing if any language, requirement, specification, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source. Such notification must be received by the County not later than ten (10) days prior to the date set for acceptance of proposals.

8.9 Errors and Omissions: If prior to the date fixed for submission of proposals, a respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP or any of its exhibits, it shall immediately notify the designated County contact of such error in writing and request modification or clarification. Modifications and clarifications will be made by written addenda and distributed to all parties who have been furnished or who have requested the RFP.

8.10 Security and Confidentiality: To preserve the integrity of the security and confidentiality measures integrated into County operations, any Respondent required to come in contact with confidential County information in order to respond to this RFP and/or to perform the services solicited, may be required to sign and submit a Confidentiality Statement. Successful Respondent's personnel and/or subcontractors, who may require periodic access to secured areas within the County, may be required to wear security identification badges. Badges will be issued to individuals only after the satisfactory completion of a background check. Any such confidentiality and/or security measures will be part of the contract.

8.11 Insurance: Successful Respondent agrees to comply with the County's standard insurance provisions.

8.12 Governing Laws: The laws of the State of California will govern any purchase order entered into between the County and the selected Respondent.

8.13 Each Respondent shall inform himself of, and the successful Respondent awarded a contract shall comply with, State and local laws, statutes, regulations, ordinances, and generally accepted industry standards relative to the execution of the material supplied or work performed. This requirement includes, but is not limited to, applicable regulations concerning employment of labor, protection of public and employee safety and health, environmental protection, the protection of natural resources, fire protection, burning and non-burning requirements, permits, fees, and similar subjects.

8.14 This RFP supersedes all proposals, oral and written, and all negotiations, conversations, or discussions heretofore and between the parties related to the subject matter.